

2012 North Carolina Office of Emergency Medical Services
REGIONAL ADVISORY COMMITTEE (RAC) SELECTION FORM

Please answer the following questions about your facility and specify RAC affiliation.

Areas of this form that are pre-populated please review and correct if necessary.

Upon completion, please sign where indicated and return to the address at the bottom of the form.

Facility Name: _____

Mailing Address: _____

Primary Contact: _____ Title: _____

Phone: () _____ Fax: () _____ Email: _____

Secondary Contact: _____ Title: _____

Phone: () _____ Fax: () _____ Email: _____

RAC OPTIONS (select only one)

- | | | |
|----|--|--------------------------|
| 1. | Capital RAC
WakeMed Raleigh Campus | <input type="checkbox"/> |
| 2. | Duke RAC
Duke University Hospital | <input type="checkbox"/> |
| 3. | Eastern RAC
Vidant Medical Center | <input type="checkbox"/> |
| 4. | Metrolina Trauma Advisory Committee
Carolinas Medical Center | <input type="checkbox"/> |
| 5. | MidCarolina Trauma RAC
UNC Hospitals | <input type="checkbox"/> |
| 6. | Mountain Area Trauma RAC
Mission Hospitals | <input type="checkbox"/> |
| 7. | Southeastern RAC
New Hanover Regional Medical Center | <input type="checkbox"/> |
| 8. | Triad RAC
The Moses H. Cone Memorial Hospital
North Carolina Baptist Hospital | <input type="checkbox"/> |

Signature : _____

Please return the completed form to: OEMS, Attn: Susan Rogers, 2707 Mail Service Center, Raleigh, NC 27699-2707 or FAX completed form to (919) 733-7021. Questions? Contact Susan Rogers (919) 855-4698 or email susan.rogers@dhhs.nc.gov