

REGIONAL TRAUMA ADVISORY BOARD
Authorized Representative Form 2015

DATE: _____

- NEW APPOINTMENT
 UPDATED APPOINTMENT

TRAUMA REGION:

- | | | |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> NW REG-1 | <input type="checkbox"/> EC REG-4 | <input type="checkbox"/> TULSA REG-7 |
| <input type="checkbox"/> NE REG-2 | <input type="checkbox"/> SE REG-5 | <input type="checkbox"/> OKC REG-8 |
| <input type="checkbox"/> SW REG-3 | <input type="checkbox"/> CENTRAL REG-6 | |

ORGANIZATION NAME: _____

INDIVIDUAL AUTHORIZING APPOINTMENT OF RTAB REPRESENTATIVES:

Name: _____

Job Title: Hosp Admin. /or _____ EMS Director /or _____

Signature: _____

DESIGNATED REPRESENTATIVE: (please print legibly)

Name: _____

Job Title: _____

Email: _____

Telephone: _____

Facsimile: _____

ALTERNATE REPRESENTATIVE: (please print legibly)

Name: _____

Job Title: _____

Email: _____

Telephone: _____

Facsimile: _____

*** Please fax to the Emergency Systems at (405) 271-4240*** Update Annually***

Office Use Only:

<input type="checkbox"/> Distribution List	<input type="checkbox"/> Attendance Roster
<input type="checkbox"/> Sign in Form	<input type="checkbox"/> Vote Call Form
(If new facility/agency – update rotation – trauma plans)	