STRAC
Southwest Texas Regional Advisory Council

REGIONAL INFECTION CONTROL OFFICER PROGRAM

Member Application FY'26, Project Period: 1-Jan-26 to 31-Dec-26

☐ New Member ☐ Member Renewal

☐ Former Member Agency, Declining RICO Renewal FY26 / PY 2026; Signed _____

By (print name) _____ Agency Name: _____

New Member or Member Renewal

Agency Name: _____

Address: _____

City/State/Zip: _____

Medical Officer (MOF): _____

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:

$250.00	One-time sign-up fee for New Member to cover costs associated with Agency site visit and education provided by the RICO
$250.00	Annual subscription fee
$ 0.50	Per run fee based on annual total runs (12 months or calendar year, includes canceled at scene)

☐ Check this box if you are a municipal provider and want RICO services extended to law enforcement (at no additional cost).

☐ Check this box if you are a county provider and want to extend services to FRO within your jurisdiction (at no additional cost).

_____ _____

Print Name *Signature*

_____ _____

Print Title *Date of Signature*

STRAC should send the Invoice to:

Name: _____ Title: _____

Email: _____ Phone: (_____) _____-_____

Address: _____

City/State/Zip: _____