



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HARTEL
DIRECTOR

**Application for Appointment
Statewide Trauma Advisory Subcommittee**

Name: _____

Home Address: _____
Street City State Zip

Business Name: _____

Business Address: _____
Street City State Zip

Membership Represented (please check appropriate box):

- | | |
|--|---|
| <input type="checkbox"/> Trauma Surgeon who is a Trauma Center Director | <input type="checkbox"/> Trauma Registrar |
| <input type="checkbox"/> Trauma Nurse Coordinator | <input type="checkbox"/> Emergency Physician |
| <input type="checkbox"/> Administrative Hospital Representative
(Hospital designated as a Level I or II by ACS) | <input type="checkbox"/> Administrative Hospital Representative
(Hospital NOT designated as a level I or II) |
| <input type="checkbox"/> Life Support Agency Manager
(Member of EMSCC) | <input type="checkbox"/> Medical Control Authority Medical Director
(Rural County) |
| <input type="checkbox"/> Medical Control Authority Medical Director
(Non-rural County) | |

Business Phone: _____

E-mail Address: _____

Previous Government Appointments:

Sect 20917(a)(1)(2) STAC committee members shall serve a term of three years. A member who is unable to complete a term shall be replaced for the balance of the unexpired term.

Submit application and copy of current curriculum vitae to Michigan Department of Health and Human Services, attn.: Bureau of EMS, Trauma & Preparedness – State Trauma Manager, Eileen Worden, WordenE@michigan.gov