LOCAL EMERGENCY MEDICAL SERVICE
TRAUMA TRANSPORTATION PLAN

SOUTH DAKOTA DEPARTMENT OF HEALTH

INSTRUCTIONS

- ☐ Fill out the electronic form: https://arcg.is/1mKbqq
- ☐ When finished, save or print the form:
  - To save: click the print icon and choose "Save as PDF"
  - Or print the completed form directly
- ☐ Attach the completed electronic form to this signature page
- ☐ Gather all required signatures below
- ☐ Submit the completed packet with required documentation to:

  Jamie Zilverberg, Trauma System Manager
  600 E. Capitol Ave., Pierre, SD 57501
  Phone: 605-773-3308 | Fax: 605-773-5683
  E-mail: Jamie.Zilverberg@state.sd.us

TRAUMA TRANSPORTATION PLAN SIGNATURES

Ambulance Service Director or Chief Officer

Name: _____

Organization: _____

Signature: _____ Date: _____

Ambulance Service Medical Director

Name: _____

Organization: _____

Signature: _____ Date: _____

Trauma Coordinator of Primary Receiving Hospital

Name: _____

Organization: _____

Signature: _____ Date: _____

SD DOH TRAUMA PROGRAM OFFICE USE ONLY

Approved: _____ Date: _____ Follow-up _____ Date: _____

Notes: _____