

State of Florida  
Department of Health  
**TRAUMA CENTER LETTER OF INTENT**

I, \_\_\_\_\_ Chief Executive Officer, hereby  
*(Type Name)*

submit this Letter of Intent to the Department of Health, Division of Emergency Medical Operations, Office of Trauma, to express an interest for

\_\_\_\_\_ in becoming  
*(Name of Hospital)*

a trauma center or in upgrading the trauma care services already being provided. I recognize the following:

1. There are three categories of trauma centers: level I, level II, and pediatric.
2. An applicant to be a level I trauma center must concurrently apply for and be approved as a level I and pediatric.
3. No general acute care hospital shall be approved solely as a pediatric trauma center unless there are independent pediatric trauma patient care services within that facility, from emergency department admission through rehabilitation, that are separate and distinct from adult patient care services.
4. This completed form does not obligate my hospital to apply for trauma center approval.
5. There are three available applications. I have indicated below on the appropriate line the application(s) I wish to receive. **(Note: If Level I is checked, you must also check Pediatric.)**

_____ Level I Trauma Center	_____ Level II Trauma Center	_____ Pediatric Trauma Center
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6. Section 395.4025(2)(a) states that to be considered by the department a hospital that submits a Letter of Intent must certify that its resolution to operate as a trauma center is "consistent with the trauma services plan of the local or regional trauma agency, as approved by the department, if such an agency exists." Accordingly, our application is consistent with the applicable local or regional trauma agency services plan.

Yes

No

Not applicable

**SIGNED BY:**

\_\_\_\_\_ *(Chief Executive Officer)* \_\_\_\_\_ *(Date)*

Hospital Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person & Title:

\_\_\_\_\_

Hospital Phone:

\_\_\_\_\_

Hospital Fax:

\_\_\_\_\_

**RETURN TO:**

Office of Trauma  
Division of Emergency Medical Operations  
Department of Health  
4052 Bald Cypress Way, Bin C18  
Tallahassee, FL 32399-1738