

HOSPITAL-BASED COMMUNITY MENTAL HEALTH CENTER AND OTHER OUTPATIENT REHABILITATION PROVIDER STATISTICAL DATA	PROVIDER CCN: _____	PERIOD: FROM _____	WORKSHEET S-6
	COMPONENT CCN: _____	TO _____	

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

Check applicable box:	<input type="checkbox"/> CMHC	<input type="checkbox"/> OOT
	<input type="checkbox"/> CORF	<input type="checkbox"/> OSP
	<input type="checkbox"/> OPT	

Enter the number of hours in your normal workweek _____

	Staff 1	Contract 2	Total (col. 1 + col. 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