APPLICATION FOR BASIC EMERGENCY MEDICAL SERVICE, PHYSICIAN ON DUTY

Reply to:

	HOSPITAL NAM	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:			