

State Stroke Program

*Enhancing stroke care.
Improving outcomes.*

State Stroke Registry 2011-2013 Enrollment Form

- YES**, my hospital would like to participate in the State Stroke Registry (SSR) Program. By the signature below, we understand that any and all costs associated with the licensing fee and data entry will be reimbursed after expenses are incurred. Further, we understand that we will need to comply with the scope of services as outlined in the Grant Award Notice issued by the North Dakota Department of Health.

CEO/Administrator Name	
Signature	
Organization	
Address	
City, State, Zip	

Project Team Leader	
Title	
Phone	
E-mail	
Fax	

Fiscal Contact	
Title	
Phone	
E-mail	
Fax	

Fax completed SSR Enrollment Form to: **701.328.2036** Attention: Neil Charvat **or** e-mail completed form to: njcharvat@nd.gov.

State Stroke Program | ND Department of Health | 600 E. Boulevard Ave., Dept. 301 | Bismarck, N.D. 58505-0200