

# Vermont Physician Assistant Census 2018

## Identification

- 1) First Name\* \_\_\_\_\_
- 2) Middle Name (if any) \_\_\_\_\_
- 3) Last Name\* \_\_\_\_\_
- 4) Vermont Physician Assistant, Anesthesiologist, or Radiologist Assistant License Number\* \_\_\_\_\_

## Demographics

- 5) Date of birth (M/D/YYYY)\* \_\_\_\_\_
- 6) Gender  Male  Female  Other
- 7) How would you classify your race (check all that apply):
- American Indian or Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian or other Pacific Islander
- Prefer not to answer
- Other - please specify: \_\_\_\_\_\*

8) Are you Hispanic, Latino/a, or of Spanish origin?

- Yes  No  Prefer not to answer

## Training

9) Which of the following describes the degree or certificate you were awarded upon completion of your physician, anesthesiologist, or radiologist assistant training?

- Certificate / Diploma
- Associate degree
- Bachelor's degree
- Master's degree
- Other (specify): \_\_\_\_\_\*

10) Please enter the two letter code for the state where you completed your Physician Assistant (PA)/ Anesthesiologist Assistant (AA)/ Radiologist Assistant (RA) education: (Use 2-letter abbreviations for states; CC for Canada, XX for other foreign countries) \_\_\_\_\_

11) Are you certified by the National Commission on Certification of Physician Assistants (NCCPA)?  Yes  No

12) Have you completed Physician Assistant/AA/RA post-graduate training?  Yes  No

13) Have you completed specialty certification?  Yes  No

14) In what year did you start practicing (anywhere) as a Physician Assistant/AA/RA? (if never, leave blank) \_\_\_\_\_

**15) Please check all of the boxes that describe your work as a Physician Assistant/AA/RA:\***

- Working IN VERMONT as a PA/AA/RA  
 Working OUTSIDE Vermont as a PA/AA/RA  
 Working in a position that does not require a PA license  
 Not currently working  
 Retired
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**[if not working in Vermont]**

**17) Do you plan to start (or resume) work and/or clinical practice in Vermont within the next 12 months?**     Yes     No

[skip to “final comments” page]

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**Active in Clinical Practice**

**18) In what year did you start practicing as a Physician Assistant in Vermont? (if never, leave blank)** \_\_\_\_\_

**19) Do you have a (personal) NPI?**     Yes     No

**[if yes:] Please enter your (personal) NPI:** \_\_\_\_\_

**20) Do you plan to retire, or stop practicing in Vermont within the next 12 months?**     Yes     No

**21) Do you plan to reduce your patient care hours in Vermont within the next 12 months?**

Yes     No

The following questions are about your direct patient care practice sites **over the previous year**. If you have more than one location in Vermont where you practice, please enter the information on a separate page for each location. This page is for the first (principal) site. Additional pages will appear later as needed. If practicing in two settings within the same town, enter as separate "sites".

**Practice Site 1 (your principal clinical practice site):**

**22) Vermont town name (not a mailing address):\***

\_\_\_\_\_

**23) ZIP code of practice location (not a mailing address):\***

\_\_\_\_\_

**24) Phone number of this practice location (the public access number):\*** \_\_\_\_\_

**25) Practice name:** \_\_\_\_\_

**26) Street Address:** \_\_\_\_\_

**27) Who owns this practice?**

- Privately owned - single site  
 Privately owned - multiple sites  
 Academic hospital owned  
 Other hospital owned  
 FQHC  
 Other - please specify:

\_\_\_\_\_\*

**28) Choose the ONE description that best fits your practice setting at this site:\***

- Office-based solo physician practice
- Office-based single-specialty physician group
- Office-based multi-specialty physician group
- Hospital inpatient department
- Hospital outpatient department
- Hospital BOTH inpatient and outpatient departments
- Hospital emergency department
- Urgent care / walk in
- Federal or community health center
- Community mental health center / clinic / agency
- Substance abuse / addiction clinic
- Clinic serving students in a school or college
- Telemedicine
- Other - please specify: \_\_\_\_\_\*

**The following questions are about direct patient care:**

**29) Enter the number of weeks per year during which you provide any direct patient care here: (48 weeks per year is considered "year-round".)\* \_\_\_\_\_**

**30) Main specialty you practice here: [2-stage dropdown list]**

**31) If you selected "not listed specialty", please explain:**

\_\_\_\_\_

**32) Hours per working week in direct patient care in main specialty here: (Direct patient care includes diagnosis, treatment and clinical reporting.)\* \_\_\_\_\_**

**33) Secondary specialty you practice here, if any: [2-stage dropdown list]**

**34) If you selected "not listed specialty", please explain:**

\_\_\_\_\_

**35) Hours per working week here in direct patient care in secondary specialty, if any: \_\_\_\_\_**

**36) Tertiary specialty you practice here, if any: [2-stage dropdown list]**

**37) Hours per working week in direct patient care in tertiary specialty, if any \_\_\_\_\_**

**38) Are you required to hold hospital privileges at this site?**

Yes  No

**39) Do you admit your own patients at this site or are patients admitted through your attending physician?**

- Admit own patients
- Patients are admitted through attending physician
- Don't know

**40) Please answer each of the following questions about *your work at this site* providing direct patient care:**

	Yes	No	N/A
I will accept new patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in Medicaid here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will accept new Medicaid patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in Medicare here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will accept new Medicare patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**41) Do you work as a locum tenens Physician Assistant/AA/RA with a contract term of less than 12 months at this site? (A locum tenens is an employee contracted through a staffing firm or is a self-employed contractor)**

Yes  No  Don't Know

**[if yes:] Have you worked here on a locum tenens basis for more than a year?  Yes  No**

**42) Does your work site accept Physician Assistant/AA/RA students?  Yes  No**

**43) The following questions are about hours worked per week at this site in activities *other than* direct patient care:**

	Hours per working week
Administration	
Teaching	
Research	
Quality improvement or patient safety activities	
Other activities	

**Please describe these other activities, if any:**

\_\_\_\_\_

**44) If there is anything else you want to tell us about your practice at this site please enter it here:**

\_\_\_\_\_

**45) Do you have a second practice site in Vermont?\***

yes  no

[if yes]

**Practice Site 2:**

[same questions as for first site]

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**68) Do you have a third practice site in Vermont?\***

yes  no

[if yes]

**Practice Site 3:**

[same questions as for first site]

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**90) Do you have more than three practice sites in Vermont?**

yes  no

[if yes:] **91) Please describe your work at additional sites beyond the three you entered above, briefly, including locations, specialties and hours:**

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**Final comments**

**92) Thank you. If there is anything else you want to tell us about your practice, or this census, please enter it here:**

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