We recognize the importance of assessing Florida's current and future physician workforce. Section 381.4018, Florida Statutes requires that the Department of Health evaluate the geographic distribution and specialty mix of active Florida Physicians through this survey. Your responses will be instrumental in shaping Florida's healthcare policies. Your time and effort in completing the questions below is appreciated. \_\_\_\_\_ Name: \_\_\_\_\_ License Number: \_\_\_\_ □ D.O. **■ M.D.** (Please check one) 1. How many months did you practice in Florida in the last 12 months? O Did not practice in Florida 01-2 $\bigcirc$  3-4 05-60.7-80 9-10  $\bigcirc$  11-12 Complete the following questions and STOP if you answered Question 1 "Did not practice in Florida" The main reason you have a Florida license, but don't practice medicine is (choose only one) O Retired O Malpractice Insurance Rates O Liability Exposure O Medicare/Medicaid Reimbursement Rates O Private Health Plan Reimbursement Rates O Planning to move to Florida Do you plan to relocate to Florida? O In 1-2 years O In 3-4 years O Do not plan to relocate What is your primary specialty? (Enter code from list provided) 2. Are you currently enrolled in an internship, residency, or fellowship program? O Yes O No Complete the following questions and STOP if you answered Question 2 "Yes" Program Specialty? (Enter code from list provided)

Post-Graduate Year? (PGY-1 through PGY-7)

### PRIMARY FLORIDA PRACTICE LOCATION

3. County (Enter code from list provided) 4. Zip Code	·
Of your total hours worked at this location in a week, how many hours 5. Patient Care 6. Administrative Matters 7. Research & Teaching	do you spend on:
8. How many patients on average do you see per week at this location?	
<ul> <li>9. Which setting best describes your practice at this location? <ul> <li>Office Practice—Solo Practice</li> <li>Office Practice—Group Practice—Single Specialty</li> <li>Office Practice—Group Practice—Multi-Specialty</li> <li>Hospital—Hospital Based Physician (Non-Emergency)</li> <li>Hospital—Other</li> <li>Hospital—Hospitalist</li> <li>Hospital—Outpatient Department</li> <li>Hospital—Emergency Room</li> </ul> </li> <li>10. If you are an employed physician at this location, your employer is:</li> </ul>	<ul> <li>County Health Department</li> <li>Urgent Care Center</li> <li>Nursing Home/Extended Care Facility</li> <li>Volunteer Free Clinic</li> <li>Federally Qualified Health Center</li> <li>Ambulatory Surgery Center</li> <li>Other</li> </ul>
<ul> <li>A medical school or parent university</li> <li>A government agency</li> <li>A staff or group HMO</li> <li>Other</li> </ul>	
<ul><li>11. Primary Specialty at this location (Enter code from list provided)</li><li>12. Approximate percent of patient care at this location involving primary</li></ul>	
13. Alternate Specialty (1) at this location (Enter code from list provide 14. Approximate percent of patient care at this location involving alternative percent of patient care at this location involving alternative percent of patient care at this location involving alternative percent of patient care at this location involving alternative percent of patients are also because the provided patients are also because the patients are also because the provided patients are also because the provided patients are also becaus	
15. Alternate Specialty (2) at this location (Enter code from list provide 16. Approximate percent of patient care at this location involving alternation)	· · · · · · · · · · · · · · · · · · ·
STOP	
Continue on to Question 17 if you have one or more additional	al Florida practice locations

Skip ahead to Question 27 if you have no additional Florida practice locations

### **SECOND FLORIDA PRACTICE LOCATION**

17. County (Enter code from list provided)	18. Zip Code	
19. Patient Care hours per week at this location		
20. Average number of patients seen per week at this location		
21. Primary Specialty at this location (Enter code from list provided)		
THIRD FLORIDA PRACTICE LOCATION		
22. County (Enter code from list provided)	23. Zip Code	
24. Patient Care hours per week at this location		
25. Average number of patients seen per week at this location		
26. Primary Specialty at this location (Enter code from list provided	d)	

