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.

License Number: ___________________ Name: ______________________________________
☐ D.O. ☐ M.D. (Please check one)

1. How many months did you practice in Florida in the last 12 months?
   ○ Did not practice in Florida
   ○ 1-2
   ○ 3-4
   ○ 5-6
   ○ 7-8
   ○ 9-10
   ○ 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)
   ○ Retired
   ○ Malpractice Insurance Rates
   ○ Liability Exposure
   ○ Medicare/Medicaid Reimbursement Rates
   ○ Private Health Plan Reimbursement Rates
   ○ Planning to move to Florida

Do you plan to relocate to Florida?
   ○ In 1-2 years
   ○ In 3-4 years
   ○ 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?
   ○ Yes
   ○ 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) _______
PHYSICIAN WORKFORCE SURVEY

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 do you spend on:

5. Patient Care _________
6. Administrative Matters _________
7. Research & Teaching _________

8. How many patients on average do you see per week at this location? _________

9. Which setting best describes your practice at this location?
   - Office Practice—Solo Practice
   - Office Practice—Group Practice—Single Specialty
   - Office Practice—Group Practice—Multi-Specialty
   - Hospital—Hospital Based Physician (Non-Emergency)
   - Hospital—Other
   - Hospital—Hospitalist
   - Hospital—Outpatient Department
   - Hospital—Emergency Room
   - County Health Department
   - Urgent Care Center
   - Nursing Home/Extended Care Facility
   - Volunteer Free Clinic
   - Federally Qualified Health Center
   - Ambulatory Surgery Center
   - Other

10. If you are an employed physician at this location, your employer is:
    - A medical school or parent university
    - A government agency
    - A staff or group HMO
    - Other

11. Primary Specialty at this location (Enter code from list provided) _________
12. Approximate percent of patient care at this location involving primary specialty _________

13. Alternate Specialty (1) at this location (Enter code from list provided) _________
14. Approximate percent of patient care at this location involving alternate specialty (1) _________

15. Alternate Specialty (2) at this location (Enter code from list provided) _________
16. Approximate percent of patient care at this location involving alternate specialty (2) _________

STOP
Continue on to Question 17 if you have one or more additional Florida practice locations
Skip ahead to Question 27 if you have no additional Florida practice locations
PHYSICIAN WORKFORCE SURVEY

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) _______
HOSPITAL CARE QUESTIONS

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

28. At how many individual hospitals do you provide on-call emergency room coverage?

29. How many total days per month do you take emergency call?

30. During the past 2 years, has the number of emergency on-call days:
   - Increased
   - Decreased
   - Stayed the same

31. If you are decreasing your on-call days, what is the main reason?
   - Retiring
   - Compensation
   - Lifestyle Considerations
   - Malpractice Insurance Rates
   - Liability Exposure
   - Work in an Urgent Care Clinic
   - Private Health Plan Reimbursement Rates
   - Other
   - Medicare/Medicaid Reimbursement Rates

32. At which type of verified trauma center do you take trauma call or attend to trauma patients?
   - Do not take trauma call
   - Level I
   - Level II
   - Pediatric

SCOPE OF PRACTICE QUESTIONS

33. What is the main reason you are NOT currently accepting new Medicare patients in your practice?
   - Not Applicable—Currently Accepting New Medicare Patients
   - Low Compensation
   - Billing Requirements
   - Too Much Paperwork
   - Practice At Full Capacity
   - Concerned About Fraud Issues

34. What is the main reason you are NOT currently accepting new Medicaid patients in your practice?
   - Not Applicable—Currently Accepting New Medicaid Patients
   - 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?
   ○ Yes
   ○ No

36. If Yes, the main reason for retiring is (choose only one)
   ○ Time to retire
   ○ Compensation
   ○ Family
   ○ Liability exposure
   ○ Private health plan reimbursement rates
   ○ Medicare/Medicaid reimbursement rates
   ○ Malpractice insurance rates
   ○ Other

