Certification & Licensing
1. Are you currently board certified? O Yes O No
2. If yes, what board certifications do you maintain? Please check all that apply and add any specialty certifications as appropriate.
Family Medicine - ABFM
Family Medicine - AOA
Internal Medicine - ABIM
Internal Medicine - AOA
Pediatrics - ABP
Pediatrics - AOA
OB/Gyn - ABOG
OB/Gyn - AOA
Psychiatry - ABPN
Psychiatry - AOA
General Dentistry - ABGP
Pediatric Dentistry - ABPD
Other (please specify)
3. Do you currently hold an active medical or dental license?
C Yes
C No
4. If yes, in what state(s) do you hold an active license?

5. Are you currently in a training position, such as a residency or fellowship? C Ves C No	Currently in Training

Current Training	Position		
6. Please provide Specialty of Program: Training Institution Name: City/Town: State: Country:	the following information for	the training position:	

7. Have you com your primary ca		ng, such as a	residency or f	ellowship, since	
C Yes	,				
O No					

Additional Train	ing Positions	
8. Please provide Specialty of Program: Training Institution Name: City/Town: State: Country:	the following information for	the most recent training position:
	the following information for	the next most recent training position (if
Training Institution Name: City/Town: State: Country:		
applicable): Specialty of Program:	e the following information fo	or the next most recent training position (if
Training Institution Name: City/Town: State: Country:		

Post-Graduation Employment			
11. Are you currently employed in a	non-training position	1?	
C Yes			
C No			

Post-Graduation Employment 12. If yes, how would you classify your current primary employer? Academic Private Practice C Community Health Center Community-based organization/non-profit C Hospital - Non-Academic C Federal Government State Government City/County Government O Unknown Other (please specify)

Practicing Clinical Medicine/Dentistry	
13. Are you currently practicing clinical medicine or dentistry?	
C Yes	
C No	

Principal Clinical	Practice Site
	s gather information about the sites where you practice clinically (i.e. provide patient care) - this tients independently or with trainees, such as students or residents.
	he following information for you PRINCIPAL practice site - this is the where you spend most of your patient care time.
Name:	
Address:	
Address 2:	
City/Town:	
State:	
ZIP:	
Country:	
15. What specialty	y do you primarily practice in this setting? Choose one.
General Family Medic	ine
General Internal Medic	cine
☐ General Pediatrics	
OB/Gyn	
Psychiatry	
Geriatrics	
Dentistry	
Other (please specify)	
46 What nave ent o	of a full time annivelent (FTE) are you wenting at this site (Full time
-	of a full-time equivalent (FTE) are you working at this site (Full-time day per week is generally considered 10%)?
17. Which of the fo	ollowing best describes the principal method by which you are paid in
this practice setti	
Salary	
C Receipts	
Base salary plus produ	action incentive
C Locums	
Other (please specify)	

0	Fee for service practice	
0	Health Maintenance Organization (HMO)	
0	Accountable Care Organization	
0	Concierge/Membership	
Othe	er (please specify)	
	Which of the following best describ	es your principal practice setting (check all th
	Community-based Health Center	
	Private Practice	
	Teaching program	
	Hospital	
	Hospital Emergency Medicine	
	Emergency Medicine	
	Emergency Medicine Urgent Care Military	
	Emergency Medicine Urgent Care	
Othe	Emergency Medicine Urgent Care Military er (please specify)	
Othe	Emergency Medicine Urgent Care Military er (please specify) Which of the following best describ	pes the practice organization of your principal
Othe	Urgent Care Military er (please specify) Which of the following best describence (check only one):	pes the practice organization of your principal
Othe	Emergency Medicine Urgent Care Military er (please specify) Which of the following best describetice (check only one): Solo	pes the practice organization of your principal
Othe	Emergency Medicine Urgent Care Military er (please specify) Which of the following best describe ctice (check only one): Solo Partnership (2-physician practice)	pes the practice organization of your principal
Othe	Emergency Medicine Urgent Care Military er (please specify) Which of the following best describe ctice (check only one): Solo Partnership (2-physician practice) Single specialty group (3 or more physicians)	pes the practice organization of your principal
Othe	Emergency Medicine Urgent Care Military er (please specify) Which of the following best describe ctice (check only one): Solo Partnership (2-physician practice) Single specialty group (3 or more physicians) Multi-specialty partnership or group	pes the practice organization of your principal
Othe	Emergency Medicine Urgent Care Military er (please specify) Which of the following best describe ctice (check only one): Solo Partnership (2-physician practice) Single specialty group (3 or more physicians) Multi-specialty partnership or group Hospital owned	pes the practice organization of your principal
Othe	Emergency Medicine Urgent Care Military er (please specify) Which of the following best describe ctice (check only one): Solo Partnership (2-physician practice) Single specialty group (3 or more physicians) Multi-specialty partnership or group	pes the practice organization of your principal

