Affidavit Acknowledging Utilization of RAC Regional Protocols Regarding Patient Destination and Transport

This form may be used by Regional Advisory Councils (RACs) and EMS Providers as an acknowledgement of the Provider's adherence to RAC regional protocols regarding patient destination and transportation. Contact your RAC office prior to completing this acknowledgement form, as they may require a similar but specific form for their trauma service area (TSA). Submit your completed acknowledgement form to your RAC office. Link to RAC office contact information: www.dshs.state.tx.us/emstraumasystems/Etrarac.shtm. A separate acknowledgement form is required for each TSA in which you operate.

To be eligible for funding from the EMS/Trauma Care System Account, an EMS provider must, as specified in EMS rule §157.130 (d)(2)(B) and §157.131 (d)(2)(B), "demonstrate utilization of the Regional Advisory Council (RAC) regional protocols regarding patient destination and transport in all TSAs in which they operate".

Print Provider Name and dba Name: _____

DSHS issued Provider License #:_____ County of Licensure: _____

Level of care: _____ List the county(ies) in which you provide EMS: _____

_____

Note: A separate affidavit form is required for each TSA in which you operate.

As the Administrator and Medical Director for the above named Provider, we acknowledge this provider's utilization of the pre- hospital triage and bypass protocols as approved by the Department of State Health Services and adopted by the RAC for TSA _____.

We understand that incorporation of the RAC pre-hospital triage and bypass protocols into our EMS provider's medical protocols and/or standard operating procedures and utilization of these protocols by field medical personnel are required actions to meet the terms of utilization.

_____	_____
Print Administrator's Name	Print Medical Director's Name
_____	_____
Signature of Administrator	Signature of Medical Director
_____	_____
Date	Date