

Alternate Criteria (CD 6–3 for Non–Board-Certified Surgeons in Level I, II, or III Trauma Facilities)

General surgeons who have trained outside the United States or Canada may be eligible to participate in the trauma program through an alternate pathway procedure. All of these criteria must be fulfilled and the criteria documents and a CV must be submitted to the ACS Verification Review Committee to be approved. The State of Michigan does not verify physicians for the Alternate Criteria.

Trauma Surgeon	Neurosurgeon	Orthopedic Surgeon	Emergency Medicine
Evidence that the non-US or non-Canadian trained surgeon completed a residency training program in general surgery with the time period being consistent with the years training in the United States. This completion must be certified by a letter from the program director.	Evidence that the non-US or non-Canadian trained neurosurgeon completed a residency training program in general surgery with the time period being consistent with the years training in the United States. This completion must be certified by a letter from the program director.	Evidence that the non-US or non-Canadian trained orthopedic surgeon completed a residency training program in general surgery with the time period being consistent with the years training in the United States. This completion must be certified by a letter from the program director.	Evidence that the non-US or non-Canadian trained emergency physician completed a residency training program in general surgery with the time period being consistent with the years training in the United States. This completion must be certified by a letter from the program director.
Documentation of current status as a provider or instructor in the ATLS® program.	Documentation of current status as a provider or instructor in the ATLS® program.	Documentation of current status as a provider or instructor in the ATLS® program.	Documentation of current status as a provider or instructor in the ATLS® program.
A list of the 48 hours of trauma related CME during the past 3 years.	A list of the 48 hours of trauma related CME during the past 3 years.	A list of the 48 hours of trauma related CME during the past 3 years.	A list of the 48 hours of trauma related CME during the past 3 years.
Documentation that the surgeon is present for educational and at least 50% of the trauma performance improvement meetings.	Documentation that the surgeon is present for educational and at least 50% of the trauma performance improvement meetings.	Documentation that the surgeon is present for educational and at least 50% of the trauma performance improvement meetings.	Documentation that the surgeon is present for educational and at least 50% of the trauma performance improvement meetings.
Documentation of membership or attendance at local and regional or national trauma meetings during the past 3 years.	Documentation of membership or attendance at local and regional or national trauma meetings during the past 3 years.	Documentation of membership or attendance at local and regional or national trauma meetings during the past 3 years.	Documentation of membership or attendance at local and regional or national trauma meetings during the past 3 years.
A list of patients treated during the past year with accompanying ISS and outcome data.	A list of patients treated during the past year with accompanying ISS and outcome data.	A list of patients treated during the past year with accompanying ISS and outcome data.	A list of patients treated during the past year with accompanying ISS and outcome data.
Performance improvement assessment by the TMD demonstrating that the	Performance improvement assessment by the TMD demonstrating that the	Performance improvement assessment by the TMD demonstrating that the	Performance improvement assessment by the TMD demonstrating that the

<p>morbidity and mortality results for patients treated by the surgeon compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel.</p>	<p>morbidity and mortality results for patients treated by the surgeon compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel.</p>	<p>morbidity and mortality results for patients treated by the surgeon compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel.</p>	<p>morbidity and mortality results for patients treated by the surgeon compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel.</p>
<p>Licensed to practice medicine and approved for full and unrestricted surgical privileges by the hospital's credentialing committee.</p>	<p>Licensed to practice medicine and approved for full and unrestricted surgical privileges by the hospital's credentialing committee.</p>	<p>Licensed to practice medicine and approved for full and unrestricted surgical privileges by the hospital's credentialing committee.</p>	<p>Licensed to practice medicine and approved for full and unrestricted surgical privileges by the hospital's credentialing committee.</p>
<p>The assessment of the review of the quality of trauma care that is provided by the non-board certified surgeon during the site review process must be determined to be adequate. The physician's care will be evaluated by and onsite trauma surgeon reviewer with oversight by the verification review committee. * This step has to be determined as to how it will be accomplished.</p>	<p>The assessment of the review of the quality of trauma care that is provided by the non-board certified surgeon during the site review process must be determined to be adequate. The physician's care will be evaluated by and onsite neurosurgeon reviewer with oversight by the verification review committee. * This step has to be determined as to how it will be accomplished.</p>	<p>The assessment of the review of the quality of trauma care that is provided by the non-board certified surgeon during the site review process must be determined to be adequate. The physician's care will be evaluated by and onsite orthopedic surgeon reviewer, with oversight by other orthopedic surgeons who are members of the COT along with the verification review committee. * This step has to be determined as to how it will be accomplished.</p>	<p>The assessment of the review of the quality of trauma care that is provided by the non-board certified surgeon during the site review process must be determined to be adequate. The physician's care will be evaluated by and onsite emergency physician and/or trauma surgeon reviewer with oversight by the verification review committee. * This step has to be determined as to how it will be accomplished.</p>