Letter of Intent
to submit
Application for Level IV Trauma Center Initial Designation

I, _______________________, Chief Executive Officer (CEO), hereby submit (CEO Name)
this Letter of Intent to the Kansas Department of Health and Environment (KDHE) –

Kansas Trauma Program (KTP) to express ________________________ intent (Name of Hospital)
in becoming a designated level IV trauma center. I recognize the following:

1. Upon receipt of the hospital’s letter of intent, the hospital will provide trauma care consistent with the KDHE-KTP regulations for Level IV trauma centers for at least six (6) months before submitting an application for an onsite survey.

2. Upon receipt of the application, the KTP will coordinate with the hospital’s established trauma program nurse manager to schedule an onsite survey. The scheduling of the onsite survey may take up to ninety (90) days to schedule.

3. A trauma center pre-review questionnaire (PRQ) will be completed by our hospital and submitted to the KTP at least thirty (30) days prior to the scheduled onsite survey.

4. A $250.00 application fee will accompany the application.

Signed by: _______________________
(CEO)

Print Name: _______________________

CEO Email: _______________________

Contact Number: ___________________

Date: _______________________

Hospital Address: _______________________

City: __________ Zip: ______

Hospital Phone Number: (___)___ - ___

Level IV Trauma Center Letter of Intent August 2015
Trauma Region:
☐ NE  ☐ NC  ☐ NW
☐ SE  ☐ SC  ☐ SW

Trauma Medical Director
Name: ____________________________
Email Address: ____________________
Contact Number: __________________

Trauma Program Manager
Name: ____________________________
Email Address: ____________________
Contact Number: __________________