



## **Information about your practice/organization:**

### **Practice type:**

Solo practice (1 clinician)

Small (2-3 clinicians)

Moderate (3-5 clinicians)

Large (> 5 clinicians)

Family Practice Group

*(more than one family physician in the practice)*

Primary Care Only

Multi-Specialty Group

*(primary and specialty physicians)*

Academic practice or Residency Program

Community Health Center (FQHC)

Other (please explain)

### **How many physicians are working within your practice?**

MD

DO

### **What is their estimated # of days per week?**

MD

DO

### **How many clinicians (non-MD/DO providers) are working within your practice?**

*behavioral health clinician*

*dietitian care manager*

*nurse*

*advanced practice register nurse*

*PhD psychologist*

*social worker*

*clinical pharmacist*

*physician assistant*

*nurse midwife*

### **What is their estimated # of days per week?**

*behavioral health clinician*

*dietitian care manager*

*nurse*

*advanced practice register nurse*

*PhD psychologist*

*social worker*

*clinical pharmacist*

*physician assistant*

*nurse midwife*

### **Who is the Majority owner of your practice?**

Self

Hospital or Healthcare system

Government entity

Medical Group Practice

Managed Care Org.

Accountable Care Org.

Other (please explain)

## **IRB Information:**

Is your practice required to report to an IRB (Institutional Review Board)?

Yes

No

Don't Know

**eNQUIRENet:** A sub-network of the AAFP NRN utilizing electronic health record (EHR) data as the primary source of data collection. eNQUIRENet seeks to blend quality improvement, effectiveness and translational research in a data-driven learning environment.



- ◆ The entire practice must enroll to become a member of eNQUIRENet.
- ◆ As an eNQUIRENet member you will automatically be enrolled as an NRN member.

**Do you have an EHR (Electronic Health Record) or EMR (Electronic Medical Record) ?**

Yes

No

If no, do you plan to install an EHR/EMR in the next 24 months?

Yes

No

Maybe

If yes, which EHR/EMR System do you utilize?

**Do you use a software vendor for the extraction, aggregation and standardization of clinical data?**

If yes, which one?

**Do you (or your staff) have the ability to extract data independently from your EHR/EMR?**

Yes

No

**Do you have a wireless internet connection?**

Yes

Not currently, but plan to have access soon

No, and do not plan on getting access

**Thank you for your interest in the AAFP National Research Network!**

**Please email your completed membership enrollment form to: Kaari Van Auken at [kvanauken@aafp.org](mailto:kvanauken@aafp.org)**