

# I. Physician Survey

Are you retired?  Yes  No

**1. ACTIVITIES IN MEDICINE (Mandatory)**

Fill in one circle on each line.

Hours	None	1-9	10-19	20-29	30-39	40+
Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. PRACTICE LOCATIONS (Mandatory)**

If you have hours for Patient Care, enter the primary and secondary practice location(s).

Primary practice location (U.S. Only)      Secondary practice location (CA Only)

Zip Code	County	Zip Code	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CODES (CA County /**

01 Alameda	16 Kings	31 Placer	46 Sierra
02 Alpine	17 Lake	32 Plumas	47 Siskiyou
03 Amador	18 Lassen	33 Riverside	48 Solano
04 Butte	19 Los Angeles	34 Sacramento	49 Sonoma
05 Calaveras	20 Madera	35 San Benito	50 Stanislaus
06 Colusa	21 Marin	36 San Bernardino	51 Sutter
07 Contra Costa	22 Mariposa	37 San Diego	52 Tehama
08 Del Norte	23 Mendocino	38 San Francisco	53 Trinity
09 El Dorado	24 Merced	39 San Joaquin	54 Tulare
10 Fresno	25 Modoc	40 San Luis Obispo	55 Tuolumne
11 Glenn	26 Mono	41 San Mateo	56 Ventura
12 Humboldt	27 Monterey	42 Santa Barbara	57 Yolo
13 Imperial	28 Napa	43 Santa Clara	58 Yuba
14 Inyo	29 Nevada	44 Santa Cruz	
15 Kern	30 Orange	45 Shasta	98 Out of State

**3. CURRENT TRAINING STATUS (Mandatory)**

Residency

Fellow

Not in Training

**4a. AREAS OF PRACTICE (Mandatory)**

Please mark one primary (P) practice area and all secondary (S) practice areas.

<input type="radio"/> P <input type="radio"/> S	<input type="radio"/> P <input type="radio"/> S	<input type="radio"/> P <input type="radio"/> S
<input type="radio"/> Aerospace Medicine	<input type="radio"/> Infectious Disease	<input type="radio"/> Physical Medicine and Rehabilitation
<input type="radio"/> Allergy and Immunology	<input type="radio"/> Internal Medicine	<input type="radio"/> Plastic Surgery
<input type="radio"/> Anesthesiology	<input type="radio"/> Medical Genetics	<input type="radio"/> Psychiatry
<input type="radio"/> Cardiology	<input type="radio"/> Neonatal-Perinatal Medicine	<input type="radio"/> Psychosomatic Medicine
<input type="radio"/> Colon and Rectal Surgery	<input type="radio"/> Nephrology	<input type="radio"/> Public Health and General Preventive Medicine
<input type="radio"/> Complementary & Alternative Medicine	<input type="radio"/> Neurodevelopmental Disabilities	<input type="radio"/> Pulmonary
<input type="radio"/> Cosmetic Surgery	<input type="radio"/> Neurological Surgery	<input type="radio"/> Radiation Oncology
<input type="radio"/> Critical Care	<input type="radio"/> Neurology with Special Qualification in Child Neurology	<input type="radio"/> Radiologic Physics
<input type="radio"/> Dermatology	<input type="radio"/> Neurology	<input type="radio"/> Radiology
<input type="radio"/> Emergency Medicine	<input type="radio"/> Nuclear Medicine	<input type="radio"/> Rheumatology
<input type="radio"/> Endocrinology	<input type="radio"/> Obstetrics and Gynecology	<input type="radio"/> Sleep Medicine
<input type="radio"/> Epilepsy	<input type="radio"/> Occupational Medicine	<input type="radio"/> Spine Surgery
<input type="radio"/> Facial, Plastic & Reconstructive Surgery	<input type="radio"/> Oncology	<input type="radio"/> Sports Medicine
<input type="radio"/> Family Medicine	<input type="radio"/> Ophthalmology	<input type="radio"/> Surgical Oncology
<input type="radio"/> Gastroenterology	<input type="radio"/> Orthopedic Surgery	<input type="radio"/> Thoracic Surgery
<input type="radio"/> General Practice	<input type="radio"/> Otolaryngology	<input type="radio"/> Urology
<input type="radio"/> General Surgery	<input type="radio"/> Pain Medicine	<input type="radio"/> Vascular Surgery
<input type="radio"/> Geriatric Medicine	<input type="radio"/> Pathology	
<input type="radio"/> Hematology	<input type="radio"/> Pediatrics	<input type="radio"/> Other – Not Listed