## **HOSPITAL CARE QUESTIONS**

27. At how many individual hospitals do you have hospital privileges?

28. At how many individual hospitals do you provide or	n-call emergency room coverage?
	,
29. How many total days per month do you take emerg	ency call?
30. During the past 2 years, has the number of emerger  ○ Increased  ○ Decreased  ○ Stayed the same	ncy on-call days:
<ul> <li>31. If you are decreasing your on-call days, what is the root Retiring</li> <li>Lifestyle Considerations</li> <li>Liability Exposure</li> <li>Private Health Plan Reimbursement Rates</li> <li>Medicare/Medicaid Reimbursement Rates</li> </ul>	main reason?  Compensation  Malpractice Insurance Rates  Work in an Urgent Care Clinic  Other
32. At which type of verified trauma center do you take  O Do not take trauma call  O Level I  O Level II  O Pediatric	e trauma call or attend to trauma patients?
SCOPE OF PRACTICE QUESTIONS	
<ul> <li>33. What is the main reason you are NOT currently according New Model</li> <li>Not Applicable—Currently Accepting New Model</li> <li>Low Compensation</li> <li>Billing Requirements</li> <li>Too Much Paperwork</li> <li>Practice At Full Capacity</li> <li>Concerned About Fraud Issues</li> </ul>	
34. What is the main reason you are NOT currently acc  Not Applicable—Currently Accepting New Mo  Low Compensation Billing Requirements Too Much Paperwork Practice At Full Capacity Concerned About Fraud Issues	

35. Do you plan to retire in the next 5 years?
O Yes
O No
36. If Yes, the main reason for retiring is (choose only one)
O Time to retire
O Compensation
O Family
O Liability exposure
O Private health plan reimbursement rates
O Medicare/Medicaid reimbursement rates
O Malpractice insurance rates
O Other
37. If Yes, do you plan to have a limited license for volunteering?
O Yes
O No
38. Do you plan to move to work in another state in the next 5 years?
O Yes
O No
39. If Yes, the main reason for moving to work in another state is (choose only one)
O Family
O Compensation
O Liability exposure
O Malpractice insurance rates
O Private health plan reimbursement rates
Medicare/Medicaid reimbursement rates
O Looking for a change
<ul><li>Education/training in another state</li><li>Other</li></ul>
Other
40. Do you plan to change your specialty in the next 5 years?
O Yes
O No
41. If Yes, the main reason for changing your specialty is (choose only one)
O Family
O Malpractice insurance rates
O Liability exposure
O Private health plan reimbursement rates
O Medicare/Medicaid reimbursement rates
O Compensation
O Education/training in another state
O Potential for higher compensation
O Other

Attestation Statement		
The attestation of the physician named on Survey Page 1 is required by Floric	a law, confirming that: "The information provid-	
ed is true and accurate to the best of my knowledge and the submission does not contain any knowingly false information."		
Signature:	Date:	

## **Specialty Questions**

Please review the following list of specialties and answer the questions associated with your primary specialty (Question 11) at your primary practice location. If you have indicated a specialty without associated questions, please stop here. Thank you for completing the survey.

Without associated ques	cions, picase scop nerei rhank y
GENERAL INTERNAL MEDICINE	
Check the circles if you will see a particu	ular category of patient
O Internal Medicine	O Pediatrics Care
Geriatrics	O In-Hospital Care
O Women's Health	O All of the Above
Women's Treatm	O 7 m of the 71bove
ALLERGY / IMMUNOLOGY	
Check the circles if you will see a particular	U , 1
O Internal Medicine	<ul> <li>Allergic Skin Disease</li> </ul>
O Adult Asthma	<ul> <li>Immune Deficiency</li> </ul>
O Childhood Asthma	O Food/Insect/Drug Allergy
O Allergic Rhinitis	O All of the Above
CARDIOVASCULAR DISEASE	
Check the circles if you will see a particular	ılar category of patient
O Internal Medicine	O Heart Failure & Transplant
O General Cardiology	Nuclear Cardiology
O Interventional Cardiology	Pediatric Cardiology
O ECHO	O Vascular Medicine
<ul> <li>Electrophysiology</li> </ul>	MR/CT Cardiologist
O All of the Above	,
ENDOCRINOLOGY	
Check the circles if you will see a particu	plar category of patient
O Internal Medicine	O Thyroid Disease
O Adult Endocrinology	Pediatric Endocrinology
O Diabetes Mellitus	O All of the Above
GASTROENTEROLOGY	
Check the circles if you will see a particu	ular category of patient
O Internal Medicine	O Hepatology
Gastroenterology	O Pediatrics
© ERCP	Endoscopic Ultrasound
O All of the Above	C Endoscopic Oldasound
GENETICS	
Check the circles if you will see a particu	O . I
O Prenatal Genetics	O Chromosome Disorders
O Adult Genetics	O Neuromuscular Disorders
O Cancer Genetics	O Developmental Delay/Autism
O Biochemical Genetics	<ul><li>O Dysmorphology</li></ul>
Molecular Genetics	<ul><li>Cytogenetics</li></ul>

Pediatrics

O Internal MedicineO All of the Above

#### **GERIATRICS**

Check the circles if you will see a particular cat	egory of patient
O Internal Medicine	O Family Medicine
O Geriatric Consultation	O Nursing Home Care
O Geriatric Primary Care	O All of the Above
HEMATOLOGY	
Check the circles if you will see a particular cat	egory of patient
O Internal Medicine	O Hemophilia Diseases
O Oncology	O Hematology
O All of the Above	
ONCOLOGY	
Check the circles if you will see a particular cat	egory of patient
O Internal Medicine	O Hemophilia Diseases
○ Hematology	Oncology
O All of the Above	
HEMATOLOGY & ONCOLOGY	
Check the circles if you will see a particular cat	
○ Oncology	O Hemophilia Diseases
○ Hematology	O All of the Above
INFECTIOUS DISEASE	
Check the circles if you will see a particular cat	egory of patient
O Internal Medicine	O General Pediatrics
O Adult Infectious Diseases	O Pediatric Infectious Diseases
O HIV/AIDS	O All of the Above
NEPHROLOGY	
Check the circles if you will see a particular cat	egory of patient
O Internal Medicine	<ul> <li>Pediatric Nephrology</li> </ul>
O Renal Transplantation	O Dialysis Patient Care
O ICU Nephrology	O Dialysis Unit Administration
O Interventional Nephrology	<ul> <li>Adult Nephrology</li> </ul>
O All of the Above	
PULMONARY DISEASE	
Check the circles if you will see a particular cat	egory of patient
O Internal Medicine	O Critical Care / ICU
O Sleep Medicine	<ul> <li>Pulmonary Outpatient</li> </ul>
O All of the Above	
CRITICAL CARE MEDICINE	
Check the circles if you will see a particular cat	
O ICU	O Burn Unit
○ Trauma Unit	○ All of the Above

DH MQA 1119, 09/11 Rule Number 64B-9.002

### **RHEUMATOLOGY**

Check the circles if you will see a particular cate  O Internal Medicine	gory of patient  Clinical Research
	Adult Rheumatology
SPORTS MEDICINE	
Check the circles if you will see a particular cate	
	Sports Medicine
O Family Medicine	All of the Above
SLEEP MEDICINE	
Check the circles if you will see a particular cate	gory of patient
	Pulmonary Medicine
*	O Neurology
O All of the Above	
FAMILY MEDICINE	
Check the circles if you will see a particular cate	gory of patient
Office (Outpatient) Care only; No Hosp	oital O Geriatrics
Office and Hospital Care	O Sports Medicine
O Adolescent Medicine >12y/o	O HIV Primary Care
O Pediatrics 2 to 12y/o	O Immunizations
<ul><li>○ Infants Care &lt;2y/o</li><li>○ Delivery</li></ul>	<ul><li>Colonoscopy</li><li>Sigmoidoscopy</li></ul>
O Prenatal Services	O Stress Testing
<ul> <li>Cosmetic (Laser Procedures, Botox, etc.</li> </ul>	e e e e e e e e e e e e e e e e e e e
O All of the Above	,
DERMATOLOGY	
Check the circles if you will see a particular cate	Porv of patient
*	Dermatopathology
· ·	Pediatric Dermatology
O Moh's Surgery	Cosmetic Dermatology
○ All of the Above	
NEUROLOGY	
Check the circles if you will see a particular cate	gory of patient
O Adult Neurology	O Clinical Neurophysiology
O Pediatric Neurology	O Neuromuscular Medicine
O Hospital Based Neurology (No Office)	O Neuromuscular Disabilities
O Primarily Office-Based / Some Hospital O Pain Medicine	
<ul><li>Primarily Hospital-Based / Some Office</li><li>Sleep Medicine</li></ul>	O Academic Practice O All of the Above
O bicep Medicine	O IM OF the INDOVE

