

# COPPER Application

Please complete this application for COPPER recognition of your hospital's emergency department. If you have any questions, contact the EMSC Program Manager at [emsc.colorado@cuanschutz.edu](mailto:emsc.colorado@cuanschutz.edu).

Thank you!

## Applicant and Hospital Contact Information

Name of person completing the application (i.e., the "Applicant") \_\_\_\_\_

Applicant credentials \_\_\_\_\_

Applicant email \_\_\_\_\_

Applicant phone number \_\_\_\_\_

Hospital name \_\_\_\_\_

Hospital street address \_\_\_\_\_

Hospital city \_\_\_\_\_

Hospital zip code \_\_\_\_\_

What level of COPPER recognition is your facility applying for? If you are not sure, please review the COPPER criteria for both levels here (note for beta testers: this will eventually be hyperlinked to the final COPPER checklist).

- Pediatric Prepared  
 Pediatric Advanced  
 Unknown

What is the annual total patient (adult and pediatric) volume of your emergency department (ED)?

- Low: < 10,000 patients per year  
 Medium: 10,000 - 49,999 patients per year  
 Medium-High: 50,000 - 74,999 patients per year  
 High: >= 75,000 patients per year

What is the annual pediatric (as defined by your hospital) patient volume in your ED?

- Low: < 1,800 pediatric patients (average of 5 or fewer per day)  
 Medium: 1,800 - 4,999 pediatric patients (average of 6 - 13 per day)  
 Medium-High: 5,000 - 9,999 pediatric patients (average of 14 - 26 per day)  
 High: >= 10,000 pediatric patients (average of 27 or more per day)

How is your hospital best classified?

- Children's Hospital  
 Community Hospital  
 Comprehensive Community Hospital  
 Critical Access Hospital  
 Other

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You selected 'Other' above. How would you describe your hospital?

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Please select the categories that apply to your hospital's setting (select all that apply)

- Remote / Frontier
- Rural
- Suburban
- Urban

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Please indicate your hospital's state designated trauma level

- I
- II
- III
- IV
- V
- Non Designated

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What electronic medical record (EMR) system does your hospital use?

- Epic
- Cerner
- Meditech
- None (paper charting)
- Other

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You answered 'Other' above. What electronic medical record (EMR) system does your hospital use?

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Are there any inpatient services that accept pediatric patients (e.g., adult inpatient unit, adult intensive care unit, neonatal intensive care unit, newborn nursery, pediatric inpatient unit and/or pediatric intensive care unit)?

- Yes
- No

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Which of the following inpatient services at your hospital have the ability to admit children?

- Adult inpatient unit
- Adult intensive care unit
- Neonatal intensive care unit
- Newborn nursery
- Pediatric inpatient unit
- Pediatric intensive care unit
- Other

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You checked 'Other' above. What other inpatient services at your hospital have the ability to admit children?

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**Required Signatures**

**Hospitals applying for COPPER recognition must provide documentation of support from both ED and hospital leadership in order to begin the review process.**

**Please note: The person completing this application will be the primary point of contact for the COPPER program. It is the responsibility of this person to keep hospital leadership informed on the status of the COPPER application and site review process. Leadership will only be notified by the COPPER program to announce official COPPER recognition upon successful completion of the site review process.**

ED Medical Director name

\_\_\_\_\_

ED Medical Director email

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ED Nursing Director name (if applicable)

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ED Nursing Director email (if applicable)

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Hospital Administrator name

\_\_\_\_\_

Hospital Administrator email

\_\_\_\_\_

Download the letter of commitment here:

[Attachment: "COPPER Letter of Commitment with Summary.pdf"]

Please upload the signed letter of commitment

