



LETTER OF INTENT
DH Form 1840, January 2010

I, _____ Chief Executive Officer, hereby
(Type Name)

submit this Letter of Intent to the Department of Health, Division of Emergency Preparedness and
Community Support, Trauma Program, to express an

interest _____ in becoming
for _____
(Name of Hospital)

a trauma center or in upgrading the trauma care services already being provided. I recognize the
following:

- 1. There are three categories of trauma centers: Level I, Level II, and Pediatric.
2. An applicant to be a Level I trauma center must concurrently apply for and be approved as
a Level I and Pediatric.
3. No general acute care hospital shall be approved solely as a pediatric trauma center unless
there are independent pediatric trauma patient care services within that facility, from
emergency department admission through rehabilitation, that are separate and distinct from
adult patient care services.
4. This completed form does not obligate my hospital to apply for trauma center approval.
5. There are three available applications. I have indicated below on the appropriate line the
application(s) I wish to receive. (Note: If Level I is checked, you must also check
Pediatric.)

Level I Trauma Level II Trauma Pediatric Trauma
Center Center Center

- 6. Section 395.4025(2)(a) states that to be considered by the department a hospital that
submits a Letter of Intent must certify that its resolution to operate as a trauma center is
"consistent with the trauma services plan of the local or regional trauma agency, as
approved by the department, if such an agency exists." Accordingly, our application is
consistent with the applicable local or regional trauma agency services plan.

Yes _____ No _____ Not applicable _____

SIGNED BY: _____ (Chief Executive Officer) _____ (Date)

Chief Executive Officer's Email Address: _____

Hospital Mailing Address

(Street address)

Contact Person & Title:

Contact Person's Phone:

Contact Person's Email Address:

RETURN TO:

Bernadette Behmke
Florida Department of Health
Division of Emergency Preparedness and Community Support
Trauma Program
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399-1701