

## TRAUMA CARE FACILITY CLASSIFICATION APPLICATION

Instructions on page 2

### SECTION A. LEVEL OF CLASSIFICATION

Name of Hospital to appear on Certificate

Hospital is applying for the following classification:

☐ Level I

☐ Level II

☐ Level III

☐ Level IV

☐ Unclassified

☐ Initial Classification

☐ Re-classification

### SECTION B. FACILITY IDENTIFYING INFORMATION

Facility Name

Mailing Address (include street address)

Phone Number

City

State

ZIP Code

County

**Trauma Medical Director Name and Title**

Email

Phone Number (include area code)

**Trauma Program Coordinator / Manager Name and Title**

Email

Phone Number

**Physician Director of Emergency Medicine**

Email

Phone Number

**Chief Executive Officer or Administrator Name and Title**

Email

Phone Number

**Contact Person Name and Title**

Email

Phone Number

### SECTION C. NAME OF REGIONAL TRAUMA ADVISORY COUNCIL (RTAC)

### SECTION D. ACKNOWLEDGEMENT AND SIGNATURE(S)

☐ In accordance with the requirements of the Trauma System Administrative Rules, DHS 118,

\_\_\_\_\_

agrees to abide by the ACS Verification Standards and/or the State Classification Criteria.

Or

☐ \_\_\_\_\_

chooses not to be an ACS Verified or State Classified trauma facility and therefore is not part of the Trauma System and shall be considered an "Unclassified hospital."

**SIGNATURE - CEO**

Date Signed

## INSTRUCTIONS FOR COMPLETING THE TRAUMA CARE FACILITY CLASSIFICATION APPLICATION

In accordance with Wisconsin Stat. § 256.25, all hospitals in Wisconsin that wish to participate in the trauma system must determine their classification. Even though all hospitals are encouraged to apply for state classification as a trauma center, participation remains voluntary. Any hospital that chooses not to participate in the trauma system must select "Unclassified" on the application. If "Unclassified" is selected complete Section A, Section B Facility Name and Address only and Section D of this application.

Complete all sections of the application that apply, do not leave any blank spaces. Blank spaces on the application may be interpreted as an incomplete application.

Return this completed form via e-mail to [dhstrauma@dhs.wisconsin.gov](mailto:dhstrauma@dhs.wisconsin.gov) or via USPS to: Application, WI Trauma Program, 201 E. Washington Ave., PO Box 2659, Madison, WI 53701-2659.

### Section A. LEVEL OF CLASSIFICATION

Indicate whether the hospital is applying for classification as a Level I, II, III or IV or Unclassified. If the facility is applying for a Level I or II, please submit a copy of the American College of Surgeons – Committee on Trauma (ACS-COT) Certificate of Verification or a letter of successful verification from the ACS. If the facility is applying for Level III and has been ACS verified, please submit a copy of the ACS-COT Certification of Verification.

Indicate whether this is an original classification or a re-classification. If your hospital is already ACS verified, but this is an original classification with the State of Wisconsin please check the "initial classification" box.

### Section B. FACILITY IDENTIFYING INFORMATION

Type the identifying information of the hospital as it should appear on the classification certificate.

Include the area code with the telephone number.

Include the city and zip code.

Include the trauma program manager or the name of person who fulfills those duties.

Provide the name and telephone number of the person to contact for questions about the application and the assessment and classification criteria.

### Section C. NAME OF REGIONAL TRAUMA ADVISORY COUNCIL (RTAC)

Select the RTAC with which the hospital has membership: RTACs include Region One Northwest, Region Two North Central, Region Three Northeast, Region Four Southwest, Region Five South Central, Region Six Fox Valley, and Region Seven Southeast.

### Section D. ACKNOWLEDGEMENT AND SIGNATURE (S)

Type in the name of the hospital in the shaded space provided. Indicate whether the hospital chooses not to be an ACS Verified or State Classified trauma facility. The application must be signed and the dated as indicated before submitting.

**Note:** Questions regarding the classification process and the trauma system are anticipated. There are resources available to assist your facility. State Trauma Coordinator can be reached at [DHSTrauma@dhs.wisconsin.gov](mailto:DHSTrauma@dhs.wisconsin.gov), Wisconsin has seven Regional Trauma Advisory Councils which meet on a regular basis. Attending the RTAC meetings is the best resource to remain current of the state trauma system. The State Trauma Advisory Council (STAC) meets on a regular basis. To find out more information on RTACs and STAC please contact the State Trauma Coordinator listed below or go to the Department of Health Services, Office of Preparedness and Emergency Healthcare, [Trauma Care System Webpage](#).

**Send Form Via Email to:**

[dhstrauma@dhs.wisconsin.gov](mailto:dhstrauma@dhs.wisconsin.gov)

**or**

**Mailed To:**

WI Trauma Program  
201 E. Washington Ave.  
PO Box 2659  
Madison, WI, 53701-2659