



Memorandum #06-26

Date: January, 22, 2026

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Stacy Johnson, MSN, RN, *Regional Trauma Coordinator* 
John Hammond, BS, Paramedic, EMS & Trauma System Manager 
Xavier Gonzales, PhD, MSPH, CHWI, *Director of Community Health* 
Cassius Lockett, PhD, *District Health Officer* 

Subject: Request for Approval of Renewal of Authorization of Mike O'Callaghan Military Medical Center as a Level III Trauma Center

I. BACKGROUND:

In accordance with Clark County Trauma Regulation 300.200 any hospital that desires renewal of designation as a center for the treatment of trauma in Clark County shall first request renewal of authorization from the Board. The hospital must show that it continues to meet the requirements of the Trauma Regulations, as well as demonstrate its capacity, capability and commitment to provide trauma services and to contribute to the current and future needs of the trauma system.

II. RECOMMENDATION:

Upon receipt and review of the application for renewal of authorization as a center for the treatment of trauma, the Office of Emergency Medical Services & Trauma System recommends the Board approve Mike O'Callaghan Military Medical Center's request as a Level III Trauma Center based on their demonstrated willingness to submit trauma data to SNHD and the State Trauma Registry; to actively participate in the Regional Trauma Advisory Board and EMS/Trauma Performance Improvement activities; to provide standard financial information to assist in the assessment of the financial stability of the trauma system; and to comply with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

III. CONDITIONS:

The attached application for renewal of authorization as a Level III Center for the Treatment of Trauma has been unanimously approved by the Regional Trauma Advisory Board (RTAB). The RTAB and staff recommend Board approval of the renewal of authorization under the condition that Mike O'Callaghan Military Medical Center shall apply to the State Health Division for renewal of their designation, which includes verification by the American College of Surgeons.

JH:sj

Attachments:

- A. Mike O'Callaghan Military Medical Center's Application for Renewal of Authorization as a Level III Trauma Center

Application for renewal of authorization as a center for the treatment of trauma

Name of Institution

Mike O'Callaghan Military Medical Center (MOMMC) / 99th Medical Group _

Street Address

4700 Las Vegas Blvd North Bldg 1300

City

Nellis Air Force Base

State

Nevada

Zip Code

89191

Telephone

(705) 653-2000

Fax

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Email

usaf.nellis.99-mdg.mbx.99-m

Hospital Administrator/Director

Colonel Eric Phillips

Contact Person for Application Processing

John Recicar

Telephone

(501) 310-0012

Fax

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Email

john.f.recicar.civ@health.m

Level of Center for the Treatment of Trauma renewal being sought

Level I Level II Level III Pediatric Level I Pediatric Level II

Date of original designation

2023-08-24

Date of last renewal of designation

2023-08-24

Briefly describe any changes in the hospital's capacity to provide trauma services in the community during the past designation period

None

Briefly describe any changes in the hospital's capabilities to provide trauma services in the community during the past designation period

None

Briefly describe any changes in the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community during the past designation period

None

Additional information the applicant would like to provide in support of their request:

None

Has the applicant been in compliance with the conditions for authorization as a center for the treatment of trauma as outlined below during this past designation period?

1. Submitted trauma data to SNHD and the State Trauma Registry

Yes No

2. Actively participated in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities.

Yes No

3. Complied with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

Yes No

I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

I authorize the release of such information as may pertain to the purpose of this application.

I understand any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma.

I understand and agree to comply with the conditions set forth in the application.

Signature of Hospital Administrator or Owner



Sign above

Signature of Hospital Owner (PDF or Image)

File Name	Size
99 MDG Trauma Center Renewal.pdf	133.93 kB

Only submit file if not able to obtain signature

Printed Name of Hospital Administrator or Owner

Colonel Eric Phillips

Title of Person signing the Application

Commander 99th Medical Group

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Nov 06, 2025 13:16	snhdphpuser@snhd.org	Form submitted