



Illinois EMSC Facility Recognition  
**Request for Re-recognition of Pediatric Critical Care  
Center (PCCC) and Emergency Department  
Approved for Pediatrics (EDAP) Status**

**Application Form**

Name of hospital and address (typed)

**The above named facility is requesting renewal of PCCC and EDAP status. In addition, 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 - Chairman of the Department of Pediatrics

\_\_\_\_\_  
Signature - Chairman of the Department of Pediatrics

\_\_\_\_\_  
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