

APPLICATION FOR PEDIATRIC SERVICE

Reply to:

_____ **HOSPITAL NAME**

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

2. If the responsible physician is not a pediatrician, list the name, board eligibility or certification status and frequency of consultation of a qualified pediatrician: _____

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

4. Is a registered nurse on duty on each shift? YES NO

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

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

7. Describe the pediatric nursing continuing education and training which has been developed and include frequency of training: _____

8. Is a copy of the American Academy of Pediatrics (Care of Children in Hospitals) available to and utilized by staff? YES NO

9. Number of cases treated annually: _____

10. Number of cribs, bassinets and beds: cribs: _____ bassinets: _____ beds: _____