

**APPLICATION FOR COMPREHENSIVE
EMERGENCY MEDICAL SERVICE**

Reply to:

_____ HOSPITAL NAME

1. Name and experience of the full-time physician responsible for the service: _____

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

3. Names and qualifications of physicians who are in-house 24 hours a day in the following specialties:
Medicine: _____

Surgery: _____

Anesthesiology: _____

Neurosurgery: _____

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Pediatrics: _____

Obstetrics-gynecology: _____

Other: _____

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

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

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

7. Name of the affiliated medical school: _____

8. Has a continuing education program for all emergency medical service personnel been developed? YES NO

9. Number of treatments provided annually: _____