



### Memorandum of Understanding

This agreement entered into between the Kentucky Board of Emergency Medical Services (KBEMS), (herein referred to as the Board) and, Lexington Fayette Urban County Government on behalf of the Division of Fire and Emergency Services (1288) (herein referred to as the Second Party.)

WHEREAS, the Board is authorized to approve Pilot Programs in accordance with 202 KAR 7:601, and

WHEREAS, the Second Party has submitted all required documentation for inclusion in the Pilot Program: Community Paramedicine- Mobile Integrated Healthcare

NOW THEREFORE, in consideration of the mutual promises contained, the parties hereto agree as a continued condition of participating in the administration of this skill, in this setting:

That this agreement is limited only to those licensed and certified by the board and under the employment of Lexington Fayette Urban County Government on behalf of the Division of Fire and Emergency Services (1288)

That personnel employed by the Second Party may perform skills, assessment techniques, and operational procedures as defined in the approved Pilot Program application;

That the Second Party agrees to provide the board with the required data elements of the program no less than every ninety (90) days according to the defined schedule;

That the Board may discontinue the Pilot Program at any time with limited, or no notice;

That the program shall be approved for one (1) year beginning on the execution date of this memorandum of understanding;

That the Second Party shall immediately discontinue the Pilot Program and report to the board any adverse outcomes potentially associated with a patient treated within the confines of the Pilot Program.

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KBEMS- MOU-6/2016

Kentucky Board of Emergency Medical Services

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Michael E. Poynter, Executive Director, KBEMS

For the Second Party,  
Lexington Fayette Urban County Government on behalf of the Division of Fire and Emergency Services  
(1288)

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_

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