

Appendix 5
Medication Bag and Controlled Substances Regional Exchange Program
End User Agreement



_____ (**EMS agency**) certifies that _____
(Paramedic) has completed the formal training required for participation in the R5MCAN medication bag and controlled substance box regional exchange program. By signing this agreement the aforementioned parties acknowledge the importance of maintaining correct and proper levels of pre-hospital supplies and medications as prescribed by the R5MCAN. Further, both parties agree to maintain bag integrity, ensure medication expiration compliance, and participate with ongoing medication bag / controlled substance box audits as necessary to ensure end user accountability and overall program success. The above listed parties agree to document and report any issues related to the medication exchange program or those affecting the delivery of patient care to their local medical control authority and the R5MCAN medication exchange program oversight board in a timely manner. The above listed EMS agency agrees to inform the appropriate pharmacy representative at any hospital who has received this agreement if the above listed paramedic no longer meets the regional medication bag and controlled substances exchange program criteria or is no longer employed with the agency.

EMS Agency Name: _____

Paramedic Name: _____

Paramedic Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____