

4.12 - Specialized Orthopaedic Trauma Care (Type II)

Applicable Levels

LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Has an orthopaedic surgeon at your center completed OTA-approved fellowship training or met the alternate training criteria? *[Radio button]*

2. If yes, upload the orthopaedic surgeon's CV. *[Attachment]*

3. If no, upload the following: *[Attachment]*

- Transfer protocols specifying the type of patients/injuries that will be transferred to a center with an orthopaedic surgeon who has completed an OTA-approved fellowship or meets the alternate training criteria
- CV for the orthopaedic surgeon at the receiving center who has completed an OTA-approved fellowship or meets the alternate training criteria