

Naturopathic Medicine Committee OSHDP Survey

This survey brings the Naturopathic Medicine Committee into compliance with the requirements of the Healthcare Workforce Development Program. The information collected will help identify education and employment demands for healthcare workers in California.

1. **DATE SURVEY COMPLETED** MM/DD/YYYY ____/____/____

2. **HOW DO YOU PRACTICE?**

Hours per week	None	1-9	10-19	20-29	30-39	40+
Patient Care						
Telemedicine						
Administration						
Research						
Teaching						
Other						

Define "Other" _____

3. **PRACTICE LOCATIONS** (*Patient Care & Telemedicine only*)

DO YOU PRACTICE OUTSIDE OF CALIFORNIA USING YOUR CALIFORNIA LICENSE? Y/N ____

ARE YOU IN PRACTICE WITH ("X" one or more): Self ____; Another ND ____; MD/DO ____; Other Practitioners ____

PATIENT CARE:

Primary practice location

Secondary practice location

Zip Code

County Code

Zip Code

County Code

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TELEMEDICINE:

Primary practice location

Secondary practice location

Zip Code

County Code

Zip Code

County Code

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CODES (CA County / Out of State)

01	Alameda	11	Gelnn	21	Marin	31	Placer	41	San Mateo	51	Sutter
02	Alpine	12	Humbolt	22	Mariposa	32	Plumas	42	Santa Barbara	52	Tehama
03	Amador	13	Imperial	23	Mendocino	33	Riverside	43	Santa Clara	53	Trinity
04	Butte	14	Inyo	24	Merced	34	Sacramento	46	Sierra	54	Tulare
05	Calavaras	15	Kern	25	Modoc	35	San Benito	47	Siskiyou	55	Tuolumne
06	Colusa	16	Kings	26	Mono	36	San Bernardino	48	Solano	56	Ventura
07	Contra Costa	17	Lake	27	Monterey	37	San Diego	49	Sonoma	57	Yolo
08	Del Norte	18	Lassen	28	Napa	38	San Francisco	50	Stanislaus	58	Yuba
09	El Dorado	19	Los Angeles	29	Nevada	39	San Joaquin				
10	Fresno	20	Madera	30	Orange	40	San Luis Obispo			98	Out of State

4. **MEDICAL PRACTICE / SPECIALTY**

Mark all categories in your primary (P) and secondary (S) practice locations.

P	S	Practice Type	P	S	Practice Type
		Allergy/Asthma			Immune Support
		Cancer Support			Infectious Diseases
		Cardiovascular			Men's Health
		Dermatology			Musculoskeletal
		Detoxification			Naturopathic Oncology
		Diabetes			Nephrology
		Endocrinology			Pediatrics
		Environmental			Rheumatology
		Gastroenterology			Sports Medicine
		General/Family			Urology
		Geriatric			Weight Loss
		Gynecology			Other (please list)

5. **POSTGRADUATE TRAINING** (Circle one) 1 2 3 4 5 6 7 8 9+

Include Naturopathic Medical School, Osteopathic, Medical, Nursing, PA, Chiropractic, Acupuncture, Midwife training, etc. as well as residency programs.

6. **RACE/ETHNIC BACKGROUND** (Select one or more that best describes your race/ethnic background.)

	African		Fijian		Mexican		Singaporean
	African American		Filipino		Middle Eastern		South American
	Alaskan Native		Guamanian		Native American		Taiwanese
	American Indian		Hawaiian		Other Asian		Thai
	Black		Indian		Other Hispanic		Tongan
	Cambodian		Indonesian		Other Pacific Islander		Vietnamese
	Central American		Japanese		Pakistani		White
	Chinese		Korean		Persian		Other (not listed)
	Cuban		Laotian/Hmong		Puerto Rican		
	European		Malaysian		Samoan		Decline to State

7. **LANGUAGES/DIALECTS** (In addition to English, indicate additional languages in which you are fluent.)

	African Languages		Hebrew		Other Sign Language		Telugu
	American Sign Language		Hindi		Mon-Khmer (Cambodian)		Thai
	Amharic		Hmong		Navajo		Tongan
	Arabic		Hungarian		Panjabi		Turkish
	Armenian		Ilokono		Persian (Farsi)		Ukranian
	Cantonese		Indonesian		Polish		Urdu
	Croatian		Italian		Portuguese		Vietnamese
	Fijian		Japanese		Russian		Xiang Chinese
	Formosan		Korean		Samoan		Yiddish
	French		Lao		Scandinavian Language		Yoruba
	French Creole		Lu-Mein		Serbian		
	German		Mandarin		Spanish		Other (not listed)
	Greek		Other Chinese		Swahili		
	Gujarati		Other Non-English		Tagalog		Decline to State

8. **WEB SITE PROFILE** Do you want the following information included in your profile on the Committee's web site?

Ethnic Background Y/N _____ Foreign Language Fluency Y/N _____ Gender Y/N _____

9. **E-MAIL ADDRESS** WILL NOT BE RELEASED TO THE PUBLIC. Please print below:
