REGIONAL TRAUMA ADVISORY BOARD
Authorized Representative Form 2015

DATE: _____

☐ NEW APPOINTMENT
☐ UPDATED APPOINTMENT

TRAUMA REGION:

☐ NW REG-1
☐ NE REG-2
☐ SW REG-3
☐ EC REG-4
☐ SE REG-5
☐ CENTRAL REG-6
☐ TULSA REG-7
☐ OKC REG-8

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***

Oklahoma State Department of Health
Emergency Systems
1000 Northeast 10th Street, Oklahoma City, Oklahoma 73117-1299

Office Use Only:
___ Distribution List ___ Attendance Roster
___ Sign in Form ___ Vote Call Form
(If new facility/agency – update rotation – trauma plans)