

**APPLICATION FOR
PHYSICAL THERAPY SERVICE**

Reply to:

HOSPITAL NAME

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

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