

Speech/Hearing Pathology & Occupational Therapy

(To be attached to ACORD applications)

NAMED INSURED: _____

1. What percentage of clients are elderly? _____

2. Is the facility fully wheel-chair accessible? Yes No

3. Are all staff members & volunteers trained in getting clients in & out of wheelchairs properly? Yes No

4. Is the facility accredited by the appropriate accrediting organization? Yes No

If not, has it ever been declined for accreditation by any organization? Yes No

5. Are all clients evaluated by a physician prior to receiving therapy? Yes No

If not, explain: _____

6. Are all services delivered by registered, certified, licensed or degreed personnel? Yes No

If not, does one of the above directly supervise all services? _____

7. Are young clients required to be accompanied by a parent or guardian during treatment? Yes No

8. Does the insured make appropriate referrals for treatment outside of their specialties? Yes No

9. Does the insured transport clients to and from the center? Yes No

10. Are all treatment plans and services performed kept in writing? Yes No

11. Are all records kept in fireproof cabinets? Yes No

12. Are there off-premises activities and field trips? Yes No

If yes, describe: _____

13. Does the insured perform ANY invasive procedures (for example, nasendoscopies)? Yes No

14. Is all equipment, electrical or otherwise, maintained and inspected regularly? Yes No

If yes, are maintenance records kept in writing? Yes No

15. Are all licensed therapists members of a professional association? Yes No

Additional Comments: _____
