Welcome!

Thank you for taking the time to complete this survey. After completion of the survey, you will be able to continue with your renewal of your NP registration on the New York State Education Department website.

* 1. Please provide your email address:

Email Address

* 2. Date completing survey:

Date MM / DD / YYYY

* 3. New York State RN License Number:

RN License #:
(22-**XXXXXX**-1)
Enter only 6-digit number between dashes

* 4. New York State NP Certification Number:

NP Cert. #:
(30-**XXXXXX**-1)
Enter only 6-digit number between dashes

* 5. Year of Birth:

Year (**XXXX**)

6. Gender:

- Male
- Female

7. National Provider Identifier (NPI) Number:
If you do not have a NPI Number please leave this question blank.

NPI # (**XXXXXXXXXX**)

* 8. Race: (Mark all that apply.)

- [ ] African American / Black
- [ ] American Indian / Alaska Native
- [ ] Asian / Pacific Islander
- [ ] White
- [ ] Other

* 9. Ethnicity: Are you Hispanic / Latino?

- ( ) Yes
- ( ) No

* 10. What educational program(s) did you complete for your NP preparation? (Mark all that apply.)

- [ ] Certificate Program (no Master's Degree)
- [ ] Master's Degree
- [ ] Post Master's Certificate
- [ ] Doctor or Nursing Practice Degree
- [ ] Other (please specify)

* 11. Location of Education:

	Location of High School from which you graduated?	Location of first RN school from which you graduated?	Location of first NP education program from which you graduated?
Please select location for each			

* 12. What was the year of graduation from your first NP education program?

(**XXXX**)

* 13. For which NP specialties are you certified in New York State? (Mark all that apply.)

- [ ] Acute Care
- [ ] Adult Health
- [ ] College Health
- [ ] Community Health
- [ ] Family Health
- [ ] Gerontology
- [ ] Holistic Medicine
- [ ] Neonatology
- [ ] Obstetrics/Gynecology
- [ ] Oncology
- [ ] Palliative Care
- [ ] Pediatrics
- [ ] Perinatology
- [ ] Psychiatry
- [ ] School Health
- [ ] Women's Health

* 14. What best describes your current work status? (Mark all that apply.)

- [ ] Working in at least one position that requires NP certification
- [ ] Working in a position that only requires RN licensure, but not NP certification
- [ ] Working, but neither as a RN nor NP
- [ ] Volunteering in a position requiring NP certification
- [ ] Not currently working
- [ ] Retired

* 15. For all NP positions held, indicate the average number of hours currently spent per week on each major activity. (Exclude overtime.)

	None	1 - 9	10 - 19	20 - 29	30 - 39	40 - 49	50+
Primary care*	○	○	○	○	○	○	○
Other patient care	○	○	○	○	○	○	○
Research	○	○	○	○	○	○	○
Teaching	○	○	○	○	○	○	○
Administration	○	○	○	○	○	○	○
Other	○	○	○	○	○	○	○

** Primary care is defined as first contact and continuing care, including basic or initial diagnosis and treatment, health supervision, management of chronic conditions, preventative health services and appropriate referral(s).*

* 16. Do spend any of your work time providing patient care services?

- ○ Yes
- ○ No

* 17. NP Patient Care: Practice Locations

Location of site(s) where you spend the most time providing patient care. Print the address(es) of your practice location(s) including the zip code. Also, indicate the average number of patient care hours per week you spend at each practice location.

Principal Location

Number and Street:

City/Town:

State:

Zip Code:

Average Patient Care Hours Per Week (XX):

Secondary Location

Number and Street:

City/Town:

State:

Zip Code:

Average Patient Care Hours Per Week (XX):

* 18. Which best describes your principal and, as applicable, secondary work setting(s)?

	Principal	Secondary
Health center, clinic, or hospital outpatient	○	○
Hospice	○	○
Hospital Inpatient/ Emergency Room	○	○
Independent NP practice	○	○
Nursing home/long-term care	○	○
Physician practice	○	○
State/County public health department	○	○
Urgent care center	○	○
Other (specify below)	○	○

Other

* 19. If you work in a physician practice or independent NP practice (principal or secondary work setting), indicate the specialty(ies) of practice(s). (Mark all that apply.)

	Principal	Secondary
Allergy and Immunology	○	○
Dermatology	○	○
Family Medicine	○	○
General Practice	○	○
Internal Medicine (General)	○	○
Cardiovascular	○	○
Endocronology, Diabetes and Metabolism	○	○
Geriatrics	○	○
Infectious Disease	○	○
Medical Oncology	○	○
Other Internal Medicine Subspecialty	○	○
Obstetrics/Gynecology	○	○
Occupational Medicine	○	○
Otolaryngology	○	○
Pediatrics (General)	○	○
Pediatric Subspecialty	○	○
Psychiatry	○	○
Surgery (General)	○	○
Surgical Subspecialty	○	○
Other (specify below)	○	○

Other

* 20. In the next 12 months, do you plan to: (Mark all that apply.)

- [ ] Retire from patient care?
- [ ] Significantly reduce patient care hours?
- [ ] Move to another location in NY and continue practicing?
- [ ] Move to another state and continue practicing?
- [ ] None of the above.

* 21. Do you have more than 3,600 hours of experience practicing as a licensed or certified nurse practitioner in New York State or another state or working as a nurse practitioner for the United States veteran administration, the United States armed forces or the United States public health service?

- ( ) Yes
- ( ) No

* 22. If you have more than 3,600 hours of nurse practitioner practice experience, which best describes how you practice? (choose one)

- ( ) You practice and have collaborative relationships with one or more New York State licensed physicians qualified to collaborate in the specialty involved or with a New York State Department of Health licensed hospital that provides services through licensed physicians qualified to collaborate in the specialty involved and having privileges at such institution. A collaborative relationship means that you communicate, as required by State Education Department ("SED") regulation, with the qualified physician for the purposes of exchanging information, as needed, in order to provide comprehensive patient care and to make referrals as necessary.
- ( ) You practice pursuant to written practice protocols and a written practice agreement with a collaborating physician.