

Organization Name: _____

Administration Contacts

	Name	Title	Phone	Email
Senior Executive Officer				
Senior Executive Assistant				
Chief Medical Officer				
Chief Nursing Officer				
Chief Financial Officer				
Additional Chief/Executive				

24/7 Emergency Contacts

	Department	Phone	Pager	Email
24/7 Emergency Contact				
Administrator On-Call				
Patient Transfer Line				

NCTTRAC Membership Contacts

	Name	Title	Phone	Email
Authorized Signatory				
Primary Voting Representative				

Program & Delegated NCTTRAC Committee Contacts

Air Medical				
	Name	Title	Phone	Email
Delegated Voting Representative (if other than Primary Voting Rep)				

Cardiac				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Representative (if other than Primary Voting Rep)				

Disaster (Regional Emergency Preparedness)				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Emergency Preparedness Coordinator				
Delegated Voting Representative (if appointed to Committee core group)				
Alternate Voting Representative (if appointed to Committee core group)				

**NCTTRAC MEMBER DATA CALL
Hospital**

Emergency Medical Services				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Representative (if other than Primary Voting Rep)				
Emergency Department Operations				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Representative (if other than Primary Voting Rep)				
Finance				
	Name	Title	Phone	Email
Delegated Voting Representative (if appointed to Committee core group)				
Alternate Voting Representative (if appointed to Committee core group)				

Perinatal				
	Name	Title	Phone	Email
NICU Program Medical Director				
NICU Program Manager				
NICU Delegated Voting Representative				
NICU Alternate Voting Representative				
Maternal Program Medical Director				
Maternal Program Manager				
Maternal Delegated Voting Representative				
Maternal Alternate Voting Representative				

Pediatric				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Representative (if other than Primary Voting Rep)				

Professional Development				
	Name	Title	Phone	Email
Delegated Voting Representative (if other than Primary Voting Rep)				

Public Education / Injury Prevention				
	Name	Title	Phone	Email
Program Manager				
Delegated Voting Representative (if other than Primary Voting Rep)				

**NCTTRAC MEMBER DATA CALL
Hospital**

Stroke				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Representative (if other than Primary Voting Rep)				

Systems Performance Improvement				
	Name	Title	Phone	Email
Delegated Voting Representative (if other than Primary Voting Rep)				
Delegated Voting Representative (if other than Primary Voting Rep)				

Trauma				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Representative (if other than Primary Voting Rep)				

Authorized Signatory Signature

Date

Primary Voting Representative Signature

Date

----- **BELOW THIS LINE FOR NCTTRAC USE ONLY** -----

COMPLETE/FILE UPDATED	Comments (if any)	Initials	Date
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