

## 4.18 - Intensivist Staffing (Type II)

### Applicable Levels

LII

#### PRQ Question Text *[Field Type]*

- \*1. Name of intensivist who is board-certified or board-eligible in surgical critical care: *[Text box]*
- \*2. Intensivist's certificate number: *[Text box]*
- \*3. Intensivist's board certification/eligibility expiration year: *[Number]*