



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

## Joint Center Supplement Initial Provisional Application Trauma Center Designation

*(For use only when two or more facilities are seeking joint 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	
Joint Identifying Information		
Name of Joint Trauma Center:		
Mailing Address:		County:
City:	State:	Zip:
Phone:	Fax:	
Primary Contact for Joint Center:		
Medical Director of Joint Center:		
Facility #1 Information		
Facility Name:		
CEO/Administrator Name:		
Mailing Address:		County:
City:	State:	Zip:
Phone:	Fax:	
Signature of CEO #1: _____		Date: _____
Facility #2 Information		
Facility Name:		
CEO/Administrator Name:		
Mailing Address:		County:
City:	State:	Zip:
Phone:	Fax:	
Signature of CEO #2: _____		Date: _____

*(This joint application must be accompanied with individual applications)*