



Executive Offices:
33 W. Monroe Street
Chicago, Illinois 60603

SUPPLEMENTAL APPLICATION STAFF ROSTER – PHYSICAL THERAPY

Please be certain to complete **both** columns. This will allow us to calculate Full Time Equivalent Employees, which, in turn, allows us to be much more price-competitive.

	<u>Number of Employees & Independent Contractors</u>	<u>Total Annual Hours for Class</u>
Administration/Directors/Coordinators	_____	_____
Athletic Trainer (Non-medical, Non-certified)	_____	_____
Athletic Trainer (medical, LPT or RPT)	_____	_____
Clerical	_____	_____
Dieticians/Nutritionists	_____	_____
Massage Therapists	_____	_____
Medical Office Assistants	_____	_____
Medical Records Technicians	_____	_____
Nurses	_____	_____
Nurses Aides	_____	_____
Nurse Practitioners	_____	_____
Occupational Therapists	_____	_____
Occupational Therapist Assistants	_____	_____
Physical Therapists	_____	_____
Physical Therapist Assistants	_____	_____
Rehabilitation Therapists	_____	_____
Rehabilitation Therapy Assistants	_____	_____
Respiratory Therapists	_____	_____
Speech and Hearing Therapists	_____	_____
Sports Medicine Instructor	_____	_____
Sports Medicine Therapist	_____	_____
Volunteers (Non-Medical)	_____	_____
Other (Please provide details)	_____	_____
 Total Annual Payroll _____		