

NCTTRA



NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

600 Six Flags Drive, Suite 160
Arlington, Texas 76011
Phone #: 817-898-8388
Fax #: 817-898-8388

Invoice

7/19/2019	4043
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WISE COUNTY EMS
P. O. BOX 1509
DECATUR, TX 76234

ENTERED

AUG 18 2019

	10/31/2019
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NCTTRAC MEMBERSHIP DUES SEPT. 1, 2019 - AUG. 31, 2020			
METRO LICENSED TRANSPORT UNIT			
	7	102.10	0.00 714.70
<p><i>Londat Pinneringer</i></p> <p>AUG 01 2019</p>		<p>15-5-541-481</p> <p>I hereby certify that the goods/services described have been used in the services of Wise Co. TX. I certify that to the best of my knowledge, they are necessary for the operations of my department. They have been purchased, if necessary, through bidding, they are not a part of a component bidding or billing scheme and they have not been previously paid for</p> <p>Signature/Date:</p>	

Please remit payment to: 600 Six Flags Drive, Suite 160 Arlington, Texas 76011	Total	\$714.70
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NCTTRAC is an IRS 501(c)(3) organization. Your membership dues could be tax-deductible to the extent allowed by law. For questions please check with your tax professional.	Payments/Credits	\$0.00
	Balance Due	\$714.70

Tax Identification: 75-2534492



MEMBERSHIP APPLICATION/RENEWAL – FY 20 September 1, 2019 – August 31, 2020

Please return completed Membership Application by mail, fax, or scanned email attachment to NCTTRAC Membership at:
NCTTRAC - 600 Six Flags Drive, Suite 160 - Arlington, TX, 76011
Phone: 817 608 0390 • Fax 817 608 0399 • Email Admin@ncttrac.org

Wise County EMS _____ New Member
(Organization Name)

1101 West Rose Avenue _____ Decatur _____ Wise 76234
(Street) (City) (County) (Zip)

249008 _____ 5/31/2020
DSHS License Number (If Applicable) Expiration Date

Hospitals:

Current / In Active Pursuit Trauma Designation level _____ Expiry Date: _____

Current Stroke Designation Level _____ Expiry Date: _____

Current Neonatal Designation Level _____ Expiry Date: _____

EMS:

Highest Level of Care BASIC Expiry Date: 5/31/20

MEMBER ORGANIZATION REPRESENTATION

Provide the name of the facility's Primary Voting Representative and Authorized Signature as well as any Medical Director and/or Program Director is applicable.

My organization wants to be a voting, active participating NCTTRAC member.

My organization acknowledge(s) responsibilities as a member and essential component of the emergency healthcare system established by the State of Texas for the nineteen counties comprising Trauma Service Area – E. I affirm its willingness to comply, as appropriate, with state and/or regional guidelines, obligations, and by-laws as presented by the North Central Texas Trauma Regional Advisory Council (NCTTRAC) and its Board, generally found on www.ncttrac.org

Randall Preuninger
(Primary Voting Representative's Name – One per Organization)

9406274204 9406277521
(Phone Number) (Fax Number)

JD Clark
(Authorized Signatory's** Name – One per Organization)

940-627-5743 _____
(Phone Number) (Fax Number)

[Signature]
(Authorized Signatory's Signature)

Administrator
(Title / Position)

rpreuninger@chs.co.wise.tx.us
(Email Address)

County Judge
(Title / Position)

cojudge@co.wise.tx.us
(Email Address)

8-26-19
(Date of Signature)

**Authorized Signatory must be a Vice President (or above) / Assistant Chief (or above) who is authorized to appoint representation.