**4b. BOARD CERTIFICATIONS (Mandatory)**

Please mark any Board Certifications that you may have. If you have no current certifications, mark here:  None

<input type="radio"/> American Board of Allergy and Immunology	<input type="radio"/> American Board of Anesthesiology	<input type="radio"/> Pediatric Anesthesiology
<input type="radio"/> Allergy and Immunology	<input type="radio"/> Anesthesiology	<input type="radio"/> Sleep Medicine
	<input type="radio"/> Critical Care Medicine	
	<input type="radio"/> Hospice and Palliative Medicine	
	<input type="radio"/> Pain Medicine	

(Continued on reverse side.)

**American Board of Colon and Rectal Surgery**

- Colon and Rectal Surgery

**American Board of Dermatology**

- Dermatology
- Clinical and Laboratory Dermatological Immunology
- Dermatopathology
- Pediatric Dermatology

**American Board of Emergency Medicine**

- Emergency Medicine
- Critical Care Medicine
- Emergency Medical Services
- Hospice and Palliative Medicine
- Medical Toxicology
- Pediatric Emergency Medicine
- Sports Medicine
- Undersea and Hyperbaric Medicine

**American Board of Facial Plastic & Reconstructive Surgery**

- Facial Plastic & Reconstructive Surgery

**American Board of Family Medicine**

- Family Medicine
- Adolescent Medicine
- Geriatric Medicine
- Hospice and Palliative Medicine
- Sleep Medicine
- Sports Medicine

**American Board of Internal Medicine**

- Internal Medicine
- Adolescent Medicine
- Advanced Heart Failure and Transplant Cardiology
- Cardiovascular Disease
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Endocrinology, Diabetes and Metabolism
- Gastroenterology
- Geriatric Medicine
- Hematology
- Hospice and Palliative Medicine
- Infectious Disease
- Interventional Cardiology
- Medical Oncology
- Nephrology
- Pulmonary Disease
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Transplant Hepatology

**American Board of Medical Genetics**

- Clinical Biochemical Genetics

- Clinical Cytogenetics
- Clinical Genetics (MD)
- Clinical Molecular Genetics
- Medical Biochemical Genetics
- Molecular Genetic Pathology

**American Board of Neurological Surgery**

- Neurological Surgery

**American Board of Nuclear Medicine**

- Nuclear Medicine

**American Board of Obstetrics and Gynecology**

- Obstetrics and Gynecology
- Critical Care Medicine
- Female Pelvic Medicine and Reconstructive Surgery
- Gynecologic Oncology
- Hospice and Palliative Medicine
- Maternal and Fetal Medicine
- Reproductive Endocrinology/Infertility

**American Board of Ophthalmology**

- Ophthalmology

**American Board of Orthopaedic Surgery**

- Orthopaedic Surgery
- Orthopaedic Sports Medicine
- Surgery of the Hand

**American Board of Otolaryngology**

- Otolaryngology
- Neurotology
- Pediatric Otolaryngology
- Plastic Surgery Within Head/Neck
- Sleep Medicine

**American Board of Pain Medicine**

- Pain Medicine

**American Board of Pathology**

- Pathology – Anatomic/Pathology-Clinical
- Pathology – Anatomic
- Pathology – Clinical
- Blood Banking/Transfusion Medicine
- Clinical Informatics
- Cytopathology
- Dermatopathology
- Neuropathology
- Pathology – Chemical
- Pathology – Forensic
- Pathology – Hematology
- Pathology – Medical Microbiology
- Pathology – Molecular Genetic
- Pathology – Pediatric

**American Board of Pediatrics**

- Pediatrics
- Adolescent Medicine
- Child Abuse Pediatrics
- Developmental-Behavioral Pediatrics
- Hospice and Palliative Medicine
- Medical Toxicology
- Neonatal-Perinatal Medicine
- Neurodevelopmental Disabilities
- Pediatric Cardiology
- Pediatric Critical Care Medicine
- Pediatric Emergency Medicine
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Hematology-Oncology
- Pediatric Infectious Diseases
- Pediatric Nephrology
- Pediatric Pulmonology
- Pediatric Rheumatology
- Pediatric Transplant Hepatology
- Sleep Medicine
- Sports Medicine

**American Board of Physical Medicine and Rehabilitation**

- Physical Medicine and Rehabilitation
- Brain Injury Medicine
- Hospice and Palliative Medicine
- Neuromuscular Medicine
- Pain Medicine
- Pediatric Rehabilitation Medicine
- Spinal Cord Injury Medicine
- Sports Medicine

**American Board of Plastic Surgery**

- Plastic Surgery
- Plastic Surgery Within Head/Neck
- Surgery of the Hand

**American Board of Preventive Medicine**

- Aerospace Medicine
- Occupational Medicine
- Public Health and General Preventive Medicine
- Clinical Informatics
- Medical Toxicology
- Undersea and Hyperbaric Medicine

**American Board of Psychiatry and Neurology**

- Psychiatry
- Neurology
- Neurology with Special Qualification in Child Neurology
- Addiction Psychiatry
- Brain Injury Medicine
- Child and Adolescent Psychiatry
- Clinical Neurophysiology
- Epilepsy

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Forensic Psychiatry             | <input type="checkbox"/> Nuclear Radiology                     | <input type="checkbox"/> Hospice and Palliative Medicine                   |
| <input type="checkbox"/> Geriatric Psychiatry            | <input type="checkbox"/> Pediatric Radiology                   | <input type="checkbox"/> Pediatric Surgery                                 |
| <input type="checkbox"/> Hospice and Palliative Medicine | <input type="checkbox"/> Vascular and Interventional Radiology | <input type="checkbox"/> Surgery of the Hand                               |
| <input type="checkbox"/> Neurodevelopmental Disabilities |  | <input type="checkbox"/> Surgical Critical Care                            |
| <input type="checkbox"/> Neuromuscular Medicine          |  |  |
| <input type="checkbox"/> Pain Medicine                   | American Board of Sleep Medicine                               | American Board of Thoracic Surgery   |
| <input type="checkbox"/> Psychosomatic Medicine          | <input type="checkbox"/> Sleep Medicine                        | <input type="checkbox"/> Thoracic and Cardiac Surgery                      |
| <input type="checkbox"/> Sleep Medicine                  |  | <input type="checkbox"/> Congenital Cardiac Surgery                        |
| <input type="checkbox"/> Vascular Neurology              | American Board of Spine Surgery                                |  |
|  | <input type="checkbox"/> Spine Surgery                         | American Board of Urology  |
| American Board of Radiology                              |  | <input type="checkbox"/> Urology   |
| <input type="checkbox"/> Diagnostic Radiology            | American Board of Surgery                                      | <input type="checkbox"/> Female Pelvic Medicine and Reconstructive Surgery |
| <input type="checkbox"/> Radiation Oncology              | <input type="checkbox"/> Surgery                               | <input type="checkbox"/> Pediatric Urology                                 |
| <input type="checkbox"/> Medical Physics                 | <input type="checkbox"/> Vascular Surgery                      |  |
| <input type="checkbox"/> Hospice and Palliative Medicine | <input type="checkbox"/> Complex General Surgical Oncology     |  |
| <input type="checkbox"/> Neuroradiology                  |  |  |

