

2019 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.

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
2. **Duke RAC**
Duke University Hospital
3. **Eastern RAC**
Vidant Medical Center
4. **Metrolina Trauma Advisory Committee**
Carolinas Medical Center
5. **MidCarolina Trauma RAC**
UNC Hospitals
6. **Mountain Area Trauma RAC**
Mission Hospitals
7. **Southeastern RAC**
New Hanover Regional Medical Center
8. **Triad RAC**
The Moses H. Cone Memorial Hospital
North Carolina Baptist Hospital

Signature : _____

Please return the completed form to: Susan Rogers via email to susan.rogers@dhhs.nc.gov. You may also fax this form to 919-733-7021 to the attention of Susan Rogers.