

PRACTICE BREAKDOWN

Note: Submit this form by mail with your Practice Log Verification/Notarization Statement and Complicatons Narratives.

Candidate Name: _____ **Candidate Number:** _____

Total number of Clinical, Surgical and Administrative hours worked per week: _____

Please fill in the appropriate number of hours for each activity for each day of a typical week.

Note: Clinical hours are for clinical activities in hospital and office.

WEEKDAY	OR	NON-OPERATIVE CLINICAL ACTIVITY	RESEARCH	ADMINISTRATIVE	OTHER	TOTALS
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTALS						

Please complete reverse side

Candidate Name: _____ Candidate Number: _____

Do you perform more than 6 major open or laparoscopic procedures per 6-month period? Yes _____ No _____

If no, where do patients needing major surgery go? (Check appropriate response)

- _____ I do not see this type of patient.
- _____ Patient is referred to partner in practice.
- _____ Patient is referred to another urologist outside my practice.

Which of the following populations best describes the metropolitan area where you practice?

(Check only one)

- _____ Over 1,000,000
- _____ 500,000 - 1,000,000
- _____ 250,000 - 500,000
- _____ 100,000 - 250,000
- _____ Less than 100,000

Current Type of Practice: (Select below - check no more than three)

FT - Full time

PT = Part time

- | | | | | | |
|----------|----------|------------------------------|----------|----------|---------------------------------|
| FT _____ | PT _____ | Priv Prac Solo | FT _____ | PT _____ | Vet Admin Prac |
| FT _____ | PT _____ | Priv Prac Group/Partnership | FT _____ | PT _____ | Employed by Industry (PRAC) |
| FT _____ | PT _____ | Priv Prac Managed Care (HMO) | FT _____ | PT _____ | Employed by Industry (Research) |
| FT _____ | PT _____ | Military/Govt | FT _____ | PT _____ | State/Local Govt |
| FT _____ | PT _____ | Academic Faculty | FT _____ | PT _____ | Inactive |
| FT _____ | PT _____ | Medical Admin | FT _____ | PT _____ | Retired |
| FT _____ | PT _____ | Salaried Hosp/Clinic | FT _____ | PT _____ | Other (please specify) _____ |
