

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

**PRIMARY STROKE CENTER DESIGNATION  
APPLICANT INFORMATION**

**INSTRUCTIONS TO FACILITY**

This document is an application for designation as a Primary Stroke Center (PSC) at your facility. Responses to this application will be used to assess your facility's ability to meet the minimum criteria for Primary Stroke Center designation.

Please print or type responses and number all attachments sequentially. Please refer to the column entitled "Required Documentation" (Attachment D) to ensure all documents are included in your application. Return the completed application to:

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Connecticut Department of Public Health  
410 Capitol Avenue, MS11 APV  
P.O. Box 340308  
Hartford, CT 06134-0308  
Attn: Valerie Fisher, RN, MS, CD-N, CCM  
Nurse Consultant

**Facility Information**

Connecticut State Facility License Number: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ County: \_\_\_\_\_

Institutional Contact Person: (Please Print)

\_\_\_\_\_  
First Middle Last

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date application submitted to DPH: \_\_\_\_\_