37. If Yes, do you plan to have a limited license for volunteering?
   ○ Yes
   ○ No

38. Do you plan to move to work in another state in the next 5 years?
   ○ Yes
   ○ No

39. If Yes, the main reason for moving to work in another state is (choose only one)
   ○ Family
   ○ Compensation
   ○ Liability exposure
   ○ Malpractice insurance rates
   ○ Private health plan reimbursement rates
   ○ Medicare/Medicaid reimbursement rates
   ○ Looking for a change
   ○ Education/training in another state
   ○ Other

40. Do you plan to change your specialty in the next 5 years?
   ○ Yes
   ○ No

41. If Yes, the main reason for changing your specialty is (choose only one)
   ○ Family
   ○ Malpractice insurance rates
   ○ Liability exposure
   ○ Private health plan reimbursement rates
   ○ Medicare/Medicaid reimbursement rates
   ○ Compensation
   ○ Education/training in another state
   ○ Potential for higher compensation
   ○ Other
PHYSICIAN WORKFORCE SURVEY

Attestation Statement
The attestation of the physician named on Survey Page 1 is required by Florida law, confirming that: “The information provided is true and accurate to the best of my knowledge and the submission does not contain any knowingly false information.”

Signature: _______________________________ Date: ________________
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.

**GENERAL INTERNAL MEDICINE**
Check the circles if you will see a particular category of patient
- Internal Medicine
- Geriatrics
- Women's Health
- Pediatrics Care
- In-Hospital Care
- All of the Above

**ALLERGY / IMMUNOLOGY**
Check the circles if you will see a particular category of patient
- Internal Medicine
- Adult Asthma
- Childhood Asthma
- Allergic Rhinitis
- Allergic Skin Disease
- Immune Deficiency
- Food/Insect/Drug Allergy
- All of the Above

**CARDIOVASCULAR DISEASE**
Check the circles if you will see a particular category of patient
- Internal Medicine
- General Cardiology
- Interventional Cardiology
- ECHO
- Electrophysiology
- Heart Failure & Transplant
- Nuclear Cardiology
- Pediatric Cardiology
- Vascular Medicine
- MR/CT Cardiologist
- All of the Above

**ENDOCRINOLOGY**
Check the circles if you will see a particular category of patient
- Internal Medicine
- Adult Endocrinology
- Diabetes Mellitus
- All of the Above

**GASTROENTEROLOGY**
Check the circles if you will see a particular category of patient
- Internal Medicine
- Gastroenterology
- ERCP
- Hepatology
- Pediatrics
- Endoscopic Ultrasound
- All of the Above

**GENETICS**
Check the circles if you will see a particular category of patient
- Prenatal Genetics
- Adult Genetics
- Cancer Genetics
- Biochemical Genetics
- Molecular Genetics
- Internal Medicine
- Chromosome Disorders
- Neuromuscular Disorders
- Developmental Delay/Autism
- Dysmorphology
- Cytogenetics
- Pediatrics
- All of the Above
PHYSICIAN WORKFORCE SURVEY
Specialty Questions

GERIATRICS
Check the circles if you will see a particular category of patient
- ○ Internal Medicine
- ○ Geriatric Consultation
- ○ Geriatric Primary Care
- ○ Family Medicine
- ○ Nursing Home Care
- ○ All of the Above

HEMATOLOGY
Check the circles if you will see a particular category of patient
- ○ Internal Medicine
- ○ Hemophilia Diseases
- ○ Oncology
- ○ Hematology
- ○ All of the Above

ONCOLOGY
Check the circles if you will see a particular category of patient
- ○ Internal Medicine
- ○ Hemophilia Diseases
- ○ Oncology
- ○ Hematology
- ○ All of the Above

HEMATOLOGY & ONCOLOGY
Check the circles if you will see a particular category of patient
- ○ Oncology
- ○ Hemophilia Diseases
- ○ Hematology
- ○ All of the Above

INFECTIOUS DISEASE
Check the circles if you will see a particular category of patient
- ○ Internal Medicine
- ○ Adult Infectious Diseases
- ○ HIV/AIDS
- ○ General Pediatrics
- ○ Pediatric Infectious Diseases
- ○ All of the Above

