



# Arkansas Department of Health

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4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Governor Asa Hutchinson  
Nathaniel Smith, MD, MPH, Secretary of Health

Date

Administrator's/Chief Executive Officer's Name

Address

City, State, Zip Code

Dear \_\_\_\_\_:

I am in receipt of your letter dated \_\_\_\_\_, 2017, in which you requested a site survey for the purpose of attaining Level \_\_\_\_\_ (I-IV) Trauma Center designation for your hospital. I am pleased to inform you that this visit has been scheduled for \_\_\_\_\_, 2017. The following individuals will comprise the survey team:

1. Name of general surgeon/emergency physician and brief description of his/her title and place of work (note: the Lead Surveyor should be listed first, whether he/she is a general surgeon or an emergency physician, and it should be noted that this individual is the Lead Surveyor);
2. Name of general surgeon/emergency physician and brief description of his/her title and place of work;
3. Name of the Registered Nurse who serves as a Trauma Program Manager/Coordinator and brief description of his/her title and place of work;
4. Name and title of the Arkansas Department of Health representative.

I will send an electronic copy of this letter, as well as other relevant documents, to \_\_\_\_\_, Trauma Medical Director and \_\_\_\_\_, Trauma Program Manager.

Thank you so much for your participation in the Arkansas Trauma System. Should you have any questions, please do not hesitate to contact me at (501) 661-2017.

Sincerely,

Diannia Hall-Clutts  
Trauma Section Chief  
Trauma Emergency Response Branch