



NCTTRAC MEMBER CONTACT REQUEST FORM
EMS-Air, EMS-Ground, & FRO

Organization Name: _____

Administration Contacts

	Name	Title	Phone	Email
Chief / Executive				
Administrative Assistant				
Assistant Chief / Executive				
Budget Administrator				
EMS Chief / Executive				
Additional Chief / Executive				

Emergency, Medical Director, and PSAP Contacts

	Organization(s)	Name	Phone	Email
24/7 Emergency Contact				
24/7 Non-Emergency Contact				
Medical Director				
9-11 PSAP Administrator				

Delegated (if any) NCTTRAC Committee Contacts

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

Cardiac Committee (if other than Primary Voting Representative)				
	Name	Title	Phone	Email
Delegated Voting Rep				
Alternate Voting Rep				

Emergency Department Operations Committee (if other than Primary Voting Representative)				
	Name	Title	Phone	Email
Delegated Voting Rep				
Alternate Voting Rep				

Emergency Medical Services Committee (if other than Primary Voting Representative)				
	Name	Title	Phone	Email
Delegated Voting Rep				
Alternate Voting Rep				

Finance Committee (if appointed to Committee core group position)				
	Name	Title	Phone	Email
Delegated Voting Rep				
Alternate Voting Rep				



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Medical Directors Committee (if appointed to Committee core group position)				
	Name	Title	Phone	Email
Delegated Voting Rep				
Alternate Voting Rep				

Pediatric Committee (if other than Primary Voting Representative)				
	Name	Title	Phone	Email
Delegated Voting Rep				
Alternate Voting Rep				

Perinatal Committee (if other than Primary Voting Representative)				
	Name	Title	Phone	Email
Maternal Delegated Voting Rep				
Maternal Alternate Voting Rep				
NICU Delegated Voting Rep				
NICU Alternate Voting Rep				

Regional Emergency Preparedness Committee (if appointed to Committee core group position)				
	Name	Title	Phone	Email
Delegated Voting Rep				
Alternate Voting Rep				

Stroke Committee (if other than Primary Voting Representative)				
	Name	Title	Phone	Email
Delegated Voting Rep				
Alternate Voting Rep				

Trauma Committee (if other than Primary Voting Representative)				
	Name	Title	Phone	Email
Delegated Voting Rep				
Alternate 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