

**APPLICATION FOR CORONARY CARE SERVICE**

**Reply to:**

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

1. Name, board eligibility or certification status and experience of physician responsible for the service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If the responsible physician is not a cardiologist, name and board eligibility or certification status of the consultant cardiologist: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Name and coronary care experience of registered nurse responsible for nursing care: \_\_\_\_\_

\_\_\_\_\_

4. Number of registered nurses assigned to the service: \_\_\_\_\_

5. Number of licensed vocational nurses assigned to the service: \_\_\_\_\_

6. Licensed nurse to patient ratio/ shift: \_\_\_\_\_AM \_\_\_\_\_PM \_\_\_\_\_NIGHT

7. Number of cases treated annually: \_\_\_\_\_

8. Number of beds in the service: \_\_\_\_\_