## Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Date

Hospital Name Hospital Address

Dear CEO:

In accordance with Rule 64J-2.015, Florida Administrative Code, this letter is to notify all eligible trauma centers of their right to submit an Application to Renew, DH Form 2032R, January 2010, for renewal of their trauma center certification. Your hospital is currently eligible to renew for Level trauma center certification.

Should you choose to renew this certification, you must submit a completed Application to Renew, DH Form 2032R, January 2010, to the department within 15 calendar days of receipt of this letter. A blank form is enclosed for your convenience. Please send the completed form to the following address:

Bernadette Behmke
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
Trauma Section
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1738

All renewing trauma centers shall receive an on-site survey after the department's receipt of the completed application. We anticipate conducting the renewal survey within the next state government fiscal year. State government's fiscal year begins July 1 and ends June 30, of each year. Your hospital will be notified as soon as possible when the on-site survey is scheduled.

If you have any questions, please feel free to call me at (850) 245-4054.

Sincerely,

Kate Kocevar Trauma Section Administrator Bureau of Emergency Medical Oversight

Enclosed: Application to Renew, DH Form 2032R, January 2010

cc: Trauma Medical Director Trauma Program Manager