NEPHROLOGY
Check the circles if you will see a particular category of patient
- ○ Internal Medicine
- ○ Renal Transplantation
- ○ ICU Nephrology
- ○ Interventional Nephrology
- ○ Pediatric Nephrology
- ○ Dialysis Patient Care
- ○ Dialysis Unit Administration
- ○ Adult Nephrology
- ○ All of the Above

PULMONARY DISEASE
Check the circles if you will see a particular category of patient
- ○ Internal Medicine
- ○ Sleep Medicine
- ○ Critical Care / ICU
- ○ Pulmonary Outpatient
- ○ All of the Above

CRITICAL CARE MEDICINE
Check the circles if you will see a particular category of patient
- ○ ICU
- ○ Trauma Unit
- ○ Burn Unit
- ○ All of the Above

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PHYSICIAN WORKFORCE SURVEY
Specialty Questions

RHEUMATOLOGY
Check the circles if you will see a particular category of patient
- Internal Medicine
- Pediatric Rheumatology
- All of the Above
- Clinical Research
- Adult Rheumatology

SPORTS MEDICINE
Check the circles if you will see a particular category of patient
- Internal Medicine
- Family Medicine
- All of the Above
- Sports Medicine

SLEEP MEDICINE
Check the circles if you will see a particular category of patient
- Internal Medicine
- Sleep Medicine
- All of the Above
- Pulmonary Medicine
- Neurology

FAMILY MEDICINE
Check the circles if you will see a particular category of patient
- Office (Outpatient) Care only; No Hospital
- Office and Hospital Care
- Adolescent Medicine >12y/o
- Pediatrics 2 to 12y/o
- Infants Care <2y/o
- Delivery
- Prenatal Services
- Cosmetic (Laser Procedures, Botox, etc.)
- Geriatrics
- Sports Medicine
- HIV Primary Care
- Immunizations
- Colonoscopy
- Sigmoidoscopy
- Stress Testing
- Auto Injury (PIP)
- All of the Above

DERMATOLOGY
Check the circles if you will see a particular category of patient
- General Dermatology
- Skin Cancer Surgery
- Moh's Surgery
- All of the Above
- Dermatopathology
- Pediatric Dermatology
- Cosmetic Dermatology

NEUROLOGY
Check the circles if you will see a particular category of patient
- Adult Neurology
- Pediatric Neurology
- Hospital Based Neurology (No Office)
- Primarily Office-Based / Some Hospital
- Primarily Hospital-Based / Some Office
- Sleep Medicine
- Clinical Neurophysiology
- Neuromuscular Medicine
- Neuromuscular Disabilities
- Pain Medicine
- Academic Practice
- All of the Above
PHYSICIAN WORKFORCE SURVEY
Specialty Questions

PHYSICAL MEDICINE
Check the circles if you will see a particular category of patient
- Adult Rehabilitation
- Electrodiagnosis
- Pain Medicine
- Teaching
- All of the Above
- Pediatric Rehabilitation
- Sports Medicine
- Research
- Other

PSYCHIATRY
Do you admit, consult or treat patients at a hospital?
- No
- Yes
Do you admit, consult or treat patients at a residential treatment program?
- No
- Yes
Check the circles if you will see a particular category of patient
- Geriatrics
- Addictions
- All of the Above
- Forensics
- Children

PAIN MEDICINE
Check the circles if you will see a particular category of patient
- Intervventional Treatment
- Legal Work / Review Cases
- Hospital Consults
- Interventional Treatment
- Medical Management
- Auto Cases
- All of the Above

GENERAL SURGERY
Check the circles if you will see a particular category of patient
- Trauma
- Breast Cancer
- Gynecologic Surgery
- Colon & Rectal Surgery
- Vascular Surgery
- Pediatric Surgery
- Hand Surgery
- Critical Care Medicine
- All of the Above

CARDIAC / THORACIC SURGERY
Check the circles if you will see a particular category of patient
- Adult Hearts
- Pediatric Hearts
- Transplantation
- Thoracic Surgery
- Vascular Surgery
- General Surgery
- All of the Above

