



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

## Initial Provisional Application Trauma Center Designation

Preliminary 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:	
Have you been previously designated as a WV Trauma Center? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what level:	Date Designated:	
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: _____		