

**APPLICATION FOR STANDBY  
EMERGENCY MEDICAL SERVICE,  
PHYSICIAN ON CALL**

**Reply to:**

\_\_\_\_\_  
HOSPITAL NAME

1. Name and qualifications of physician responsible for the service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Has a method to assure 24 hour physician coverage been developed?  YES  NO

3. Are all physicians, dentists and podiatrists providing services members of the medical staff?  YES  NO

4. Is a registered nurse immediately available at all times?  YES  NO

5. Has a list of referral services been developed?  YES  NO

6. Number of treatments provided annually: \_\_\_\_\_