Membership Application/Renewal Process
RAC-R FY 2026 (09/01/2025 – 08/31/2026)

☐	1. Complete **Membership Application and Registration Form**
☐	2. Read **Membership SOPs** and **By-Laws** (*available at www.rac-r.com)*
☐	3. Read and sign **Member Responsibility Review**
☐	4. Pay **dues**
☐	5. Read and sign **Trauma Systems Plan**
☐	6. Read and sign **Regional Stroke Plan**
☐	7. Complete all appropriate **Gap Analysis** as applicable per service/facility

Return all documents via email to:
racrinfo@rac-r.com

MEMBERSHIP APPLICATION & REGISTRATION FORM

RAC-R FY 2026 (09/01/2025 – 08/31/2026)

Name of organization		
Name of CEO or Chief		
Physical address		
Mailing address		
Office #	Fax #	
Employer ID Number (EIN) (*Example: 74-1234567)*		
REPRESENTATIVE TO THE RAC		
Name		
Title/Position		
E-mail		
Mobile #		
ALTERNATE REPRESENTATIVE TO THE RAC		
Name		
Title/Position		
E-mail		
Mobile #		
EMERGENCY CONTACT FOR ORGANIZATION		
Name		
Title/Position		
E-mail		
Office	Mobile	Fax

OTHER REPRESENTATIVES	
Neonatal Representative Name	**Alternate Neonatal Representative Name**
E-mail	E-mail
Phone	Phone
Maternal Representative Name	**Alternate Maternal Representative Name**
E-mail	E-mail
Phone	Phone
Sepsis Representative Name	**Alternate Sepsis Representative Name**
E-mail	
Phone	
Stroke Representative Name	**Alternate Stroke Representative Name**
E-mail	E-mail
Phone	Phone
Chest Pain Representative Name	**Alternate Chest Pain Representative Name**
E-mail	E-mail
Phone	Phone
Printed Name of person authorized to commit the organization to membership in the RAC	
Signature	
Date	

Member Responsibility Review
RAC-R FY 2026 (9/1/2025 - 8/31/2026)

1. Each member representative or alternate must attend at least **75%** of the scheduled General Assembly Meetings for fiscal year 2024-2025. **Only one (1) General Assembly meeting may be logged as Virtual Attendance. See SOP Attendance for Virtual Meetings.**

2. Each member representative or alternate must attend at least **75%** of the committee meetings of each committee where the member provides related services. Any staff member may represent the service or hospital at a committee meeting. **Only one (1) Committee meeting may be logged as Virtual Attendance. See SOP Attendance for Virtual Meetings.**

3. Trauma Hospital members must submit the required trauma data to the RAC on a quarterly basis.

4. Each member must submit a new Membership Application & Registration Form and provide a phone number or numbers at which they and their designated staff as well as their Medical Director or Emergency Manager can be contacted at any time during a declared emergency.

5. Each member acknowledges that they have read the membership SOPs and By-Laws of the RAC.

6. Each member will complete and submit an annual needs assessment with the membership packet.

7. Each EMS member must complete and submit a Protocol Affidavit, Adult Pre-Hospital Triage Form, a Regional Stroke Plan, and Trauma Systems Plan signature pages completed by the Medical Director for the service prior to the **August 31, 2025,** deadline.

8. Each Hospital must complete and submit the Medical Director Signature page from the Trauma System plan indicating they have read and understand the plan prior to the **August 31, 2025,** deadline.

9. Each member must pay membership dues. Checks must be made payable to: ***East Texas Gulf Coast Regional Trauma Advisory Council and must be received on or before November 14, 2025, to maintain eligibility requirements***.

10. Each member understands that failure to complete all aspects of the membership process to include annual submission of all documentation described above, attendance requirements as described above will place their agency/facility in jeopardy of receiving funding, equipment, services, and or any other benefits of membership.

