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: