

Vermont Pharmacist Census – 2017

Demographics

- 1) Vermont License Number: _____
- 2) First Name: _____
- 3) Middle Name: _____
- 4) Last Name: _____

- 5) Birth date: MM/DD/YYYY _____
- 6) Gender: Male Female Other

- 7) Are you Hispanic, Latino/a, or of Spanish origin? (check all that apply)
 - No
 - Yes, Mexican, Mexican American, Chicano/a
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, another Hispanic, Latino/a, or of Spanish origin
 - Prefer not to answer

- 8) Race (select all that apply)
 - American Indian or Alaska Native
 - Asian or Asian American
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other (please specify): _____
 - Prefer not to answer

Education & Training

- 9) Where did you graduate from high school or complete your GED? (State code, or XX for foreign country)

- 10) Which of the following educational experiences have you completed? (Please select all that apply.)
 - Bachelor of Pharmacy
 - PharmD
 - PhD
 - Masters (MS, MBA, MA, MPH)
 - Residency
 - Fellowship
 - BPS Certification Program
 - Other Certification Program
 - Other (Please specify) _____

- 11) Where did you complete your highest earned degree related to this license?
State (postal abbreviation) _____
- 12) If completed outside the U.S. or Canada, please specify country: _____

License & Practice

13) In what year did you obtain your first Pharmacy license? _____

14) In what state(s) (other than Vermont) do you hold an active license?

15) What is your employment status? (select all that apply)

- Practicing IN VERMONT in a position that requires a pharmacist license
- Practicing outside VT in a position that requires a pharmacist license
- Working in a position that does not require a pharmacist license
- Not currently working
- Retired

If not working in Vermont as a pharmacist:

- 16) Do you plan to start (or resume) working as a pharmacist in Vermont within the next 12 months?
() yes
() no

If not practicing in Vermont, stop survey here.

17) In what year did you first practice in Vermont as a Pharmacist? _____

18) What are your plans for the next 12 months regarding your work as a pharmacist in Vermont?

- Increase hours
- Decrease hours
- Continue as you are
- Retire
- Unknown

19) Are you able to provide pharmacy services to clients/patients in a language other than English?

O No O Yes – in which language: _____

20) Do you have a National Provider Identification (NPI) number?

- No
- Yes (please specify) _____

Please answer the following questions regarding your primary Vermont practice site:

- 21) **Vermont town** within which this practice site is located: _____
- 22) **Practice Name:** _____
- 23) **Street address** of practice site (not a mailing address): _____
- 24) **ZIP Code** of the practice site location: _____
- 25) **Public phone number** of the practice site location: _____
- 26) Which best describes the type of **setting** that most closely corresponds to this practice location(s): (select one)
- Independent Community Pharmacy (1-3 stores under same ownership)
 - Small Chain Community Pharmacy (4-9 stores under same ownership)
 - Large Chain Community Pharmacy (10+ stores under same ownership)
 - Mass Merchandiser (Big Box store)
 - Supermarket Pharmacy
 - Clinic-Based Pharmacy
 - Hospital
 - Nursing Home/Long Term Care
 - Compounding Pharmacy
 - Other (please specify) _____
- 27) During **how many weeks** in a year do you work at this site as a Pharmacist?
(48 weeks is considered "year round") _____
- 28) Please indicate the average **number of hours** you work at this site per working week: _____
- 29) Which of the following best describes your current employment arrangement at this practice location?
- Owner or co-owner
 - Salaried employee
 - Hourly employee
 - Relief pharmacist
 - Other (please specify) _____
- 30) Do you have a second practice site in Vermont?
O Yes O No

If no, stop survey here.

If yes, the same questions as above will be asked for up to four practice sites.