COLON & RECTAL SURGERY
Check the circles if you will see a particular category of patient
- Anal & Perianal Disease
- Inflammatory Bowel Disease
- All of the Above
- Colon and Rectal Cancer
- Constipation and Motility Disorders
PHYSICIAN WORKFORCE SURVEY
Specialty Questions

HAND SURGERY
Check the circles if you will see a particular category of patient
○ Trauma ○ Reconstructive
○ Microvascular ○ All of the Above

NEUROLOGICAL SURGERY
Check the circles if you will see a particular category of patient
○ General Neurosurgery ○ Spinal Surgery
○ Trauma ○ Peripheral Nerve
○ Brain Tumor ○ Pain / Functional
○ Cerebrovascular ○ Radiosurgery
○ Pediatric Neurosurgery ○ Endovascular
○ All of the Above

OPHTHALMOLOGY
Check the circles if you will see a particular category of patient
○ General Ophthalmology ○ Pediatrics-Strabismus
○ Cornea-External Diseases ○ Neuro-Ophthalmology
○ Retinal Diseases ○ Ophthalmic Plastic Surgery
○ Glaucoma ○ All of the Above

ORTHOPEDIC SURGERY
Check the circles if you will see a particular category of patient
○ General Orthopedics ○ Hand
○ Adult Reconstruction ○ Shoulder / Elbow
○ Sports Medicine ○ Ankle / Foot
○ Trauma ○ Oncology
○ Pediatrics ○ Spine
○ All of the Above

OTOLARYNGOLOGY
Check the circles if you will see a particular category of patient
○ General Otolaryngology ○ General Otology
○ Pediatric Otolaryngology ○ Rhinology
○ Otology, Neurotology, Skull Base Surgery ○ Laryngology / Voice
○ Head and Neck Cancer Surgery ○ Facial Plastics
○ All of the Above

If you take ER call, do you take:
ER Call for General Otolaryngology ○ Yes ○ No
ER Call for Pediatric Otolaryngology ○ Yes ○ No
ER Call for Maxillofacial Trauma ○ Yes ○ No
PHYSICIAN WORKFORCE SURVEY
Specialty Questions

PEDIATRIC SURGERY
Check the circles if you will see a particular category of patient
- Neonatal (age 0-30 days, or admitted to NICU, regardless of age)
- Infants (age 0-1 year)
- Toddlers (age 1-5 years)
- Children (age 6-12 years)
- Adolescents (age >12 years)
- Adult General Surgery
- All of the Above

PLASTIC SURGERY
Check the circles if you will see a particular category of patient
- Trauma / Burns
- Hand / Microsurgery
- Reconstructive
- Maxillofacial
- Aesthetic / Breast
- Pediatric / Craniofacial
- All of the Above

If you take ER call, do you take call for:
- Hand Surgery
- Maxillofacial Trauma
- General Plastic Surgery
- Yes
- No

UROLOGY
Check the circles if you will see a particular category of patient
- Adult Urology Patients
- Pediatric Urology Patients

Check any of the procedures you will perform
- Radical Cystectomy
- Robotic Surgery
- Male Incontinence Surgery
- All of the Above
- Radical Prostatectomy
- Penile Prosthesis
- Female Incontinence / Pelvic Floor Reconstruction Surgery

Do you use physician extenders?
- No
- Yes

Are you employed by a hospital?
- No
- Yes

Do you accept Medicaid?
- No
- Yes

VASCULAR SURGERY
Check the circles if you will see a particular category of patient
- General Surgery
- Mesenteric Bypass
- Carotid Stents
- All of the Above
- Aorta Endografts
- Renal Artery Stents
- Peripheral Angiograms
OB-GYN

Do you deliver babies?
- No
- Yes

How many routine deliveries do you perform per month?
- None
- 11 - 20 per month
- 31 or more per month
- 1 - 10 per month
- 21 - 30 per month

How many high risk deliveries do you perform per month?
- None
- 11 - 20 per month
- 31 or more per month
- 1 - 10 per month
- 21 - 30 per month

