



RESOURCE GUIDE

Register a New Facility and Apply for an ACS Trauma Quality Program

Purpose

The purpose of this guideline is to outline the process for **new centers** of applying for one of the ACS Trauma Quality Programs and creating an account.

Process

1. From the Trauma Quality Programs Participant Hub, click “Join a Program.” If you are a new user at an existing facility, please contact the Primary Contact for your facility (most often the Trauma Program Manager) to request that you be added to your facility's contact list.

The screenshot shows the American College of Surgeons website. At the top, there is a navigation bar with links for Jobs, Events, Find a Surgeon, Patients and Family, Contact, My Profile, Shop/Donate, and a shopping cart icon. Below this is the American College of Surgeons logo and the tagline "Inspiring Quality: Highest Standards, Better Outcomes". There are buttons for "Become a Member" and "Member Login", and a search bar with "Search Options" and "Enter Keyword".

The main navigation bar includes: Member Services, Quality Programs, Education, Advocacy, Publications, and About ACS.

The breadcrumb trail is: American College of Surgeons > Quality Programs > Trauma Quality Programs > TQP Participant Hub.

The left sidebar has a menu for Trauma Quality Programs, with "TQP Participant Hub" selected.

The main content area is titled "TQP Participant Hub" and contains the following text:

Welcome to the ACS Trauma Quality Programs Participant Hub

If your hospital is a new facility, please click on **Join a Program** below.

If you are a current participant in one of our Trauma Quality Programs—the National Trauma Data Bank®, Trauma Quality Improvement Program, or Verification, Review, and Consultation Program—you may log in by clicking on **Account Manager** below.

If you are a new user at an existing facility, please contact the Primary Contact for your facility (most often the Trauma Program Manager) to request that you be added to your facility's contact list.

The "Join a Program" button is highlighted in yellow. Below it are the following options:

- Eligibility
- Getting started

Account Center

- Manage site information
- Manage contact information
- Request a site visit
- Access educational materials

Data Center

- Submit data
- Download reports
- Access interactive reports

At the bottom of the page, there are social media sharing icons for Like, Tweet, Share, Email, and Print.

2. The “Application Instructions” section provides an overview of how to complete the online application. The required fields (noted by a red asterisk) in each section must be completed before the application can be submitted.



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▼ **Application Instructions**

Thank you for your interest in the Trauma Quality Programs!

Please fill out the application below. Click on each section for further information.

*Indicates a required field.

When you are ready to submit your application, please click on the “Submit” button at the bottom of this page. You will then receive an email confirming the successful submission of your application.

3. The “Program Selection” section allows you to select the ACS Trauma Quality Program you are applying to. If you are interested in becoming an ACS Verified Trauma Center, you may list the Adult and/or Pediatric Verification Levels you are pursuing here. If you are planning to join an existing TQIP Collaborative, you may select the Collaborative you wish to join from the drop-down list.

► **Program Selection**

*Select the ACS Trauma Quality Program you are applying to:

Select One ▼

Which ACS Trauma Verification Levels are you interested in pursuing?

*Adult Trauma Level:

Select One ▼

*Pediatric Trauma Level:

Select One ▼

*Are you planning to be part of a TQIP Collaborative?

Yes No

If so, select the Collaborative:

Select One ▼

4. Hospital address information should be entered in the “Facility Information” section. The *Federal Employer Identification Number* field asks for your facility’s unique 9-digit number assigned by the Internal Revenue Service (IRS) to all businesses operating in the United States. The *Tax ID Number if Outside USA* field should be completed by international facilities only, and asks for their facility’s national identification number.

▼ Facility Information

- *Federal Employer Identification Number*: asks for your facility’s unique 9-digit number assigned by the Internal Revenue Service (IRS) to all businesses operating in the United States
- *Tax ID Number if Outside USA*: should be completed by international facilities only, and asks for their facility’s national identification number

*Company Name:

*Address:

*Country:

*City:

*State:

*ZIP:

*Telephone:

FAX:

Company Email:

*Web Site:

*Federal Employer Identification Number (FEIN): (Required for US)

National Provider Identifier Number (NPI):

Tax ID Number if Outside USA:

5. The “Trauma Center Level” section allows you to indicate the level of state designation your trauma center has, if applicable.

► Trauma Center Level

*State Adult Trauma Designation Level:

*State Pediatric Trauma Designation Level:

6. For the initial application, contact information for a Data Primary Contact and Trauma Medical Director is required in the "Contact Information" section. Additional contacts may be added or updated upon approval of the application.

▼ Contact Information

Please provide contact information for the roles below, as appropriate. At least one Primary Contact must be identified at this time. The Primary Contact will receive notifications regarding application status. Additional roles and contacts may be added or updated at a later time.

The Data Primary Contact will have the ability to add, edit, and remove contacts once the application is approved.

Data Primary Contact (Required)		Trauma Medical Director (Required)	
Use Facility Address:	<input type="checkbox"/>	Use Facility Address:	<input type="checkbox"/>
Primary Contact:	<input type="checkbox"/>	Primary Contact:	<input type="checkbox"/>
*First:	<input type="text"/>	*First:	<input type="text"/>
*Last:	<input type="text"/>	*Last:	<input type="text"/>
Credentials	<input type="text"/>	Credentials	<input type="text"/>
*Title:	<input type="text"/>	*Title:	<input type="text"/>
*Email:	<input type="text"/>	*Email:	<input type="text"/>
*Telephone:	*Area Code: <input type="text"/> *Number: <input type="text"/>	*Telephone:	*Area Code: <input type="text"/> *Number: <input type="text"/>
*Address	<input type="text"/>	*Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
*Country:	<input type="text" value="United States"/>	*Country:	<input type="text" value="United States"/>
*City	<input type="text"/>	*City	<input type="text"/>
*State:	<input type="text" value="Select One"/>	*State:	<input type="text" value="Select One"/>
*ZIP:	<input type="text"/>	*ZIP:	<input type="text"/>

7. Please enter your name and title in the "Application Authorization" section. You must check the "Agree" box before submitting the application.

▶ Application Authorization

Please verify that information entered here is an accurate representation of your facility.

*Your Name

*Your Title

Agree

Submit Pre-Application

8. After submitting the application, you will receive an email confirming your submission. If desired, you may print or save a copy of your application by clicking “Print PreApplication” on the next screen. A member of the ACS Trauma Quality Programs staff will contact you within 5 business days after receiving your application.



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Thank you for submitting your application.

[Print PreApplication](#)

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