

PSU ID:  
Provider ID:

PSU Name:  
Provider Name:

## PBS Provider Substitution Form

**Instructions:** For each provider location that requires substitution, please fill out this form as completely as possible. When submitting, please include an electronic version of the contact log for the location. Send completed forms and supporting documentation to [ncsfieldsupport@norc.org](mailto:ncsfieldsupport@norc.org).

### Primary Contact Person Information

Name:	Role/Position:
Telephone:	Email:

### Reason for Substitution

Location is <u>out-of-scope</u> : Yes	No	Location is a <u>refusal</u> : Yes	No
Out-of-scope description:		Number of refusals:	
No longer offers prenatal care		Soft Refusal(s)	
Practice dissolved into existing practices		Hard Refusal(s)	
Solo practitioner retired or otherwise stopped practicing		Hostile Refusal	
Other:		Total number of contact attempts for location:	
Source of information leading to out-of-scope determination:		Refusal letter sent? Yes	No
Location has <u>other reason</u> for substitution: Yes		PI refusal conversion attempt? Yes	No
Description of other reason (e.g. cannot get IRB clearance):		Other refusal conversion efforts (please describe):	
		Name of primary source of refusal:	
		Role of primary source of refusal:	

### Key Dates

Date provider recruitment began:	Date of final contact:
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### For Field Support/Westat Usage

Date submitted by SC to FS:	EROC included with submission: Yes	No
Date submitted by FS to Westat:	Number of refusals:	
Substitute Provider ID:	Substitute Provider Name:	
Substitute Provider Address 1:	Substitute Provider City:	
Substitute Provider Address 2:	Substitute Provider State:	
Substitute Sample Rate of Women:	Substitute Provider Zip:	