APPLICATION FOR RENAL TRANSPLANT CENTER **Reply to:**

_____
HOSPITAL NAME

1. Name, experience, eligibility or certification status of the physician responsible for the service: _____

_____

_____

_____

2. Name, experience, eligibility or certification status of surgeons: _____

_____

_____

_____

3. If children are treated, list the name, eligibility and certification status of pediatrician(s): _____

_____

_____

_____

_____

_____

4. Names and eligibility or certification status of specialists available to provide evaluations and consultation to transplant patients:

Internist: _____

Neurologist: _____

Psychiatrist: _____

Orthopedic Surgeon: _____

Pathologist: _____

Urologist: _____

APPLICATION FOR RENAL TRANSPLANT CENTER

5. Name and experience of the registered nurse responsible for nursing care of transplant patients:

_____

_____

_____

6. Name and qualifications of dietitian available to the service: _____

_____

_____

_____

7. Name and qualifications of social worker available to the service: _____

_____

_____

_____

8. Number of transplants per year: _____