



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMS PROGRAM
TRAUMA DESIGNATION APPLICATION

- INITIAL DESIGNATION AS AN ADULT LEVEL III CENTER FOR THE TREATMENT OF TRAUMA
- RENEWAL DESIGNATION AS CENTER FOR THE TREATMENT OF TRAUMA:
- LEVEL I ADULT PEDIATRIC
- LEVEL II
- LEVEL III

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: _____

An application for Trauma Designation must include the following information:

1. A description of the qualifications of the hospital's personnel to provide care for patients with trauma;
2. A description of the facilities and equipment to be used to provide care for patients with trauma;
3. A description of how the hospital's facilities and personnel comply with or exceed the standards set forth in chapters 5 and 23 of *Resources for Optimal Care of the Injured Patient* or, if applying for designation as a pediatric center for the treatment of trauma, the standards set forth in chapters 5, 10 and 23 of *Resources for Optimal Care of the Injured Patient*;
4. A description of the service area of the hospital to be served;
5. A statement submitted by the medical director of the proposed program for the treatment of trauma that indicates that the hospital has adequate facilities, equipment, personnel, and policies and procedures to provide care for patients with trauma at the level requested;
6. A description of how the hospital's facilities comply with or exceed the standards set forth in the *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*;
7. A statement submitted by the chief operating officer of the hospital that the hospital is committed to maintaining sufficient personnel and equipment to provide care for patients with trauma at the level requested; and
8. Written policies for:
 - a. The transfer of patients with trauma to other centers for the treatment of trauma which have been designated at a higher level, a pediatric center for the treatment of trauma or other specialized facilities; and
 - b. Performing evaluations and assessments to ensure that the quality of care for patients with trauma meets or exceeds the standards set forth in chapter 16 of *Resources for Optimal Care of the Injured Patient*.

Return your completed application and fee (\$4,500.00) 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 \$4,500 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)