HPSA: Federally design	nated health professional shortage area
MUA: Federally design	ated medically underserved area
MHC: Federally design	nated migrant health center
	ated community health center
RHC: Federally design	
□ NHSC: National Health	
☐ IHS: Indian Health Ser	
FQHC: Federally Quali	ified Health Center
State qualified health of	
State or Local Health D	
None of the above	
Other underserved populatio	in (please specify)
	(p. 222
	be the race of your patient population at this site (approx):
% Not Hispanic or Latino 23. Please describ % American Indian or	e the race of your patient population at this site (approx):
% Not Hispanic or Latino	e the race of your patient population at this site (approx):
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian % Black or African-American	e the race of your patient population at this site (approx):
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian	e the race of your patient population at this site (approx):
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian % Black or African-American % Native Hawaiian or Other	e the race of your patient population at this site (approx):
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian % Black or African-American % Native Hawaiian or Other Pacific Islander % White	pe the race of your patient population at this site (approx): proximate percent of patients who are on Medicaid in this pract
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian % Black or African-American % Native Hawaiian or Other Pacific Islander % White	
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian % Black or African-American % Native Hawaiian or Other Pacific Islander % White 24. What is the app	
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian % Black or African-American % Native Hawaiian or Other Pacific Islander % White 24. What is the app	
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian % Black or African-American % Native Hawaiian or Other Pacific Islander % White 24. What is the app C 0-9% C 10-30%	
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian % Black or African-American % Native Hawaiian or Other Pacific Islander % White 24. What is the app C 0-9% C 10-30% C 31-50%	
% Not Hispanic or Latino 23. Please describ % American Indian or Alaska Native % Asian % Black or African-American % Native Hawaiian or Other Pacific Islander % White 24. What is the app 0 0-9% 0 10-30% 0 31-50% 0 51-70%	

25.	. What is the approxi	mate percent o	of patients w	ho are on Me	edicare in th	is practice?
0	0-9%					
0	10-30%					
0	31-50%					
0	51-70%					
0	71-90%					
0	91-100%					
0	Don't know					
26.	. What is the approxi	mate percent (of patients w	/ho are unins	sured in this	practice?
0		•	-			
0	10-30%					
0	31-50%					
0	51-70%					
0	71-90%					
0	91-100%					
0						
27.	Don't know '. How many patients actice? (Please use a		ly see in this	s practice se	tting during	a half day of
27. pra	'. How many patients actice? (Please use a	nn integer)			etting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			etting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			etting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			etting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			etting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			tting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			tting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			tting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			tting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			tting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			tting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			etting during	a half day of
27. pra 28.	. How many patients actice? (Please use a	nn integer)			etting during	a half day of

29. Please enter the following information for the clinical site you spend the next most time in: Name: Address: Address 2: City/Town: State:
Address: Address 2: City/Town: State: ZIP:
Address 2: City/Town: State: ZIP:
City/Town: State: ZIP:
State: ZIP:
ZIP:
Country:
30. What specialty do you primarily practice in this setting? Choose one.
General Family Medicine
General Internal Medicine
General Pediatrics
☐ OB/Gyn
☐ Psychiatry
☐ Geriatrics
☐ Dentistry
Other (please specify)
31. Which of the following best describes this practice setting (check all that apply)?
Community-based Health Center
☐ Private Practice
☐ Teaching program
☐ Hospital
☐ Emergency Medicine
☐ Urgent Care
☐ Military
Other (please specify)

