



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**Registration and Request to Speak at the**

**Department of State Health Services Council Meeting  
Thursday, February 23, 2012  
Austin, Texas**

**Registration forms MUST be turned in before the beginning of the meeting.  
Each registrant's comment time is limited to THREE minutes.**

*Please PRINT clearly*

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s)

List agenda title(s) or number(s): 4b

Summary of Comments:

Registrant information:

*Please PRINT clearly*

NAME:	Jonel (Jodie) Ney		
ADDRESS:	14111 Amber Hollow Ct		
CITY:	CYPRESS	STATE:	Tx
ZIP:	77429		
PHONE NUMBER:	(13) 898-8641	REPRESENTING:	WNOC / AN

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2-23-12

**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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**List agenda title(s) or number(s):**

**Summary of Comments:**

4 - e

**Registrant information:**

*Please PRINT clearly*

<b>NAME:</b> Linda Dickerson
<b>ADDRESS:</b> 371 W. Lincoln C-217
<b>CITY:</b> New Braunfels <b>STATE:</b> TX <b>ZIP:</b> 78130
<b>PHONE NUMBER:</b> 714 235 7581 <b>REPRESENTING:</b> GETAC

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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List agenda title(s) or number(s): **4 F**

Summary of Comments:

Registrant information:

*Please PRINT clearly*

NAME: <b>EDDIE WALKER</b>		
ADDRESS: <b>3775 WICKHAM</b>		
CITY: <b>EL PASO</b>	STATE: <b>TX</b>	ZIP: <b>79904</b>
PHONE NUMBER: <b>(957) 539-5136</b> REPRESENTING: <b>LIFE EMS ACADEMY</b>		

Signature: **Eddie Walker**

Date: **2-23-12**

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List agenda title(s) or number(s):

E: EMS TRAINING & COURSE APPROVAL

Summary of Comments:

IN Full support of EMS Training & Course approval as approved by GETAC.

Registrant information:

*Please PRINT clearly*

NAME: JEFF McDONALD
ADDRESS: 2309 HIDDEN OAKS DRIVE
CITY: N. RICHLAND HILLS STATE: TX ZIP: 76182
PHONE NUMBER: (817) 281-1079 REPRESENTING: GETAC EDUCATION COMMITTEE

Signature: 

Date: FEBRUARY 23, 2012

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4 - E

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Jerry Dinsmore, PO Box 3744, Abilene, TX, 79604, (325) 4802617, and PERCOM.

Signature: [Handwritten Signature]

Date: 2-23-12

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topic(s)

List agenda title(s) or number(s): 4E

Summary of Comments:

Registrant information:

*Please PRINT clearly*

NAME: <u>Jane Dismore</u>
ADDRESS: <u>PO Box 3714</u>
CITY: <u>Abilene</u> STATE: <u>TX</u> ZIP: <u>79604</u>
PHONE NUMBER: <u>(817) 806-7777</u> REPRESENTING: <u>PERCOM</u>

Signature: Jane Dismore Date: 02/23/12

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I wish to appear before the Department of State Health Services Council to speak on the following agenda

topic(s)

List agenda title(s) or number(s): *F*

Summary of Comments:

Registrant information:

NAME: <i>LEON CHAMPBURN TIER</i>
ADDRESS: <i>1500 QUARRY TR</i>
CITY/STATE/ZIP: <i>Alvin TX 77525</i>
PHONE NUMBER REPRESENTING: <i>281 464 4666</i>

*Please PRINT clearly*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**4E** Amendment to a rule concerning EMS training

**Summary of Comments:**

URGE SUPPORT OF proposed changes. This topic has been debated by the communities of interest for 5 years.

Registrant information:

*Please PRINT clearly*

<b>NAME:</b> Jeff Fritz
<b>ADDRESS:</b> 2524 Kingsbury Dr
<b>CITY:</b> Temple <b>STATE:</b> TX <b>ZIP:</b> 76502
<b>PHONE NUMBER:</b> (254) 913 4578 <b>REPRESENTING:</b>

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Jeff Fritz".

Date: \_\_\_\_\_

2/23/12

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4e

Summary of Comments:

Registrant information:

*Please PRINT clearly*

NAME: JODIE HARBERT
ADDRESS: P.O. BOX 271677
CITY: FLOWER MOUND STATE: TX ZIP: 75028
PHONE NUMBER: 817 793-5365 REPRESENTING: BLINN COLLEGE

Signature: 

Date: 2/23/12

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4e

Summary of Comments:

Role concerning EMS training & accreditation

Registrant information:

*Please PRINT clearly*

NAME:	Emily Kidd, M.D.				
ADDRESS:	4201 Medical Drive, Suite 120				
CITY:	San Antonio	STATE:	TX	ZIP:	78229
PHONE NUMBER:	(210) 388-6121	REPRESENTING:	<del>Myself</del> Myself		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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