



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

**Department of State Health Services Council Work Session
Wednesday, February 22, 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): 26

Summary of Comments: Regarding 26 - Support

Registrant information:

Please PRINT clearly

NAME: DUANE HILL
ADDRESS: 3650 LAUREL ST
CITY: BEAUMONT STATE: TX ZIP: 77707
PHONE NUMBER: (409) 839-3737 REPRESENTING:

Signature: 

Date: 2-21-12

To Comment:

1. Register by completing the form.
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3. Wait for the chair to call on you.
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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): 2B ED staffing

Summary of Comments: for

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Bobby Hillert, PO Box 13531, ATX, TX, 78711, (512) 542-9253, and TX Physician Hospitals Advocacy Center.

Signature: [Handwritten Signature]

Date: 2/22/12 Advocacy Center

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

2 B ED Staffing

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Tony Wahl, 1814 Roseland Blvd, Tyler, TX, 75701, and TX Spine & Joint Hospital.

Signature: [Handwritten Signature]

Date: 2/23/12

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

2(b). Emergency department staffing

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Charles Bailey.

Signature: Charles Bailey

Date: 2/23/12

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

TAC 157.32

agenda
3 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) 480-2617, PERCOM.

Signature:

[Handwritten signature]

Date: 2-22-12

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List agenda title(s) or number(s): *3c*

Summary of Comments: *Sponsorship*

Registrant information:

Please PRINT clearly

NAME: <i>Jane E. Dinsmore</i>		
ADDRESS: <i>149 N. Willis St STE 10</i>		
CITY: <i>Abilene</i>	STATE: <i>TX</i>	ZIP: <i>79602</i>
PHONE NUMBER: <i>3254802617</i> REPRESENTING: <i>PERC Online</i>		

Signature: *Jane E. Dinsmore*

Date: *02/22/12*

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List agenda title(s) or number(s): *3 e*

Summary of Comments: *CONCERNING COST OF ACCREDITATION*

Registrant information:

Please PRINT clearly

NAME: <i>EDDIE WALKER</i>	
ADDRESS: <i>3725 WICKHAM</i>	
CITY: <i>EL PASO</i>	STATE: <i>TX</i> ZIP: <i>79904</i>
PHONE NUMBER: <i>(915) 538-5136</i> REPRESENTING: <i>LIFE EMS ACADEMY</i>	

Signature: *Eddie Walker*

Date: *2-22-12*

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

30 - EMS training & council approval

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: GK SPRINKLE, 2801 WINSTON CT, AUSTIN, TX, 78731, (512) 458-1888, TX AMBULANCE ASSOC.

Signature: [Handwritten signature]

Date: 2/22/12

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

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING, containing handwritten entries.

Signature: [Handwritten Signature] Date: _____

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