



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

Fee Schedule

Trauma Center Designation

| Level | Initial Provisional | Permanent | Recertification Every 3 Years |
|-------|---------------------|-----------|-------------------------------|
| I* | \$2,000 | \$2,000 | \$5,000 |
| II* | \$2,000 | \$2,000 | \$5,000 |
| III* | \$2,000 | \$2,000 | \$5,000 |
| IV* | \$2,000 | \$2,000 | \$2,500 |

*Please note that facilities applying for Joint Application are to split the fees between the facilities for the level in which they are applying.

Fees are due at time of application.

RETURN THIS PORTION WITH PAYMENT

Please make check payable to:

Bureau for Public Health

Please submit payment to:

Office of Emergency Medical Services
Trauma Designation and Categorization
NOROP
190 Hart Field Road
Morgantown, WV 26505

Facility Name: _____

Level: _____

Fee for: Initial Provisional

Permanent

Recertification

Check Number: _____