DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMS PROGRAM

TRAUMA DESIGNATION APPLICATION

☐ **INITIAL DESIGNATION AS A LEVEL III CENTER FOR THE TREATMENT OF TRAUMA:**
- ☐ **ADULT**
- ☐ **PEDIATRIC**

☐ **RENEWAL DESIGNATION AS CENTER FOR THE TREATMENT OF TRAUMA:**

☐ **LEVEL I,**	☐ **PEDIATRIC,**	☐ **ADULT**
☐ **LEVEL II,**	☐ **PEDIATRIC,**	☐ **ADULT**
☐ **LEVEL III,**	☐ **PEDIATRIC,**	☐ **ADULT**

THE HOSPITAL'S D.B.A. NAME: _____
(D.B.A. = Doing Business As)

STREET ADDRESS: _____
(Physical location of the entity's operation)

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **FAX:** _____

THE ENTITY'S MAILING ADDRESS: _____
(If different from above)

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

OWNER OF THE ENTITY: _____
(Applicant/Licensee)

ADMINISTRATOR/DIRECTOR NAME: _____

ADMINISTRATOR/PRIMARY CONTACT EMAIL ADDRESS: _____

HOSPITAL STATE LICENSURE NUMBER: _____

HOSPITAL CMS CERTIFICATION NUMBER: _____

HOSPITAL TRAUMA COORDINATOR NAME: _____

HOSPITAL TRAUMA COORDINATOR EMAIL ADDRESS: _____

Return your completed application and fee ($4,000.00) to the following:

Division of Public and Behavioral Health
Emergency Medical Systems
4150 Technology Way, Suite 101
Carson City, NV 89706
(775) 687-7590

I HAVE COMPLETED THIS APPLICATION TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS PERTAINING TO THE SPECIFIC TRAUMA DESIGNATION FOR WHICH THIS APPLICATION IS HEREIN MADE. I AUTHORIZE RELEASE OF SUCH INFORMATION AS MAY PERTAIN TO THE PURPOSE OF THIS APPLICATION.

SIGNATURE OF FACILITY REPRESENTATIVE/OWNER: _____

DATE: _____

PRINTED NAME OF FACILITY REPRESENTATIVE/OWNER: _____

TITLE OF PERSON SIGNING APPLICATION: _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC SIGNATURE: _____

IN AND FOR THE COUNTY OF _____, STATE OF NEVADA.

NAC 450B.832 Fee for designation or renewal of designation. (NRS 450B.120**,** 450B.237**)** A hospital applying for a designation as a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma or to renew such a designation must pay a fee of $3,000 at the time it submits its application to the Health Division.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95; R139-07, 1-30-2008)