APPLICATION FOR INTENSIVE CARE SERVICE		Reply to:		
1.	Name and qualifications of physician responsible for	the service:	HOSPITAL NA	ме
2.	Name, training and intensive care experience of regis	stered nurse respons	sible for the nursing s	service:
3.	Number of licensed nurses assigned to the service:			
4.	Registered nurse to patient ratio/ shift:	AM	PM	NIGHT
5.	Licensed vocational nurse to patient ratio/ shift:	AM	PM	NIGHT
6.	Number of cases treated annually:			
7.	Number of beds in the service:			
8.	Has a continuing education program for medical staff	and nursing personi	nel been developed?	YES NO