Professional & Site Information

*required fields

Please verify the following information is correct for the time period from 06/19/2018 to 07/26/2018.

PROFESSIONAL INFORMATION

Is your professional information correct? *

Discipline Specialty Status Allopathic Physician Pediatrics Half Time

SITE INFORMATION

Name	Address	Hours Per Week
Salud Para La Gente	204 East Beach Street, Watsonville, Santa Cruz, CA 95076-4809	2.00
Salud Para La Gente - Del Valle Del Pajaro	45 Nielson Street, Watsonville, Santa Cruz, CA 95076-2468	34.00

Yes No For this entire verification period, did you work at the site(s) ○ Yes ○ No listed above? *

Do you or will you personally provide some form of telehealth in your clinical practice?	
O Yes	

When providing telehealth:

Telehealth Services

- O I am the clinician at the originating site whose patient is receiving the consult/care
- I am the clinician at the distant site providing the consult/care
- I don't know

@ I don't know

Other

⊚ No

What telehealth technologies did you use? (Select all that apply)

- Real-time telehealth (e.g., video conference)
- O Store-and-forward telehealth (e.g., secure email with photos or videos of patient examinations)
- Remote patient monitoring
- Mobile Health (mHealth)

What percentage of your clinical practice is/will be spent providing telehealth services?

- < 10% × 10%
- @ 10-24%
- @ 25-49%
- @ 50%>
- O I don't know

CONTINUE