

Member Enrollment Form

This form is to be completed once you have spoken with either Elias Brandt (ebrandt@aafp.org), Debbie Graham (dgraham@aafp.org), or Wilson Pace (wpace@aafp.org) in regard to IT requirements, including your ability to pull data from your practice's EHR. While an individual clinician may enroll to become a member of the AAFP NRN, **the entire practice must enroll to become a member of eNQUIRENet**. In addition, because eNQUIRENet is a part of the NRN, you will be eligible to participate to participate in studies and will be added to our email list; therefore, we ask that you please complete the entire enrollment form.

Date:

Information about you:

REQUIRED INFORMATION:

Name and Degree(s):

Do you see patients? Yes No

If yes, do you see children? Yes No Do you see OB patients? Yes No

What is your specialty?

Family Medicine Pediatrics Other (please explain)
Gen. Internal Medicine Research

Do you speak any other language well enough to communicate with patients? Yes No

CONTACT INFORMATION (REQUIRED):

Your primary practice address:

City: State: Postal Code:

Practice Telephone Number: Practice Fax Number:

Preferred Telephone Number: Preferred E-mail:

Contact person in your practice if you are not available:

Contact person's phone: E-mail:

DEMOGRAPHIC QUESTIONS (VOLUNTARY):

Please note this information is voluntary and will only be used for analyses of the demographics of our network. Information collected will be reported in an aggregate, unidentified format only.

What year did you begin practice in your field?

What is your gender? M F

What is your ethnicity: Hispanic or Latino
Not Hispanic or Latino

What is your race: (check all that apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Decline to answer

Information about your practice/organization:

Practice name:

Practice type:

Solo practice

Academic practice or Residency Program

Family Practice Group

Community Health Center (FQHC)

(more than one family physician in the practice)

Other (please explain)

Primary Care Only

Multi-Specialty Group

(primary and specialty physicians)

How many physicians are working within your practice?

(This includes: MD or DO)

How many clinicians are working within your practice?

(This includes: Non-MD/DO providers (ex. PhD psychologist, nurse, nurse midwife, advanced practice register nurse, physician assistant)

Who is the Majority owner of your practice?

Self

Medical Group Practice

Hospital or Healthcare system

Managed Care Org.

Government entity

Other (please explain)

Do you have an EHR (Electronic Health Record)?

Yes No

Definition: The aggregate electronic record of health-related information on an individual that is *created and gathered cumulatively across more than one health care organization* and is managed and consulted by licensed clinicians and staff involved in the individual's health and care.

If no, do you plan to install an EHR in the next 24 months? Yes No Maybe

If yes, which EHR System do you utilize?

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

If yes, which one?

If no, do you have the ability to extract data from your EHR? Yes No

What EMR (Electronic Medical Record) do you utilize, if any?

Definition: The electronic record of health-related information on an individual that is created, gathered, managed, and consulted by licensed clinicians and staff from a *single organization* who are involved in the individual's health

Do you have a wireless internet connection?

Yes Not currently, but plan to have access soon No, and do not plan on getting access

IRB Information:

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

Yes No Don't Know

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

Please email your completed membership enrollment form to: Kaari Kittell @ kkittell@aafp.org