

**Louisiana Emergency Response Network  
Application for Recognition of Trauma Program**

**Date of Application:** \_\_\_\_\_

**Hospital Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**I. Request for Recognition Trauma Program seeking (Circle):**

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| Level II Adult Trauma Hospital    | Level III Adult Trauma Hospital    |
| Level I Pediatric Trauma Hospital | Level II Pediatric Trauma Hospital |

**II. Hospital Information Packet**

1. Submit a letter from the hospital board indicating commitment of the institutional governing body and medical staff to the establishment of a level \_\_\_\_\_ Trauma Center.
2. Submit a copy of the Trauma Medical Director Job description and CV.
3. Submit a copy of the Trauma Program Director job description.
4. How many patients have been entered into the trauma registry? \_\_\_\_\_
5. How many PI Meetings have been held? \_\_\_\_\_
6. (Level 3 applicants ONLY) Please define the demographic of patients that the program plans to transfer out for care – ex: pediatric trauma, neuro trauma.

**III. Physician Information**

1. How many General Surgeons are board certified/Board Eligible with ATLS certification?  
\_\_\_\_\_

2. How many Emergency Medicine Physicians are Board Certified/Board Eligible in Emergency Medicine? \_\_\_\_\_
3. How many in Emergency Medical Physicians not board certified/Board Eligible in Emergency Medicine are current with ATLS? \_\_\_\_\_
4. How many Orthopaedic Surgeons are Board Certified/Board Eligible? \_\_\_\_\_
5. How many Neurosurgeons are Board Certified/Board Eligible (Level II applicant only)? \_\_\_\_\_
6. If applying for Level III Trauma Program and the hospital plans to treat neurosurgery injuries, how many Neurosurgeons are Board Certified/Board Eligible? \_\_\_\_\_

Signature of CEO \_\_\_\_\_

Date \_\_\_\_\_

The hospital must submit this completed form with requested documents to:

Paige Hargrove  
Louisiana Emergency Response Network  
14141 Airline Highway, Suite B, Building 1  
Baton Rouge, LA 70817

Questions regarding this application should be addressed to Paige Hargrove (225)756-3440 or [paige.hargrove@la.gov](mailto:paige.hargrove@la.gov).