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# Association of Physicians' Assistant Programs

2120 L STREET, N.W., THE GELMAN BUILDING  
WASHINGTON, D.C. 20037  
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DONALD W. FISHER, Ph.D.  
EXECUTIVE DIRECTOR

October 25, 1974


Dear Colleague:

The National Executive Office of the Association of Physician Assistant Programs and the American Academy of Physicians' Assistants are in the process of evaluating the impact your services have made on health care delivery in the United States. We must address this impact now in order to properly respond to the demands on us today. We need your help.

In addressing this impact we must first obtain statistics on your background and employment. I have enclosed an evaluation form which I would like for you to complete and return to my office. Complete and accurate information is essential.

REMEMBER, WE REPRESENT YOU AND ARE THE ORGANIZATIONS  
THAT WORK FOR YOU! PLEASE DON'T LET US DOWN! Your immediate response will be most appreciated.

Sincerely,



Donald W. Fisher, Ph.D.  
Executive Director

DWF/lscp

Enclosure

## ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS

PHYSICIAN ASSISTANT SURVEY

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Married \_\_\_\_\_ Single \_\_\_\_\_  
 Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
 Widowed \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 CITY STATE ZIP CODE \_\_\_\_\_  
 Office Address \_\_\_\_\_  
 CITY STATE ZIP CODE \_\_\_\_\_  
 Number of Dependents \_\_\_\_\_  
 Ethnic Background: Caucasian \_\_\_\_\_;  
 Black American \_\_\_\_\_; American Indian \_\_\_\_\_;  
 Mexican American \_\_\_\_\_; Latin American \_\_\_\_\_;  
 Oriental \_\_\_\_\_

Name of Training Program Attended (ing) \_\_\_\_\_  
 Date of Graduation (if student give tentative date) \_\_\_\_\_  
 MONTH YEAR  
 Credential Received from Training Program: Certificate \_\_\_\_\_ Associate Degree \_\_\_\_\_ BA/BS Degree \_\_\_\_\_  
 Masters \_\_\_\_\_ Other \_\_\_\_\_  
 Highest Educational Level Prior to Entering P.A. Program: Less than High School \_\_\_\_\_ High School \_\_\_\_\_  
 AA/AS \_\_\_\_\_ BA/BS \_\_\_\_\_ MA/MS \_\_\_\_\_ Attended College, no Degree \_\_\_\_\_ Other \_\_\_\_\_  
 YEARS  
 Check Those College Courses Taken Prior to Entering P.A. Program: Biology \_\_\_\_\_; Zoology \_\_\_\_\_;  
 Chemistry \_\_\_\_\_; Physics \_\_\_\_\_; Anatomy \_\_\_\_\_  
 Health Experience Prior to Entering P.A. Program: None \_\_\_\_\_ Less than One Year \_\_\_\_\_ 1-2 years \_\_\_\_\_  
 2-3 years \_\_\_\_\_ 3-5 years \_\_\_\_\_ 5-10 years \_\_\_\_\_ more than ten years \_\_\_\_\_  
 Type of Prior Health Experience: Military Corpsman \_\_\_\_\_ Nurse \_\_\_\_\_ X-Ray Technician \_\_\_\_\_  
 Respiratory Therapist \_\_\_\_\_ Med. Technician \_\_\_\_\_ Other \_\_\_\_\_  
 Check Kind of Financial Support Received During Training: None \_\_\_\_\_; Program Stipend \_\_\_\_\_;  
 Loan \_\_\_\_\_; GI Bill \_\_\_\_\_; Other \_\_\_\_\_

Member of American Academy of Physicians' Assistants: Yes \_\_\_\_\_ No \_\_\_\_\_

GRADUATES ONLY COMPLETE THE FOLLOWING:

Size of Town Currently Practicing: under 10,000 \_\_\_\_\_; 10,000-19,999 \_\_\_\_\_; 20,000-49,999 \_\_\_\_\_;  
 50,000-99,999 \_\_\_\_\_; 100,000 and larger \_\_\_\_\_  
 Type of Practice: GP/FP \_\_\_\_\_; General Internal Medicine \_\_\_\_\_; Emergency Medicine \_\_\_\_\_;  
 General Surgery \_\_\_\_\_; General Pediatrics \_\_\_\_\_; Administrative Educator \_\_\_\_\_; Other \_\_\_\_\_  
 Organization of Practice: Solo \_\_\_\_\_; Partnership (2) \_\_\_\_\_; Group (3 or more) \_\_\_\_\_; Prepaid Group \_\_\_\_\_;  
 Institutional or Public Sector \_\_\_\_\_; Other \_\_\_\_\_  
 Do you have hospital privileges: Yes \_\_\_\_\_ No \_\_\_\_\_ Percent of Time Spent in Hospital Work \_\_\_\_\_  
 Number of Years Employed with Present Employer \_\_\_\_\_

(over)