I have read the RAC Responsibility Review Form and understand the requirements for maintaining RAC membership. I understand all paper documentation is due to the RAC office on or before **August 31, 2025**. **All packets or incomplete packets received after August 31, 2025, will result in loss of credit for participation for the September 2025 General Assembly and Committee Meetings.**

Membership dues must be received by the RAC office on or before **November 14, 2025. Membership dues received by the RAC office after the deadline will result in loss of participation for the December 2025 General Assembly and Committee Meetings.**

_____ _____

RAC Representative Signature Date

_____ _____

Printed Name Organization

INVOICE

East Texas Gulf Coast Regional Trauma Advisory Council

PO Box 1662, Texas City, Texas 77592-1662
Phone 409-302-3201
racrinfo@rac-r.com
www.rac-r.com

INVOICE # M2026
DATE:_____, 2025

ENTER PROVIDER NAME: _____

Dues for Membership in RAC-R for Fiscal Year 2025-2026	
Please check one:	
☐ EMS 1 – 3 licensed ambulances	$150
☐ EMS 4 – 6 licensed ambulances	$250
☐ EMS 7 – 10 licensed ambulances	$500
☐ EMS > 10 licensed ambulances	$750
☐ First Responder Organization	$100
☐ Air Medical Provider (Fixed Wing or Rotor)	$500
☐ Hospital Non-designated Trauma	$500
☐ Hospital Level IV Trauma	$600
☐ Hospital Level III Trauma	$750
☐ Hospital Level II & I Trauma	$1250

Make all checks payable to:
East Texas Gulf Coast Regional Trauma Advisory Council
PO Box 1662
Texas City, Texas 77592-1662

Due no later than November 14, 2025. Thank you for your PARTICIPATION!

APPENDIX A

East Texas Gulf Coast Regional Trauma Advisory Council
REGIONAL TRAUMA SYSTEM PLAN
Signature Page

I have read and reviewed the East Texas Gulf Coast Regional Trauma System Plan. I understand this is a regional and overarching plan and may not reflect the practice of my institution.

https://irp.cdn-website.com/1f005d4d/files/uploaded/2025_RAC_Trauma_Plan.pdf

Approval of Trauma Medical Directors, EMS Medical Directors and EMS Administrators:

_____
Name of Facility / Service

_____
Name of the Trauma Medical Director
or EMS Medical Director

_____
Name of EMS Administrator

_____
Trauma Medical Director or
EMS Medical Director Signature

_____
EMS Administrator Signature

_____
Date

ACKNOWLEDGEMENT
East Texas Gulf Coast Regional Trauma Advisory Council
REGIONAL STROKE PLAN
Signature Page

I have read and reviewed the East Texas Gulf Coast Regional Stroke Plan. I understand this is a regional and overarching plan and may not reflect the practice of my institution.

https://irp.cdn-website.com/1f005d4d/files/uploaded/RAC_R_Regional_Stroke_Plan_Update_June_2019.pdf

Approval of Medical Directors and EMS Administrators

_____
Name of Facility / Service

_____
Name of Stroke Manager or EMS Director

_____
Stroke Manager or EMS Director Signature

_____
Date

East Texas Gulf Coast Regional Trauma Advisory Council
ANNUAL HOSPITAL TRAUMA GAP ANALYSIS
FY 2026 (09/01/2025-08/31/2026)

As a requirement for membership, facilities must complete a gap analysis of your trauma program. Complete the following document related to Trauma at your facility. Thank you for your assistance.

Facility Name						
Name of Person Completing Form				Are you the RAC Representative?	Yes	No
Contact Information	Email:			Phone:		
Are you the Trauma Program Manager?	Yes	No	If 'No', what is your role?			
Has your facility received trauma designation by DSHS?	Yes	No	Circle Trauma Level: I II III advanced III IV			
If your facility has not undergone DSHS designation, are you in active pursuit of designation?	Yes	No	NA	If 'Yes', when do you anticipate undergoing initial trauma designation? List Year.		

The American College of Surgeons Committee on Trauma believes "individual trauma centers must be effectively engaged in all aspects of trauma system planning, implementation and evaluation." For TSA-R to assist you it is important for us to understand the gaps in trauma care at your facility.

https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/

All Level I, Level II and Level III facilities (designated or in- active pursuit) will focus on the 2022 Standards. Level IV facilities (designated or in-active pursuit) should focus on the 2014 Standards. All standards can be found at the above link.

