APPLICATION FOR CHRONIC DIALYSIS SERVICE Reply to: HOSPITAL NAME 1. Name, board eligibility or certification status and experience of physician responsible for the service: 2. Name, board eligibility or certification status and experience of physician(s) performing vascular access procedures: 3. Name, board eligibility or certification status of physician(s) treating the children, when applicable: ☐ YES ☐ NO 4. Has a roster of specialty physician consultants been developed? 5. Name and experience of the registered nurse responsible for nursing care:

6. Licensed nurse to patient ratio / shift:

7. Number of registered nurses assigned to the service:

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8.	Number of licensed vocational nurses assigned to the service:	
9.	Name and qualifications of the dietitian available to the service:	
10.	Name of the social worker available to the service:	
11.	Does the hospital participate in a registry of prospective recipient patients?	☐ YES ☐ NO
12.	Does the hospital participate in kidney procurement preservation and transportation program?	☐ YES ☐ NO
13.	Is a review mechanism established to determine the appropriateness of patient treatment modality which includes self dialysis, home dialysis and renal transplantation?	☐ YES ☐ NO
14.	Number of dialyses performed annually:	
15.	Number of chronic dialysis stations in the service:	
16.	Is the written hepatitis control program consistent with recommendations of the hepatitis surveillance program of the Centers for Disease Control?	☐ YES ☐ NO
17.	Is an isolation area available?	YES 🗖 NO
18.	What provision is made for disposal of infectious wastes?	

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