4 Personnel and Services

4.1 - Trauma Surgeon Requirements (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, LIII, LIII-N

*1. Upload the completed "Trauma Surgeon Requirements" template. *[Attachment]*

*2. Upload each trauma surgeon's credentialing letter or confirmation of hospital appointment. *[Attachment]*

PTCI, PTCII

*1. Upload the completed "Trauma Surgeon Requirements" template. *[Attachment]*

*2. Upload each trauma surgeon's credentialing letter or confirmation of hospital appointment. *[Attachment]*

*3. Describe how the pediatric surgeon(s) are actively involved in the provision of direct (bedside) trauma patient care. *[Text box]*

4.2 - Trauma Surgeon Coverage (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload trauma surgery call schedules over the course of the Reporting Period. *[Attachment]*

*2. Is the trauma surgeon dedicated to a single trauma center while on call? *[Radio button]*

4.3 - Trauma Surgery Backup Call Schedule (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload backup trauma call schedules over the course of the Reporting Period (all levels) or backup plan (for Level III centers only). *[Attachment]*

4.4 - Trauma Surgeon Presence in Operating Room (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Is the trauma surgeon present in the operating suite for the key portions of the operative procedures for which they are the responsible surgeon? *[Radio button]*

*2. Is the trauma surgeon immediately available throughout the procedure? *[Radio button]*

4.5 - Specialty Liaisons to the Trauma Service (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LII, LIII

*1. Upload the completed "Specialty Liaisons to the Trauma Service**"** template. *[Attachment]*

*2. **Geriatric Provider Liaison**: Provide the name of the geriatric liaison at your center and explain how they meet the Geriatric Provider Liaison requirement. *[Text box]*

PTCII

*1. Upload the completed "Specialty Liaisons to the Trauma Service**"** template. *[Attachment]*

LI, PTCI

*1. Upload the completed "Specialty Liaisons to the Trauma Service**"** template. *[Attachment]*

*2. **Geriatric Provider Liaison**: Provide the name of the geriatric liaison at your center and explain how they meet the Geriatric Provider Liaison requirement. *[Text box]*

*3. **Orthopaedic Surgeon Liaison**: How does your trauma center meet the Orthopaedic Surgeon Liaison requirements? *[Drop Down]*

- A. Completed an OTA-approved orthopaedic traumatology fellowship Yes/No
- B. Previously approved through the alternate training criteria
- C. Completed a pediatric fellowship (PTCI only)
- D. Shares the orthopaedic trauma surgeon liaison with a Level I adult trauma center within the same hospital or campus (PTCI only)
- E. Seeking approval through the alternate training criteria

4. Upload documentation supporting your selection for #3 above. *[Attachment]*

If A is selected, upload the orthopaedic trauma surgeon liaison's fellowship certificate

If B is selected, do nothing

If C is selected, upload the orthopaedic trauma surgeon liaison's fellowship certificate

If D is selected, upload the fellowship certificate of the orthopaedic trauma surgeon liaison shared with the Level I adult trauma center within the same hospital or campus

If E is selected, upload the orthopaedic trauma surgeon liaison's CV and answer the questions below. *Upon review by the VRC office, further information may be requested for those seeking approval through the alternate training criteria.*

Is at least 50 percent of the orthopaedic trauma surgeon liaison's practice dedicated to providing care to orthopaedic trauma patients? *[Radio Button]*

Is the orthopaedic trauma surgeon liaison an active trauma committee member in a regional, national, or international organization (outside of parent hospital or institution) and did they attended at least one meeting during the reporting period? *[Radio Button]*

Is the orthopaedic trauma surgeon liaison an author of peer-reviewed publications/research in orthopaedic trauma over the past three years *[Radio Button]*

Did the orthopaedic trauma surgeon liaison participate in trauma-related educational activities as an instructor or educator (outside of parent hospital or institution) in the past three years? *[Radio Button]*

4.6 - Emergency Department Director (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the roles and responsibilities document for the emergency department director. *[Attachment]*

*2. Upload evidence of board certification, board eligibility, or Alternate Pathway approval. *[Attachment]*

4.7 - Emergency Department Physician Requirements (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the completed "Emergency Department Physician Requirements" template. (This question is shared between Standard 4.7 and Standard 4.8). *[Radio button]*

