

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

<input type="checkbox"/>	1. Complete Membership Application and Registration Form
<input type="checkbox"/>	2. Read Membership SOPs and By-Laws (<i>available at www.rac-r.com</i>)
<input type="checkbox"/>	3. Read and sign Member Responsibility Review
<input type="checkbox"/>	4. Pay dues
<input type="checkbox"/>	5. Read and sign Trauma Systems Plan
<input type="checkbox"/>	6. Read and sign Regional Stroke Plan
<input type="checkbox"/>	7. Complete all appropriate Gap Analysis as applicable per service/facility
<input type="checkbox"/>	8. (EMS only) Complete Affidavit Acknowledging Utilization of RAC Regional Protocols Regarding Patient Destination and Transport and the Adult Trauma Pre-Hospital Triage Guidelines . (two pages to sign)

Return all documents via email to:

racinfo@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

EMS COUNTY OF LICENSURE

List the County in which your agency is licensed by DSHS.

List the county / counties **outside** your county of licensure in which you have an agreement to provide Emergency 911 or Emergency Transfer Services:

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.

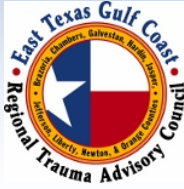
Membership dues must be received by the RAC office on or before **November 14, 2025**. Membership dues received by the RAC office after the deadline will result in loss of participation for the December 2025 General Assembly and Committee Meetings.

RAC Representative Signature

Date

Printed Name

Organization



INVOICE

East Texas Gulf Coast Regional Trauma Advisory Council

INVOICE # M2026
DATE: _____, 2025

PO Box 1662, Texas City, Texas 77592-1662

Phone 409-302-3201

racinfo@rac-r.com

www.rac-r.com

ENTER PROVIDER NAME: _____

Dues for Membership in RAC-R for Fiscal Year 2025-2026	
Please check one:	
<input type="checkbox"/> EMS 1 - 3 licensed ambulances	\$150
<input type="checkbox"/> EMS 4 - 6 licensed ambulances	\$250
<input type="checkbox"/> EMS 7 - 10 licensed ambulances	\$500
<input type="checkbox"/> EMS > 10 licensed ambulances	\$750
<input type="checkbox"/> First Responder Organization	\$100
<input type="checkbox"/> Air Medical Provider (Fixed Wing or Rotor)	\$500
<input type="checkbox"/> Hospital Non-designated Trauma	\$500
<input type="checkbox"/> Hospital Level IV Trauma	\$600
<input type="checkbox"/> Hospital Level III Trauma	\$750
<input type="checkbox"/> 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](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

Affidavit Acknowledging Utilization of RAC Regional Protocols Regarding Patient Destination and Transport

Provider: _____

License #: _____ This Affidavit Submitted for FY **2026**

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 (e)(1)(B)(iii), “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 Bureau of Emergency Management of the Texas Department of Health and adopted by the RAC for Trauma Service Area (TSA) R.

(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.

Furthermore, we understand that this signed document may be subject to future evaluation for compliance with the requirements of § **157.130**.

Administrator (Printed Name)

Medical Director (Printed Name)

Administrator (Signature)

Medical Director (Signature)

Date

Date

Please Note: The address of the RAC Office is: East Texas Gulf Coast Regional Trauma Advisory Council, **PO Box 1662, Texas City, TX 77592-1662.**



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

As a requirement for membership, EMS/Fire agencies must complete an annual needs assessment. Complete the following document related to providing prehospital care at your agency. 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 Chief/Director?	Yes	No	If 'No', what is your role?		
Does your agency partner with any FROs?	Yes	No	If 'Yes', what agencies?		
Does your agency operate a CE program?	Yes	No	If 'Yes', is it open to individuals outside of your agency?		
Number of Licensed Ambulances			Number of Reserved Ambulances		

For TSA-R to assist you it is important for us to understand the needs of your agency. Below is a list of areas pertaining to providing care in a prehospital setting. Review the list and provide feedback listing the strengths and gaps at your agency.

