



ALABAMA DEPARTMENT of PUBLIC HEALTH OFFICE of EMS

Administrative Annex, 208 Legends Court, Prattville, AL 36066
MAIL TO: Office of EMS, P.O. Box 303017, Montgomery, AL 36130-3017



APPLICATION For STROKE CENTER DESIGNATION

Section A: LEVEL OF CLASSIFICATION/DESIGNATION

Application Type: New Recertification

Classification/Designation Level (Check):	None	Level I Comprehensive	Level IIA TSC	Level II Primary	Level III Stroke Ready
Current Level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying for:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: FACILITY IDENTIFYING INFORMATION

Name of Hospital to appear on Certificate: _____

Facility Name: _____

Mailing Address (include street address): _____

City: _____ State: _____ Zip: _____ County: _____

Telephone (xxx-xxx-xxxx): _____ Fax (xxx-xxx-xxxx): _____

Stroke Medical Director (Name, Title): _____

E-mail: _____

Telephone (xxx-xxx-xxxx): _____ Fax (xxx-xxx-xxxx): _____

Stroke Program Coordinator/Manager (Name, Title): _____

E-mail: _____

Telephone (xxx-xxx-xxxx): _____ Fax (xxx-xxx-xxxx): _____

Physician Stroke System Representative (Name, Title): _____

E-mail: _____

Telephone (xxx-xxx-xxxx): _____ Fax (xxx-xxx-xxxx): _____

Neurologist or Chief of Surgery (Name, Title): _____

E-mail: _____

Telephone (xxx-xxx-xxxx): _____ Fax (xxx-xxx-xxxx): _____

Contact Person (Name, Title): _____

E-mail: _____

Telephone (xxx-xxx-xxxx): _____ Fax (xxx-xxx-xxxx): _____

Is your hospital/facility is licensed by ADPH Health Provider Standards? If yes, provide license #: _____

If using telemedicine, please provide primary contact information for the contractor here:

Section C: REGIONAL ADVISORY COUNCIL (RAC) NAME:

North East BREMSS West Southeast Gulf

Section D: ACKNOWLEDGEMENT & SIGNATURE(S)

Signature of CEO:	PRINT NAME:	Date Signed:
Signature of Physician Stroke System Representative:	PRINT NAME:	Date Signed:

The hospital listed above agrees to abide by the Statewide Acute Health Systems Stroke Hospital Classification/Designation Criteria.

***An application must be submitted for each facility entering the Alabama Statewide Stroke System**

Application for Stroke Center Designation

(Instructions for completing this application)

In accordance with Statewide Acute Health Systems Stroke Plan, all hospitals in Alabama that wish to participate in the stroke system must submit an application. Even though all hospitals are encouraged to apply for state classification/designation as a stroke center, participation remains voluntary.

Complete all sections of the application that apply; do not leave any blank spaces, use N/A as indicated. Blank spaces on the application may be interpreted as an incomplete application. The application may be completed as an electronic form (excluding signatures) or printed and completed by hand (must be legible).

The fillable PDF document requires Adobe Acrobat Pro. If completing the application online follow the steps below:

- Use the 'Tab' key to move through the form
- When you have completed this document, save your work ('File Save') on your computer
- Print the form and obtain needed signatures

If Adobe Acrobat Pro is not available to complete the fillable PDF, print the blank application.

Only the completed and signed application will be accepted. It may be mailed or E-mailed to the addresses listed at the bottom of this page. If emailing a signed copy, afterwards, mail the original to the address at the bottom of the page.

Section A: LEVEL OF CLASSIFICATION/DESIGNATION

Indicate if the application is a new application or re-certification.

List the Hospital as it is to appear on the Certificate;

Choose the hospital's current level, if applicable, and the level being applied for: Stroke Ready Hospital, Primary Stroke Center, or a Comprehensive Stroke Center.

Section B: FACILITY INFORMATION

Type the name of the hospital.

Include mailing address.

Include the area code with the telephone number.

Include the city, zip code, and county.

Provide contact information as requested, as applicable, to include the stroke program coordinator/ manager or the name of person who fulfills those duties and the name, email address and telephone number of the person to contact for questions about the application and the assessment if this person is not the stroke program coordinator/manager.

If using telemedicine, provide applicable information.

Section C: NAME OF REGIONAL ADVISORY COUNCIL (RAC)

Select the RAC with which the hospital has membership (RACs include): North, BREMSS, East, West, Southeast, and Gulf.

Section D: ACKNOWLEDGMENT AND SIGNATURE(S)

The application must be signed and the dated as indicated before submitting.

NOTE: Questions regarding the classification/designation process and the stroke system are anticipated. There are resources available to assist your facility. In addition to the State Stroke System contacts listed below, Alabama has six Regional Advisory Councils which meet on a regular basis. Attending the RAC meetings is the best way to remain current about the Alabama Statewide Stroke System. The State Trauma and Health Systems Advisory Council (STHSAC) meets on a regular basis. To find out more information on RACs and STHSAC please contact the Acute Health System Manager as listed below or go to the Alabama Department of Public Health Web page, Office of Emergency Medical Services Web page at <http://www.alabamapublichealth.gov/ems/health-systems.html>

Submit the completed Stroke application to:

Attn: **Karen Digmon**

Acute Health Systems Assistant

Alabama Department of Public Health

Office of Emergency Medical Services

P.O. Box 303017

Montgomery, AL 36130-3017

For questions contact:

Alice B. Floyd, BSN, RN, EMT-P

Acute Health Systems Manager

Alabama Department of Public Health

Office of Emergency Medical Services

Email: alice.floyd@adph.state.al.us

Direct: 334-290-6225