



**County of Los Angeles • Department of Health Services  
Emergency Medical Services Agency  
10100 Pioneer Boulevard, Suite 200- Santa Fe Springs, CA 90670**

**APPLICATION**

PRIMARY or  COMPREHENSIVE STROKE CENTER

Hospital: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is hospital currently certified as a primary, thrombectomy-capable, or comprehensive stroke center by a Centers for Medicare and Medicaid Services (CMS) accreditation organization?  Yes  No

If **yes**, what was the date of certification and which organization? \_\_\_\_\_

If **no**, is hospital in the process of applying?  Yes  No

If **yes**, which organization and when do you anticipate certification? \_\_\_\_\_

If **no**, please keep the EMS Agency informed if a change is made in the future.

Hospital meets the minimum requirements for approval as a Stroke Center according to EMS Agency policy Reference No. 322?  Yes  No

Name of Stroke Program Medical Director: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Stroke Program Nurse Coordinator: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Hospital agrees to abide by Los Angeles County EMS Agency Stroke Standards**

\_\_\_\_\_  
Signature: Stroke Program Medical Director

\_\_\_\_\_  
Signature: Chief Executive Officer

If hospital is certified by a CMS approved accreditation body as a Stroke Center and wishes to be designated as a 9-1-1 Receiving Stroke Center by the Los Angeles County EMS Agency, please complete and submit this application, with the results of the most recent CMS accreditation body Stroke Center review, and 6 months of Performance Standards (Reference No. 322.1) to:

County of Los Angeles • Department of Health Services  
Emergency Medical Services Agency – ATTN: Christine Clare, Chief, Hospital Programs  
10100 Pioneer Boulevard, Suite 200- Santa Fe Springs, CA 90670  
Phone: (562) 378-1661; Fax: (562) 946-6701; Email: [cclare@dhs.lacounty.gov](mailto:cclare@dhs.lacounty.gov).