Lawrence Vor heBoeufM.D. Emergency Medicine 4319 Resort DA GRAN bury, TX 76048 1417/2015

I have Accepted the position of Medical Director for the Chay County First Responders Starting Dec lat, 2015.

Sincerely, L.V. LeBoereful L.V. LeBoer F.M.D.



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES FIRST RESPONDER ORGANIZATION

## **Medical Director Information Form** Rev 20141016

## Submit this form to:

EMS Certification - MC 2835, PO Box 149347, Austin, TX 78714-9347

For assistance you may contact EMS Certification at 512-834-6734 or contact the appropriate regional DSHS EMS staff. See http://www.dshs.state.tx.us/emstraumasystems/EMSComplianceRegOfcList.pdf for contact information

Name of Physician:	LEBOE	UF, LAWRENCE VON			
Mailing address of Medical Director:	4319 RES	ORT DR.	Physical Address of Medical Director:	4319 RESORT DR.	
City, State, Zip:	GRANBUR	Y TX. 76048	City, State, Zip:	GRANBURY TX. 76048	
Medical License #	<b>D</b> 0362		Office Phone:	( )	
Expiration date:	8/31/2016		Home/Cell Phone:	<sup>(</sup> 817 <sup>)</sup> 408-9776	
Email:	lleboeuf@gr	nail.com	Fax:	( )	
List <u>all</u> Providers and First Responder Organizations currently under your medical direction.  You may use a separate signed spread sheet with the required information.					
Name of Legal Entity and Assumed Name of Provider/First Responder Organization Provider/FRO License #					Date began with Provider/FRO
	_				-
	-				
<del>-</del>	· .				
		<del></del>			
I verify that I am a physician licensed in the State of Texas. I have read and am familiar with the Medical Practice Act and the Texas Medical Board rules regarding Emergency Medical Service at Title 22 of the Texas Administrative Code (TAC), Chapter 197, with the Department of State Health Services EMS statute at Chapter 773 of the Texas Health and Safety Code, and with EMS rules at Title 25 TAC, Chapter 157. I understand that I am responsible for all aspects of the operation of the above named legal entities concerning the provision of medical care.					
Printed Name of Medica	al Director	Me	Medical Director Signature		
LAWRENCE VON LEBOEUF L.V. Cassefff					1415/2015

**PRIVACY NOTIFICATION** 

Publication #: F01-13067 - Electronic Publication #: EF01-13067

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <a href="http://www.dshs.state.tx.us">http://www.dshs.state.tx.us</a> for information on Privacy Notification. (Reference Government Code, Section 552.021, 552.023 and 559.004)