	DESCRIBE Agency Strengths	DESCRIBE Agency Gaps
Emergency Preparedness		
CE/Training		
Cardiac/STEMI		
Neonate/Pediatrics		
Sepsis		
Stroke		
Trauma		
Injury Prevention/Outreach		



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

	Agency Strengths	Agency Gaps
Data Collection Trauma Registry		
Performance Improvement		

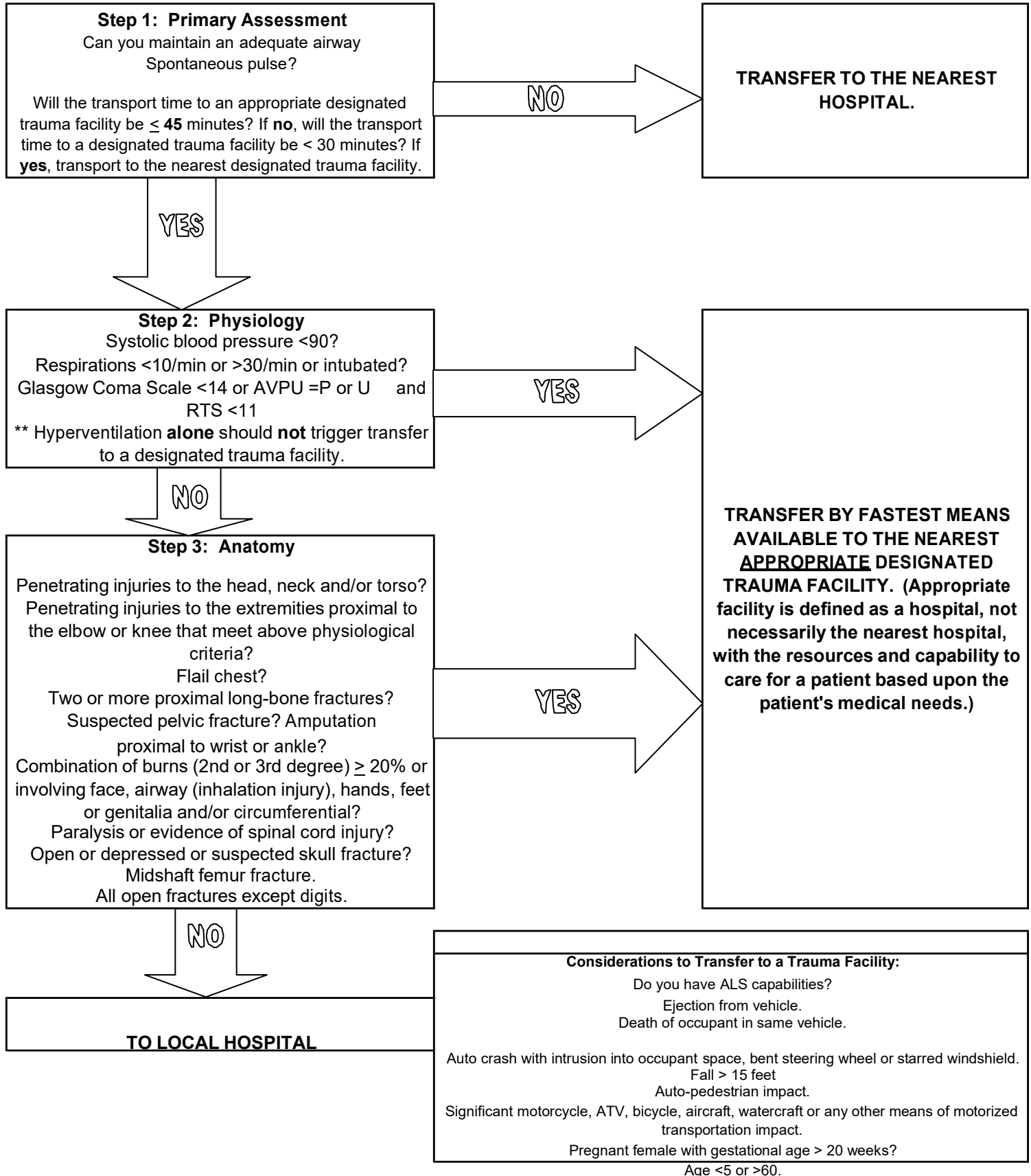
Based on the gaps you listed, please provide feedback on how TSA-R can assist you to close these gaps.

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

What topics would you like presented at the quarterly RAC-R Prehospital Committee meetings?

East Texas Gulf Coast Regional Trauma Advisory Council

Adult Trauma Pre-Hospital Triage Guidelines



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: racinfo@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. ABLIS
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. ABLIS
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 racinfo@rac-r.com