



**West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services
Trauma Designation Unit
NOROP**

190 Hart Field Road
Morgantown, West Virginia 26505

Facility Contact Information Form

Date Submitted: _____

Facility Information		
Facility Name:		
Mail Address:		
City:	State:	Zip:
Phone: ()	Fax: ()	
Administrator/President/CEO		
Name and Title:		
E-mail:		
Phone: ()	Fax: ()	
Trauma Medical Director		
Name and Title:		
E-mail:		
Phone: ()	Fax: ()	
Trauma Program Manager (TPM)/Trauma Coordinator (TC)		
Name and Title:		
E-mail:		
Phone: ()	Fax: ()	
Trauma Registrar		
Name and Title:		
E-mail:		
Phone: ()	Fax: ()	
Trauma Registrar		
Name and Title:		
E-mail:		
Phone: ()	Fax: ()	
Contact Person (If Different than TPM/TC)		
Name and Title:		
E-mail:		
Phone: ()	Fax: ()	
Bed Information		
Number of Licensed Beds:	Number of ED Beds:	

Form FCI

[\(Print additional information on the back\)](#)

Email completed form to: Sherry Rockwell (sherry.l.rockwell@wv.gov), Steve Edmond (steven.a.edmond@wv.gov) and Donna Cummings (donna.s.cummings@wv.gov) or Fax to 304-285-3148.