How many C-Sections do you perform per month?
- None
- 11 - 20 per month
- 31 or more per month
- 1 - 10 per month
- 21 - 30 per month

How many emergency room deliveries do you perform per month for patients having minimal or no “known” prenatal care?
- None
- 11 - 20 per month
- 31 or more per month
- 1 - 10 per month
- 21 - 30 per month

How many assists or consultative services do you perform per month?
- None
- 11 - 20 per month
- 31 or more per month
- 1 - 10 per month
- 21 - 30 per month

Are you planning to discontinue doing obstetric care for any reason in the next two years?
- Yes
- No

If Yes, check all reasons that apply:
- Retired
- Medical Malpractice Litigation
- Government Reimbursement Rates
- Planning To Move Out Of State
- Other
- Cost of Professional Insurance
- Liability Exposure
- Private Health Plan Reimbursement Rates
- Do Not Maintain A Full-Time Residence In Florida
- Other

Are you protected by the NICA program?
- Yes
- No

If No, what is the most important reason (pick only one)
- Too Costly
- I don't know anything about the program
- Inadequate Protection
- Other
PHYSICIAN WORKFORCE SURVEY
Specialty Questions

PEDIATRICS
Check the circles if you will see a particular category of patient
- Hospital Practice
- Neonatology
- Pediatric Intensivist
- Pediatric Hospitalist
- Pediatric Emergency Care
- Office Practice
- Public Health
- Medical School Teaching
- Administrative Medicine
- All of the Above

Are you working full time?  ○ Yes  ○ No
If No, is this a personal choice?  ○ Yes  ○ No
Is this due to limited employment opportunity in your location?  ○ Yes  ○ No

RADIOLOGY
Are you board certified?  ○ No  ○ Yes
Enter 4-digit year ________
○ Recertified
Enter 4-digit year ________

Are you subspecialty certified?  ○ No  ○ Yes
Enter 4-digit year ________

Do you have CAQ (Certificate of Added Qualifications) Recertification?  ○ No  ○ Yes
Enter 4-digit year ________

Do you see a particular category of patients? (Choose all that apply)
- Mammography
- GI Radiology
- Neuroradiology
- GU Radiology
- Pediatric Radiology
- General Radiology
- Nuclear Medicine
- Cardiothoracic Radiology
- Musculoskeletal Radiology
- Interventional Radiology
- All of the Above

If you indicated that mammography is part of your practice do you:
Read screening mammograms?  ○ Yes  ○ No
Read diagnostic mammograms and sonograms?  ○ Yes  ○ No
Read breast MRI's?  ○ Yes  ○ No
Read MRI guided core biopsies?  ○ Yes  ○ No
Perform ultrasound & stereotactic guided core biopsies?  ○ Yes  ○ No
PHYSICIAN WORKFORCE SURVEY
Specialty Questions

RADIOLOGY (continued)
If mammography is not part of your clinical practice, please choose the most important reason why not:

- Family
- Medical Malpractice Litigation
- Government Reimbursement Rates
- Looking For a Change
- Potential For Higher Compensation
- Cost of Professional Insurance
- Liability Exposure
- Private Health Plan Reimbursement Rates
- Education / Training in Another State
- Other

Do you consider yourself a pediatric radiologist?
- No
- Yes

If Yes, do you practice (check all that apply):

- Musculoskeletal
- Nuclear Medicine
- General
- Neuroradiology
- Interventional Radiology

Check your type of work location (check all that apply):

- Hospital
- Hospital-Based Imaging Center
- Multispecialty Group Imaging Center
- Stand Alone Imaging Center
- Off-Site (Internet-Based) Radiology
- Other

Do you use an outside service (Teleradiology)?
- Yes
- No

If Yes, which services do you use (check all that apply):

- Day Coverage
- In-State Physicians
- Subspeciality Consultations
- Other
- Night Coverage
- Out-Of-State Physicians
- Out-Of-Country Physicians