4.8 - Emergency Department Physician Coverage (Type I)
Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload coverage schedules for emergency medicine physicians responsible for trauma care over the course of the Reporting Period. *[Attachment]*

*2. Upload the completed "Emergency Department Physician Requirements" template. (This question is shared between Standard 4.7 and Standard 4.8). *[Radio button]*

4.9 - Pediatric Critical Care Staffing (Type II)

Applicable Levels

PTCI

PRQ Question Text *[Field Type]*

*1. Upload the completed 'Pediatric Critical Care Staffing' template. (Only two physicians required). *[Attachment]*

*2. Upload ICU call schedules over the course of the Reporting Period. *[Attachment]*

4.10 - Neurotrauma Care (Type I)

Applicable Levels

LI, LII, LIII-N, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCII, LIII-N:

*1. Upload the completed 'Neurosurgeons' template. *[Attachment]*

*2. Upload neurosurgery call schedules for trauma patients over the course of the Reporting Period. *[Attachment]*

PTCI:

*1. Upload the completed 'Neurosurgeons' template. *[Attachment]*

*2. Upload CV of a board-certified or board-eligible neurosurgeon who has completed a pediatric neurosurgery fellowship. *[Attachment]*

*3. Upload neurosurgery call schedules for trauma patients over the last three months of the Reporting Period. *[Attachment]*

4.11 - Orthopaedic Trauma Care (Type I)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, LIII, PTCII:

*1. Upload the completed 'Orthopaedic Surgeons' template. *[Attachment]*

*2. Upload orthopaedic surgery call schedules for trauma patients over the course of the Reporting Period. *[Attachment]*

*3. Upload orthopaedic surgery contingency plan. *[Attachment]*

PTCI:

*1. Upload the completed 'Orthopaedic Surgeons' template. *[Attachment]*

*2 Upload CV of a board-certified or board-eligible orthopaedic surgeon who has completed a pediatric orthopaedic fellowship. *[Attachment]*

*3. Upload orthopaedic surgery call schedules for trauma patients over the course of the Reporting Period. *[Attachment]*

*4. Upload orthopaedic surgery contingency plan. *[Attachment]*

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

4.13 - Anesthesia Services (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload anesthesia services policy pertaining to availability and response time.

[Attachment]

4.14 - Radiologist Access (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe the process your center follows to get rapid imaging interpretation to guide immediate clinical decision-making. *[Text box]*

*2. Upload radiology policy or guidelines. *[Attachment]*

4.15 - Interventional Radiology Response for Hemorrhage Control (Type II)
Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe the process used to mobilize physicians, technologists, and other staff to ensure procedures can begin within 60 minutes of request. Describe any challenges or successes over the Reporting Period. *[Text box]*

*2. Upload registry report, which includes the time intervals from request to arterial puncture for patients undergoing endovascular or interventional radiology procedures for hemorrhage control over the course of the Reporting Period. *[Attachment]*

*3. Upload call schedules over the course of the Reporting Period for the relevant physician resources available at your center. *[Attachment]*

4.16 - ICU Director (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the role and responsibilities document of the surgical ICU director and/or codirector. *[Attachment]*

*2. Upload protocols/pathways and PI initiatives specific to the care of injured patients. *[Attachment]*

*3. ICU director or codirector's name: *[Text box]*

*4. ICU director or codirector's certifying board (Level I adult trauma programs **must** have surgical critical care board certification or board eligibility): *[Text box]*

*5. ICU director or codirector's certificate number: *[Text box]*

*6. ICU director or codirector's board certification/eligibility expiration year: *[Number]*

4.17 - ICU Physician Coverage (Type I)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload ICU/PICU call schedules over the course of the Reporting Period. *[Attachment]*

4.18 - Intensivist Staffing (Type II)
Applicable Levels

LII

PRQ Question Text *[Field Type]*

*1. Name of intensivist who is board-certified or board-eligible in surgical critical care: *[Text box]*

*2. Intensivist's certificate number: *[Text box]*

*3. Intensivist's board certification/eligibility expiration year: *[Number]*

4.19 - ICU Provider Coverage for Level III Trauma Centers (Type I)
Applicable Levels

