



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

**APPLICATION FOR ST-ELEVATION MYOCARDIAL INFARCTION (STEMI)  
CERTIFIED HOSPITAL DESIGNATION**

**SECTION A**

In accordance with the requirements of Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a STEMI center. Please complete all information.	ORGANIZATION'S STEMI IDENTIFICATION NUMBER
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**CURRENT STEMI CERTIFICATION ORGANIZATION AND LEVEL**

LEVEL I	LEVEL II	LEVEL III
<input type="checkbox"/> Joint Commission, Comprehensive Cardiac Center	<input type="checkbox"/> American Heart Association, Mission Lifeline Percutaneous Coronary Intervention (PCI)/STEMI Receiving Center  <input type="checkbox"/> American College of Cardiology, Chest Pain with PCI Center  <input type="checkbox"/> American College of Cardiology, Chest Pain with PCI and Resuscitation Center  <input type="checkbox"/> Joint Commission, Primary Heart Attack Center	<input type="checkbox"/> American Heart Association, Mission Lifeline Non/PCI STEMI Referral Center  <input type="checkbox"/> Joint Commission, Chest Pain Center  <input type="checkbox"/> Joint Commission, Primary Acute Myocardial Infarction (AMI) Center  <input type="checkbox"/> American College of Cardiology, Chest Pain Center  <input type="checkbox"/> Joint Commission, Acute Heart Attack 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
STEMI MEDICAL DIRECTOR (NAME, EMAIL, AND CONTACT PHONE NUMBER)	STEMI PROGRAM MANAGER (NAME, EMAIL, AND CONTACT PHONE NUMBER)

**SECTION B**

**The following should be submitted to the department as indicated:**

- Proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology with the expiration date of the certification.
- Copy of the final STEMI survey results from the Joint Commission, American Heart Association or American College of Cardiology.

**If applying for Level III STEMI Center designation, the following should be submitted to the Department:**

- Formal agreement with Level I or Level II STEMI center for physician consultative services for evaluation of STEMI patients.

**CERTIFICATION**

We, the undersigned, hereby certify that:

- A. We will annually and within thirty (30) days of any changes submit to the department proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology.
- B. We will annually and within thirty (30) days of any changes submit to the department names and contact information of our medical director and the program manager of the STEMI center.
- C. We will submit to the department a copy of our final STEMI certification survey results from the Joint Commission, American Heart Association or American College of Cardiology within thirty (30) days of receiving such results.
- D. We will participate in the emergency medical services regional system of STEMI care in our respective emergency medical services region as defined in 19 CSR 30-40.302.
- E. We will participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources.
- F. We will submit data to meet the data submission requirements outlined in Section 190.241, RSMo, and 19 CSR 30-40.760.
- G. We understand that our designation as a STEMI center by the department shall continue only if our hospital remains certified as a STEMI center by the Joint Commission, American Heart Association or American College of Cardiology.

DATE OF APPLICATION	SIGNED (CHAIRMAN/PRESIDENT OF BOARD OF TRUSTEES, OWNER, OR ONE PARTNER OF PARTNERSHIP)		
SIGNED (HOSPITAL CHIEF EXECUTIVE OFFICER)	SIGNED (STEMI MEDICAL DIRECTOR)	SIGNED (DIRECTOR OF EMERGENCY MEDICINE)	