



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

Fee Schedule

Trauma Center Designation

Level	Initial Provisional	Permanent	Recertification Every 3 Years
I*	\$2,000	\$2,000	\$5,000
II*	\$2,000	\$2,000	\$5,000
III*	\$2,000	\$2,000	\$5,000
IV*	\$2,000	\$2,000	\$2,500
V*	\$2,000	\$2,000	\$2,500

*Please note that facilities applying for Joint Application are to split the fees between the facilities for the level in which they are applying.

Fees are due at time of application.

RETURN THIS PORTION WITH PAYMENT

Please make check payable to:

Bureau for Public Health

Please submit payment to:

State Trauma and Emergency Medical System
 Trauma Designation Unit
 350 Capitol Street, Room 425
 Charleston, WV 25301-3714

Facility Name: _____

Level: _____

Fee for: Initial Provisional Permanent Recertification

Check Number: _____