LIII

PRQ Question Text *[Field Type]*

*1. Upload ICU call schedules over the course of the Reporting Period. *[Attachment]*

*2. Upload ICU emergency coverage plan. *[Attachment]*

4.20 - ICU Nursing Staffing Requirement (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your hospital's patient-to-nurse ratio in the ICU. *[Text box]*

4.21 - Surgical Specialists Availability (Type I)
Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload cardiothoracic surgery call schedules over the course of the Reporting Period. *[Attachment]*

*2. Upload vascular surgery call schedules over the course of the Reporting Period. *[Attachment]*

*3. Upload hand surgery call schedules over the course of the Reporting Period. *[Attachment]*

* 4. Upload plastic surgery call schedules over the course of the Reporting Period. *[Attachment]*

*5. Upload obstetrics/gynecology surgery call schedules over the course of the Reporting Period. *[Attachment]*

*6. Upload otolaryngology call schedules over the course of the Reporting Period. *[Attachment]*

*7. Upload urology call schedules over the course of the Reporting Period. *[Attachment]*

*8. Upload contingency plan for sporadic gaps in coverage due to vacation/conference attendance, etc. *[Attachment]*

9. If a call schedule is unavailable because of a unique model of coverage, please provide additional detail here. *[Text box]*

4.22 - Ophthalmology Service (Type II)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload Ophthalmology call schedules over the course of the Reporting Period. *[Attachment]*

*2. Upload contingency plan for sporadic gaps in coverage due to vacation/conference attendance, etc. *[Attachment]*

3. If a call schedule is unavailable because of a unique model of coverage, please provide additional detail here. *[Text box]*

4.23 - Soft Tissue Coverage Expertise (Type I)
Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

*1. Describe the availability and expertise for complex soft tissue reconstruction at your facility, and indicate which specialties provide the microvascular expertise. Please identify the relevant call schedule submitted in Standard 4.21. *[Text box]*

4.24 - Craniofacial Expertise (Type I)
Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

*1. Describe the availability and expertise related to craniofacial reconstruction at your facility, and indicate which specialties provide the craniofacial expertise. Please identify the relevant call schedule submitted in Standard 4.21.
[Text box]

4.25 - Replantation Services (Type II)
Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Does your center have continuously available replantation capability? *[Radio button]*

2. If yes, describe the availability and expertise related to replantation at your facility, and indicate which specialties provide the replantation expertise. Please identify the relevant call schedule submitted in Standard 4.21. *[Text box]*

3. If no, upload documentation of a regional and/or state triage and transfer process for replantation. *[Attachment]*

4.26 - Medical Specialists (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your facility's coverage for each of the medical specialists listed in the standard. *[Text box]*

4.27 - Child Abuse (Nonaccidental Trauma) Physician (Type II)
Applicable Levels

PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Child abuse physician's name: *[Text box]*

*2. Briefly describe the qualifications of the child abuse physician. *[Text box]*

*3. Upload CV and roles and responsibilities documents for the child abuse physician. *[Attachment]*

*4. Is the physician board-certified or board-eligible in child abuse pediatrics? *[Radio button]*

5. If yes, enter the child abuse pediatrics board certificate number: *[Text box]*

6. If no, enter the pediatric board certificate number: *[Text box]*

*7. Child abuse physician's board certification/eligibility expiration year: *[Text box]*

4.28 - Allied Health Services (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your center's respiratory therapy coverage. *[Text box]*

*2. Describe your center's nutrition support coverage. *[Text box]*

*3. Describe your center's speech therapy coverage. *[Text box]*

*4. Describe your center's social work coverage. *[Text box]*

*5. Describe your center's occupational therapy coverage. *[Text box]*

*6. Describe your center's physical therapy coverage. *[Text box]*

4.29 - Renal Replacement Therapy Services (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCI, PTCII:

*1. Does your trauma center have renal replacement therapy services available to support patients with acute renal failure? *[Radio button]*

LIII, LIII-N:

*1. Does your trauma center have renal replacement therapy services available to support patients with acute renal failure? *[Radio button]*

