Applicant's Name:	Completed by:	Date:

DIALYSIS CENTERS SUPPLEMENTAL APPLICATION

1. Please identify the percentage by revenue of services provided:
   a. In-center hemodialysis _____ %
   b. Peritoneal dialysis _____ %
   c. Acute Care/Long Term care Facilities _____ %
   d. Home Dialysis Training _____ %

2. Please list the type(s)/brand name of dialysis machines used. **Indicate if the staff cannot disable the alarms.**

   _____

   _____

3. Please indicate the nurse/patient ratio during dialysis. _____

If you answer 'Yes' to questions 4 and 5, please explain in the Comments Section.

4. Do you have any licensed hospital beds? ☐ YES ☐ NO

5. Do you have any overnight accommodations? ☐ YES ☐ NO

6. What is the average length of employment or turnover rate? _____

7. Please check-off the following policies and procedures if they are established and adhered to for all staff, including contractors and volunteers. Please explain any 'No' answers in the Comments Section.
   a. Dialyzer reuse (number of reuses, labeling, informed consent, etc.) ☐ YES ☐ NO
   b. Dialyzer inspections ☐ YES ☐ NO
   c. Infection Control (hepatitis, vascular access infection, drug resistant organisms, etc.) ☐ YES ☐ NO
   d. Patient and visitor fall prevention program ☐ YES ☐ NO

Comments Section:

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