MEMBERSHIP APPLICATION/RENEWAL – FY 20
September 1, 2019 – August 31, 2020

MEMBER CLASSIFICATION & DUES

According to NCTTRAC Bylaws, annual dues (September – August) are assessed based on your classification with the Texas Department of State Health Services as of the invoice date. The attached invoice is based on the information below. Please verify this information for accuracy and report any changes to NCTTRAC at 817 608.0390 or Finance@ncttrac.org. (Please remit payment no later than October 31, 2019)

Membership Type:		Calculated Fee
<input type="checkbox"/> METRO Hospitals/Medical Facilities/Free Standing Emergency Departments	(\$2,042 plus # licensed beds X \$15.32)	= _____
<u>7</u> METRO EMS-Ground	(<u>7</u> # licensed unit X \$102.10)	= <u>714.70</u>
<input type="checkbox"/> METRO EMS-Air	(____ # licensed unit X \$102.10)	= _____
<input type="checkbox"/> METRO First Responders/Volunteers	(\$ 102.10)	= _____
<input type="checkbox"/> METRO School/College	(\$ 102.10)	= _____
<input type="checkbox"/> METRO Professional Organization	(\$ 102.10)	= _____
<input type="checkbox"/> NON-METRO Hospitals/Medical Facilities/Free Standing Emergency Departments	(\$2,020 plus # licensed beds X \$15.15)	= _____
<input type="checkbox"/> NON-METRO EMS-Ground	(____ # licensed unit X \$101.00)	= _____
<input type="checkbox"/> NON-METRO EMS-Air	(____ # licensed unit X \$101.00)	= _____
<input type="checkbox"/> NON-METRO First Responders/Volunteers	(\$ 101.00)	= _____
<input type="checkbox"/> NON-METRO School/College	(\$ 101.00)	= _____
<input type="checkbox"/> NON-METRO Professional Organization	(\$ 101.00)	= _____
* New Member Fee \$125, excluding First Responders/Volunteers (If Applicable)		= _____

Total Dues/Fees = 714.70

Metro Counties: Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Somervell, Tarrant, Wise
 Non-Metro Counties: Cooke, Erath, Grayson, Navarro, & Palo Pinto

BELOW THIS LINE FOR NCTTRAC USE ONLY

RECOMMEND / NOT RECOMMEND
 NCTTRAC Staff Recommendation

APPROVED / DISAPPROVED
 NCTTRAC Board Review Discussion

Comments (if any)	Initials	Date
Comments (if any)	Initials	Date



2019-2020

**NCTTRAC MEMBER DATA CALL
Emergency Medical Services**

Organization Name: Wise County EMS _____

Administration Contacts

	Name	Title	Phone	Email
Chief / Executive	Randall Preuninger	Administrator	9406274204	rpreuninger@ems.co.wise.tx.us
Administrative Assistant				
Assistant Chief / Executive				
Budget Administrator				
EMS Chief / Executive				
Additional Chief / Executive				
24/7 Emergency Contact				
24/7 Non-Emergency Contact				

Medical Director / PSAP Contacts

	Organization(s)	Name	Phone	Email
Medical Director	Wise County EMS	Roger Leaton	9406272002	
9-11 PSAP Administrator	Wise County S.O.	Susan Gomez	9406275971	

NCTTRAC Membership Contacts

	Name	Title	Phone	Email
Authorized Signatory	JD Clark	Wise County Judge	940-627-3301	jd.clark@co.wise.tx.us
Primary Voting Representative	Randall Preuninger	EMS Administrator	940-627-2002	rpreuninger@ems.co.wise.tx.us

Delegated (if any) NCTTRAC Committee Contacts

Cardiac (if other than Primary Voting Representative)				
	Name	Title	Phone	Email
Delegated Voting Representative				
Alternate Voting Representative				

Disaster (Regional Emergency Preparedness) (if appointed to Committee core group position)

	Name	Title	Phone	Email
Delegated Voting Representative				
Alternate Voting Representative				

Emergency Department Operations (if other than Primary Voting Representative)

	Name	Title	Phone	Email
Delegated Voting Representative				
Alternate Voting Representative				

