

## South Dakota Trauma System

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## **APPLICATION FOR NON-TRAUMA HOSPITAL (NTH)**

INSTRUCTIONS: Type or print clearly. Submit application and trauma transfer protocols to State Trauma Manager for review.

Date:											
Name/title	of perso	n comple	ting applic	ation	1:						
E-mail Addr	ess: F						Phon	one Number:			
Facility								Type of De	signation	Level of Application	
Address								Initial Designation Non-Trauma Hospital (NTH)  Re-designation			
City			State		Zip Code			desi	J. 15 11		

Facility is licensed as a Specialty Hospital (Essential)

Facility has 24/7 nurse supervision (Essential)

Facility has trauma transfer protocols (Essential)