APPLICATION FOR PEDIATRIC SERVICE

HOSPITAL NAME

Reply to:

- 1. Name, board eligibility or certification status of physician responsible for the service:
- 2. If the responsible physician is not a pediatrician, list the name, board eligibility or certification status and frequency of consultation of a qualified pediatrician:
- 3. Name, training and experience of the registered nurse responsible for nursing care:

- 4. Is a registered nurse on duty on each shift?
- 5. Number of registered nurses assigned to the service:
- 6. Number of licensed vocational nurses assigned to the service:
- 7. Describe the pediatric nursing continuing education and training which has been developed and include frequency of training:

8.	Is a copy of the American Academy of Pediatrics (Care of Children in Hospitals) available	YES	
	to and utilized by staff?		

- 9. Number of cases treated annually:
- 10. Number of cribs, bassinets and beds: cribs: bassinets: beds: