

PROGRAM LIST OF STAFF FUNCTIONS, LICENSES, HOURS AND DATES OF HIRE/TERMINATION

Program Name:	Review Period:	License Number:
Address, City and Zip:		Licensing Analyst:

Medical Staff (Including Dispensing Staff)

If a staff member performs more than one function, specify the number of hours spent in each function.

Individual's Name	Function(s)/Duties	License Number	Total Hours Per Week (AT THIS LOCATION)	Comments

Counseling Staff

Individual's Name	Function(s)/Duties	Total Hours Per Week (AT THIS LOCATION)	Individual's Name	Function(s)/Duties	Total Hours per Week (AT THIS LOCATION)

Administration/Support Staff

Individual's Name	Function(s)	Total Hours Per Week (AT THIS LOCATION)	Individual's Name	Function(s)	Total Hours per Week (AT THIS LOCATION)

