



AAFP 2018 Annual Census Worksheet

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

POSITIONS OFFERED

Please indicate the total number of positions offered for each residency year as of July 2018.

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

FUNDING

Indicate how the positions entered are funded by each of the following sources.

Centers for Medicare & Medicaid Services (CMS)	
Sponsoring Institution ("Over the Cap")	
Teaching Health Center (HRSA)	
US Department of Veteran Affairs (VA)	
Other	

QUESTIONS

Does your program offer global health rotations/electives?	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

DEMOGRAPHIC TOTALS

Indicate your program's demographic information by Year of Residency at the start of the 2018-2019 year.

Women

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

Men

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

Transgender

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

Other

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

American Indian/Alaska Native

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

Asian

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

Black/African American

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

Hispanic

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

**Native Hawaiian or
Other Pacific Islander**

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

White

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

Other Minority

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

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 2017-2018 year (after July 1, 2017 through June 30, 2018).

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

Pathway into Program: Match (NRMP, AOA, Military, Military to Civilian); Non Match (Off Cycle, FM Scholar, FM Accelerated); Residency Transfer (From a Family Medicine, From a Different Specialty); Other