

**APPLICATION FOR BASIC
EMERGENCY MEDICAL SERVICE,
PHYSICIAN ON DUTY**

Reply to:

_____ **HOSPITAL NAME** _____

1. Name, training and experience of physician responsible for the service: _____

2. Are physicians, dentists and podiatrists who staff the service members of the medical staff? YES NO

3. Is the service staffed with at least one physician 24 hours, 7 days a week? YES NO

4. Number of physicians available to staff the service: _____

5. Names and qualifications of salaried physicians: _____

6. Has a roster of specialty physicians available for consultation been developed? YES NO

7. Name, training and experience of registered nurse responsible for nursing care: _____

8. Number of registered nurses assigned to the service: _____

9. Number of licensed vocational nurses assigned to the service: _____

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

11. Number of treatments provided annually: _____