



Regional Infection Control Officer Program

Member Application FY'24, Project Period: 1-Jan-24 to 31-Dec-24

New Member Member/Renewal

Former Member Agency, Declining RICO Renewal FY24/CY24; Signed _____,
By (print name) _____; Agency Name: _____

For New Member or Member/Renewal:

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 or ImageTrend, and I, _____ (print name), authorize STRAC to obtain the total number runs from Tablet PCR or ImageTrend.

Print Name	Signature
Print Title	Date of Signature

STRAC should send the Invoice to:

Name: _____ Title: _____

Email: _____ Phone: (____) ____ - _____

Address: _____

City/State/Zip: _____