

The following questions will be on the Physician Assistant renewal opening Jan 10.

Since your last renewal (or initial licensure if this is your first renewal), do you have any pending charges, convictions* and/or have you violated any federal or state laws, or any local ordinances (for ordinance violations you do not need to include minor traffic violations that do not involve alcohol or drugs, such as speeding or seat belt violations)?

*Expunged convictions must be reported.

☐ NO, I do not have pending charges, convictions, and/or ordinance violations to report.

☐ YES, I HAVE pending charges, convictions, and/or ordinance violations to report.

For the purposes of these questions, the following phrases or words have the following meanings:

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to musculoskeletal impairments, visual, speech, and hearing impairments, neurological conditions, intellectual disability, behavioral health conditions, specific learning disabilities, substance use disorder, alcohol use disorder, other substance use disorders or any communicable infectious diseases, such as hepatitis.

"Chemical Substances" is to be construed to include alcohol, marijuana, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

Do you have a medical condition, as defined above, which currently impairs or limits your ability to practice medicine with reasonable skill and safety?

☐ Yes, please describe the medical condition and any limitations and/or impairment, including whether you require any accommodation to ensure safe, competent practice.

☐ No

Do you use chemical substance(s), as defined above, that currently impairs or limits your ability to practice medicine with reasonable skill and safety?

☐ Yes, please describe your chemical substance(s) use and any limitations and/or impairment, including whether you require any accommodation to ensure safe, competent practice.

**Physician Assistant
Cross-Profession Core Minimum Data Set Questions**

1. What is your gender?

[SINGLE-SELECT]

- a. Male
- b. Female
- c. Transgender
- d. Gender Non-binary
- e. Other
- f. Prefer not to answer

2. What is your race? Mark one or more boxes.

[MULTI-SELECT AVAILABLE]

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian/Pacific Islander
- e. White
- f. Some Other Race

3. Are you of Hispanic, Latino/a, or Spanish origin?

[SINGLE-SELECT]

- a. No
- b. Yes

4. What is your birth year?

[OPEN FIELD]

5. What is your highest level of education?

[SINGLE-SELECT]

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/Vocational Certificate
- d. Associate Degree
- e. Bachelor's Degree
- f. Master's Degree
- g. Post-graduate training
- h. Professional/Doctorate Degree
- i. Postdoctoral training

6. Where did you complete the education program/degree that first qualified you for this license?

(Note: for online programs, please select the location where this program was housed)

- a. [LIST OF U.S. STATES and territories] [SINGLE-SELECT]
- b. Another Country (not U.S.) [OPEN FIELD]

7. In what state(s) and/or jurisdiction(s) do you hold an active license or have authority to practice?

(Select all that apply)

[MULTI-SELECT]

[LIST OF U.S. STATES and territories]

8. What is your employment status?

[SINGLE-SELECT]

- a. Actively working in a position that requires this license
- b. Actively working in a position in the field of **medicine** that does not require this license
- c. Actively working in a position in a field other than **medicine**
- d. Not currently working
- e. Retired

9. What best describes your employment plans for the next 2 years?

[SINGLE SELECT]

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license
- c. Seek employment in a field unrelated to this license
- d. Retire
- e. Continue as you are
- f. Unknown

Specialty (Standard question, Flexible response)

10. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?

Academic Medicine - 37

Administrative Medicine - 71

Aerospace Medicine - 33

Alcoholism - Chemical Dependency - 49

Allergy - Immunology - 01

Anesthesiology - 02

Aviation Medicine - 32

Dermatology - 03

Emergency Medicine - 31

Endocrinology - 56

Family Medicine - 925

Gastroenterology - 06

General Practice - 08

Genetics - 61

Geriatrics - 29

Hand Surgery - 64

Hepiatrics - 46

Hematology - 07

Hyperbaric Medicine - 65

Immunology - Infectious Diseases - 47

Institutional Medicine - 39

Internal Medicine - 04

Internal Medicine - Cardiology - 05

Internal Medicine - Pulmonary Medicine - 45

Neonatology - 63

Nephrology - 40

Neurology - 10

Neuromuscular Medicine - 926

Neurophysiology - 51

Nuclear Medicine - 23

Obstetrics and Gynecology - 12

Occupational Medicine - 30

Oncology - 38

Ophthalmology - 13

Orthopedic Surgery - 14

Otolaryngology - 67

Otorhinolaryngology - ENT - 15

Pain - 66

Pathology - 16

Pathology - Clinical - 17

Pathology - Surgical Anatomic - 72

Pediatrics - 18

Pediatrics - Other - 60

Perinatology - 62

Pharmacology - Clinical - 48

Physical Medicine and Rehabilitation - 19

Preventive Medicine - 09

Proctology - 36

Psychiatry - 20

Psychiatry - Child - 21

Public Health - 22

Radiation - Oncology - 70

Radiology - 53

Radiology - Diagnostic - 43

Radiology - Nuclear Medicine - 68

Radiology - Ultrasound - 69

Radiology – Interventional - 946

Research - 34

Retired - 24

Rheumatology - 57

School Physician - 52

Surgery - Cardiovascular - 44

Surgery - Colon and Rectal - 54

Surgery - General - 25

Surgery - Maxillofacial - 58

Surgery - Neurological - 11

Surgery - Peripheral Vascular - 59

Surgery - Plastic - 26

Surgery - Thoracic - 27

Urology – 28

11. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, store-and forward imaging, streaming media, and terrestrial and wireless communications. Do you use telehealth to deliver services to patients?

