

Trauma Facility Designation

Application Submission Instructions

- Complete the **Application** and **Remittance Form**.
- Email the Application and Remittance Form as an attachment to:
DSHS.EMS-TRAUMA@dshs.texas.gov

Subject line: Trauma Application: [Facility Name and TSA]

- Print and mail the **Remittance Form** with your fee to:

Texas Department of State Health Services
Cash Receipts Branch, MC 2003
Office of EMS/Trauma System
P.O. Box 149347
Austin, Texas 78714-9347

- Within 180 days of completion of the trauma designation survey performed by an office approved organization, email the survey report, including patient care reviews, and a plan of correction for each potential deficiency as an attachment to: DSHS.EMS-TRAUMA@dshs.texas.gov **Subject line:** Trauma Survey Report: [Facility Name and TSA]

Note: *You may need to submit your survey documentation in multiple emails. Our email system does not accept large email attachments at this time.*