

## 4.9 - Pediatric Critical Care Staffing (Type II)

### Applicable Levels

PTCI

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

- \*1. Upload the completed 'Pediatric Critical Care Staffing' template. (Only two physicians required). *[Attachment]*
- \*2. Upload ICU call schedules over the course of the Reporting Period. *[Attachment]*

### 4.9 - Pediatric Critical Care Staffing (Type II)

Complete the chart below for physicians who are board-certified or board-eligible in pediatric critical care medicine or in both pediatric surgery and surgical critical care.

Physician Name	Evidence of Board Certification				Evidence of Board Eligibility
	Certifying Board	Certificate Number	Specialty	Expiration Date (MM/YYYY)	
*					Residency Completion Year *
*					Residency Completion Year *