GEORGIA DEPARTMENT OF PUBLIC HEALTH

200 Piedmont Avenue SE
Atlanta, Georgia 30334

dph.ga.gov

Hospital Name Change Request

Please complete the following form to request a hospital name change in the Georgia Office of EMS and Trauma License Management System and other EMS systems.

Complete and scan the form to a PDF file format and email it to dph-phemsinfo@dph.ga.gov.

Current DPH Designation(s) (if applicable):

☐ Stroke Center ☐ Cardiac Center ☐ Trauma Center Other: _____

FACILITY DEMOGRAPHICS

Existing/Previous Facility Name: _____

New Facility Name: _____

Facility Address: _____ _____ _____ _____

Effective Date of Name Change: _____

REQUESTOR INFORMATION

Name: _____ _____ _____
First Name Middle Initial Last Name

Title: _____

Contact Number: _____ Email Address: _____

SIGNATURE

I understand and have knowledge of the consequences of signing this document and have been given the opportunity to ask questions.

_____ _____ _____
Printed Name Signature Date Signed

Form REV 5/26/2022