

Office of Community Health Systems

P.O. Box 47853

Olympia, WA 98504-7853

360-236-2874

# Administrative Assurances

This Section represents commitment throughout the facility and staff. Facility Trauma Program Manager please initial each line and signature lines for all other professionals are listed on the second page.

We the undersigned recognize that the truthfulness of, and the compliance with, the facts affirmed here are conditions to the award of a contract for trauma service designation with the Washington State Department of Health. We make the following administrative assurances:

 1) We support our facility’s participation and role in the statewide trauma system.

 2) We approve and fully support our application for, and maintenance of, trauma service designation.

 3) We understand that the submission of this application does not obligate the department to designate or contract with our facility.

 4) We understand that a designation resulting from this application is applicable only to the one facility located at the address provided in this application.

 5) We will not hold the department responsible for any omissions, errors, or misrepresentations in our designation application.

 6) Our trauma service designation application is accurate and true. If, for any reason, what we have presented in this application changes over the new three-year designation period, resulting in no longer meeting a standard, we will communicate the change to the department in writing within 10 days of our being made aware of the issue/change, per our contract with the department.

 7) We understand that the department will not reimburse us for any costs we incur in the preparation of our application, and once submitted, it becomes the property of the department. We therefore claim no proprietary rights to the ideas, writings, or other materials within our application.

 8) If designated, we will comply with all rules in [chapter 246-976 Washington Administrative Code (WAC),](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-976) any requirements in our designation final report, our contract with the department, and any contract amendment—including the general terms, conditions, and statement of work.

 9) We ensure the commitment of our facility’s financial, human, and physical resources to treat all trauma patients at the level of designation approved and awarded by the department.

 10) We are committed to providing injury prevention education to the members of our community and professional outreach and education to health care providers giving care to our trauma patients.

- Continue to Signatures -



# Trauma Designation Application Review by Facility Leadership

I acknowledge review of this application for trauma designation.



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).