MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE

APPLICATION FOR ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) CERTIFIED HOSPITAL DESIGNATION

SECTION A

In accordance with the requirements of Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a STEMI center. Please complete all information.	Organization's STEMI Identification Number

Current STEMI Certification Organization and Level

LEVEL I	**LEVEL II**	**LEVEL III**
☐ Joint Commission, Comprehensive Cardiac Center	☐ American Heart Association, Mission Lifeline Percutaneous Coronary Intervention (PCI)/ STEMI Receiving Center ☐ American College of Cardiology, Chest Pain with PCI Center ☐ American College of Cardiology, Chest Pain with PCI and Resuscitation Center ☐ Joint Commission, Primary Heart Attack Center	☐ American Heart Association, Mission Lifeline Non/PCI STEMI Referral Center ☐ Joint Commission, Chest Pain Center ☐ Joint Commission, Primary Acute Myocardial Infarction (AMI) Center ☐ American College of Cardiology, Chest Pain Center ☐ Joint Commission, Acute Heart Attack Ready Center

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)	Telephone Number

Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
STEMI Medical Director (Name, email, and contact phone number)	STEMI Program Manager (Name, email, and contact phone number)

Section B

The following should be submitted to the department as indicated:

☐ Proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology with the expiration date of the certification.

CERTIFICATION

We, the undersigned, hereby certify that:

A. Within thirty (30) days of any changes or receipt of a certificate or verification, we will submit to the department proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology.

B. Within thirty (30) days, we will submit to the department any changes in the names and/or contact information of our medical director and the program manager of the STEMI center.

C. Within thirty (30) days that our hospital is no longer certified or verified with the Joint Commission, the American Heart Association or the American College of Cardiology, whether because we voluntarily surrendered our certification or verification or because our certification or verification has been suspended or revoked by the Joint Commission, the American Heart Association or American College of Cardiology or expired, we will report this change in writing to the department.

D. We will participate in local and regional emergency medical services sytems for purposes of providing training, sharing clinical educational resources, and collaborating on improving patient outcomes.

E. We understand that our designation as a STEMI center by the department shall continue only if our hospital remains certified as a STEMI center by the Joint Commission, the American Heart Association or the American College of Cardiology.

Date of application _____

Signed_____
Chairman/President of Board of Trustees,
Owner, or one Partner of Partnership

Signed _____
Hospital Chief Executive Officer

Signed_____
STEMI Medical Director

Signed _____
Director of Emergency Medicine