



HOSPITAL BED COUNT SURVEY

MUST BE TYPED OR FILLED OUT LEGIBLY IN INK

BED TYPE	Total Number of Beds	Number of Beds
Medical/Surgical Beds (not including ICU beds)		
Swing Beds for Nursing Home Pts. (Include in Medical/Surgical Bed Count)		
Pediatric Beds (not including ICU beds)		
Obstetric Beds		
All L&D, LDR and LDRP Beds (Include in Obstetric Bed Count)		
Level II Neonatal ICU Bassinets (Include in Obstetric Bed Count)		
Level III Neonatal ICU Bassinets (Include in Obstetric Bed Count)		
Intensive Care Unit Beds (ICU)		
Medical/Surgical ICU Beds (Include in ICU Bed Count)		
Cardiac ICU Beds (Include in ICU Bed Count)		
Pediatric ICU Beds (Include in ICU Bed Count)		
Psychiatric Beds		
Geriatric Psychiatric Beds (Include in Psych Bed Count)		
Adult Psychiatric Beds (Include in Psych Bed Count)		
Adolescent Psychiatric Beds (Include in Psych Bed Count)		
Rehabilitation Beds		
Skilled Nursing Beds (Distinct Part SNF Beds)		
Emergency Room Bays (Do Not Include with Bed Count)		
Other (Please Specify on Back)		
Total: (Add Total Number of Beds Column Only)		

Other License Designations	Total number of cases in last 12 months
Open Heart Surgeries	
Organ Transplant Surgeries	
Burn Unit	
Trauma Center	

Accreditations	Accrediting Organization
Primary Stroke Center	
STEMI Receiving Center	

Name of Hospital Reporting: _____

Print Your Name: _____

Print Your Title: _____

Phone Number: _____

Date: _____

Please upload this bed count worksheet into the Online Licensing System with your facility's license renewal application.