



**Affidavit Acknowledging Utilization of RAC-F Regional Protocols
Regarding Patient Destination and Transport - FY 24-25**

This form is be used by Regional Advisory Councils (RACs) and EMS Providers as an acknowledgment of the Provider’s adherence to RAC regional protocols regarding patient destination and transportation. Submit your completed acknowledgment form to the NETRAC office via email, fax or USPS. A separate acknowledgment form is required for each TSA in which you operate.

Link to RAC office contact information: <http://www.dshs.texas.gov/emstraumasystems/etrarac.shtm>.

To be eligible for funding from the EMS Allotment/Allocation, an EMS provider must, as specified in Texas Administrative Code §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 Services: _____

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-F.

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

Print NETRAC Chair Name

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(revised 1/1/2024)

Signature of NETRAC Chair

Date