



To Whom it May Concern,

The new membership year will begin September 1, 2017. FY2018 membership materials, including the application, invoice, and other applicable documents are enclosed. The Membership application process can be accomplished in a few simple steps:

1. Verify the amount provided on the enclosed invoice by using the worksheet on the Membership Application. Make corrections as necessary.
2. The Organization Vice President (or above) / Assistant Chief (or above) who is authorized to appoint representation must sign the FY2018 Membership Renewal Application. (Contact NCTTRAC Administration at 817-608-0390 or admin@ncttrac.org with any questions related to your signatory.)
3. Provide the name and contact information for your Primary Voting Representative.
4. Review the billing information* on your invoice.
*Your annual dues are based on the most recent DSHS state licensure classification as of the invoice date. Contact NCTTRAC Administration at 817-608-0390 or admin@ncttrac.org with any questions related to your dues calculation.
5. Provide your DSHS Hospital, Free Standing Emergency Department, or EMS Licensure Number (if applicable).
6. Provide your current or in active pursuit trauma and stroke designation levels (if applicable).
7. An electronic copy of the NCTTRAC membership application, bylaws, system plans, and other reference documents are available on our website at www.ncttrac.org.
8. Mail your total dues/fees payment along with your completed Membership application to the following address:

NCTTRAC
ATTN: Membership
600 Six Flags Drive, Suite 160
Arlington, TX 76011

9. You can also submit your application online and process payment via PayPal by visiting the [How to Become a Member](#) page on the NCTTRAC website.

Your signed membership renewal application and fees payment are due by October 30th.

Thank you for your commitment and dedication to our mission.

**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: Wise County EMS

DSHS issued Provider License #: 249008 County of Licensure: Wise

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

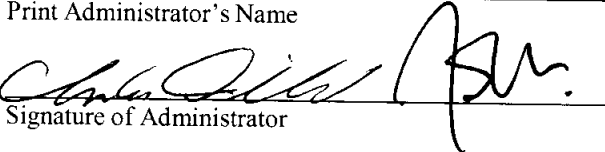
Note: A separate affidavit form is required for each TSA in which you operate.

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-E.

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.

Charles Dillard

Print Administrator's Name

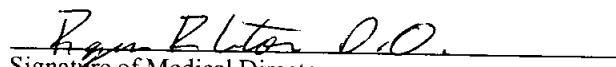

Signature of Administrator

7/14/2017

Date

Roger R. Leaton D.O.

Print Medical Director's Name


Signature of Medical Director

7/14/2017

Date