Below is a list of items required for trauma designation which may differ based on trauma level designation. Review the list and provide feedback listing the strengths and gaps at your facility

	DESCRIBE Facility Strengths	**DESCRIBE** Facility Gaps
Prehospital Care		
Emergency Department Care		
Interfacility Transfer		
Definitive Care		

Interfacility Transport		
Trauma Critical Care		
Rehabilitation		
Injury Prevention		
Data Collection-Trauma Registry		
Performance Improvement		
Staff Education		
Disaster Preparedness		

Based on the gaps you listed, please provide feedback on how TSA-R can assist you from a trauma system standpoint to close these gaps.

What programs have you instituted at your facility that would be beneficial to other facilities in RAC-R?

What topics would you like presented at the quarterly RAC-R Trauma Committee meeting?

East Texas Gulf Coast Regional Trauma Advisory Council
ANNUAL PERINATAL NEEDS ASSESSMENT
FY 2026 (09/01/2026-08/31/2026)

As a requirement for membership, facilities providing perinatal care must complete an annual needs assessment. Complete the following document related to providing perinatal care at your facility. Thank you for your assistance.

Facility Information					
Facility Name					
Name of Person Completing Form			Date Completed		
Maternal Information					
Maternal Program Manager Name			Email:		
Maternal Designated Level of Care (select one)	☐ Level IV ☐ Level III ☐ Level II ☐ Level I ☐ In active pursuit of new designation				
Number of Deliveries per Year		Number of LDR / LDRP Beds		Number of PP/MBU Beds	
Maternal Transport Service	☐ Yes ☐ No	Number of Maternal Transfers	Transfers In:		
			Transfers Out:		
Neonatal Information					
Neonatal Program Manager Name			Email:		
Neonatal Designated Level of Care (select one)	☐ Level IV ☐ Level III ☐ Level II ☐ Level I ☐ In active pursuit of new designation				
Number of NICU Admits per Year		Number of NICU Beds		Neonatal Transfers	Transfers In:
					Transfers Out:

Educational Programs / Needs		
Does your facility offer educational programs?	☐ Yes ☐ No	
Provide the number of **instructors** for each educational	NRP	
	STABLE	
	Intermediate/Advanced Fetal Monitoring	

East Texas Gulf Coast Regional Trauma Advisory Council
ANNUAL PERINATAL NEEDS ASSESSMENT
FY 2026 (09/01/2026-08/31/2026)

program	Car Seat Inspector					
	Other Perinatal Courses (List)					
If you need courses at your facility, provide the following information	Name of Course	Training Equipment Needed	#Students Needing Initial Training	#Students Renewing	Do you have plans to meet these needs?	Are Matching Funds Available?
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No

Equipment Needs						
If you need equipment at your facility, provide the following information	Equipment	First Priority	Second Priority	Third Priority	Do you have plans to meet these needs?	Are Matching Funds Available?
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No

TSA "R" Member Signature: _____

Request for Professional Development Policy and Form

All Requests must be submitted to the RAC office by the first Friday of each month.

To receive reimbursement for professional development, the institution / agency must be a voting member in good standing of RAC-R and the institution for FYE 2026 / agency must follow the procedures outlined below.

1. Submit request by the first Friday of each month, ***including*** a copy of the course description showing the name of the course, the date, the cost, along with proof of payment. Requests will only be considered ***prior*** to the course. RAC-R will ***not*** approve requests for reimbursement submitted ***after*** the course is completed.
2. Individuals / institutions / agencies submitting requests must have this form signed by their RAC-R Representative. Additionally, the RAC representative attests that the course is for initial or first-time certifications only. If it is discovered to be a re-certification or re-training, the member organization will be responsible for the cost of the course, reimbursement, if appropriate, to the RAC and any expenses incurred by the RAC in obtaining reimbursement.
3. Notification of approval / disapproval of request will be made by e-mail to the contact person listed below.
4. To obtain reimbursement for approved professional development, the institution / agency / individual must submit a copy of the certificate of completion **within two weeks** of completion of the course by fax or by e-mail but no later than **August 3, 2026**.