2. If no, upload transfer agreement for renal replacement therapy services. *[Attachment]*

4.30 - Advanced Practice Providers (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. List the APPs who are involved in initial patient evaluation and resuscitation as part of the trauma activation team in the table below. Do not list APPs in the emergency department if they are not part of the trauma activation team. *[Table]*

Advanced Practice Provider Name	Evidence of ATLS Certification	
	ATLS ID	Expiration Date (mm/yyyy)

4.31 - Trauma Registry Staffing Requirements (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Number of trauma registry personnel (FTE): *[Number]*

*2. Number of annual patient entries that meet NTDS, hospital, local, regional, or state inclusion criteria: *[Number]*

*3. Upload your center's Annual Trauma Registry Report. (This question is shared between Standards 4.31 and 4.35). *[Attachment]*

4.32 - Certified Abbreviated Injury Scale Specialist (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload CAISS Certificate for at least one registrar who supports the trauma registry at your trauma center.
[Attachment]

4.33 - Trauma Registry Courses (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the completed "Trauma Registry Courses and Trauma Registrar Continuing Education" template. (This question is shared between Standards 4.33 and 4.34) *[Attachment]*

*2. Upload AAAM AIS Course Certificate for each registry staff member. *[Attachment]*

*3. Upload certificate from trauma registry course for each registry staff member. *[Attachment]*

*4. Upload ICD-10 Course Certificate dated within the past five years for each registry staff member. *[Attachment]*

4.34 - Trauma Registrar Continuing Education (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the completed "Trauma Registry Courses and Trauma Registrar Continuing Education" template. (This question is shared between Standards 4.33 and 4.34) *[Attachment]*

4.35 - Performance Improvement Staffing Requirements (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Number of Performance Improvement personnel (FTE): *[Number]*

*2. Name(s) of PI personnel: *[Text box]*

*3. Upload the roles and responsibilities document for PI personnel. *[Attachment]*

*4. Number of annual patient entries that meet NTDS, hospital, local, regional, or state inclusion criteria: *[Number]*

*5. Upload your center's Annual Trauma Registry Report. (This question is shared between Standards 4.31 and 4.35). *[Attachment]*

4.36 - Disaster Management and Emergency Preparedness Course (Type II)
Applicable Levels

LI, PTCI

PRQ Question Text *[Field Type]*

*1. Upload the DMEP or eDMEP Certificate for the trauma surgeon liaison to the disaster committee. *[Attachment]*

4.1 - Trauma Surgeon Requirements (Type II)

Complete the chart below for ALL trauma surgeons who are involved in the care of trauma patients at your center.

For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the PRQ.

Trauma Surgeon Name	Evidence of ATLS Certification	Credentialing Letter/Confirmation of Hospital Appointment	Evidence of Board Certification OR Board Eligibility OR Alternate Pathway Approval			Evidence of Board Eligibility	Alternate Pathway Approval	
			Evidence of Board Certification					
	ATLS ID	Confirm that the trauma surgeon's credentialing letter or confirmation of hospital appointment has been uploaded to the PRQ.	Certifying Board	Certificate Number	Board Certification Expiration Date (MM/YYYY)	Residency Completion Year	Is the trauma surgeon a new or previously approved candidate for the Alternate Pathway?	Date of Approval from ACS Staff (if Applicable)

4.5 - Specialty Liaisons to the Trauma Service (Type II)

LI, LII, PTCI & PTCII

Complete the chart below for the designated liaisons to the trauma program.
For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the PRQ.

Designated Liaison	Provider Name	Evidence of Board Certification -OR- Board Eligibility -OR- Alternate Pathway Approval				Evidence of Board Eligibility	Alternate Pathway	
		Evidence of Board Certification					Alternate Pathway	
		Certifying Board	Certificate Number	Expiration Date (MM/YYYY)		Residency Completion Year	Is the designated liaison a new or previously approved candidate for the alternate pathway?	Date of Approval from ACS Staff (if applicable)
Adult Program								
BC/BE Emergency medicine physician								
BC/BE Orthopaedic surgeon								
BC/BE Anesthesiologist								
BC/BE Neurosurgeon								
BC/BE Radiologist								
BC/BE ICU physician								
Pediatric Program								
BC/BE Emergency medicine physician								
BC/BE Orthopaedic surgeon								
BC/BE Anesthesiologist								
BC/BE Neurosurgeon								
BC/BE Radiologist								
BC/BE ICU physician								

4.5 - Specialty Liaisons to the Trauma Service (Type II)

LIII & LIII-N

Complete the chart below for the designated liaisons to the trauma program.
For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the PRQ.

