

**APPLICATION FOR  
OCCUPATIONAL THERAPY SERVICE**

**Reply to:**

\_\_\_\_\_ **HOSPITAL NAME** \_\_\_\_\_

- 1. Name and qualifications of the occupational therapist responsible for the service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2. Number of full-time occupational therapists assigned to the service: \_\_\_\_\_
- 3. Number of part-time occupational therapists assigned to the service: \_\_\_\_\_
- 4. Number of occupational therapy assistants assigned to the service: \_\_\_\_\_
- 5. Number of occupational therapy aides assigned to the service: \_\_\_\_\_
- 6. Number of treatments provided annually: \_\_\_\_\_