



**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: (____) ____ - ____

Trauma Region:

- ☐ NE ☐ NC ☐ NW
☐ SE ☐ SC ☐ SW

Trauma Medical Director

Name: _____

Email Address: _____

Contact Number: _____

Trauma Program Manager

Name: _____

Email Address: _____

Contact Number: _____