| | | | | | | | | | | | | <u> </u> | | /01 | |
|--|--------|-------------|--------------|-----------|--------------|--|---------------|-------------|------------|--|------------|--------------|----------|-------------|--------|
| TABLE II: CHILDRE | N'S | M | JLT | IDI | SCI | PLI | NAF | RYS | PE | CIAL | _TY | CLI | NIC | (CN | IDS) |
| STAFFING REQUIREM | IEN | TS | FΩ | R P | RO | FES | SSIC | ΝΑ | L PE | ERS | ONI | NEL | OT | HEF | NAHT S |
| | | | | | | | D DE | | | | | | | | |
| | 1 | 7H 1 | <u> </u> | JĄ | NO. | AŅI | יט ע | =N I | 913 | <u>, </u> | | , | , . | , | , , |
| PHYSICIANS AND DENTISTS Physicial Mond String of the stri | | | | | | | | | | | | | | | |
| CMDS Clinic Types | Nurse | n Dietitian | X Social IV. | O Psychol | Occupation | Physical | Orthotist / C | X Audiologi | Speech// 2 | Therapist | Respirator | Certified D. | Genetic | Dental Huzi | lalle. |
| 22q11.2 Deletion Syndrome | Х | C | ^ | _ | | | | X | X | | | | C | | |
| AIDS/HIV | X | Х | ^ | _ | • | С | | | С | | | | | | |
| Brachial Plexus | Х | С | Χ | С | Х | С | | | | | | | | | |
| Amputee/Limb Deficiency | X | С | Х | С | Χ | Х | X | | | | | | | | |
| Cardiology | Х | Х | Х | С | С | | | | | | | | С | | |
| Cleft Lip/Palate/Facial | Χ | Χ | Х | С | С | | | Χ | | Χ | | | С | | |
| Cystic Fibrosis | Х | Х | Х | С | | | | | | | Χ | | | | |
| Diabetes | Х | Х | Х | С | | | | | | | | Х | | | |
| Endocrinology | Х | Х | Х | С | С | С | | | С | | | Х | | | |
| Gastroenterology/Nutritional Def | X | X | X | С | C | Ť | | | Ē | | | | | † | |
| Hematology/Oncology | X | X | X | С | - | | 1 | 1 | | | - | | 1 | 1 | |
| Hemophilia | X | X | X | С | | Х | | | | | | | С | С | |
| | X | X | X | С | | ^ | | | | | | | C | <u> </u> | |
| Immunology Metabolia Disease | | | | | _ | _ | } | } | | | - | | _ | ! | 1 |
| Metabolic Disease | X | X | X | С | С | С | | | | | | | Х | | |
| Multiple Disability/Chronic Dis | Х | Х | Х | С | X | X | С | 1 | | <u> </u> | 1 | | <u> </u> | С | |
| Muscular Dystrophy | Χ | Х | Х | С | С | Х | <u> </u> | <u> </u> | | ļ | | | <u> </u> | ļ | |
| Myelodysplasia/Spina Bifida | Χ | Х | Χ | С | | X | X | | | | | | С | <u> </u> | |
| Nephrology | X | X | Х | С | | | | | | | | | | | |
| Neurology | X | С | X | С | С | X | | | | | | | С | | |
| Pulmonary/Severe Asthma | X | X | Х | С | | | | | | | X | | С | | |
| Rheumatology | Х | Х | Х | С | | | | | | | | | С | | |
| Sickle Cell Anemia | Х | Х | Х | С | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| X = Clinic is required to have the | nis si | ecia | Ity av | ailal | ole or | -site | | | | | | | | | |
| C = Clinic must identify consul | | | | | | | + | | | _ | + | 1 | | 1 | 1 |