**State of Illinois**
Illinois Department of Public Health

Illinois EMSC Facility Recognition
# Request for EDAP or SEDP Recognition

Name of hospital and address (typed)

1. Specify the recognition level for which your hospital is applying:
   - ☐ Emergency Department Approved for Pediatrics (EDAP)
   - ☐ Stand-by Emergency Department Approved for Pediatrics (SEDP)
2. The above-named hospital certifies that each requirement in this Request for Recognition is met and will be in operation by the date of recognition.

_____
Typed name and role/title - CEO/Administrator

_____
Email address - CEO/Administrator

_____ _____
Signature - CEO/Administrator Date

_____
Typed name - Medical Director of Emergency Services

_____ _____
Signature - Medical Director of Emergency Services Date

_____
Contact person - typed name, credentials, and title

_____
Contact person - phone number, fax number, and e-mail address