

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Protective Health Services
Medical Facilities
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6576
FAX: (405) 271-1141

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 | | | |
| | Primary Stroke Center | Secondary Stroke Facility | | |
| 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 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: _____