

**APPLICATION FOR
OCCUPATIONAL THERAPY SERVICE**

Reply to:

HOSPITAL NAME

1. Name and qualifications of the occupational therapist responsible for the service: _____

2. Number of full-time occupational therapists assigned to the service: _____
3. Number of part-time occupational therapists assigned to the service: _____
4. Number of occupational therapy assistants assigned to the service: _____
5. Number of occupational therapy aides assigned to the service: _____
6. Number of treatments provided annually: _____