MUA: Federally designated medically underserved area MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department		HPSA: Federally designated health professional shortage are	1
MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FCHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 3. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 4. How many patients do you typically see in this practice setting during a half day or cractice? (Please use an integer) 5. Are you providing patient care at any other sites?			•
CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 3. What percent of a full-time equivalent (FTE) are you working at this site (Full-time e100%; Each half day per week is generally considered 10%)? 4. How many patients do you typically see in this practice setting during a half day or practice? (Please use an integer) 5. Are you providing patient care at any other sites?	_		
RHC: Federally designated rural health clinic NHSC: National Health Service Corps HIS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 33. What percent of a full-time equivalent (FTE) are you working at this site (Full-time r100%; Each half day per week is generally considered 10%)? 44. How many patients do you typically see in this practice setting during a half day or practice? (Please use an integer) 55. Are you providing patient care at any other sites?			
NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify)			
IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 3. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 4. How many patients do you typically see in this practice setting during a half day of tractice? (Please use an integer) 5. Are you providing patient care at any other sites? C Yes	_		
FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 3. What percent of a full-time equivalent (FTE) are you working at this site (Full-time e100%; Each half day per week is generally considered 10%)? 4. How many patients do you typically see in this practice setting during a half day of practice? (Please use an integer) 5. Are you providing patient care at any other sites? 6. Yes	_		
State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 3. What percent of a full-time equivalent (FTE) are you working at this site (Full-time #100%; Each half day per week is generally considered 10%)? 4. How many patients do you typically see in this practice setting during a half day or practice? (Please use an integer) 5. Are you providing patient care at any other sites?		IHS: Indian Health Service site or tribal clinic	
State or Local Health Department None of the above Other underserved population (please specify) 3. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 4. How many patients do you typically see in this practice setting during a half day or practice? (Please use an integer) 5. Are you providing patient care at any other sites? Yes		FQHC: Federally Qualified Health Center	
Other underserved population (please specify) 3. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 4. How many patients do you typically see in this practice setting during a half day or practice? (Please use an integer) 5. Are you providing patient care at any other sites? C Yes		State qualified health center/clinic	
Other underserved population (please specify) 3. What percent of a full-time equivalent (FTE) are you working at this site (Full-time e100%; Each half day per week is generally considered 10%)? 4. How many patients do you typically see in this practice setting during a half day of tractice? (Please use an integer) 5. Are you providing patient care at any other sites? Yes		State or Local Health Department	
3. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 4. How many patients do you typically see in this practice setting during a half day oractice? (Please use an integer) 5. Are you providing patient care at any other sites? Yes			
2100%; Each half day per week is generally considered 10%)? 24. How many patients do you typically see in this practice setting during a half day of practice? (Please use an integer) 25. Are you providing patient care at any other sites? 26. Yes		None of the above	
C Yes	Other 33. \ =100	what percent of a full-time equivalent (0%; Each half day per week is general How many patients do you typically se	ly considered 10%)?
	33. \ :100	What percent of a full-time equivalent (0%; Each half day per week is general How many patients do you typically se	ly considered 10%)? e in this practice setting during a half day o
O NO	33. \ :100	What percent of a full-time equivalent (0%; Each half day per week is general How many patients do you typically se ctice? (Please use an integer) Are you providing patient care at any o	ly considered 10%)? e in this practice setting during a half day o
	3. \\1100	What percent of a full-time equivalent (0%; Each half day per week is general How many patients do you typically se ctice? (Please use an integer) Are you providing patient care at any o	ly considered 10%)? e in this practice setting during a half day o
	3. \\1100	What percent of a full-time equivalent (0%; Each half day per week is general How many patients do you typically se ctice? (Please use an integer) Are you providing patient care at any o	ly considered 10%)? e in this practice setting during a half day o
	3. \\ 100 4. I	What percent of a full-time equivalent (0%; Each half day per week is general How many patients do you typically se ctice? (Please use an integer) Are you providing patient care at any o	ly considered 10%)? e in this practice setting during a half day o

Additional Clinical Site #2		
36. Please enter th	ne following information for the clinical site you spend the next most time	
Name:		
Address:		
Address 2:		
City/Town: State:		
ZIP:		
Country:		
37. What specialty	y do you primarily practice in this setting? Choose one.	
General Family Medici	ine	
General Internal Medic	cine	
General Pediatrics		
OB/Gyn		
Psychiatry		
Geriatrics		
Dentistry		
Other (please specify)		
38. Which of the fo	ollowing best describes this practice setting (check all that apply)?	
Community-based Hea	ulth Center	
Private Practice		
Teaching program		
Hospital		
Emergency Medicine		
☐ Urgent Care		
Military		
Other (please specify)		

rea		
	s/practices? Check all that apply.	
	HPSA: Federally designated health professional shortage	area
	MUA: Federally designated medically underserved area	
	MHC: Federally designated migrant health center	
	CHC: Federally designated community health center	
	RHC: Federally designated rural health clinic	
	NHSC: National Health Service Corps	
	IHS: Indian Health Service site or tribal clinic	
	FQHC: Federally Qualified Health Center	
	State qualified health center/clinic	
	State or Local Health Department	
	None of the above	
Other	underserved population (please specify)	
=10(41. I	0%; Each half day per week is gener	t (FTE) are you working at this site (Full-timerally considered 10%)?
:10(1.	0%; Each half day per week is genei	rally considered 10%)?
:10(0%; Each half day per week is gener	rally considered 10%)? see in this practice setting during a half day
=100 11. I	O%; Each half day per week is generally setice? (Please use an integer) Are you providing patient care at any	rally considered 10%)? see in this practice setting during a half day

Additional Clinical Site #3		
43. Please enter	the following information for the clinical site you spend the next most time	
in:		
Name:		
Address:		
Address 2:		
City/Town:		
State:		
ZIP: Country:		
	Ity do you primarily practice in this setting? Choose one.	
General Family Med		
General Internal Me		
General Pediatrics		
OB/Gyn		
☐ Psychiatry		
Geriatrics		
Dentistry		
Other (please specify)		
45. Which of the	following best describes this practice setting (check all that apply)?	
Community-based F	Health Center	
Private Practice		
☐ Teaching program		
Hospital		
Emergency Medicin	ne	
☐ Urgent Care		
Military		
Other (please specify)		

MUA: Federally designated medically underserved area MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health center NHSC: National Health Service Corps HS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 7. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 8. How many patients do you typically see in this practice setting during a half day ractice? (Please use an integer) 9. Are you providing patient care at any other sites?	HPSA: Federally designated health professional shortage area MUA: Federally designated medically underserved area MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps HS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health Center/clinic State or Local Health Department None of the above Other underserved population (please specify) 7. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 8. How many patients do you typically see in this practice setting during a half day ractice? (Please use an integer) 9. Are you providing patient care at any other sites?	HPSA: Federally designated health professional shortage area MUA: Federally designated medically underserved area MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps HS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health Center/clinic State or Local Health Department None of the above Other underserved population (please specify) 7. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 8. How many patients do you typically see in this practice setting during a half day ractice? (Please use an integer) 9. Are you providing patient care at any other sites?		s/nractices? Check all that annly		
MUA: Federally designated medically underserved area MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 77. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 88. How many patients do you typically see in this practice setting during a half day practice? (Please use an integer) 99. Are you providing patient care at any other sites?	MUA: Federally designated medically underserved area MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 7. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 8. How many patients do you typically see in this practice setting during a half day ractice? (Please use an integer) 9. Are you providing patient care at any other sites?	MUA: Federally designated medically underserved area MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 77. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 88. How many patients do you typically see in this practice setting during a half day tractice? (Please use an integer) 99. Are you providing patient care at any other sites?	п.	is/practices: Offeck all that apply:		
MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 47. What percent of a full-time equivalent (FTE) are you working at this site (Full-time e100%; Each half day per week is generally considered 10%)? 18. How many patients do you typically see in this practice setting during a half day practice? (Please use an integer) 19. Are you providing patient care at any other sites?	MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 7. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 8. How many patients do you typically see in this practice setting during a half day ractice? (Please use an integer) 9. Are you providing patient care at any other sites?	MHC: Federally designated migrant health center CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) O		HPSA: Federally designated health professional shortag	ırea	
CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 77. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 88. How many patients do you typically see in this practice setting during a half day practice? (Please use an integer) 99. Are you providing patient care at any other sites?	CHC: Federally designated community health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FOHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 7. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 8. How many patients do you typically see in this practice setting during a half day ractice? (Please use an integer) 9. Are you providing patient care at any other sites?	CHC: Federally designated rural health center RHC: Federally designated rural health clinic NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 77. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 88. How many patients do you typically see in this practice setting during a half day tractice? (Please use an integer) 99. Are you providing patient care at any other sites?		MUA: Federally designated medically underserved area		
RHC: Federally designated rural health clinic NHSC: National Health Service Corps HS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 77. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 88. How many patients do you typically see in this practice setting during a half day practice? (Please use an integer) 99. Are you providing patient care at any other sites?	RHC: Federally designated rural health clinic NHSC: National Health Service Corps HS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 7. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 8. How many patients do you typically see in this practice setting during a half day ractice? (Please use an integer) 9. Are you providing patient care at any other sites?	RHC: Federally designated rural health clinic NHSC: National Health Service Corps HIS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 77. What percent of a full-time equivalent (FTE) are you working at this site (Full-time e100%; Each half day per week is generally considered 10%)? 88. How many patients do you typically see in this practice setting during a half day practice? (Please use an integer) 99. Are you providing patient care at any other sites?		MHC: Federally designated migrant health center		
NHSC: National Health Service Corps HS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 17. What percent of a full-time equivalent (FTE) are you working at this site (Full-time e-100%; Each half day per week is generally considered 10%)? 18. How many patients do you typically see in this practice setting during a half day practice? (Please use an integer) 19. Are you providing patient care at any other sites?	NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State or Local Health Department None of the above Other underserved population (please specify) 7. What percent of a full-time equivalent (FTE) are you working at this site (Full-time 100%; Each half day per week is generally considered 10%)? 8. How many patients do you typically see in this practice setting during a half day ractice? (Please use an integer) 9. Are you providing patient care at any other sites?	NHSC: National Health Service Corps IHS: Indian Health Service site or tribal clinic FQHC: Federally Qualified Health Center State qualified health center/clinic State of Local Health Department None of the above Other underserved population (please specify)		CHC: Federally designated community health center		
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			=100 48. I orac 49. <i>I</i>	0%; Each half day per week is generally How many patients do you typically stice? (Please use an integer) Are you providing patient care at a	ally considered 10%) see in this practice se	?

