

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: _____