

**AFFIDAVIT ACKNOWLEDGING UTILIZATION OF  
RAC REGIONAL HOSPITAL PROTOCOLS  
(MEDICAL AND NURSING)**

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Trauma Coordinator: \_\_\_\_\_

Trauma Medical Director: \_\_\_\_\_

In order to maintain "Good Standing" in Texas with Regional Advisory Council (RAC), all hospitals in TSA J will demonstrate utilization of the RAC Regional Protocols regarding patient resuscitation, stabilization and if necessary, transfer.

We acknowledge this facility's receipt of the RAC Protocols as approved by the Bureau of Emergency Management of the Department of State Health Services and adopted by the RAC for Trauma Service Area (TSA) J. We further acknowledge the use of the RAC Protocols as guidelines in the development of our individualized, specific policies and procedures.

Finally, we acknowledge that this signed document may be subject to future evaluation for compliance with the Texas J RAC Bylaws and Articles of Incorporation.

\_\_\_\_\_  
Medical Director (Print Name)

\_\_\_\_\_  
Trauma Coordinator (Print Name)

\_\_\_\_\_  
Medical Director (Signature)

\_\_\_\_\_  
Trauma Coordinator (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date