# 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)

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| 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.**

|  |
| --- |
| Click here to enter text. |
| Typed name – CEO/Administrator  |
| Signature - CEO/Administrator DateClick here to enter text. |
| Typed name – Chairman of the Department of Pediatrics |
| Signature – Chairman of the Department of Pediatrics DateClick here to enter text. |
| Typed name – Medical Director of Emergency Services |
| Signature – Medical Director of Emergency Services DateClick here to enter text. |
| Contact Person – Typed name, credentials and title Click here to enter text. |
| Contact Person – Phone number, fax number and email |