AFFIDAVIT for Emergency Healthcare Runs in Calendar Year 2010

EMS Provider Name: _____ **DSHS License #:** _____
(Name as Listed on Provider License)

A Licensed EMS 911 Provider potentially eligible for funding from the Fiscal Year (FY) 2012 EMS allotment from the Emergency Medical Services and Trauma Care System Account (911 funds) and the FY12 Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund (1131 funds) and the FY12 EMS allocation from the Designated Trauma Facility and Emergency Medical Services Account (3588 funds) **MAY** opt to use this affidavit in lieu of data documented in the State EMS\Trauma Registry to provide the Department of State Health Services, Office of EMS\Trauma System Coordination with the number of its emergency trauma runs and medical runs in Calendar Year (CY) 2010.

The runs MUST be broken down by county-of-incident, trauma service area and meet requirements for entry into the State EMS/Trauma Registry.

County of Incident	TSA	Trauma Runs	Medical Runs

I am providing this affidavit for the following reasons (please check all that apply):

____ I made a good faith effort to upload data to the State EMS/Trauma Registry for CY10, but there is a discrepancy between the number of "runs" actually uploaded versus what is being reported on my State EMS/Trauma Registry account.
Please attach documentation describing the issues that lead to the discrepancy.

____ I made a good faith effort to establish an account with the State EMS/Trauma Registry but was unsuccessful.
Please attach documentation describing the issues that lead to the inability to establish an account.

As the administrator for the above named provider, I acknowledge that we have made a good faith effort to comply with the State EMS/Trauma Registry requirements for data submission for CY10.

Furthermore, I state that this signed document is true and accurate and I understand that it may be subject to future evaluation for compliance with the requirements of data submission to the State EMS/Trauma Registry.

_____ _____
Administrator (Printed Name) Contact Phone Number

_____ _____
Administrator (Signature) Date

Your affidavit must be postmarked on or before November 18, 2011. Mail to: Texas Department of State Health Services, Office of EMS/Trauma System Coordination - MC 1876, P.O. Box 149347, Austin, Texas 78714-9347.

Our receipt of your affidavit form does not imply you are eligible to receive EMS allotment funds. Check your current funding eligibility status at www.dshs.state.tx.us/emstraumasystems/SB102Elig.shtm .
Incomplete or late affidavits will be considered invalid and will not be used in lieu of the data in the State EMS/Trauma Registry.