### **PHYSICAL MEDICINE**

Check the circles if you will see a particular cat	egory of patient
O Adult Rehabilitation	O Pediatric Rehabilitation
O Electrodiagnosis	O Sports Medicine
O Pain Medicine	O Research
○ Teaching	O Other
O All of the Above	
PSYCHIATRY	
Do you admit, consult or treat patients at a hos	spital?
O No	
O Yes	
Do you admit, consult or treat patients at a resi	dential treatment program?
O Yes	
Check the circles if you will see a particular cat	egory of patient
O Geriatrics	O Forensics
O Addictions	O Children
○ All of the Above	
PAIN MEDICINE	
Check the circles if you will see a particular cat	egory of patient
O Interventional Treatment	O Medical Management
O Legal Work / Review Cases	O Auto Cases
O Hospital Consults	O All of the Above
GENERAL SURGERY	
Check the circles if you will see a particular cat	egory of patient
O Trauma	O Vascular Surgery
O Breast Cancer	O Pediatric Surgery
O Gynecologic Surgery	O Hand Surgery
O Colon & Rectal Surgery	O Critical Care Medicine
O All of the Above	
CARDIAC / THORACIC SURGERY	
Check the circles if you will see a particular cat	0 , 1
O Adult Hearts	○ Thoracic Surgery
O Pediatric Hearts	O Vascular Surgery
O Transplantation	O General Surgery
O All of the Above	
COLON & RECTAL SURGERY	
Check the circles if you will see a particular cat	~
O Anal & Perianal Disease	O Colon and Rectal Cancer
○ Inflammatory Bowel Disease ○ All of the Above	O Constipation and Motility Disorders

### **HAND SURGERY**

Check the circles if you will see a particular cat	
O Trauma	O Reconstructive
O Microvascular	O All of the Above
NEUROLOGICAL SURGERY	
Check the circles if you will see a particular cat	regory of patient
<ul> <li>General Neurosurgery</li> </ul>	<ul> <li>Spinal Surgery</li> </ul>
○ Trauma	<ul> <li>Peripheral Nerve</li> </ul>
O Brain Tumor	O Pain / Functional
<ul> <li>Cerebrovascular</li> </ul>	○ Radiosurgery
<ul> <li>Pediatric Neurosurgery</li> </ul>	<ul> <li>Endovascular</li> </ul>
O All of the Above	
OPHTHALMOLOGY	
Check the circles if you will see a particular cat	regory of patient
O General Ophthalmology	O Pediatrics-Strabismus
O Cornea-External Diseases	O Neuro-Ophthalmology
O Retinal Diseases	O Ophthalmic Plastic Surgery
O Glaucoma	O All of the Above
OPTHORED CURCERY	
ORTHOPEDIC SURGERY	
Check the circles if you will see a particular cat	
O General Orthopedics	O Hand
O Adult Reconstruction	O Shoulder / Elbow
O Sports Medicine	O Ankle / Foot
O Trauma	O Oncology
O Pediatrics	O Spine
O All of the Above	
OTOLARYNGOLOGY	
Check the circles if you will see a particular cat	regory of patient
General Otolaryngology	O General Otology
Pediatric Otolaryngology	○ Rhinology
<ul> <li>Otology, Neurotology, Skull Base Surg</li> </ul>	gery O Laryngology / Voice
Head and Neck Cancer Surgery	O Facial Plastics
O All of the Above	
IC (1 ED II 1 (1	
If you take ER call, do you take:	O V O N
ER Call for General Otolaryngology	O Yes O No
ER Call for Pediatric Otolaryngology	○ Yes ○ No