[SINGLE SELECT]

a. No

b. Yes

12. In what state is your primary practice location? If this does not apply, please select “N/A”

[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]

13. What is the five-digit ZIP code of your primary practice location? If this does not apply, please indicate “N/A”

[OPEN TEXT FIELD]

14. In what state is your secondary practice location? If this does not apply, please select “N/A”

[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]

15. What is the five-digit ZIP code of your secondary practice location? If this does not apply, please indicate “N/A”

[OPEN TEXT FIELD]

16. In what state is your third practice location? If this does not apply, please select “N/A”

[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]

17. What is the five-digit ZIP code of your third practice location? If this does not apply, please indicate “N/A”

[OPEN TEXT FIELD]

18. Which of the following best describes your current employment arrangement at your principal practice location?

[MULTI-SELECT]

- a. Self-employed/Consultant
- b. Salaried employee
- c. Hourly employee
- d. Temporary employment/Locum tenens
- e. Other
- f. Not Applicable

19. Please identify the role/title(s) that most closely correspond(s) to your primary employment/practice type.

[MULTI-SELECT]

- a. Administrator
- b. Clinical Practice
- c. Faculty/Educator
- d. Researcher
- e. Other
- f. Not Applicable

20. Which of the following best describes the practice setting at your primary practice location?

[SINGLE-SELECT]

Add at Red Arrow as first option

☐ Clinical Setting

☐ Hospital (Medical/Surgical, Alcohol or Drug Abuse (AODA)/Psychiatric, Long-Term Acute Care)

Hospital

- ☐ Hospital, emergency/urgent care
- ☐ Hospital, outpatient/embedded primary care
- ☐ Hospital, inpatient mental health/substance abuse
- ☐ Hospital, other departments
- ☐ Hospital, I work in several/all hospital units
- ☐ Hospital, education department

☐ Extended Care, such as Adult Family Homes (AFH), Community-Based Residential Facilities (CBRF), Residential Care Apartment Complexes (RCAC)

Extended Care Such as Adult Family Homes

- ☐ Nursing home
- ☐ Skilled nursing facility
- ☐ Hospice facility
- ☐ Residential intellectual/developmental disability facility
- ☐ Assisted living facility
- ☐ Rehabilitation facility/group home/CBRF
- ☐ Long-term acute care

☐ Home Health (Private Home)

Home Health

- ☐ Home health agency
- ☐ Home health service
- ☐ Hospice

☐ Community and Public Health

Community and Public Health

- ☐ Public health (governmental: federal, state, or local)
- ☐ Community health organization
- ☐ Occupational health or employee health service
- ☐ School health services (K-12, college, and universities)
- ☐ Senior services (center, agency)

Continued on next page

☐ Tribal Health

Tribal Health

☐ Health clinic

☐ Long term care facility

☐ School health (K-12, college, or university)

☐ Other community organization or site

☐ Public health

☐ Educational Institutions

Educational Institutions

☐ Four-year college or university

☐ Technical or community college

☐ Correctional Care

Correctional Care

☐ Prison (federal or state)

☐ Jail (county or local)

☐ Other (Insurance, call center etc.)

Other Insurance or Call Center

☐ Call center/tele-nursing center

☐ Government agency other than public/community health

☐ Government agency other than public/community health (Veterans Affairs Medical Center (VAMC) and Community-Based Outpatient Clinics (CBOC), Veterans home etc.)

☐ Non-governmental health policy, planning, or professional organization

☐ Insurance company claims/benefits

☐ Self-employed/consultant

☐ Other

21. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “not applicable.”

[SINGLE-SELECT]

- a. 0 hours per week/Not applicable
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

22. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select “not applicable.”

[SINGLE-SELECT]

- a. 0 hours per week/Not applicable
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

23. What type of degree/credential first qualified you for this license?

[SINGLE SELECT]

- ☐ Technical/Vocational Certificate
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Post-graduate training
- ☐ Professional/Doctorate Degree
- ☐ Postdoctoral training

24. What year did you complete the education program/degree that first qualified you for this license?

[OPEN TEXT FIELD]

25. In what city is your primary practice located? If this does not apply, please indicate “N/A”

[OPEN TEXT FIELD]

26. What is the street address of your primary practice location? If this does not apply, please indicate “N/A.”

[OPEN TEXT FIELD]

27. Please indicate the population groups to which you provide services. Please check all that apply.

[MULTI-SELECT CHECKBOXES]

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals who speak a language other than English
- k. Medicaid
- l. Medicare
- m. Sliding Fee Scale
- n. None of the above

Thank you for providing your responses. Informed data-driven decisions are made possible through your participation.