



Montana Emergency Medical Services for Children Facility Recognition



Demographic Information Form

Name of hospital and address (typed):

1. Recognition level applied for:

Pediatric Prepared _____ Renewal _____

Pediatrics Capable _____

2. Contact information for the below individuals.

CEO/Hospital Administrator:

Medical Director of Emergency Services:

EMSC Contact Name, Phone Number, and Email Address:

3. Please supply dates/times 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 above dates. Return the Form to Kelly Little MT EMSC, P.O. Box 202951, Helena, MT 59620, or electronically to kelly.little@mt.gov.