APPLICATION FOR
OCCUPATIONAL THERAPY SERVICE

Reply to:

__________________________________________

HOSPITAL NAME

1. Name and qualifications of the occupational therapist responsible for the service: __________________________

__________________________________________

__________________________________________

2. Number of full-time occupational therapists assigned to the service: ______________

3. Number of part-time occupational therapists assigned to the service: ______________

4. Number of occupational therapy assistants assigned to the service: ______________

5. Number of occupational therapy aides assigned to the service: ______________

6. Number of treatments provided annually: ______________