O Yes O No

ER Call for Maxillofacial Trauma

### **PEDIATRIC SURGERY**

Check the circles if you will see a part		
O Neonatal (age 0-30 days, or ac	dmitted t	0 ,
O Infants (age 0-1 year)		O Adolescents (age>12 years)
O Toddlers (age 1-5 years)		O All Coloral Surgery
O Children (age 6-12 years)		O All of the Above
PLASTIC SURGERY		
Check the circles if you will see a part	icular cat	regory of patient
O Trauma / Burns		O Maxillofacial
O Hand / Microsurgery		O Aesthetic / Breast
O Reconstructive		O Pediatric / Craniofacial
O All of the Above		
If you take ER call, do you take call fo	or:	
Hand Surgery	O Yes	O No
~ .	O Yes	
General Plastic Surgery	O Yes	O No
UROLOGY		
Check the circles if you will see a part	ıcular cat	~ .
O Adult Urology Patients		O Pediatric Urology Patients
Check any of the procedures you will	perform	
O Radical Cystectomy	r	O Radical Prostatectomy
O Robotic Surgery		O Penile Prosthesis
Male Incontinence Surgery		O Female Incontinence/Pelvic Floor Reconstruction Surgery
O All of the Above		
Do you use physician extenders?		
O No		
O Yes		
Are you employed by a hospital?		
O No		
O Yes		
Do you accept Medicaid?		
O No		
O Yes		
VASCIII AD SUDCEDV		
<b>VASCULAR SURGERY</b> Check the circles if you will see a part	icular cat	regory of patient
O General Surgery	icuiai cat	O Aorta Endografts
O Mesenteric Bypass		O Renal Artery Stents
O Carotid Stents		O Peripheral Angiograms

O All of the Above

### **OB-GYN**

Do you deliver babies?	
O No	
O Yes	
How many routine deliveries do you perform per	r month?
	2 1 - 10 per month
	21 - 30 per month
O 31 or more per month	
How many high risk deliveries do you perform p	per month?
	1 - 10 per month
	21 - 30 per month
O 31 or more per month	1
How many C-Sections do you perform per mont	th?
O None	1 - 10 per month
○ 11 - 20 per month	21 - 30 per month
O 31 or more per month	
How many emergency room deliveries do you pe	erform per month for patients having minimal or no "known" prenatal care?
O None	0 1 - 10 per month
O 11 - 20 per month	21 - 30 per month
O 31 or more per month	
How many assists or consultative services do you	a perform per month?
O None	1 - 10 per month
O 11 - 20 per month	21 - 30 per month
O 31 or more per month	
Are you planning to discontinue doing obstetric	care for any reason in the next two years?
O Yes	
O No	
If Yes, check all reasons that apply:	
O Retired	O Cost of Professional Insurance
<ul> <li>Medical Malpractice Litigation</li> </ul>	O Liability Exposure
O Government Reimbursement Rates	O Private Health Plan Reimbursement Rates
O Planning To Move Out Of State	O Do Not Maintain A Full-Time Residence In Florida
O Other	
Are you protected by the NICA program?	
O Yes	
O No	
If No, what is the most important reason (pick of	·
○ Too Costly	O Inadequate Protection
O I don't know anything about the program	m O Other

