



Physician Census for Workforce Planning

I: Physician Information

1. Last Name, Suffix (eg. Sr., Jr.) _____ 2. First Name _____ 3. Middle Name _____

4. Sex Male Female 5. Date of Birth (mm/dd/yyyy) ____/____/____

6. How would you classify your race/ethnicity? Please check all that apply.
 White Black or African American Prefer not to answer
 American Indian or Alaska Native Asian Other (Specify) _____
 Native Hawaiian / other Pacific Islander Hispanic

7. Do you have a DEA number? Yes No

8. NPI Number _____ I do not have a NPI Number

9. Do you currently reside in Washington State? Yes No

10. Residence City _____ 11. Residence State _____ 12. Residence Zip Code _____

13. In what state did you obtain your medical degree? _____
 I did not obtain my medical degree in the United States.
 In which country did you obtain your medical degree? _____

14. Are you ABMS board certified?
 No
 Yes Specialty _____ Subspecialty _____

15. Have you retired from clinical practice?
 Yes (Skip to question 31)
 No

16. Do you plan on retiring from clinical practice in the next 12 months?
 No (Skip to question 18)
 Yes

17. Upon retirement from clinical practice, will you convert your license to “retired active”?
 Yes
 No: Why will you not convert your license? _____

II: Practice Information

18. Do you currently practice in WA? Yes No

19. At how many locations do you provide patient care? _____

20. Approximately, how much time do you spend at each site in a given **month**?

	Location (<i>Street Address</i>)	City	State	Zip Code	Hours Per Month
Site (1)					
Site (2)					
Site (3)					

21. Please indicate your current area of practice and area of any residency accredited by ACGME you have received.

Area of Practice	Principal	Secondary	Completed Accredited Residency / Fellowship
Adolescent Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergy and Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon and Rectal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Care Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Medicine/General Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatric Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynecology Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal Medicine (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nephrology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurological Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Surgical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otolaryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics Subspecialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Med. & Rehab.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive Medicine/Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please Specify)			

22. For patient related activities, indicate your practice arrangement and size of group. Please check all that apply.

- Single Specialty Group: Size of physician group _____
- Multi-Specialty Group: Size of physician group _____
- Solo Practitioner
- Employee of a hospital or clinic
- State or Federal Employer
- Other: Please Describe _____

23. Is your primary clinical practice?

- Office based
- Hospital based
- Neither: Please explain _____

24. How many Physician Assistants do you sponsor? _____

25. Do you have hospital clinical privileges in WA?

No

Yes: List hospitals _____

26. Are interpretation services offered at your practice?

No

Yes: What languages are offered for interpretation (via phone, in person, staff etc.)? Please check all that apply.

English Korean French Spanish Russian Mandarin Chinese Do not know Other _____

27. Do you speak any language(s), other than English, well enough to communicate with your patients?

Please check all that apply.

None Korean French Spanish Russian Mandarin Chinese Other _____

Are you accepting new patients covered by:

	Yes	No	I do not know	Percentage of your patient population that currently uses this insurance
28. Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	%
29. Medicaid/ Apple Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	%
30. Tricare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	%

31. In the past 12 months, how many weeks did you work or volunteer in a clinical setting? For example, if you work all year and take two weeks of vacation, you would work 50 weeks. _____

32. In a typical work week, indicate the average number of hours dedicated to the following professional activities:

- Clinical (not volunteer) _____/hours per week
- Research _____/hours per week
- Administration (committees, management) _____/hours per week
- Education (preceptor, clinical professor) _____/hours per week
- Volunteer Clinical _____/hours per week
- Other: Please describe _____ hours per week _____

RCW 41.05.700 defines Telemedicine as the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. "Telemedicine" does not include the use of audio-only telephone, facsimile, or email.

33. Do you provide telehealth / telemedicine services?

No

Yes: a) How many hours per week do you practice telehealth/telemedicine? _____

b) Please describe the setting in which you practice telehealth/telemedicine.

c) What percentage of your telemedicine/telehealth population is provided to patients located in WA? _____ %

34. Do you prescribe opioids for patients with chronic noncancer pain?

No

Yes: Please estimate the number of patients in the past month. _____

35. Are you a certified pain management specialist?

No

Yes: Under what section of [WAC 246-919-945](#) are you qualified as a pain management specialist?

A B D E I do not qualify.

36. Do you have colleague(s) to whom you can refer your pain patients?

No, I can treat my pain patients without referrals under [WAC 246-919-945](#)

No, I do not have a colleague to refer.

Yes: How many colleagues are available? _____

37. Do you treat patients through nontraditional therapies?

(e.g. complementary or alternative medicine, natural, homeopathic)

No

Yes: Please indicate which type. _____

Part III: Contact Information

Do you have any comments regarding your current practice you would like to share?

Please enter contact information should our office have questions

Name _____ Title _____

Phone Number _____ Email Address _____

Have you completed this census on behalf of another person? Yes No

Name of person completing this census _____

Name of person for whom this census was completed _____

Return to: Washington Medical Commission (WMC), PO Box 47866, Olympia, WA 98504

Questions: Washington State Medical Commission-Demographics

Email: Medical.Demographics@wmc.wa.gov or

Website: <http://www.wmc.wa.gov/Demographics>

Certified Pain Management Specialist Per WAC 246-919-945:

A pain management specialist shall meet one or more of the following qualifications:

(1) If an allopathic physician or osteopathic physician:

(a) Is board certified or board eligible by an American Board of Medical Specialties-approved board (ABMS) or by the American Osteopathic Association (AOA) in physical medicine and rehabilitation, neurology, rheumatology, or anesthesiology;

(b) Has a subspecialty certificate in pain medicine by an ABMS-approved board;

(c) Has a certification of added qualification in pain management by the AOA;

(d) Is credentialed in pain management by an entity approved by the commission for an allopathic physician or the Washington state board of osteopathic medicine and surgery for an osteopathic physician;

(e) Has a minimum of three years of clinical experience in a chronic pain management care setting; and

(i) Has successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years for an allopathic physician or three years for an osteopathic physician; and

(ii) Has at least thirty percent of the allopathic physician's or osteopathic physician's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.