APPLICATION FOR
ACUTE RESPIRATORY CARE SERVICE

Reply to:

HOSPITAL NAME

1. Name and board eligibility or certification status of physician responsible for the service:

2. Names and board eligibility or certification status of other physicians available to the service:

3. Name, training and experience of registered nurse responsible for nursing care:

4. Number of registered nurses assigned to the service:
5. Number of licensed vocational nurses assigned to the service:
6. Number of nurses aides assigned to the service:
7. Registered nurse to patient ratio/shift: AM PM NIGHT
8. Licensed nurse to patient ratio/shift: AM PM NIGHT
9. Number of respiratory therapists available to the service:
10. Name of physical therapist available to the service :
11. Name of social worker available to the service:
12. Number of cases treated annually:
13. Number of beds in the service: