

# **Pediatric Champions – Emergency Department**

Pediatric Emergency Care Coordinator (PECC)

## **Designation Form**

**Hospital Name:**

**ED Director:**

Name

Email

**Primary PECC – Pediatric Champion – primary correspondent with MDHHS - BETP**

Name

Email

Primary Title

Other Programs or Responsibilities

**Physician PECC – Pediatric Champion**

Name

Email

Primary Title

Other Programs or Responsibilities

**Additional PECCs – Pediatric Champions (leave blank if no other Pediatric Champions)**

Name

Email

Primary Title

Other Programs or Responsibilities

Name

Email

Primary Title

Other Programs or Area or Responsibilities



Please send completed form to [PedsChampions@michigan.gov](mailto:PedsChampions@michigan.gov) along with any questions

