

HOSPITAL-BASED COMMUNITY MENTAL HEALTH CENTER AND  
OTHER OUTPATIENT REHABILITATION  
PROVIDER STATISTICAL DATA

PROVIDER CCN: \_\_\_\_\_  
COMPONENT CCN: \_\_\_\_\_

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET S-6

COMMUNITY MENTAL HEALTH & OTHER OUTPATIENT REHABILITATION PROVIDER- NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

Check applicable box:  CMHC       OOT  
 CORF       OSP  
 OPT

Enter the number of hours in your normal workweek \_\_\_\_\_

	Staff 1	Contract 2	Total (column 1 + column 2) 3	
1	Administrator and Assistant Administrator(s)			1
2	Director(s) and Assistant Director(s)			2
3	Other Administrative Personnel			3
4	Direct Nursing Service			4
5	Nursing Supervisor			5
6	Physical Therapy Service			6
7	Physical Therapy Supervisor			7
8	Occupational Therapy Service			8
9	Occupational Therapy Supervisor			9
10	Speech Pathology Service			10
11	Speech Pathology Supervisor			11
12	Medical Social Service			12
13	Medical Social Service Supervisor			13
14	Respiratory Therapy Service			14
15	Respiratory Therapy Supervisor			15
16	Psychiatric/Psychological Service			16
17	Psychiatric/Psychological Service Supervisor			17
18	Other (specify)			18