

VERIFICATION AND AFFIRMATION

We, the undersigned, verify the truthfulness of the attached application for trauma service accreditation or designation, and affirm the continuing compliance with these requirements for the provision of trauma care.

- The attached application for trauma service accreditation/designation is true and accurate for a period of at least 60 days following receipt by DHS. If for any reason a part of this application should change within the 60 days, we will contact DHS in writing with the change(s).
- In preparing this application, we have not been assisted by any accreditation team member prior to the date of the survey, except as directed by DHS. A violation of this provision may disqualify the hospital from further consideration under this application.
- We will provide care to trauma system patients which is consistent with the standards advocated by the Advanced Trauma Life Support course, American College of Surgeons, Committee on Trauma.
- We will comply in all material respect with the Oregon Administrative Rules and all current State and ATAB system standards by providing the resources, personnel, equipment, and response required by these rules.
- As an accredited trauma center, we will report to the Oregon Trauma Registry all required data for each defined trauma patient within 90 days of death or discharge of that patient.
- We understand that the trauma hospital is responsible for all expenses incurred in planning, developing, and participating in the trauma system, and for expenses incurred if a re-survey of the facility is needed.
- We understand that accreditation will be renewed if the hospital submits an application for re-accreditation and if the DHS review finds that the hospital continues to meet the prescribed standards in Exhibit 4 and the ATAB plan.
- We endorse and fully support this application for and maintenance of an accredited/designated trauma service, and support this facility's participation in the regional and statewide Oregon trauma system.

Chairman/President of Governing Body Date

Administrator Date

Trauma Service (Medical) Director Date

Trauma Coordinator Date