MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE

APPLICATION FOR STROKE CERTIFIED HOSPITAL DESIGNATION

SECTION A

In accordance with the requirements of the Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a stroke center. Please complete all information.	Organization's Stroke Identification Number

Current Stroke Certification Organization
☐ The Joint Commission ☐ DNV-GL Healthcare ☐ Healthcare Facilities Accreditation Program

Current Stroke Certification Level
☐ Comprehensive Stroke Center ☐ Primary Stroke Center ☐ Acute Stroke-Ready Center

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)	Telephone Number	
Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
Stroke Medical Director (Name, email, and contact phone number)	Stroke Program Manager (Name, email, and contact phone number)

Section B

The following should be submitted to the department as indicated:

☐ Proof of stroke certification with the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program.

If applying for Acute Stroke-Ready/Level III Stroke Center designation, the following should be submitted to the Department:

☐ Formal agreement with Level I or Level II stroke center for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patients' post-thrombolytic therapy.

CERTIFICATION

We, the undersigned, hereby certify that:

A. Within thirty (30) days of any changes or receipt of a certificate or verification, we will submit to the department proof of stroke certification with the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program.

B. Within thirty (30) days, we will submit to the department any changes in the names and/or contact information of our medical director and the program manager of our stroke center.

C. Within thirty (30) days of the date that our hospital is no longer certified or verified by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program, whether because we voluntarily surrendered our certification or verification or because our certification or verification has been suspended or revoked by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program or expired, we will report this change in writing to the department.

D. We will participate in local and regional emergency medical services systems for purposes of providing training, sharing clinical educational resources, and collaborating on improving patient outcomes.

E. We understand that our designation as a stroke center by the department shall continue only if our hospital remains certified as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program.

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Signature of Chairman/President of Board of Trustees, Owner, or one Partner of Partnership

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Signature Hospital Chief Executive Officer

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Signature of Stroke Medical Director

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Signature of Director of Emergency Medicine

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Date