### **PEDIATRICS**

Check the circles if you will see a particular categ	ory of patient		
O Hospital Practice	O Office Prac	ctice	
O Neonatology	O Public Hea	lth	
O Pediatric Intensivist	O Medical Scl	hool Teaching	
O Pediatric Hospitalist	<ul> <li>Administra</li> </ul>	tive Medicine	
O Pediatric Emergency Care	O All of the A	Above	
Are you working full time?	Yes O No		
If No, is this a personal choice?		○ Yes	O No
Is this due to limited employment oppor	tunity in your location	n? O Yes	O No
RADIOLOGY			
Are you board certified?			
O No			
O Yes			
Enter 4-digit year			
○ Recertified			
Enter 4-digit year			
Are you subspecialty certified?			
O No			
O Yes			
Enter 4-digit year			
Do you have CAQ (Certificate of Added Qualific	cations) Recertification	n?	
O No			
O Yes			
Enter 4-digit year			
Do you see a particular category of patients? (Ch	oose all that apply)		
<ul> <li>Mammography</li> </ul>	<ul> <li>General Ra</li> </ul>	diology	
○ GI Radiology	<ul> <li>Nuclear Me</li> </ul>	edicine	
<ul> <li>Neuroradiology</li> </ul>	<ul> <li>Cardiothor</li> </ul>	acic Radiology	
○ GU Radiology	<ul> <li>Musculosko</li> </ul>	eletal Radiology	
<ul> <li>Pediatric Radiology</li> </ul>	<ul> <li>Interventio</li> </ul>	nal Radiology	
○ All of the Above			
If you indicated that mammography is part of yo	our practice do you:		
Read screening mammograms?		○ Yes ○ No	
Read diagnostic mammograms and sono	grams?	○ Yes ○ No	
Read breast MRI's?		○ Yes ○ No	
Read MRI guided core biopsies?		○ Yes ○ No	
Perform ultrasound & stereotactic guide	d core biopsies?	$\bigcirc$ Yes $\bigcirc$ No	

# **Specialty Questions**

### **RADIOLOGY** (continued)

~	ractice, please choose the most important reason why not:
O Family	O Cost of Professional Insurance
<ul> <li>Medical Malpractice Litigation</li> </ul>	O Liability Exposure
O Government Reimbursement Rates	O Private Health Plan Reimbursement Rates
O Looking For a Change	O Education / Training in Another State
O Potential For Higher Compensation	O Other
Do you consider yourself a pediatric radiologis	st?
O No	
O Yes	
If Yes, do you practice (check all that apply):	
O Musculoskeletal	O Neuroradiology
O Nuclear Medicine	O Interventional Radiology
O General	
Check your type of work location (check all th	at apply):
O Hospital	O Stand Alone Imaging Center
<ul> <li>Hospital-Based Imaging Center</li> </ul>	Off-Site (Internet-Based) Radiology
O Multispecialty Group Imaging Center	O Other
Do you use an outside service (Teleradiology)?	
O Yes	
O No	
If Yes, which services do you use (check all tha	at apply):
O Day Coverage	O Night Coverage
O In-State Physicians	Out-Of-State Physicians
O Subspecialty Consultations	Out-Of-Country Physicians
Other	, ,
Do you treat under-insured patients?	
O Yes	
O No	
Do you treat uninsured patients?	
○ Yes	
O No	
Are you a radiation oncologist?	
○ Yes	
O No	
If Yes, are you certified by the American Board	d of Therapeutic Radiology?
O Yes	•
O No	

#### **RADIOLOGY ONCOLOGY**

Check the circles if you will see a particular category O Adult O Pediatrics	of patient O HDR Implants O IMRT	
O Brachytherapy (LDR)	O SRS/SRT *	
O All of the Above		
* defined as 1-5 fractions, each fraction greater than	or equal to 800cGY	
ANESTHESIA		
Check the circles if you will see a particular category	of patient	
O General Anesthesiology	O Trauma Anesth	
O Obstetrical Anesthesiology	O Critical Care Me	edicine
O Cardiac Anesthesiology	O Postoperative P	ain
<ul><li>Pediatric Anesthesiology</li><li>All of the Above</li></ul>	O Pain Medicine	
PATHOLOGY		
Check the circles if you will see a particular category		
O Chemical Pathology	O Medical Microb	iology
O Molecular Genetic Pathology	O Cytopathology	
O Neuropathology	O Dermatopathol	~
O Forensic Pathology	O Pediatric Pathol	0.
O Hematology	O Surgical Patholo	~
O Blood Banking / Transfusion Medicine	O All of the Abov	e
EMERGENCY MEDICINE		
Check the circles if you will see a particular category	_	
O Adult Care	<ul><li>Trauma</li></ul>	
O OB / GYN	<ul> <li>Psychiatric Care</li> </ul>	
O Pediatrics	<ul> <li>General Orthor</li> </ul>	pedics
O All of the Above		
Do you work in a Level I Trauma Center?		
O Yes		
O No		
Do you work in a Level II Trauma Center?		
O Yes		
O No		

