



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Thursday, September 6, 2012
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

Followup brief comments to
yesterday's discussion

Registrant information:

jeff_slepin@emcare.com

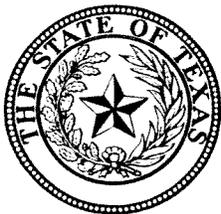
Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Jeff Slepin, ADDRESS: 815 South Palatka Street Suite 300, CITY: PENSACOLA, STATE: FL, ZIP: 32502, PHONE NUMBER: (850) 4377700, REPRESENTING: Emcare.

Signature: [Handwritten Signature]

Date: 9/6/12

- To Comment:
1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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Summary of Comments: we don't support rule permitting 20 minute response time, but DO want to work with hospitals and committee to find common sense solutions

Registrant information:

greg_tillery@emcare.com

Please PRINT clearly

Form with fields for NAME: GREG TILLERY, ADDRESS: 815 S PALAFOX ST, CITY: PENSACOLA STATE: FL ZIP: 32502, PHONE NUMBER: (850) 437 7725 REPRESENTING: EM CARE

Signature:

[Handwritten Signature]

Date:

9/6/12

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Summary of Comments:

on 24/7 ED proposal

Registrant information:

Please PRINT clearly

Registration form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Bobby Hillert, PO Box 13531, ATX, 78711.

Signature:

Handwritten signature

Date:

9-6-12

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Summary of Comments:

Item 5a-

Registrant information:

Please PRINT clearly

NAME: <i>Denise Rose</i>		
ADDRESS: <i>1105 Laurica St.</i>		
CITY: <i>Austin</i> STATE: <i>TX</i> ZIP: <i>78701</i>		
PHONE NUMBER: <i>(817) 465-1048</i> REPRESENTING: <i>THCA</i>		

Signature:

[Handwritten Signature]

Date:

6 Sept. 2012

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