

[INSERT PVL BANNER]

The following questions ask for essential information needed by the University of Hawaii John A. Burns School of Medicine to help Hawaii better understand and address the need for physicians. Answering these questions is not required for license renewal but your assistance and cooperation is greatly appreciated. Your individual responses will be strictly confidential. For inquiries, please contact Dr. Kelley Withy, at the John A. Burns School of Medicine: 808-692-1070 or [withy@hawaii.edu](mailto:withy@hawaii.edu).

1. Do you provide direct healthcare services to individual patients in Hawaii?  
(if you are completely administrative or non-clinical please answer "No")

Yes  No

If "NO", SKIP remaining questions 2 through 11 and  
Go to bottom of page and click "NEXT"

2. Do you primarily serve a military or military dependent population?

Yes  No

3. Are you currently in training (internship, residency or fellowship)?

Yes  No

4. Do you travel to a neighbor island to provide patient care there part time?

Yes  No

5. What specialty/specialties do you practice and how many hours a week on average for each?

Specialty	Average Hours/Week
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. How many hours a week do you provide telehealth care to Hawaii patients?

7. Please tell us about your primary practice environment:

Primary Address (Office or Hospital):

City:  State:  Zip Code:  Phone:

Email(s):

How many hours per week do you see patients at this address?

8. Is a majority of your income a result of being employed by a medical group, hospital, school (faculty) or other entity?

Yes  No  Name of entity:

9. What is the size of your practice group (how many partners do you have including yourself)?

1-2  3-5  6-10  11 or more

10. If you have more than one practice, please provide information for your second address:

Second Address (Office or Hospital):

City:  State:  Zip Code:  Phone:

How many hours per week do you see patients at this address?

Do you have more than two practice locations in Hawaii? Yes  No

11. Do you have any other comment/ideas/input on the physician workforce in Hawaii? Feel free to contact Dr. Kelley Withy at [withy@hawaii.edu](mailto:withy@hawaii.edu) if you have additional questions/ideas/suggestions: