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: