

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 (Typed) _____

Address: _____

Address 2 _____

City: _____ State: _____ Zip Code _____

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 listed individuals.

CEO HOSPITAL ADMINISTRATOR:

MEDICAL DIRECTOR OF EMERGENCY SERVICES:

CONTACT PERSON

NAME _____

PHONE NUMBER _____

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 at MT EMSC, PO BOX 202951, Helena, MT 59620 or electronically to rsuzor@mt.gov.