



Hospital Emergency Medical Services Classification Report

License Number: _____

(Please print)

Name of Hospital _____

Address: _____

City

State

Zip Code

Mark the appropriate box for the level of service provided for each of the emergency services listed below according to the requirements of OAC 310:667-59-1 through 310:667-59-25.

Emergency Service	Level of Service Provided			
	IV	III	II	I
Trauma and emergency operative services ¹				
Emergency cardiology services				
Emergency pediatric medicine and trauma services				
Emergency dental services				
Emergency obstetrics and gynecologic services				
Emergency ophthalmology services				
Emergency neurology services				
Emergency psychiatric services				
Emergency general medicine services				

Emergency Stroke Services	Level of Service Provided			
	IV	III	II	I
Classification				

¹Hospitals holding a current verification certificate as a Level I or Level II trauma center from the American College of Surgeons Committee on Trauma (ACS COT) may be classified at Level I or Level II for Trauma and emergency operative services. Hospitals holding ACS COT verified status must include a copy of their current ACS COT verification certificate.

The undersigned attests that to the best of his or her knowledge and belief, the above named institution provides emergency medical services and stroke services at the Levels reported here according to the provisions of the Oklahoma Statutes and to the regulations adopted thereunder by the State Board of Health.

Signature: _____ Date: ____/____/____

Title or Position: _____