## **Appendix A: List of Specialties**

Appendix A. List of Specialties				
01 Anesthesi	ology	0516	Nephrology	
0100	Anesthesiology, General	0517	Pulmonary Disease	
0101	Addiction Medicine	0518	Rheumatology	
0102	Critical Care Medicine	0519	Sleep Medicine	
0103	Hospice & Palliative Medicine	0520	Sports Medicine	
0104	Pain Medicine	0521	Transplant Hepatology	
02 Dermatol	ogy	0522	Undersea & Hyperbaric Medicine	
0200	Dermatology, General	06 Medical G		
0201	Dermatological Immunology	0600	Medical Genetics, General	
0202	Dermatopathology	0601	Clinical Biochemical Genetics	
0203	MOHS Micrographic Surgery	0602	Clinical Cytogenetics	
0204	Pediatric Dermatology	0603	Clinical Molecular Genetics	
03 Emergence	y Medicine	0604	Medical Biochemical Genetics	
0300	Emergency Medicine, General	0605	Molecular Genetic Pathology	
0301	Emergency Medical Services	07 Neurology	<i>1</i>	
0302	Hospice & Palliative Medicine	0700	Neurology, General	
0303	Medical Toxicology	0701	Addiction Medicine	
0304	Pediatric Emergency Medicine	0702	Clinical Neurophysiology	
0305	Sports Medicine	0703	Epilepsy	
0306	Undersea & Hyperbaric Medicine	0704	Hospice & Palliative Medicine	
04 Family Me	edicine	0705	Neurodevelopmental Disabilities	
0400	Family Medicine, General	0706	Neuromuscular Medicine	
0401	Addiction Medicine	0707	Pain Medicine	
0402	Adolescent Medicine	0708	Pedicatric Neurology	
0403	Geriatric Medicine	0709	Sleep Medicine	
0404	Hospice & Palliative Medicine	0710	Vascular Neurology	
0405	Sleep Medicine	08 Nuclear M	edicine	
0406	Sports Medicine	0800	Nuclear Medicine, General	
05 Internal N		0801	Nuclear Cardiology	
0500	Internal Medicne, General	0802	Nuclear Imaging & Therapy	
0501	Addiction Medicine	0803	Nuclear Radiology	
0502	Allergy & Immunology	0804	In Vivo & In Vitro Nuclear Medicine	
0503	Advanced Heart Failure &		s & Gynecology	
	Transplant Cardiology	0900	Obstetrics & Gynecology, General	
0504	Cardiology	0901	Critical Care Medicine	
0505	Clinical Cardiac Electrophysiology	0902	Gynecologic Oncology	
0506	Critical Care Medicine	0903	Hospice & Palliative Medicine	
0507	Endocrinology	0904	Maternal & Fetal Medicine	
0508	Gastroenterology	0905	Reproductive Endocrinology	
0509	Geriatric Medicine	10 Ophthalm	<del></del>	
0510	Hematology	1000	Ophthalmology, General	
0511	Hematology & Oncology	11 Orthopedi		
0512	Hospice & Palliative Medicine	1100	Orthopedic Medicine, General	
0513	Infectious Disease	1101	Hand Surgery	
0514	Interventional Cardiology	1102	Orthopedic Sports Medicine	
0515	Oncology	1103	Orthopedic Surgery	

