

**APPLICATION FOR PSYCHIATRIC UNIT**

**Reply to:**

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

1. Name and qualifications of the person responsible for the service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. If the responsible person is not a psychiatrist, list the name, board eligibility or certification status of the physician responsible for the medical care and services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Number of psychiatrists on the medical staff: \_\_\_\_\_
  
4. Name, qualifications and hours per month of the psychologist: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Names and years of psychiatric nursing experience of the registered nurse responsible for nursing care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Is a registered nurse on duty on each shift?  YES  NO
  
7. Number of registered nurses assigned to the service: \_\_\_\_\_
  
8. Number of licensed vocational nurses assigned to the service: \_\_\_\_\_
  
9. Number of licensed psychiatric technicians assigned to the service: \_\_\_\_\_
  
10. Name and qualifications of the therapist employed to conduct the therapeutic activity program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. Name, qualifications and hours per month of the social worker: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Number of patients admitted annually: \_\_\_\_\_

13. Number of beds: \_\_\_\_\_