**Section 515.5016** **Request for Comprehensive Stroke Center Designation**

a) *A hospital* that is already *certified as a CSC by a nationally recognized certifying body approved by the Department shall send a copy of the certificate and annual fee to the Department* along with an application available through the Department*.* (Section 3.117(a-5)(1) and (2) of the Act)

b) Within 30 business days after the Department receives the hospital's certificate indicating that the hospital is a certified CSC in good standing with the certifying body and the application available through the Department, the hospital shall be deemed to be a State-designated Comprehensive Stroke Center.

c) The Department will send designation notices to hospitals that it designates as Comprehensive Stroke Centers. A list of designated Comprehensive Stroke Centers will be maintained on the Department's Division of EMS website. Names of designated Comprehensive Stroke Centers will be added upon designation. Names will be removed from the website designation list in accordance with Section 3.118(c) of the Act.

d) The application available through the Department shall include a statement that the hospital meets the requirements for CSC designation in Section 3.117 of the Act. The applicant hospital shall provide the following:

1) Hospital name and address;

2) Hospital chief executive officer/administrator typed name and signature;

3) Hospital stroke medical director typed name and signature; and

4) Contact person typed name, e-mail address and phone number.

e) The application available through the Department will instruct the hospital to provide proof of current CSC certification from a nationally recognized certifying body approved by the Department.

f) A hospital designated as a CSC shall pay an annual fee of $500.

(Source: Amended at 48 Ill. Reg. 16159, effective November 1, 2024)