



**TO: Hospital CEOs/Administrators**

**FROM: Sara Roberts, Kansas Department of Health and Environment  
Cara Greve, Kansas Hospital Association**

**RE: Advanced Trauma Life Support (ATLS) Funding**

**DATE: February 17, 2012**

We are happy to announce that the Kansas Rural Health Options Project is continuing its support for trauma education and the Advanced Trauma Life Support training to our rural health providers.

The Kansas Rural Health Options Project is providing tuition reimbursement for rural physicians to participate in the Advanced Trauma Life Support course. Funding is limited and scholarships will be provided to qualified applicants on need as well as on a first-come, first-serve basis. **Early applications are encouraged with applications received by March 17, 2012 receiving higher priority.** It is expected that the scholarships will be used prior to December 31, 2012.

Interested individuals should submit a formal letter of request that includes the physician's name and email address, license number, course and hospital name along with the attached request form to Dan Leong, Director, Emergency Preparedness; Kansas Hospital Association; 215 SE 8<sup>th</sup> Avenue; Topeka KS 66603.

For further information contact Lorri Dean or Dan Leong at the KHA office, (785) 233-7436 or [dleong@kha-net.org](mailto:dleong@kha-net.org). We strongly encourage Critical Access Hospitals to offer this great trauma training opportunity to their rural physicians.

# ATLS Scholarship Request Form

Please complete the following information.

## Demographic Information

Credentials (check one)

ARNP       PA       DO       MD

Provider Name: \_\_\_\_\_

Provider Organization: \_\_\_\_\_

Organization Mailing Address (city & zip): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In which Regional Trauma Council area do you provide services? (Check all that apply)

NERTC       NCRTC       NWRTC  
 SERTC       SCKTR       SWRTC

## ATLS Course Information

Please provide the following information for the ATLS class you plan to attend.

ATLS Course Location: \_\_\_\_\_

ATLS Course Date: \_\_\_\_\_

Registration cost: \$\_\_\_\_\_

**Note: If you are a recipient of the scholarship, you will be required to submit a certificate of completion.**

**Note: This application must be fully completed to receive a scholarship.**

This project was federally funded through the Kansas Department of Health and Environment, Bureau of Community Health Systems – Medicare Rural Hospital Flexibility program. The FLEX program is managed by the Federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services.