



_____ (facility) hereby directs the SouthEast Texas Regional Advisory Council (SETRAC) that the following individuals are authorized to set up an account in the SETRAC Maternal Database, are responsible for submitting monthly data, and for the accuracy of submitted data.

Representative #1: _____

Email: _____

Phone Number: _____

Representative #2: _____

Email: _____

Phone Number: _____

Any changes to these representatives must be approved by:

Name: _____

Title: _____

Signed (Facility CEO or designee):

Name: _____

Title: _____

Date: _____

Please return this completed form to clinicaldept@setrac.org.