Patient Encounters

50. On average, how mai	ny face-to-face patient encounters de	o you have per week in each
of the following settings	? (Please use an integer for each)	

of the following s	ettings? (Plea	se use an in	teger for ea	ch)	
Office					
Hospital					
Nursing Home					
Home Visit					
Emergency Department					
Other (Specify setting and number)					

Non-Patient Care Time 51. Do you have time in your job reserved for non-patient care related activities (such as teaching, research or administration)? Yes ○ No 52. If yes, please indicate what percent FTE, regardless of location, you are working in each of the following areas: Teaching Research Administration Other (Please specify area and FTE) 53. Are you currently involved in community service related to your position as a health care provider in the community? Examples might include working with a free clinic, conducting health outreach, or working with a local health related agency. Yes O No 54. If yes, please describe how you are involved in community service related to your position as a health care provider in the community.

Non-Practicing	
55. If you are not practicing clinical medicine or dent	tistry, what are you currently doing?

Previous Employment
56. Have you held any other jobs since graduating from your primary care residency?YesNo

Previous Emplo	oyment
57. Please provid	de the following information for the most recent employment:
Specialty of Practice:	
Organization:	
City/Town:	
State:	<u> </u>
ZIP:	
Country:	
Start Date: (Month/Yr)	
End Date: (Month/Yr)	
58. How would y	ou classify this employer?
C Academic	
 Private Practice 	
C Community-based o	organization/non-profit
C Hospital - Non-Acade	emic
© Federal Government	
C State Government	
C City/County Governr	ment
C Unknown	
Other (please specify)	
59. Please provid	de the following information for the next most recent employment (if
applicable):	
Specialty of Practice:	
Organization:	
City/Town:	
State:	
ZIP:	
Country:	
Start Date: (Month/Yr)	
End Date: (Month/Yr)	

60. How would you classify this employer?	
○ Academic	
C Private Practice	
Community-based organization/non-profit	
O Hospital - Non-Academic	
C Federal Government	
State Government	
City/County Government	
○ Unknown	
Other (please specify)	
61. Please provide the following information for the next most recent employment (if	
applicable):	
Specialty of Practice:	
Organization:	
City/Town: State:	
State:	
Country:	
Start Date: (Month/Yr)	
End Date: (Month/Yr)	
62. How would you classify this employer?	
C Academic	
C Private Practice	
Community-based organization/non-profit	
C Hospital - Non-Academic	
C Federal Government	
C State Government	
City/County Government	
© Unknown	
Other (please specify)	

Loan Repayment
63. Have you participated in a loan repayment program since finishing your primary care residency?
C Yes
O No
64. If you have received any kind of loan repayment since completing your primary care residency program, please indicate the type of loan repayment program. Choose all that
apply.
☐ Department of Education's Public Service Loan Forgiveness (PSLF)
☐ National Health Service Corps Scholarship
☐ National Health Service Corps Loan Repayment
☐ Indian Health Service Corps
Armed Services (Navy, Army, Air Force)
Uniformed Service (CDC, HHS)
State loan forgiveness program
Hospital program (e.g. sign-on bonus)
Other (please specify)

Contact Information			
65. Please provide any updates in your contact information for your residency program:			
Name:			
Address:			
Address 2:			
City/Town:			
State:	•		
ZIP:			
Country:			
Email Address:]	
Phone Number:			
		_	

Comments
Thank you for completing this survey. Please provide any additional comments either in regard to the survey or to your residency program in the space below. 66. Comments
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