CLEAR

APPLICATION FOR PERINATAL UNIT

Reply to:

HOSPITAL NAME

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

2. If the responsible physician is not a pediatrician or obstetrician-gynecologist, list the name, board eligibility or certification status, and frequency of consultation of a qualified specialist:

3. Name, eligibility or certification status of the physician responsible for the nursery:

4. Is at least one registered nurse on duty for each shift in the antepartum and postpartum areas? YES NO

5. Is at least one registered nurse on duty each shift in the labor and delivery suite? YES NO

6. Is at least one registered nurse trained in infant resuscitation on duty each shift? YES NO

7. Name, training and neonatal care experience of registered nurse responsible for the nursery:

8. Licensed nurse to infant ratio/shift: AM PM NIGHT

9. Number of registered nurses assigned to the service

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

11. Name and address of the intensive care newborn nursery service with which formal arrangements have been made: