### ILLINOIS EMSC

### FACILITY RECOGNITION

### Request for Re-recognition of EDAP or SEDP Status

Name of hospital and address (typed)

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| Click here to enter text. |
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| 1. Specify the recognition level for which your hospital is applying for renewal:
 |  |
| * Emergency Department Approved for Pediatrics (EDAP)
 |[ ]
| * Stand-by Emergency Department Approved for Pediatrics (SEDP)
 |[ ]
|  |  |
| 1. The above named facility certifies that each requirement in this Request for Recognition is met.
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| Click here to enter text. |
| Typed name – CEO/Administrator  |
| Signature - CEO/Administrator DateClick here to enter text. |
| Typed name – Medical Director of Emergency Services |
| Signature – Medical Director of Emergency Services Date Click here to enter text. |
| Contact person - Typed name, credentials and titleClick here to enter text. |
| Contact person - phone number, fax number and email |