## **Appendix A: List of Specialties**

12 Otolaryng	ology	1425	Pediatric Urology
1200	Otolaryngology, General	1426	Sleep Medicine
1201	Neurotology	1427	Sports Medicine
1202	Pediatric Otolaryngology		Medicine & Rehabilitation
1203	Facial Plastic Surgery	1500	Physical Medicine &
1204	Otolaryngic Allergy		Rehabilitation, General
1205	Sleep Medicine	1501	Hospice & Palliative Medicine
13 Pathology		1502	Neuromuscular Medicine
1300	Pathology, General	1503	Pain Medicine
1301	Anatomic Pathology	1504	Pediatric Rehabilitation Medicine
1302	Blood Banking & Transfusion Medicine	1505	Spinal Cord Injury Medicine
1303	Chemical Pathology	1506	Sports Medicine
1304	Clinical Pathology	16 Preventiv	e Medicine
1305	Cytopathology	1600	Preventive Medicine, General
1306	Dermatopathology	1601	Aerospace Medicine
1307	Hematologic Pathology	1602	Environmental Medicine
1308	Immunopathology	1603	Medical Toxicology
1309	Medical Microbiology	1604	Public Health
1310	Molecular Genetic Pathology	1605	Occupational Medicine
1311	Neuropathology	1606	Sports Medicine
1312	Pediatric Pathology	1607	Undersea & Hyperbaric Medicine
14 Pediatrics	e.	17 Proctolog	У
1400	Pediatrics, General	1700	Proctology, General
1401	Adolescent Medicine	18 Psychiatr	y
1402	Child Abuse Pediatrics	1800	Psychiatry, General
1403	Developmental & Behavioral Pediatrics	1801	Addiction Medicine
1404	Hospice & Palliative Medicine	1802	Adolescent Psychiatry
1405	Neonatal & Perinatal Medicine	1803	Forensic Psychiatry
1406	Neurodevelopmental Disabilities	1804	Geriatric Psychiatry
1407	Pediatric Allergy & Immunology	1805	Hospice & Palliative Care
1408	Pediatric Cardiology	1806	Pain Medicine
1409	Pediatric Critical Care Medicine	1807	Pediatric Psychiatry
1410	Pediatric Dermatology	1808	Psychosomatic Medicine
1411	Pediatric Emergency Medicine	1809	Sleep Medicine
1412	Pediatric Endocrinology	19 Radiology	/
1413	Pediatric Gastroenterology	1900	Radiology, General
1414	Pediatric Hematology & Oncology	1901	Body Imaging
1415	Pediatric Infectious Diseases	1902	Diagnostic Radiology
1416	Pediatric Nephrology	1903	Diagnostic Roentgenology
1417	Pediatric Neurology	1904	Diagnostic Ultrasound
1418	Pediatric Otolaryngology	1905	Hospice & Palliative Medicine
1419	Pediatric Pathology	1906	Neuroradiology
1420	Pediatric Pulmonology	1907	Nuclear Radiology
1421	Pediatric Radiology	1908	Pediatric Radiology
1422	Pediatric Rehabilitation Medicine	1909	Radiation Oncology
1423	Pediatric Rheumatology	1910	Radiation Therapy
1424	Pediatric Transplant Hepatology	1911	Roentgenology
		1912	Vascular & Interventional Radiology

## **Appendix A: List of Specialties**

### 20 Surgery

zo Surgery	
2000	Surgery, General
2001	Colon & Rectal Surgery
2002	Congenital Cardiac Surgery
2003	Hand Surgery
2004	Neurological Surgery
2005	Orthopedic Surgery
2006	Pediatric Surgery
2007	Plastic & Reconstructive Surgery
2008	Surgical Critical Care
2009	Thoracic Surgery
2010	Urological Surgery
2011	Vasular Surgery
21 Urology	
2100	Urology, General
2101	Pediatric Urology

## **Appendix B: List of Florida Counties**

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Alachua Baker Bay Bradford Brevard Broward Calhoun Charlotte Citrus Clay Collier Columbia Dade Desoto Dixie Duval Escambia Flagler Franklin Gadsden Gilchrist	34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River Jackson Jefferson Lafayette Lake Lee Leon Levy Liberty Madison Manatee Marion Martin Monroe	57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77	Okeechobee Orange Osceola Palm Beach Pasco Pinellas Polk Putnam St. Johns St. Lucie Santa Rosa Sarasota Seminole Sumter Suwannee Taylor Union Volusia Wakulla Walton Washington
32	Glades	55	Nassau	78	Unknown
33	Gulf	56	Okaloosa	79	Out of State