

**FY 09 Affidavit Acknowledging Utilization of RAC Regional Protocols
Regarding Patient Destination**

Provider: _____ License #: _____

County of Licensure: _____ Level of Service: _____

Counties of Operation: _____

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”.

As the Administrator and Medical Director for _____
(Licensed Provider Name)

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 Trauma Service Area (TSA) Q.

(Note a separate affidavit is required for each TSA in which you operate)

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.

Administrator (Printed Name)

Medical Director (Printed Name)

Administrator (Signature)

Medical Director (Signature)

Date

Date