

**Emory University PA Program  
Graduate Database/Survey Information (2007)  
PLEASE PRINT OR TYPE**

Your year of graduation from the Emory PA Program: \_\_\_\_\_

Name: \_\_\_\_\_

*If your name has changed since graduation, what name would be on your Emory records?*

\_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home phone #: \_\_\_\_\_

Mobile phone#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone #: \_\_\_\_\_

Supervising Physician's Name: \_\_\_\_\_

Preferred method(s) of contact (check any/ all that you prefer):

\_\_\_\_\_ home address      \_\_\_\_\_ work address      \_\_\_\_\_ home phone      \_\_\_\_\_ work phone  
\_\_\_\_\_ mobile phone      \_\_\_\_\_ email

**All respondents please complete questions A and B.** (Note: if you are currently not employed as a clinical PA, but have accepted a new PA position, please answer question A and questions C-N in reference to your new position.)

**A. Current PA Employment Status:**

1. Employed as a PA in a **Clinical Setting**:

\_\_\_\_\_ yes      \_\_\_\_\_ no  
\_\_\_\_\_ Full time      \_\_\_\_\_ Part Time

2. Employed as a PA in a **Non-clinical Setting**:

\_\_\_\_\_ yes      \_\_\_\_\_ no  
\_\_\_\_\_ Full time      \_\_\_\_\_ Part Time

The primary focus of this work is:

\_\_\_\_\_ Research  
\_\_\_\_\_ Administrative  
\_\_\_\_\_ Teaching  
\_\_\_\_\_ Other (please specify): \_\_\_\_\_

**B. Employed in a Health Field Other than as a PA**

yes  no  
 Full time  Part Time  
 Physician  
 Nurse  
 Other (please specify): \_\_\_\_\_

**Employed in a Non-health Related Field**

yes  no  
Please specify occupation: \_\_\_\_\_  
 Full time  Part Time

**Enrolled as Full Time Student**

yes  no  
 Medical or Osteopathic School  
 Other Post Graduate Study (please specify): \_\_\_\_\_  
 Other Academic Study (please specify): \_\_\_\_\_

**Other**

Seeking employment  
 Unemployed, and not seeking employment  
 Retired

**If you are currently employed as a Clinical PA (full time or part-time) please complete questions C-N. All others, please complete questions M-N.**

**C. Practice setting, if known:**

Inner City  
 Urban  
 Suburban  
 Rural  
 Other \_\_\_\_\_(describe)

**D. County or Counties (and Zip Code(s)) That You Practice (or will practice) in (please include state if different from current work address):**

County / Counties of Practice: \_\_\_\_\_  
Zip Code(s) of Practice: \_\_\_\_\_

**E. Is Your Practice in a Designated Medically Underserved Area (MUA) or a Health Professions Shortage Area (HPSA)? To find out, please visit <http://bhpr.hrsa.gov/shortage/>**

Yes \_\_\_\_\_ Designation Type, if known  
 No  
 Unsure

If Yes, is the practice a *federally designated* (check any that apply):

Community Health Clinic  
 Rural Health Clinic  
 Migrant Health Clinic  
 Homeless Clinic

\_\_\_\_\_ Health Professions Shortage Area

**F. Practice Setting** (for your clinical position):

- \_\_\_\_\_ Office Based
  - \_\_\_\_\_ Solo Practitioner
  - \_\_\_\_\_ Group Practice - Single Specialty
  - \_\_\_\_\_ Group Practice - Multi-specialty
- \_\_\_\_\_ Hospital Based Practice
- \_\_\_\_\_ Nursing Home or Long Term Care Facility
- \_\_\_\_\_ Ambulatory Care or Outpatient Based Clinic
- \_\_\_\_\_ Correctional Facility
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**G. Which best describes your Primary or full time Employer:**

- \_\_\_\_\_ Self Employed
- \_\_\_\_\_ Private Practice
  - \_\_\_\_\_ Solo or Group; Single or Multi-specialty Practice
- \_\_\_\_\_ Hospital
- \_\_\_\_\_ Government
  - \_\_\_\_\_ County, State or Federal Institution
  - \_\_\_\_\_ Uniformed Service
- \_\_\_\_\_ University
- \_\_\_\_\_ Managed Care Organization
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**H. Type of Clinical Practice.** *If you have more than one clinical position, please indicate your full-time or Primary (P) position as well as your part-time or Secondary (S) position:*

