APPLICATION FOR DESIGNATION OF PRIMARY STROKE CENTER

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF CHRONIC DISEASE
HEART DISEASE AND STROKE PREVENTION PROGRAM
SFN 59615 (5-2012)

DEPARTMENT USE ONLY
Certification Number
Designation Period

A new chapter to title 23 of the North Dakota Century Code was created and enacted during the Sixty-first Legislative Assembly as follows:

1.) Effective January 1, 2010, the state department of health shall designate qualified hospitals as primary stroke centers. A hospital seeking designation as a primary stroke center shall apply to the department for that designation and shall demonstrate to the department that the hospital meets the applicable criteria established by the department.

2.) The criteria established by the department for designation as a primary stroke center must include a requirement that the hospital be certified as a primary stroke center by the joint commission on accreditation of health care organizations or by a similar accrediting or certifying organization possessing hospital standards recognized nationally by the health care industry and accepted by the department.

3.) The department may suspend or revoke a hospital's designation as a primary stroke center, after notice and opportunity for a hearing, if the department determines the hospital is not in compliance with the requirements of this chapter.

The state department of health has determined that a hospital seeking designation as a primary stroke center **must** be certified by a state approved accrediting or certifying organization as a primary stroke center and participate in the state stroke registry and enter data in a regular and timely manner.

INSTRUCTIONS: (1) Complete both pages of this form, (2) Obtain signature of a duly authorized agent of your facility and (3) Send completed form and required documents to the address listed on the bottom of page 2.

Questions and comments can be directed to:
North Dakota Stroke System of Care
Division of Chronic Disease
North Dakota Department of Health
smormann@nd.gov
701.328.2367

Date of Application	Type of Application ☐ Provisional Designation ☐ Initial Designation ☐ Re-Designation
Date of Certification Survey	Expiration Date of Primary Stroke Center Certification

If this is a Re-Designation, please list the dates of certification below.

From	To	Explanation for Lapse in Certification (if applicable)

Facility Applying for Primary Stroke Center Designation

Official Name of Hospital		Facility ID Number	
Mailing Address	City	State	ZIP Code
County	Telephone Number and Extension	Fax Number	

Facility Contact Person

Name	Title/Position	
E-mail Address	Telephone Number and Extension	Fax Number

Duly Authorized Agent of Facility

Name	Title/Position	
E-mail Address	Telephone Number and Extension	Fax Number

Certification of Information

The duly authorized agent of the hospital should sign the following declaration:

I certify the information contained in this application and attached materials is accurate and true.

Attached with this application is a copy of the letter of certification as a primary stroke center and a copy of the entire certification survey from the accrediting organization.

Signature	Date

Printed Name	Title/Position

Submit the following documents with your application:

- ☐ A copy of the certification survey report from the accrediting organization
- ☐ A copy of the letter of certification as a primary stroke center from the accrediting organization

Mail completed form and required documents to:
North Dakota Stroke System of Care
Division of Chronic Disease
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, ND 58505-0200