



Name of hospital and address (typed)

1. Specify the recognition level for which your hospital is applying for renewal:

- Emergency Department Approved for Pediatrics (EDAP)
- Stand-by Emergency Department Approved for Pediatrics (SEDP)

2. The above-named facility certifies that each requirement in this Request for Re-recognition is met.

Typed name - 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