- \_\_\_\_\_ Allergy
- \_\_\_\_\_ Anesthesiology
- \_\_\_\_\_ Correctional Medicine
- \_\_\_\_\_ Dermatology
- \_\_\_\_\_ Emergency Medicine/Urgent Care
- \_\_\_\_\_ Family/General Practice
- \_\_\_\_\_ Geriatrics
- \_\_\_\_\_ Industrial/Occupational Medicine
- \_\_\_\_\_ Internal Medicine (please indicate if General or any subspecialty)
  - \_\_\_\_\_ General Internal Medicine
  - \_\_\_\_\_ Cardiology
  - \_\_\_\_\_ Critical Care
  - \_\_\_\_\_ Endocrinology
  - \_\_\_\_\_ Gastroenterology
  - \_\_\_\_\_ Hematology
  - \_\_\_\_\_ Immunology
  - \_\_\_\_\_ Infectious Disease
  - \_\_\_\_\_ Nephrology
  - \_\_\_\_\_ Neurology
  - \_\_\_\_\_ Oncology
  - \_\_\_\_\_ Pulmonology
  - \_\_\_\_\_ Rheumatology
  - \_\_\_\_\_ Other (please specify): \_\_\_\_\_
  
- \_\_\_\_\_ Ob/Gyn

- Pathology  
 Pediatrics (please indicate if General or any subspecialty)  
      General Pediatrics  
      Pediatric Adolescent Medicine  
      Pediatric Allergy  
      Pediatric Cardiology  
      Pediatric Critical Care  
      Pediatric Emergency Medicine  
      Pediatric Endocrinology  
      Pediatric Gastroenterology  
      Pediatric Hematology/Oncology  
      Pediatric Infectious Disease  
      Neonatal-Perinatal Medicine  
      Pediatric Nephrology  
      Pediatric Neurology  
      Pediatric Pulmonology  
      Pediatric Rheumatology  
      Other Pediatric (please specify): \_\_\_\_\_  
 Physical/Rehab Med  
 Psychiatry/Behavioral Medicine  
 Public Health/Preventive Medicine  
 Radiology  
 Surgery (please indicate if General or any subspecialty)  
      General  
      Cardiovascular  
      Colon and Rectal  
      Hand  
      Neurological  
      Oncology  
      Ophthalmology  
      Orthopaedics  
      Otolaryngology  
      Pediatric  
      Plastic  
      Thoracic  
      Transplant  
      Trauma  
      Urological  
      Vascular  
      Other (please specify): \_\_\_\_\_  
 Substance Abuse  
 Other (please specify): \_\_\_\_\_

- I.** Would you be willing to have an interested PA school applicant shadow you? \_\_\_\_yes \_\_\_\_no  
**J.** Would you be interested in serving as a clinical mentor to a first year PA student? \_\_\_\_yes \_\_\_\_no  
**K.** Would you be interested in precepting students in your practice? \_\_\_\_yes \_\_\_\_no  
**L.** Would you be interested in giving lectures to PA students? \_\_\_\_yes \_\_\_\_no  
 topic(s) \_\_\_\_\_

**All graduates, please complete questions M and N.**

- M.** Would you like to be on an email list-serve (to receive Program news, clinical and professional

resources) of Emory PA graduates? \_\_\_\_yes \_\_\_\_no

N. Do we have your permission to post *contact information only* on the Emory PA Graduate website (accessible only to graduates, password protected)? \_\_\_\_yes \_\_\_\_no

Comments / Suggestions:

**Please mail completed forms to:**

**Virginia Joslin, PA-C, MPH  
Program and Division Director  
Emory PA Program  
1462 Clifton Road, Suite 280  
Atlanta, GA 30322**

Or FAX to Virginia Joslin at 404.727.7836

Please watch our website, [www.emorypa.org](http://www.emorypa.org) for Program news, and be sure to register for our protected “Grad Web” section of the site.

*Thank You for Taking the Time  
To Carefully Complete this Survey*

Office Use: Received (date): Entered (date)	By:
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