

**APPLICATION FOR
REHABILITATION CENTER**

Reply to:

_____ HOSPITAL NAME

NOTE: In addition to this application, complete the application forms for **PHYSICAL THERAPY SERVICE, OCCUPATIONAL THERAPY SERVICE and SPEECH PATHOLOGY and/or AUDIOLOGY SERVICE.**

1. Name and qualifications of the physician responsible for the service: _____

2. Name and experience of the registered nurse responsible for nursing management: _____

3. Number of registered nurses assigned to the service: _____

4. Number of licensed vocational nurses assigned to the service: _____

5. Number of nurses aides assigned to the service: _____

6. List the major diagnostic categories treated: _____

7. Has a written utilization review plan for the rehabilitation center been developed? YES NO

8. List the disciplines represented on the rehabilitation center utilization review committee:

9. At what frequency are staff conferences held? _____