Southwest Texas Regional Advisory Council

REGIONAL INFECTION CONTROL OFFICER PROGRAM

Member Application FY'27, Project Period: 1-Jan-27 to 31-Dec-27

☐ New Member ☐ Member Renewal

☐ Former Member Agency, Declining RICO Renewal FY27 / PY 2027; 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)

☐ YES ☐ NO (Decline) As a municipal provider, I want to extend coverage to law enforcement (at no additional cost); if YES, list law enforcement contacts on page 2.

☐ YES ☐ NO (Decline) As a county provider, I want to extend coverage to FRO within our jurisdiction (at no additional cost); if YES, list agency contact information on page 2.

_____ _____

Print Name *Signature*

_____ _____

Print Title *Date of Signature*

STRAC should send the Invoice to:

Name: _____ Title: _____

Email: _____ Phone: (_____) _____-_____

Address: _____

City/State/Zip: _____

If your agency wants to extend RICO services to a municipal law enforcement agency or county providers extend services to first responder organizations within their jurisdiction, please provide the contact information for each applicable agency:

1. Name of Agency _____
   Agency POC (medical officer preferred) _____
   Email _____
   Personal Cell or Duty Phone _____
2. Name of Agency _____
   Agency POC (medical officer preferred) _____
   Email _____
   Personal Cell or Duty Phone _____
3. Name of Agency _____
   Agency POC (medical officer preferred) _____
   Email _____
   Personal Cell or Duty Phone _____
4. Name of Agency _____
   Agency POC (medical officer preferred) _____
   Email _____
   Personal Cell or Duty Phone _____
5. Name of Agency _____
   Agency POC (medical officer preferred) _____
   Email _____
   Personal Cell or Duty Phone _____
6. Name of Agency _____
   Agency POC (medical officer preferred) _____
   Email _____
   Personal Cell or Duty Phone _____
7. Name of Agency _____
   Agency POC (medical officer preferred) _____
   Email _____
   Personal Cell or Duty Phone _____
8. Name of Agency _____
   Agency POC (medical officer preferred) _____
   Email _____
   Personal Cell or Duty Phone _____