Do you treat under-insured patients?
- Yes
- No

Do you treat uninsured patients?
- Yes
- No

Are you a radiation oncologist?
- Yes
- No

If Yes, are you certified by the American Board of Therapeutic Radiology?
- Yes
- No
PHYSICIAN WORKFORCE SURVEY
Specialty Questions

**RADIOLOGY ONCOLOGY**
Check the circles if you will see a particular category of patient
- Adult
- Pediatric
- Brachytherapy (LDR)
- 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
- General Anesthesiology
- Obstetrical Anesthesiology
- Cardiac Anesthesiology
- Pediatric Anesthesiology
- All of the Above

- Trauma Anesthesiology
- Critical Care Medicine
- Postoperative Pain
- Pain Medicine

**PATHOLOGY**
Check the circles if you will see a particular category of patient
- Chemical Pathology
- Molecular Genetic Pathology
- Neuropathology
- Forensic Pathology
- Hematology
- Blood Banking / Transfusion Medicine
- All of the Above

- Medical Microbiology
- Cytopathology
- Dermatopathology
- Pediatric Pathology
- Surgical Pathology

**EMERGENCY MEDICINE**
Check the circles if you will see a particular category of patient
- Adult Care
- OB / GYN
- Pediatrics
- All of the Above

- Trauma
- Psychiatric Care
- General Orthopedics

Do you work in a Level I Trauma Center?
- Yes
- No

Do you work in a Level II Trauma Center?
- Yes
- No
PHYSICIAN WORKFORCE SURVEY
Appendix A: List of Specialties

01 Anesthesiology
  0100 Anesthesiology, General
  0101 Addiction Medicine
  0102 Critical Care Medicine
  0103 Hospice & Palliative Medicine
  0104 Pain Medicine

02 Dermatology
  0200 Dermatology, General
  0201 Dermatological Immunology
  0202 Dermatopathology
  0203 MOHS Micrographic Surgery
  0204 Pediatric Dermatology

03 Emergency Medicine
  0300 Emergency Medicine, General
  0301 Emergency Medical Services
  0302 Hospice & Palliative Medicine
  0303 Medical Toxicology
  0304 Pediatric Emergency Medicine
  0305 Sports Medicine
  0306 Undersea & Hyperbaric Medicine

04 Family Medicine
  0400 Family Medicine, General
  0401 Addiction Medicine
  0402 Adolescent Medicine
  0403 Geriatric Medicine
  0404 Hospice & Palliative Medicine
  0405 Sleep Medicine
  0406 Sports Medicine

05 Internal Medicine
  0500 Internal Medicine, General
  0501 Addiction Medicine
  0502 Allergy & Immunology
  0503 Advanced Heart Failure & Transplant Cardiology
  0504 Cardiology
  0505 Clinical Cardiac Electrophysiology
  0506 Critical Care Medicine
  0507 Endocrinology
  0508 Gastroenterology
  0509 Geriatric Medicine
  0510 Hematology
  0511 Hematology & Oncology
  0512 Hospice & Palliative Medicine
  0513 Infectious Disease
  0514 Interventional Cardiology
  0515 Oncology
  0516 Nephrology
  0517 Pulmonary Disease
  0518 Rheumatology
  0519 Sleep Medicine
  0520 Sports Medicine
  0521 Transplant Hepatology
  0522 Undersea & Hyperbaric Medicine

06 Medical Genetics
  0600 Medical Genetics, General
  0601 Clinical Biochemical Genetics
  0602 Clinical Cytogenetics
  0603 Clinical Molecular Genetics
  0604 Medical Biochemical Genetics
  0605 Molecular Genetic Pathology

07 Neurology
  0700 Neurology, General
  0701 Addiction Medicine
  0702 Clinical Neurophysiology
  0703 Epilepsy
  0704 Hospice & Palliative Medicine
  0705 Neuropediatric Medicine
  0706 Neuromuscular Medicine
  0707 Pain Medicine
  0708 Pediatric Neurology
  0709 Sleep Medicine
  0710 Vascular Neurology

08 Nuclear Medicine
  0800 Nuclear Medicine, General
  0801 Nuclear Cardiology
  0802 Nuclear Imaging & Therapy
  0803 Nuclear Radiology
  0804 In Vivo & In Vitro Nuclear Medicine

