Multidisciplinary Trauma Peer Review Committee Meeting Attendance:

Hospital name:

Designation Level:

Date filled out:

	Year 1	Year 2	Year 3
Trauma Medical Director:	%	%	%
Trauma Program Manager:	%	%	%
List all the trauma surgeons			
Trauma Surgeon 1	%	%	%
Trauma Surgeon 2	%	%	%
Trauma Surgeon 3	%	%	%
Trauma Surgeon 3	%	%	%
Trauma Surgeon 5	%	%	%
Trauma Surgeon 6	%	%	%
Emergency Medicine Liaison or Designated Representative:	%	%	%
Neurosurgery Liaison or Designated Representative:	%	%	%
Orthopaedics Liaison or Designated Representative:	%	%	%
Anesthesia Liaison or Designated Representative:	%	%	%
Radiologist Liaison or Designated Representative:	%	%	%
ICU Director Liaison or Designated Representative:	%	%	%