APPLICATION FOR BURN CENTER

Reply to:

HOSPITAL NAME

1. Name and board eligibility or certification status of physician responsible for the service:

2. Names and board eligibility or certification status of surgeons responsible for supervision and performance of burn care:

3. Is continuous in-house physician coverage provided? YES NO

4. Has a roster of specialty physician consultants been developed? YES NO

5. Name, burn care experience and continuing education training of registered nurse responsible for nursing care:

6. Is a registered nurse with at least 3 months' burn care experience on duty each shift? YES NO

7. Number of registered nurses assigned to the service:

8. Number of licensed vocational nurses assigned to the service:

9. Are psychiatrists, physical therapists, occupational therapists and social workers regularly available to provide care and consultation? YES NO

10. Number of cases treated annually:

11. Number of beds in the service: