

HOSPITAL INFORMATION

Name: _____

Address: _____

Telephone: _____

Please list the names of facilities /entities Administrators:

CEO:

CFO:

CNO:

Other Administrator:

Designation Level:

Number of Licensed Beds:

HGP Representative:

Contact Number:

HGP Representative – Alternate:

Contact Number:

Voting Member:

Contact Number:

Alternate Voting Member:

Contact Number:

Trauma Registrar:

Contact Number: