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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02973 (02/2022) | | | **STATE OF WISCONSIN** | | |
| **TRAUMA CARE FACILITY CLASSIFICATION REVIEW COMMITTEE APPLICATION** | | | | | |
| Please return this application, a copy of your current Curriculum Vitae or resume, and a letter of recommendation to the Wisconsin Department of Health Services Trauma Program:  State Trauma Coordinator  Department of Health Services, Division of Public Health  1 West Wilson Street, Room 1150  Madison, WI 53703  608-332-9115  [DHSTrauma@dhs.wisconsin.gov](mailto:DHSTrauma@dhs.wisconsin.gov) | | | | | |
| Name (First, middle initial, last) | | | | | |
|  | | | | | |
| Title | | Time in Position | | | |
|  | | From (month, year): | | | To (month, year): |
| Employment Affiliation | | | | | |
|  | | | | | |
| Address of Employer | | | | | |
|  | | | | | |
| Email Address | Primary Phone Number | | | Alternate Phone Number | |
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| Reviewer Interest | | | | | |
| Trauma Program RN Reviewer  Trauma Surgeon Reviewer  Emergency Medicine Physician Reviewer | | | | | |
| Associated RTAC | | | | | |
| Region 1: Northwest  Region 2: North Central  Region 3: Northeast  Region 4: Western  Region 5: South Central  Region 6: Fox Valley  Region 7: Southeast | | | | | |
| Describe your involvement with your RTAC | | | | | |
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| How many state or American College of Surgeons (ACS) site surveys or reviews have **you** participated in within you career? | | | | | |
| At what level?  Trauma Program RN Reviewer  Trauma Surgeon Reviewer  Emergency Medicine Physician Reviewer | | | | | |
| Have you participated in a state or ACS site survey or review at your institution within the last four years?  Yes  No | | | | | |
| At what level?  Level I  Level II  Level III  Level IV | | | | | |
| Are you involved in the performance improvement process at your hospital?  Yes  No | | | | | |
| If yes, please describe your involvement: | | | | | |
| Why do you want to be a member of the Classification Review Committee and Site Review Team for the Wisconsin Trauma Care System? | | | | | |
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| **Conflict of Interest** | | | | | |
| Site review team members will review trauma care facilities outside of their individual RTAC or within RTAC given written consent from the hospital being review. Site review team members may only review facilities where there are no personal, political, or financial conflicts of interest. Are there any areas or specific hospitals in the State of Wisconsin where, due to professional or personal contacts, you should not be a site reviewer? (Only Level III and IV hospitals)  Yes  No  If yes, please list and explain those conflicts outside of your RTAC: | | | | | |
| **Additional Contact Person** (such as secretary, assistant, or office manager, if needed): | | | | | |
| Name | Phone Number | | | Email Address | |
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