



Regional Infection Control Officer Program

Member Application

New Member Member

Agency Name: _____

Address: _____

City/State/Zip: _____

Medical Officer (MOF): _____

(or equivalent supervisor point of contact)

MOF Email: _____ Phone: (____) ____ - _____

Agency Medical Director: _____

Med. Dir. Email: _____ Phone: (____) ____ - _____

Agency Preferred Hospital (closest hospital): _____

of Employees: _____ # of Stations: _____ Total # Runs* Annual: _____

**Past 12 months, or Calendar Year, includes canceled at scene.*

This offering has been brought before the STRAC Prehospital (EMS) Committee for review, resulting in member agencies signing up for the program voluntarily, with a Memorandum of Understanding (MOU), and a cost model based on agency run volume and a subscription fee:

- *One time sign-up fee* for New Member to cover costs \$250.00
Associated with Agency site visit and education provided by the RICO.
- Annual subscription fee: \$250.00
- Per run fee based on annual total runs (12 months or calendar year) \$0.50/run

My signature below indicates _____ (agency name) is in Tablet PCR, and I, _____ (print name), authorize STRAC to obtain the total number runs from Tablet PCR.

Print Name

Signature

Print Title

Date of Signature

STRAC should send the Invoice to:

Name: _____ Title: _____

Email: _____ Phone: (____) ____ - _____

Address: _____

City/State/Zip: _____