



Letter of Intent for Designation- Stroke

This Letter of Intent (LOI) is in effect on the date on which it is signed and remains in effect for a period of three (3) years.

Recognition by the Committee as a Stroke Facility requires commitment from facility senior administration as well as physician leadership. This commitment is confirmed by signature on this LOI. Facilities signing this LOI are attesting their facility meets all criteria and will maintain the capabilities of level designation as specified in this LOI. A formal presentation to the stroke committee will be required prior to committee approval.

Choose Designation Level	☐ Level I- Comprehensive	☐ Level II- Advanced	☐ Level III- Primary	☐ Level IV- Acute Stroke Ready
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Facility Stroke Coordinator:

Name:	Email:
Signature:	Date:

Facility Stroke Medical Director:

Name:	Email:
Signature:	Date:

Facility Senior Administrator:

Name:	Email:
Signature:	Date:

SETRAC Approval (after committee approval)

SETRAC Stroke Committee Chair:

Dr. Haris Kamal	Email: Haris.Kamal@memorialhermann.org
Signature:	Date:

SETRAC Regional Stroke Systems Director:

Melanie Aluotto	Email: melanie.aluotto@setrac.org
Signature:	Date: