

# Stroke Facility Designation

## Application Submission Instructions

- Complete the **Application** and **Remittance Form**.
- Email the Application and Remittance Form as an attachment to:  
[DSHS.EMS-TRAUMA@dshs.texas.gov](mailto:DSHS.EMS-TRAUMA@dshs.texas.gov)

**Subject line:** Stroke Application: [Facility Name and TSA]

- Print and mail the **Remittance Form** with your fee to:

Texas Department of State Health Services  
Cash Receipts Branch, MC 2003  
Office of EMS/Trauma Systems  
P.O. Box 149347  
Austin, Texas 78714-9347

- Within 180 days of completion of the stroke certification survey performed by an office approved organization, email the complete report, including patient care reviews, as an attachment to:  
[DSHS.EMS-TRAUMA@dshs.texas.gov](mailto:DSHS.EMS-TRAUMA@dshs.texas.gov) **Subject line:** Stroke Survey Report: [Facility Name and TSA]

**Note:** *You may need to submit your survey documentation in multiple emails. Our email system does not accept large email attachments at this time.*