09 Obstetrics & Gynecology
  0900 Obstetrics & Gynecology, General
  0901 Critical Care Medicine
  0902 Gynecologic Oncology
  0903 Hospice & Palliative Medicine
  0904 Maternal & Fetal Medicine
  0905 Reproductive Endocrinology

10 Ophthalmology
  1000 Ophthalmology, General

11 Orthopedic Medicine
  1100 Orthopedic Medicine, General
  1101 Hand Surgery
  1102 Orthopedic Sports Medicine
  1103 Orthopedic Surgery
PHYSICIAN WORKFORCE SURVEY
Appendix A: List of Specialties

12 Otolaryngology
1200 Otolaryngology, General
1201 Neurotology
1202 Pediatric Otolaryngology
1203 Facial Plastic Surgery
1204 Otolaryngic Allergy
1205 Sleep Medicine

13 Pathology
1300 Pathology, General
1301 Anatomic Pathology
1302 Blood Banking & Transfusion Medicine
1303 Chemical Pathology
1304 Clinical Pathology
1305 Cytopathology
1306 Dermatopathology
1307 Hematologic Pathology
1308 Immunopathology
1309 Medical Microbiology
1310 Molecular Genetic Pathology
1311 Neuropathology
1312 Pediatric Pathology

14 Pediatrics
1400 Pediatrics, General
1401 Adolescent Medicine
1402 Child Abuse Pediatrics
1403 Developmental & Behavioral Pediatrics
1404 Hospice & Palliative Medicine
1405 Neonatal & Perinatal Medicine
1406 Neurodevelopmental Disabilities
1407 Pediatric Allergy & Immunology
1408 Pediatric Cardiology
1409 Pediatric Critical Care Medicine
1410 Pediatric Dermatology
1411 Pediatric Emergency Medicine
1412 Pediatric Endocrinology
1413 Pediatric Gastroenterology
1414 Pediatric Hematology & Oncology
1415 Pediatric Infectious Diseases
1416 Pediatric Nephrology
1417 Pediatric Neurology
1418 Pediatric Otolaryngology
1419 Pediatric Pathology
1420 Pediatric Pulmonology
1421 Pediatric Radiology
1422 Pediatric Rehabilitation Medicine
1423 Pediatric Rheumatology
1424 Pediatric Transplant Hepatology
1425 Pediatric Urology
1426 Sleep Medicine
1427 Sports Medicine

15 Physical Medicine & Rehabilitation
1500 Physical Medicine & Rehabilitation, General
1501 Hospice & Palliative Medicine
1502 Neuromuscular Medicine
1503 Pain Medicine
1504 Pediatric Rehabilitation Medicine
1505 Spinal Cord Injury Medicine
1506 Sports Medicine

16 Preventive Medicine
1600 Preventive Medicine, General
1601 Aerospace Medicine
1602 Environmental Medicine
1603 Medical Toxicology
1604 Public Health
1605 Occupational Medicine
1606 Sports Medicine
1607 Undersea & Hyperbaric Medicine

17 Proctology
1700 Proctology, General

18 Psychiatry
1800 Psychiatry, General
1801 Addiction Medicine
1802 Adolescent Psychiatry
1803 Forensic Psychiatry
1804 Geriatric Psychiatry
1805 Hospice & Palliative Care
1806 Pain Medicine
1807 Pediatric Psychiatry
1808 Psychosomatic Medicine
1809 Sleep Medicine

19 Radiology
1900 Radiology, General
1901 Body Imaging
1902 Diagnostic Radiology
1903 Diagnostic Roentgenology
1904 Diagnostic Ultrasound
1905 Hospice & Palliative Medicine
1906 Neuroradiology
1907 Nuclear Radiology
1908 Pediatric Radiology
1909 Radiation Oncology
1910 Radiation Therapy
1911 Roentgenology
1912 Vascular & Interventional Radiology
PHYSICIAN WORKFORCE SURVEY
Appendix A: List of Specialties

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