

Professional Education Supplemental Pool Survey

General Information

Operating Certificate Number:	
Hospital Name:	
Address:	
Consortium (if applicable):	
I certify the submitted data is accurate and complete to the best of my knowledge.	YES <input type="checkbox"/>
Administrator / CEO:	
Title:	
Contact's Name:	
Title:	
Phone Number:	
Fax Number:	
Email:	
Base Period (1995 or 1996):	1995

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Professional Education Supplemental Pool Survey Survey Questions

Year: 2007 Facility:

Questions:	Base Period	Rate Period	Previous Rate
1. Number of Residents in Accredited Programs	99.9	<input type="text"/>	99.9
2. Number of Residents in Non-Accredited Programs		<input type="text"/>	99.9
3. Number of Residents training in Ambulatory Care Sites	99.9	<input type="text"/>	99.9
4. Number of Residents training in Ambulatory Care Sites located in Underserved Areas	99.9	<input type="text"/>	99.9
5. Number of Designated Priority Programs	99.9	<input type="text"/>	99.9
6. Number of Non-Designated Priority Programs (with 5 or more Residents) Eliminated from the Base Period		<input type="text"/>	99.9
7. Number of Residents in Designated Priority Programs	99.9	<input type="text"/>	99.9
8. Number of Underrepresented Minority Residents	99.9	<input type="text"/>	99.9
9. Number of Faculty with Medical School Appointments		<input type="text"/>	99.9
10. Number of Faculty with Medical School Appointments who are Underrepresented Minorities		<input type="text"/>	99.9

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