EMS ROADDOCS of Illinois

501(c)(3) Non-Profit Organization

Medical Badge Use Agreement

Member name: _____ Member ID: _____

Badge number/description: _____ Date: _____

By signing below, I acknowledge and agree to the following terms regarding the use of a EMS RoadDocs of Illinois, Inc. medical badge issued to me:

1. **Authorized Use:** The badge may be used only within the scope of my organizational duties and my personal medical scope of practice. I will not use the badge to provide medical care or represent medical authority beyond my licensure, training, or the organization's sanctioned activities.
2. **No Misrepresentation:** I will not use the badge in any way that misrepresents my authority, credentials, affiliation, or the authority of EMS RoadDocs of Illinois, Inc.
3. **Limited to Sanctioned Activities:** Badge use is limited to activities and events sanctioned or approved by EMS RoadDocs of Illinois, Inc. Unauthorized use for private, political, commercial, or unsanctioned public activities is prohibited.
4. **Return of Badge:** If the badge was purchased or provided by EMS RoadDocs of Illinois, Inc., I agree to return the badge immediately upon termination, suspension, resignation, expiration, or any other cessation of my membership or authorized role.
5. **Record Retention**: A signed and notarized copy of this agreement will be retained by the EMS RoadDocs of Illinois, Inc. Board Secretary as part of membership records.
6. **Compliance and Revocation**: I understand that violation of this agreement may result in disciplinary action, including suspension or revocation of badge privileges and membership sanctions.

Member signature: _____ Date: _____

EMS RoadDocs Representative: _____ Title: _____ Date: _____

Notary Acknowledgment

State of _____ County of _____

On this ____ day of _____, 20__, before me personally appeared _____, proved to me on the basis of satisfactory evidence to be the person whose name is signed above, and acknowledged that they executed this instrument.

Notary public signature: _____ My commission expires: _____

(Seal)

End of form.