



AAFP 2017 Annual Census Worksheet

You may use this worksheet to collect program data and information to use in completing the AAFP Census Survey.

YEAR ONE TOTALS

Indicate the number of **First Year** residents beginning training in July, who Matched via the 2017 National Resident Matching Program (NRMP).

NRMP Day 1:	
Filled by SOAP process:	
Filled after completion of SOAP process:	
If your program has residents entering from other means, i.e. AOA, Military, etc. please clarify here:	

DEMOGRAPHIC TOTALS

Indicate your program's demographic information by Year of Residency at the start of the 2017-2018 year.

Osteopathic Physicians (DO's)

1st Year	
2nd Year	
3rd Year	
4th Year	

International Medical Grads Non-US Citizen

1st Year	
2nd Year	
3rd Year	
4th Year	

International Medical Grads US Citizen

1st Year	
2nd Year	
3rd Year	
4th Year	

Canadian Medical Graduates

1st Year	
2nd Year	
3rd Year	
4th Year	

Women

1st Year	
2nd Year	
3rd Year	
4th Year	

African American

1st Year	
2nd Year	
3rd Year	
4th Year	

Hispanic

1st Year	
2nd Year	
3rd Year	
4th Year	

American Indian/Alaska Native

1st Year	
2nd Year	
3rd Year	
4th Year	

Asian/Pacific Islander

1st Year	
2nd Year	
3rd Year	
4th Year	

Other Minority

1st Year	
2nd Year	
3rd Year	
4th Year	

POSITIONS OFFERED

Please indicate the total number of positions offered for each residency year as of July 2017.

1st Year	
2nd Year	
3rd Year	

Fourth year of residency offered?	Yes / No
If yes, how many fourth year residents?	
Names of any fourth year residents:	

RESIDENTS

Be prepared to verify information of current residents and add all new incoming FIRST YEAR residents who will begin training in July. Also, be prepared to verify the current listing and make any corrections as necessary, including the addition of any new residents and/or transfers who entered your program during the 2016-2017 year (after July 1, 2016 through June 30, 2017).

Data fields for each resident include: First Name, Middle Name, Last Name, Degree, Gender, Date Graduated from Medical School, Residency Training Start Date, and Anticipated Date of Residency Completion.

QUESTIONS

Is your Family Medicine Center either a Federally Qualified Health Center (FQHC) or FQHC "look alike"?	Yes / No
Will your program be paying any or all AAFP resident membership dues? (Information about dues available in the census)	Yes / No
If yes, indicate the PGY year(s) for which you wish to pay resident dues.	Year 1 Year 2 Year 3 Year 4