



Application to Participate in the ISBI Burn Center Assessment Program

Date of Application: _____

Contact person for the Burn Center:

Name: _____
 Current Address: _____
 Email address: _____
 Role in Burn Center: Rehabilitation / Nurse / Physician / Administrator/ Other: ____

Name of Burn Center: _____

Location of Burn Center: _____

Burn Center Leadership

Name of Burn Center Director (MD): _____
 Name of Lead/Head Nurse of the Burn Center: _____
 Name of Lead Rehabilitation Specialist in the Burn Center: _____

Description of burn center:

The center cares for: ADULTS ONLY____ PEDIATRIC ONLY____ ADULTS AND PEDIATRICS____
 Number of patients admitted to the hospital inpatient service annually for the last 3 years:

	<u>Pediatric (<= 16 years old)</u>	<u>Adults (>16 years old)</u>
2022		
2023		
2024 (year to date)		

Number of burn cases performed in the operating room in last 3 years:

	<u>Pediatric (<= 16 years old)</u>	<u>Adults (>16 years old)</u>
2022		
2023		
2024 (year to date)		

Average burn size of admitted patients for last 3 years:

	<u>Pediatric (<= 16 years old)</u>	<u>Adults (>16 years old)</u>
2022		
2023		
2024 (year to date)		

Number of patients seen in the outpatient clinics in last 3 years:

	<u>Pediatric (<= 16 years old)</u>	<u>Adults (>16 years old)</u>
2022		
2023		
2024 (year to date)		

Does your burn center have a database where you collect information on your burn patients (i.e. age, burn size, number of surgeries, number of deaths)? YES ___ NO ___

It is helpful to have the support from a local NGO (non-profit entity) to support the burn center. Does your burn center have a local NGO that supports your center? YES ___ NO ___

If yes what is name of NGO: _____

Please attach a letter of support from the NGO for the ISBI visit.

It is helpful to have the support from the hospital administration for this visit. Please attach to this application a letter of support for the ISBI visit from the Hospital Administrator.

It is helpful to have the support from the national Burn Society for this visit. Please attach to this application a letter of support for the ISBI visit from your National Burn Society (if applicable)

It is helpful to have the support from the country's Minister of Health for this visit. Please attach to this application a letter of support for the ISBI visit from the Minister of Health or a Health Agency.

Have other societies and/or NGO(s) visited your burn center in the last 5 years? YES ___ NO ___

If so, please list the organization (s): _____

