



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

Date

Administrator's/Chief Executive Officer's Name

Address

City, State, Zip Code

Dear _____:

I am in receipt of your letter dated _____, 2014, in which you requested a site survey for the purpose of attaining Level _____ (I-IV) Trauma Center designation for your hospital. I am pleased to inform you that this visit has been scheduled for _____, 2010. The following individuals will comprise the survey team:

1. Name of general surgeon/emergency physician and brief description of his/her title and place of work (note: the Lead Surveyor should be listed first, whether he/she is a general surgeon or an emergency physician, and it should be noted that this individual is the Lead Surveyor);
2. Name of general surgeon/emergency physician and brief description of his/her title and place of work;
3. Name of the Registered Nurse who serves as a Trauma Program Manager/Coordinator and brief description of his/her title and place of work;
4. Name and title of the Arkansas Department of Health representative.

I will send an electronic copy of this letter, as well as other relevant documents, to _____, Trauma Medical Director and _____, Trauma Program Manager.

Thank you so much for your participation in the Arkansas Trauma System. Should you have any questions, please do not hesitate to contact me at (501) 683-4029.

Sincerely,

William C. Temple, JD
Branch Chief
Trauma/Injury and Violence Prevention

WCT/dhc

TS - Designation 13 (Version 1 - created 09/19/2014)