

RECOVERY CARE CENTER INFORMATION

NAME _____
 ADDRESS _____ DATE _____

1. A. Medical Director _____
 B. Number of Staff Physicians (excluding Medical Director) F/T _____ P/T _____

2. Administrative Staff:
 Administrator _____ No. Assistants _____
 (submit resume) (name)
 Number in charge of Medical Records _____
 Person in charge of Medical Records _____
 Qualifications _____
 Number of medical records clerks F/T _____ P/T _____

3. Other Employee Staffing:

	F/T	P/T	F/T	P/T
Nurse Practitioners				
Housekeeping				
Maintenance				
Physician Assistants				
Others				
Pharmacists				
Laboratory Techs				
X-ray Techs				
Social Workers				
Respiratory Therapists				
Nutritionists				

F/T = full time P/T = part time