Designated Liaison	Provider Name	Evidence of Board Certification -OR- Board Eligibility -OR- Alternate Pathway Approval							CRNA or CAA Certification	
		Evidence of Board Certification			Evidence of Board Eligibility	Alternate Pathway				
		Certifying Board	Certificate Number	Expiration Date (MM/YYYY)	Residency Completion Year	Is the designated liaison a new or previously approved candidate for the alternate pathway?	Date of Approval from ACS Staff (if applicable)	Certification Type (CRNA or CAA)	Certification Expiration Year	
BC/BE Emergency medicine physician										
BC/BE Orthopaedic surgeon										
BC/BE Anesthesiologist or CRNA/CAA										
BC/BE ICU physician										
BC/BE Neurosurgeon (LIII-N Only)										

4.7 - Emergency Department Physician Requirements (Type II) and
4.8 - Emergency Department Physician Coverage (Type I)

Complete the chart below for all emergency department physicians who are involved in the care of trauma patients at your center. Please upload the relevant Alternate Pathway documentation for physicians who have trained outside the US or Canada as instructed in the Alternate Pathway section of the PRQ.

Emergency Department Physician Name	Evidence of ATLS Certification		Evidence of Board Certification OR Board Eligibility OR Alternate Pathway Approval					Evidence of Board Eligibility	Alternate Pathway Approval	
	ATLS ID	Expiration Date (MM/YYYY)	Certifying Board	Certificate Number	Specialty	Expiration Date (MM/YYYY)		Residency Completion Year	Is the emergency department physician a new or previously approved candidate for the Alternate Pathway?	Date of Approval from ACS Staff (if Applicable)

4.9 - Pediatric Critical Care Staffing (Type II)

Complete the chart below for physicians who are board-certified or board-eligible in pediatric critical care medicine or in both pediatric surgery and surgical critial care.

| Physician Name | Evidence of Board Certification | | | Evidence of Board Eligibility |
	Certifying Board	Certificate Number	Specialty	Expiration Date (MM/YYYY)	Residency Completion Year
*					*
*					*

4.10 - Neurotrauma Care (Type I)

Complete the chart below for all neurosurgeons who are involved in the care of trauma patients at your center. For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the online

Neurosurgeon (Adult/Pediatric) Names	Evidence of Board Certification OR Board Eligibility OR Alternate Pathway Approval				
	Evidence of Board Certification		Evidence of Board Eligibility	Alternate Pathway Approval	
	Certifying Board	Certifcate Number	Board Certification Expiration Date (MM/YYYY)	Residency Completion Year	Is the neurosurgeon a new or previously approved candidate for the Alternate Pathway?	Date of Approval from ACS Staff (if Applicable)

4.11 - Orthopaedic Trauma Care (Type I)

Complete the chart below for all orthopaedic surgeons who are involved in the care of trauma patients at your center.
For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the online PRQ.

| Orthopaedic Surgeons (Adult/Pediatric) Names | Evidence of Board Certification OR Board Eligibility OR Alternate Pathway Approval | | | |
| | Evidence of Board Certification | | Evidence of Board Eligibility | Alternate Pathway Approval | |
	Certifying Board	Certificate Number	Board Certification Expiration Date (MM/YYYY)	Residency Completion Year	Is the orthopaedic surgeon a new or previously approved candidate for the Alternate Pathway?	Date of Approval from ACS Staff (if Applicable)

4.33 - Trauma Registry Courses (Type II) and
4.34 - Trauma Registrar Continuing Education (Type II)

Complete the chart below for all trauma registrars and/or staff members who have a registry role at your center.

Trauma Registry Staff Name	Date of Hire	Amount of CE Accrued During the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review	AAAM AIS Course		Trauma Registry Course			ICD-10 Course	
			AAAM AIS Course Completion Date		**Trauma Registry Course Name**	**Trauma Registry Course Description**	**Trauma Registry Course Completion Date**		**ICD-10 Course Completion Date**