# Minnesota Regional Trauma Advisory Committee

## Application for Appointment

[ ]  CENTRAC

[ ]  MMRTAC

[ ]  NERTAC

[ ]  SMRTAC

[ ]  SWRTAC

[ ]  WESTAC

*Click or tab between the fields.*

**Applicant**

Name

Position applying for

Preferred mailing address

City, State Zip

Email

Telephone [ ]  work [ ]  cell

List all agencies and organizations with which you are affiliated. Include your title or role in the agencies and organizations. Click here to enter text.

Briefly summarize your experiences and qualifications for the position you are seeking or attach a resume or curriculum vitae. Click here to enter text.

Signature (electronic signature acceptable) Date

**RTAC Chair**

This is an application for: [ ]  new appointment [ ]  re-appointment

Person being replaced (if applicable)

Term effective dates: From - Until

Attestation: The regional trauma advisory committee noted above recommends this applicant for appointment.

Signature (electronic signature acceptable) Date

**Applicant:** remit form to RTAC chair

**RTAC:** Send to Trauma System Coordinator

MDH/ORHPC

PO Box 64882

St. Paul, MN 55164-0882

Or email to: health.trauma@state.mn.us