Independence
Anesthesia Services

Facility Worksheet

Hospital/ Group Name:			
City / State			
Contact		Phone #	
Email		Fax #	
Orig. CE		# of Dr's	
# of Beds		# of CRNA's	
# of OR's		Team or Solo	

TYPES OF CASES / TECHNIQUES

	Yes	No	Comments
ENT			
General			
Gyn			
Hearts			
Neuro (Heads)			
Neuro (Backs)			
Ortho			
Pediatrics			
Plastics			

	Yes	No	Comments
Transplants			
Trauma			
Vascular			
OB			
Regionals Req.			
Epidurals			
Intrathecals			
Blocks			
Lines			

COVERAGE NEEDS

# CRNA's Needed		Hourly Rate	
Short/ Long/ Perm.		Overtime Rate	
Shift Times:		8 Hour Min	
Dates Needed:		Call Y/ N	
Lodging Notes:		M-F Call $	
Travel Notes:		S-S Call $	
Credentialing:		4 HR. Min. Call Back	
Prof. Liab. Ins:		Post Call Day Off	

Job Code _____ Jobs List _____ Web Site _____ Job Boards _____