

**NCTTRAC MEMBER CONTACT REQUEST FORM**

Hospital, Free Standing ED, Professional Organization, Physicians Group, & Other

**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	Name	Phone	Email
24/7 Emergency Contact				
Administrator On-Call				
Patient Transfer Line				

**Program & Delegated NCTTRAC Committee Contacts**

<b>Air Medical Committee (if other than Primary Voting Representative)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Rep				
Alternate Voting Rep				

<b>Cardiac Committee (if other than Primary Voting Representative)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Rep				
Alternate Voting Rep				

<b>Emergency Medical Services Committee (if other than Primary Voting Representative)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Rep				
Alternate Voting Rep				

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<b>Emergency Department Operations Committee (if other than Primary Voting Representative)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Rep				
Alternate Voting Rep				

<b>Finance Committee (if appointed to Committee core group position)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Rep				
Alternate Voting Rep				

<b>Medical Directors Committee (if appointed to Committee core group position)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Rep				
Alternate Voting Rep				

<b>Pediatric Committee (if other than Primary Voting Representative)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Rep				
Alternate Voting Rep				

<b>Perinatal Committee (if other than Primary Voting Representative)</b>				
	Name	Title	Phone	Email
Maternal Program Medical Director				
Maternal Program Manager				
Maternal Delegated Voting Rep				
Maternal Alternate Voting Rep				
NICU Program Medical Director				
NICU Program Manager				
NICU Delegated Voting Rep				
NICU Alternate Voting Rep				

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<b>Regional Emergency Preparedness Committee (if appointed to Committee core group position)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Rep				
Emergency Preparedness Coordinator				
Alternate Voting Rep				

<b>Stroke Committee (if other than Primary Voting Representative)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
Delegated Voting Rep				
Alternate Voting Rep				

<b>Trauma Committee (if other than Primary Voting Representative)</b>				
	Name	Title	Phone	Email
Program Medical Director				
Program Manager				
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