



West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services
Trauma Designation Unit
NOROP
190 Hart Field Road
Morgantown, WV 26505

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
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 Medical Director Name and Title:			
E-mail:			
Phone:	Fax:		
Trauma Program Manager/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: _____	