

Scott Christopher, Chairman

The membership of the TSA-H RAC is to be made up of individuals and/or organizations that provide EMS, hospital acute care, or are interested in the provision of EMS and hospital acute care. Those may include individuals representing trauma facility hospitals, stroke centers, EMS providers, First Responder organizations, health care educational institutions, public safety agencies, physicians, nurses, and or other organizations interested in EMS and hospital acute care.

Voting members of the General Assembly are those individuals designated (primary or alternate) by their respective entity to vote for, and on behalf of, the entity. Voting members are expected to attend a minimum of 50% of the General Assembly meetings. Voting members may be represented by a written proxy at no more than one General Assembly meeting each fiscal year. The proxy must be submitted to the DETRAC chair or DETRAC executive director prior to the beginning of the meeting. No standing proxy votes will be accepted.

The Executive Committee consists of the Executive Board members, the sub-committee chairs and one representative from any county within the Trauma Service Area that is not represented by the Executive Board or a sub-committee chairman. The composition of the Executive Committee will include representatives from hospital, pre-hospital and first-responder agencies. The primary purpose of the Executive Committee is to perform the operational leadership for the DETRAC. Executive committee members are expected to attend a minimum of 50% of the Executive Committee meetings. Voting members may be represented by a written proxy at no greater than one Executive Committee meeting each fiscal year. The proxy must be submitted to the DETRAC chair or DETRAC manager prior to the beginning of the meeting. No standing proxy votes will be accepted.

Please complete this form to propose your 'primary' and 'alternate' voting representative(s) for 2021-2022. Submit the form to DETRAC office no later than October 31, 2021. An authorized administrative agent must sign form.

ORGANIZATION: _____

GENERAL ASSEMBLY VOTING REPRESENTATIVE(S): Primary: _____

Alternate: _____

Executive Committee Voting Representative: Primary: _____

Alternate: _____

ENTITY MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

PHYSICIAN REPRESENTATIVE: _____

AUTHORIZE AGENT SIGNATURE: _____

DATE: _____

REPRESENTATIVES COMMITTEE INTERESTS (Please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Pre-hospital | <input type="checkbox"/> Hospital Acute Care | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Education / Injury Prevention | <input type="checkbox"/> Physicians Advisory / Quality Improvement | |