5. POSTGRADUATE TRAINING *Years completed.*       1    2    3    4    5    6    7    8    9+

6. CULTURAL BACKGROUND

*Select one or more that best describe your cultural background.*

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> African          | <input type="checkbox"/> Fijian        | <input type="checkbox"/> Mexican                | <input type="checkbox"/> South American     |
| <input type="checkbox"/> African American | <input type="checkbox"/> Filipino      | <input type="checkbox"/> Middle Eastern         | <input type="checkbox"/> Taiwanese          |
| <input type="checkbox"/> Alaskan Native   | <input type="checkbox"/> Guamanian     | <input type="checkbox"/> Native American        | <input type="checkbox"/> Thai               |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Hawaiian      | <input type="checkbox"/> Other Asian            | <input type="checkbox"/> Tongan             |
| <input type="checkbox"/> Black            | <input type="checkbox"/> Indian        | <input type="checkbox"/> Other Hispanic         | <input type="checkbox"/> Vietnamese         |
| <input type="checkbox"/> Cambodian        | <input type="checkbox"/> Indonesian    | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White              |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Japanese      | <input type="checkbox"/> Pakistani              |   |
| <input type="checkbox"/> Chinese          | <input type="checkbox"/> Korean        | <input type="checkbox"/> Puerto Rican           | <input type="checkbox"/> Other (not listed) |
| <input type="checkbox"/> Cuban            | <input type="checkbox"/> Laotian/Hmong | <input type="checkbox"/> Samoan                 |   |
| <input type="checkbox"/> European         | <input type="checkbox"/> Malaysian     | <input type="checkbox"/> Singaporean            | <input type="checkbox"/> Decline to State   |

7. FOREIGN LANGUAGE PROFICIENCY

*In addition to English, indicate additional languages in which you are proficient.*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> African Languages      | <input type="checkbox"/> Hebrew                | <input type="checkbox"/> Panjabi (Punjabi)      | <input type="checkbox"/> Ukrainian           |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hindi                 | <input type="checkbox"/> Persian (Farsi)        | <input type="checkbox"/> Urdu                |
| <input type="checkbox"/> Amharic                | <input type="checkbox"/> Hmong                 | <input type="checkbox"/> Polish                 | <input type="checkbox"/> Vietnamese          |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Hungarian             | <input type="checkbox"/> Portuguese             | <input type="checkbox"/> Xiang Chinese       |
| <input type="checkbox"/> Armenian               | <input type="checkbox"/> Ilocano               | <input type="checkbox"/> Russian                | <input type="checkbox"/> Yiddish             |
| <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Indonesian            | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Yoruba              |
| <input type="checkbox"/> Croatian               | <input type="checkbox"/> Italian               | <input type="checkbox"/> Scandinavian Languages |  |
| <input type="checkbox"/> Fijian                 | <input type="checkbox"/> Japanese              | <input type="checkbox"/> Serbian                | <input type="checkbox"/> Other Chinese       |
| <input type="checkbox"/> Formosan (Amis)        | <input type="checkbox"/> Korean                | <input type="checkbox"/> Spanish                | <input type="checkbox"/> Other Non-English   |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Lao                   | <input type="checkbox"/> Swahili                | <input type="checkbox"/> Other Sign Language |
| <input type="checkbox"/> French Creole          | <input type="checkbox"/> Mandarin              | <input type="checkbox"/> Tagalog                | <input type="checkbox"/> Other (not listed)  |
| <input type="checkbox"/> German                 | <input type="checkbox"/> Mien                  | <input type="checkbox"/> Telugu                 |  |
| <input type="checkbox"/> Greek                  | <input type="checkbox"/> Mon-Khmer (Cambodian) | <input type="checkbox"/> Thai                   | <input type="checkbox"/> Decline to state    |
| <input type="checkbox"/> Gujarati               | <input type="checkbox"/> Navajo                | <input type="checkbox"/> Tonga                  | <input type="checkbox"/> None                |
|   |  | <input type="checkbox"/> Turkish                |  |

8. WEB SITE PROFILE

*Do you want the following information included in your physician profile on the Medical Board's Web site?*

Cultural Background    Yes    NO      Foreign Language Proficiency    Yes    NO      Gender    Yes    No

9. E-MAIL ADDRESS

*WILL NOT BE RELEASED TO THE PUBLIC. Please print e-mail address below.*