



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

**Nominee for Appointment
Designation Subcommittee
Michigan Department of Health and Human Services
Bureau of Emergency Preparedness, EMS and Systems of Care**

Nominee Name: _____
Last First

Hospital: _____

Membership Represented (please check appropriate box):

Region:

- ☐ Region 1
- ☐ Region 2 South
- ☐ Region 2 North
- ☐ Region 3
- ☐ Region 5
- ☐ Region 6
- ☐ Region 7
- ☐ Region 8

Clinical Expertise:

- ☐ Board Certified Surgeon
- ☐ Board Certified Surgeon – Level I/II Pediatric Hospital
- ☐ Trauma Program Manager - Level I Hospital
- ☐ Trauma Program Manager – Level II Hospital
- ☐ Trauma Program Manager – Level I Pediatric Hospital
- ☐ Trauma Program Manager – Level II Pediatric Hospital
- ☐ Board Certified Emergency Medicine Physician

Business Phone: _____ Email: _____

Previous State Committee Experience:

Brief description of trauma experience:

Email application to traumadesignationcoordinator@michigan.gov