

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

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 (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) \_\_\_\_\_.  
**(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