

Health Professional Shortage Area (HPSA) and Maternal Care Target Area (MCTA) Provider Survey

Physician Information			
First	Middle	Last	Suffix
NPI (e.g. 0000000000)		WA Credential Number (e.g 00000000)	
Discipline (check one)			
<input type="checkbox"/> Primary Care (MD/DO)		<input type="checkbox"/> Mental Health (Psychiatry Only, MD/DO)	
<input type="checkbox"/> Maternal Care (MD/DO, OB/GYN only or CNM)		<input type="checkbox"/> Dental Health (DDS or DMD)	
Practice Location - If you practice in multiple locations, please submit a form for each.			
Practice Name			
Address			
City	ZIP	Phone	
****Please only enter numbers in the following sections****			
Number of hours spent providing direct patient care in the following areas:			
_____ 8 _____ 7 _____ U _____ 8 _____ 8 _____ Obstetrics _____ General Dentistry			
_____ 8 _____ @ _____ U _____ 8 _____ 8 _____ Gynecology _____ 8 _____ Pediatric Dentistry			
_____ 8 _____ Pediatrics _____ Maternal Care _____ Adult/Child Psychiatry			
Number of hours per week practicing in non-clinical areas: _____		Number of Auxiliaries (Dental Providers Only)	
Number of hours per week practicing in a specialty area: _____		Assistants: _____ Hygienists: _____	
_____ % - Homeless	_____ % - Migrant Seasonal Farmworker		
_____ % - Medicaid (Apple Health)	_____ % - American Indian/Alaska Native		
_____ % - Migrant Farmworker	_____ % - Sliding Fee (Discount) Schedule		
****Please check all that apply in the following sections****			
Current participant in the following programs:			
<input type="checkbox"/> V _____ = _____ o _____ # _____		<input type="checkbox"/> J-1 Visa Holder	
<input type="checkbox"/> ‡ _____ = _____ # _____ " =h 7=h o=h		<input type="checkbox"/> H-1B Visa Holder	
Currently employed as a/an:			
<input type="checkbox"/> Federal Employee <input type="checkbox"/> Fellow <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Resident (in-training) <input type="checkbox"/> Intern			
Currently working at a:			
<input type="checkbox"/> State/Federal Corrections Facility		<input type="checkbox"/> State Mental Health Hospital	
Currently accepting new patients?		Currently accepting new Medicaid patients?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed by:			Title:
Phone:	Fax:	Email:	