

**APPLICATION FOR
INTENSIVE CARE SERVICE**

Reply to:

_____ **HOSPITAL NAME** _____

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

2. Name, training and intensive care experience of registered nurse responsible for the nursing service:

3. Number of licensed nurses assigned to the service: _____

4. Registered nurse to patient ratio/ shift: _____AM _____PM _____NIGHT

5. Licensed vocational nurse to patient ratio/ shift: _____AM _____PM _____NIGHT

6. Number of cases treated annually: _____

7. Number of beds in the service: _____

8. Has a continuing education program for medical staff and nursing personnel been developed? YES NO