APPLICATION FOR REHABILITATION CENTER

Reply to:

HOSPITAL NAME

NOTE: In addition to this application, complete the application forms for PHYSICAL THERAPY SERVICE, OCCUPATIONAL THERAPY SERVICE and SPEECH PATHOLOGY and/or AUDIOLOGY SERVICE.

1. Name and qualifications of the physician responsible for the service:

2. Name and experience of the registered nurse responsible for nursing management:

- 3. Number of registered nurses assigned to the service:
- 4. Number of licensed vocational nurses assigned to the service:
- 5. Number of nurses aides assigned to the service:
- 6. List the major diagnostic categories treated:

7. Has a written utilization review plan for the rehabilitation center been developed?

□ YES □ NO

- 8. List the disciplines represented on the rehabilitation center utilization review committee:
- 9. At what frequency are staff conferences held?