

Solano County Emergency Medical Services Agency



Stroke Center Designation Application

Instructions

The information requested on this application will be used by the Solano County Emergency Medical Services Agency to evaluate an organization's request for designation as an Acute Stroke Ready Hospital, a Primary Stroke Center, a Thrombectomy-Capable Stroke Center, or a Comprehensive Stroke Center in the County of Solano.

Designation as a Stroke Center will be contingent upon the facility successfully completing the Solano County Emergency Medical Services Stroke Center Site Survey. Please refer to Policy 6613 for additional information about the designation process. Upon submission, please indicate when you would like the site survey to take place.

Submit a digital copy of the completed application to Rebecca Cronk, EMS Specialty Care Supervisor at racronk@solanocounty.com

An application fee of **\$6,000.00** is required. Please make check payable to ***Solano County Emergency Medical Services Agency***. Payment must be remitted with the submission of the application.

Application

Facility Name:	
Stroke Center Address (Physical):	
Mailing Address (If Different):	
Stroke Center Program Manager:	
Phone Number:	Email Address:
Stroke Center Medical Director:	
Phone Number:	Email Address:
Desired Stroke Center Designation Level:	