

RESOURCE GUIDE

Apply for an ACS Trauma Quality Program as a New Site

Purpose

The purpose of this guideline is to outline the process for **new sites** applying for one of the ACS Trauma Quality Programs. Submitting an ACS TQP Application is the first step in the enrollment process.

Applying for a TQP Quality Program

From the Trauma Quality Programs Participant Hub, click “Join a Program.”

TQP Participant Hub

 Print

 Share

Welcome to the ACS Trauma Quality Programs (TQP) Participant Hub!

If your hospital is a new facility, please review the links below to overview our application process and determine your eligibility. If you are eligible and ready to participate in TQIP, please apply by clicking Join a Program below.

[Join a Program](#)

Once you have accessed the application page, please enter your site's information. All required fields (noted by a red * asterisk) must be completed before clicking "Next."

- 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.

Welcome!

ACS Trauma Quality Programs - New Site Application

Facility Information

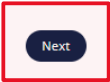
Thank you for your interest in the ACS Trauma Quality Programs. Please complete the information below about your site to begin your application.

Upon submission of your application, our staff will review and contact you with next steps regarding enrollment for your selected Trauma Quality Program. If you have any questions, please contact Trauma Quality Program staff at traumaquality@facs.org.

Please note:

- Federal Employer Identification Number: asks for your facility's unique 9-digit number assigned by the Internal Revenue Service (IRS) to all businesses operation 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

*Site Name:	<input type="text" value="ACS Trauma Hospital"/>			
*Site Address:	<input type="text" value="633 N. St. Clair"/>			
	<input type="text"/>			
	<input type="text"/>			
*Country:	<input type="text" value="United States"/>			
*City:	<input type="text" value="Chicago"/>			
*State:	<input type="text" value="Illinois"/>			
*ZIP:	<input type="text" value="60611"/>			
*Web Site:	<input type="text" value="www.facs.org"/>			
*Phone: (Country Code/Area Code/Number)	<input type="text" value="312"/>	<input type="text" value="202-5680"/>	Ext:	<input type="text"/>
Fax: (Area Code/Number)	<input type="text"/>	<input type="text"/>		
Site Email:	<input type="text"/>			
*FEIN:	<input type="text" value="12-3456789"/>			
NPI:	<input type="text"/>			
AHA Number:	<input type="text"/>			



Program Contact

Provide contact information for the *Primary Contact* at your site. ACS Staff will send further enrollment instructions to the *Primary Contact*. Under "Select Role" you may choose from (3) roles: Data Primary Contact, Pediatric Data Primary Contact or Site Visit Primary Contact. **Please note:** only the Site Visit Primary Contact may submit a site visit application in the "Site Visit Request" section in QPort.

When finished, click "Next."

Once the application is approved, the *Primary Contact* may add, edit, or remove additional contacts.

ACS Trauma Quality Programs - New Site Application

Primary Contact

Please provide contact information for the Primary Contact at your site below. Please also select a role for this individual to describe their function in the Trauma Quality Programs. Additional roles and contacts may be added or updated at a later time. The Primary Contact will have the ability to add, edit, and remove contacts once the application is approved.

*Select Role:

Use Facility Address:

*First:

*Last:

Credentials:

*Title:

*Email:

*Telephone: (Country Code/Area Code/Number) 312 Ext:

Program Selection

From the drop-down menu, select the Trauma Quality Program you wish to join. For this step, you will select **ONE** from the following options:

- Annual Call for Data
- TQIP Only
- ACS Trauma Verification Only
- Trauma Quality Program (TQIP + Verification)

ACS Trauma Quality Programs - New Site Application

Program Selection

Please indicate the program you wish to join below. Upon review and approval of your application, Trauma Quality Program staff will work with you to complete your site profile, which contains additional information to ensure your site is enrolling in the appropriate program.

*Program Selection

Attestation Page

Before submitting your application, you will be prompted to review the application for accuracy. If you need to make a change, please click the "Back" button to navigate to the appropriate section.

When you have finished reviewing, please add your name, title, and mark the confirmation box before clicking "Submit."

ACS Trauma Quality Programs - New Site Application Confirmation and Attestation

Please review the information entered below and verify that it is an accurate representation of your facility. To submit your application, enter your name and title in the fields below and click "Submit."
ACS Staff will process your application within 5-7 business days. After the initial application has been processed, our staff will contact you to verify your eligibility for the program you selected.

*Site:	ACS Trauma Hospital	*First:	Vicki
*Address:	633 N. St Clair	*Last:	Verification
		Credentials:	
		*Title:	Trauma Program Manager
		*Email:	vicki.verification@traumahealth.org
*Country:	United States	Telephone:	312 202-5680 Ext
*City:	Chicago	<small>(Country Code/Area Code/Number)</small>	
*State:	IL	*Address:	633 N. St Clair
*ZIP:	60611		
*Web Site:	www.facs.org	*Country:	United States
*Phone:	312 202-5680 Ext	*City:	Chicago
<small>(Country Code/Area Code/Number)</small>		*State:	Illinois
Fax: <small>(Area Code/Number)</small>		*ZIP:	60611
Email:			
*FEIN:	12-3456789		
NPI:			
AHA Number:			

*Program Selection: Trauma Quality Program (TQIP + Verification)

*Signer	Vicki Verification
*Signer Title	Trauma Program Manager
<input checked="" type="checkbox"/> *I confirm the information in this application is correct.	<input type="button" value="Back"/> <input type="button" value="Submit"/>

Next Steps

ACS Staff will process your application within 5-7 business days. After the initial application has been processed, our staff will contact you to verify your eligibility for the program that you selected.

Once eligibility has been verified and your application has been approved by ACS Staff, you will receive an email with your QPort login credentials. Additional information relevant to your trauma center level and program selection will be collected in the "Site Profile" section of QPort.

If you have additional questions, please contact us at traumaquality@facs.org.