

OHIO DEPARTMENT OF HEALTH
HB 218 - HEALTH CARE PROVIDER VOLUNTEER PROGRAM
YEAR: ()

FACILITY NAME:

VHC FACILITY REGISTRATION NO.: _____

INSTRUCTIONS: Please complete this form and submit it (along with your registration form) to the Ohio Department of Health, Bureau of Long Term Care, 246 N. High Street, Columbus, Ohio 43266-0118, in accordance with Ohio Revised Code 2305.234

Survey of Volunteer Health Care Professionals Categorized by Staff Type, Age Group and Gender																		
Volunteer Staff	Under 20		21 - 35		36 - 45		46 - 55		56 - 65		66		Δ		Retirees		Total Volunteers	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Medical Doctors																		
Doctors of Osteopathy																		
Registered Nurses																		
Licensed Practical Nurses																		
Physician Assistants																		
Dentists																		
Dental Hygienists																		
Physical Therapists																		
Chiropractors																		
Podiatrists																		
Dietitians																		
Pharmacists																		
Health Care Workers																		
Medical Technicians																		
Medical Assistants																		
Dental Assistants																		
Orderlies																		
Nurse Aides																		
Other Categories																		
Total																		