Institution / Agency:	Date:
Contact name:	Phone:
Contact e-mail:	Cost per person:
Date of course:	Location:
Course	**Attendees & Their E-Mail**

Course tuition will be paid for by and, upon documented completion of the course, reimbursed to:

☐Institution / Agency ☐Individual **(complete mailing address below)**

Mailing address: _____

_____

_____

I agree to the terms listed above. Further, I attest that this course is an INITIAL course, not a course for re-certification and that the individuals listed above have never received the training for which reimbursement is requested. **I have also reviewed for completeness of documentation including mailing address for reimbursement to individuals.**

_____

Signature of RAC-R Representative

For RAC Office use only
*RAC Approval Signature:*_____ *Date of Approval:* _____ *GL*_____

Request for Professional Development Policy and Form

All Requests must be submitted to the RAC office by the first Friday of each month.

E-MAIL THIS PAGE *ONLY* WITH ATTACHED COURSE DESCRIPTION TO: racrinfo@rac-r.com

General Provisions

For the FYE 2026, the following rules apply:

- **A maximum of $1,000 per person is reimbursable. Courses costing more than $1,000 per student requires Board approval.**
- **Each student will only be allowed reimbursement for one course.**
- **A RAC member may request tuition reimbursement for a previously attended course listed on the pre-approved course list only after four years of completing the original course if the course material has undergone a revision. Card Courses are Excluded.**
- **Classes offered in-house must meet minimum enrollments and must be open to other RAC-R member agencies / institutions in good standing. Agencies / institutions must submit the sign-in sheet, an invoice from the instructor, proof of payment of that invoice, and copies of certificates for those completing the class.**
- **Individuals submitting requests for reimbursements will be reimbursed via their RAC-R representative if approved.**
- **RAC-R reimburses only for tuition costs, not meals or travel.**
- **RAC-R does not reimburse tuition for courses available elsewhere at no cost.**

Initial Funding

- **All Requests for Professional Development must be in the RAC by 5:00 p.m. on March 9, 2026.**
- **All classes must be completed by May 26, 2025.**
- **All documentation for reimbursement must be submitted to the RAC by 5:00 p.m. on May 25, 2026.**

Second round funding

- **If all professional development funds are not encumbered after the March 9, 2026, deadline for submission of Requests for Professional Development, another round of funding MAY BE ANNOUNCED for those agencies / organizations in good standing that have already encumbered their allocations.**
- **If a second round is opened, all Requests for Professional Development for the second round must be in the RAC by 5:00 p.m. on July 6, 2026.**
- **All classes must be completed by July 27, 2026.**
- **All documentation for reimbursement must be submitted to the RAC by 5:00 p.m. on August 3, 2026.**

Request for Professional Development Policy and Form

All Requests must be submitted to the RAC office by the first Friday of each month.

Pre-Approved Classes

I. Education for EMS

1. Approved ICD-10 Workshop
2. Gathering of the Eagles
3. Approved Geriatric Care Course
4. TCAR
5. EMS Medical Director Courses
6. Trauma Injury Prevention Courses
7. Tactical Medical Training for EMS
8. CCEMTP
9. TETAF / ACS Trauma Related Courses
10. Initial Instructor Certification for Trauma Related Courses
11. ITLS
12. PHTLS
13. PEPP
14. ABLS
15. SETRAC Healthcare Preparedness Symposium
16. Texas EMS Conference
17. Formal Field Training Officer Course
18. AWHONN OB Critical Care Course
19. Other courses approved by the Board

II. Education for Hospitals

1. Approved ICD 10 Workshop for Trauma Staff
2. ABLS
3. ATLS / ATCN
4. AAAM
5. AWHONN OB Critical Care Course
6. AWHONN Perinatal Bereavement Course
7. TOPICS
8. TETAF Data Management Course
9. STN Conference
10. Approved Geriatric Care Course
11. TCAR / PCAR
12. TDEC
13. Trauma Medical Director Courses
14. Trauma Injury Prevention Courses
15. TETAF / ACS Trauma Related Courses
16. Trauma Related Courses Initial Instructor Courses
17. SETRAC Healthcare Preparedness Symposium
18. Other courses approved by the Board

- **Other classes may be approved on a case-by-case basis.**
- **The RAC reserves the right to deny approval of classes.**

Questions should be directed to racrinfo@rac-r.com