

The undersigned makes application to the Pennsylvania Trauma Systems Foundation (the Foundation) for an accreditation site survey. I certify that the information set forth in this application is true and correct. I further certify that:

1. The institution is licensed as a general acute care hospital by the Pennsylvania Department of Health.
2. The institution is accredited by The Joint Commission or a recognized state or nationally based accrediting agency for acute care hospitals.
3. The institution represents that to the best of its ability it meets the “Standards for Trauma Center Accreditation” of the Foundation.
4. This institution complies with the Health Insurance Portability and Accountability Act (HIPPA) governing the use and disclosure of protected health information by health care providers, payers and clearinghouses.
5. The institution operates without restriction by reason of gender, race, color, national origin, age, sexual orientation, handicap and/or disability.
6. The institution will complete the Application for Survey (AFS) and submit a non-refundable Application Fee by the deadline listed in the invoice to the institution.
7. For institutions seeking accreditation for the first time; all information outlined in policy AC-130 is in place as per the policy.

As Chief Executive Officer of the institution, I further certify as follows:

1. The institution agrees to pay the Site Survey Fee by the deadline listed in the invoice to the institution.
2. The institution agrees to adhere to the accreditation program.
3. The institution agrees to indemnify, defend, and save harmless the Foundation and its directors, agents, and employees from any and all suits, claims, actions, losses, liabilities, or expenses (including negligent acts or omissions by the institution relating to the disclosure of information to the Foundation or the provision of medical care to any patient of the institution, except that the foregoing provisions shall not apply if the primary or direct cause of the loss or liability is attributable to any negligent acts or omissions by the Foundation).
4. The institution agrees to collect and submit data as specified by the Foundation.
5. The institution agrees to report any changes in compliance with the “Standards for Trauma Center Accreditation” to the Foundation in accordance with policy AC-128 titled “Notification of PTSF Regarding Changes in Trauma Center Operations.”

6. The institution agrees to submit to a re-survey if requested by the Foundation or a complaint is received and determined by the Foundation or by the Secretary of Health to require an investigation.
7. The institution agrees to follow and adhere to the Appeals and Procedures on Appeals Policy established by the Foundation for reviewing or challenging accreditation decisions.
8. The institution agrees to work with the Foundation to ensure that protected patient health information is appropriately used and disclosed pursuant to applicable federal and state law, including but not limited to provisions under the Health Insurance Portability and Accountability Act of 1996's Administrative Simplification provisions ("HIPPA").

Name of Chief Executive Officer: \_\_\_\_\_

Applicant Institution Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Chief Executive Officer*

Revised/Updated: November 2013