

**APPLICATION FOR BASIC  
EMERGENCY MEDICAL SERVICE,  
PHYSICIAN ON DUTY**

**Reply to:**

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

1. Name, training and experience of physician responsible for the service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are physicians, dentists and podiatrists who staff the service members of the medical staff?  YES  NO

3. Is the service staffed with at least one physician 24 hours, 7 days a week?  YES  NO

4. Number of physicians available to staff the service: \_\_\_\_\_

5. Names and qualifications of salaried physicians: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has a roster of specialty physicians available for consultation been developed?  YES  NO

7. Name, training and experience of registered nurse responsible for nursing care: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Number of registered nurses assigned to the service: \_\_\_\_\_

9. Number of licensed vocational nurses assigned to the service: \_\_\_\_\_

10. Has a list of referral services been developed?  YES  NO

11. Number of treatments provided annually: \_\_\_\_\_