

**Office of Health Care Quality**  
**Nursing Home Change of Ownership (CHOW) Application**  
**Medical Director and Alternate Medical Director Agreement**

**Requirements**

The nursing home's medical director is responsible for the overall coordination, execution, and monitoring of physician services; monitoring and evaluating the health care services and outcomes, including clinical and physician services provided to the nursing home's residents; and designating an alternate medical director with sufficient training and experience to perform the responsibilities of the medical director as described in [COMAR 10.07.02.16](#).

The medical director's duties include, but are not limited to, general responsibilities; practitioner oversight; defining the scope of medical services; ensuring physician accountability; quality assurance; employee health oversight; other related duties; and medical director oversight plan.

Per [COMAR 10.07.02.15](#), the nursing home must designate a medical director who has at least the following qualifications:

- A current license as a physician in Maryland;
- At least 2 years of experience or specialized training in the medical care of geriatric or chronically ill and impaired residents; and
- Successful completion of a curriculum in physician management or administration from AMDA (The Society for Post-Acute and Long-Term Care Medicine) or a curriculum approved by OHCQ.
  - If not completed prior to employment, the medical director must begin the educational process in physician management or administration within the first year from the date of employment as a medical director.

The nursing home must have a written agreement with a medical director that specifies the medical director's duties and roles and the authority to adequately discharge those responsibilities.

Upon a change in the medical director, the nursing home must submit a copy of the medical director's credentials to OHCQ.

<b>Medical Director</b>
Full Name of Medical Director:
Maryland License Number:
Expiration Date:
Street Address:
City, State, Zip Code:
Business Email:
Business Phone:
Business Fax:
Name of Curriculum in Physician Management or Administration:
Date Curriculum Completed:
Date of Medical Director Agreement:
<b>Alternate Medical Director:</b> Must have sufficient training and experience to perform the responsibilities of the medical director as described in <a href="#">COMAR 10.07.02.16</a>
Full Name of Alternate Medical Director:
Maryland License Number:
Expiration Date:
Street Address:
City, State, Zip Code:
Business Email:
Business Phone:
Business Fax:
Name of Curriculum in Physician Management or Administration:
Date Curriculum Completed:
Date of Alternate Medical Director Agreement:
<b>Signature:</b> By signing below, the medical director and alternate medical director acknowledge their responsibilities under <a href="#">COMAR 10.07.02.16</a> .
Signature of Medical Director:
Date:
Signature of Alternate Medical Director:
Date:
<b>Signatures:</b> By signing below, the administrator acknowledges their responsibilities under <a href="#">COMAR 10.07.02.15</a> , including having fully executed written agreements with the medical director and the alternate medical director on file.
Full Name of Administrator:
Signature of Administrator:
Date: