Change of Medical Director Checklist

Agency Name:

Please provide the following items or copies of the items:

- Medical Director’s Consent Letter
- Medical Director’s State Medical License
- Medical Director’s OBNDD or DEA certificate
- Curriculum Vitae
- Medical Director’s Approval of Protocols
- Individual Protocol Applications signed by new Medical Director
- Medical Director’s Telephone Number
- Medical Director’s Primary Practice Address
- Medical Director’s Email Address
- Name of Hospital where Medical Director is On Staff
- Medical Director’s Specialty
- Authorized Procedure List