

Wyoming Health Care Commission

Hospital Workforce Study

Please assist us in updating your hospital profile. **Review and make any corrections or additions necessary.** Please return by 11/01/2007 in the envelope provided or fax to (877) 290-0014. If you have any questions please contact Rita, toll free, at (877) 290-0021. Thank you for your assistance.

Hospital: _____

Mailing Address: _____ **Location Address:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Switchboard Telephone: _____ **General Phone:** _____ **Hospital Fax:** _____

Administrator/CEO: _____ **Administrator E-mail:** _____

Operation Type: _____ **Hospital E-mail:** _____

Are you a Critical Access Hospital? No Yes Practice Telemedicine? No Yes

Are you a part of a Health System? No Yes If so, which one? _____

Do you use a reference laboratory? No Yes If so, who is your primary laboratory? _____

Total number of licensed beds: _____

Number of Beds by Type: Medical/Surgical: _____ Emergency Patient Crisis: _____ Rehab: _____ Psychiatric: _____
 Long-Term Care: _____ Bassinets: _____ Burn Trauma: _____ Swing: _____ Ambulatory: _____

*NOTE: Due to dual usage beds, "Total Number of Licensed Beds" may not equal "Number of Beds by Type".

Infection Control Nurse: _____ **E-mail:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **Pager:** _____

Laboratory Director/Head: _____ **E-mail:** _____

Telephone: _____ **Fax:** _____ **Pager:** _____

Microbiology Lab Coordinator: _____ **E-mail:** _____

Telephone: _____ **Fax:** _____ **Pager:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Please list the number of professionals with privileges at your hospital in the following categories:

PHYSICIANS:

Full-time: _____

Consulting: _____

Courtesy: _____

Associate: _____

PHYSICIAN ASSISTANTS:

Full-time: _____

Consulting: _____

Courtesy: _____

Associate: _____

ADVANCED PRACTICE NURSES:

Full-time: _____

Consulting: _____

Courtesy: _____

Associate: _____

All information is correct:

Completed by: _____

Date: _____