



West Virginia Department of Health and Human Resources
 Bureau for Public Health
 State Trauma and Emergency Medical System
 350 Capitol Street, Room 425
 Charleston, West Virginia 25301-3714

Recertification Application

Trauma Center Designation

| Level of Review | | |
|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Level I | <input type="checkbox"/> Level II | <input type="checkbox"/> Level III |
| <input type="checkbox"/> Level IV | <input type="checkbox"/> Level V | |
| Facility and Staff Identifying Information | | |
| Facility Name: | | |
| Mailing Address: | | County: |
| City: | State: | Zip: |
| Phone: | Fax: | |
| | | |
| Number of Licensed Beds: | Number of Emergency Department Beds: | |
| | | |
| Trauma Service Director Name and Title: | | |
| E-mail: | | |
| Phone: | Fax: | |
| | | |
| Trauma Nurse Coordinator Name and Title: | | |
| E-mail: | | |
| Phone: | Fax: | |
| | | |
| Contact Person Name and Title: | | |
| E-mail: | | |
| Phone: | Fax: | |
| | | |
| CEO/Administrator Name and Title: | | |
| E-mail: | | |
| Phone: | Fax: | |
| Signature of CEO: _____ | | Date: _____ |