

Montana Emergency Medical Services for Children



MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (E.M.S.C.) FACILITY RECOGNITION Demographic Information Form (D.I.F.)

REQUEST FOR PEDIATRIC FACILITY RECOGNITION STATUS

Name of hospital and address (typed) _____

1. Specify the recognition level for which your hospital is applying for:

- Pediatric Prepared _____
- Pediatrics Capable _____

2. Please supply pertinent contact information for the below individuals.

CEO/HOSPITAL ADMINISTRATOR: _____

MEDICAL DIRECTOR OF EMERGENCY SERVICES:

CONTACT PERSON NAME, PHONE NUMBER, AND EMAIL ADDRESS:

3. Please supply dates/times that would be convenient for your facility's Pediatric Facility Recognition Site Visit.

_____	_____
_____	_____
_____	_____

We will contact you to schedule a Pediatric Facility Recognition Site visit based on the dates listed above. Return D.I.F. Form to Robin Suzor, MT EMSC, P.O. Box 202951, Helena MT 59620 or electronically to rsuzor@mt.gov.