# ILLINOIS EMSC

# FACILITY RECOGNITION

# Request for Re-recognition of Pediatric Critical Care Center (PCCC) and Emergency Department Approved for Pediatrics (EDAP) Status

### *Application Form*

Name of hospital and address (typed)

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| Click here to enter text. |
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| Click here to enter text. |

**The above named facility is requesting renewal of PCCC and EDAP status. In addition, 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 Date  Click here to enter text. |
| Typed name – Chairman of the Department of Pediatrics |
| Signature – Chairman of the Department of Pediatrics Date  Click 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 title  Click here to enter text. |
| Contact Person – Phone number, fax number and email |