



STROKE CENTER DESIGNATION APPLICATION

Request for Designation/Re-Designation of
Comprehensive, Thrombectomy-Capable, Primary, or Acute Stroke-Ready Hospital

In accordance with the Nebraska Stroke System of Care Act, application is made for the designation or re-designation as a stroke center. The application must meet with the following policy:

- Hospital will provide a copy or documentation certifying the hospital as a Comprehensive, Primary, or Acute Stroke-Ready Hospital by a nationally recognized, guidelines-based organization that provides certification for stroke care.
- State designated hospitals will expire at the same time of their national certification and may apply for re-designation with the appropriate documentation.
- The application must have the typed name of their CEO/Administrator and must be signed by the CEO/Administrator.
- The application must have the typed name of a contact person, credentials, title, phone number and email.

Hospital Name: _____

Hospital Address: _____

Requesting: Designation Re-Designation

as a: Comprehensive Stroke Center Thrombectomy-Capable Primary Stroke Center
 Acute Stroke-Ready Hospital

Attached documentation certifying hospital as a stroke center: Yes No

Dates of current certification: _____

Typed Name – CEO/Administrator

Signature – CEO/Administrator

Date

Contact Person Name, credentials and title

Contact Person – Phone number and email

Send all documentation to (emailed documentation will be accepted):

Stroke Program Coordinator
becka.neumiller@nebraska.gov
2475 South E Street
c/o Stroke/STEMI Program
Broken Bow NE 68822

DHHS Use Only	
Approved	Denied
Stroke Program Manager/Designee	Date