APPLICATION FOR RESPIRATORY CARE SERVICE **Reply to:**

HOSPITAL NAME

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

2. Name and qualifications of the technical director who supervises the operation of the service:

3. Disciplines and numbers of personnel assigned to the service:

   Registered Nurses:

   Licensed Vocational Nurses:

   Physical Therapists:

   Respiratory Therapists:

   Respiratory Therapy Technicians:

   Cardiopulmonary Technologists:

   Pulmonary Technologists: _____

4. Number of treatments provided annually: _____