

Wyoming Healthcare Commission Pharmacist Workforce Study

Please assist the Wyoming Healthcare Commission in building a reliable database on Pharmacists. Please take a moment to complete this survey. Return by 11/01/2007 in the envelope provided or fax toll-free (877) 290-0014. If you have any questions, please contact Rita toll-free at (877) 290-0021. Thank you.

SECTION I: Name: _____ Wyoming License #: _____

Home Address: _____
(Address)

(City) (State) (Zip)

Preferred Mailing Address: Home Primary Office

Email Address: _____

Date of Birth: _____

Overall Work Status in Wyoming: Full-time (>= 40 hrs/wk) Retired Inactive
 Part-time (30-39 hrs/wk) Not practicing in WY Working in another field
 Part-time (<= 29 hrs/wk) Unemployed and seeking work
 Relief

Ethnic Background: African American Caucasian/White Japanese Other Pacific Islander
 Alaskan Native Chinese Korean SE Asian
 American Indian Filipino Native Hawaiian Vietnamese
 Asian Indian Hispanic or Latino Other Asian Other: _____

Gender: Female Male

Languages Spoken Fluently: English Spanish Other _____

SECTION II: Educational Background

High School: City: _____ State: _____ Country: _____

Undergraduate/Pre-Pharmacy

University/College: _____
City: _____ State: _____ Country: _____
Year Completed: _____ Degree Type: _____

Additional Degree

University/College: _____
City: _____ State: _____ Country: _____
Year Completed: _____ Degree Type: _____

Pharmacy School/College

University/College: _____
City: _____ State: _____ Country: _____
Year Completed: _____ Degree Type: _____

Additional Degree

University/College: _____
City: _____ State: _____ Country: _____
Date Completed: _____ Degree Type: _____

Residency/Fellowship

University/College: _____
City: _____ State: _____ Country: _____
Year Completed: _____ Degree Type: _____

Additional Degree

University/College: _____
City: _____ State: _____ Country: _____
Date Completed: _____ Degree Type: _____

License:

SECTION III: Certifications (Check all that apply)

- ASCP Pharmacy Specialty:** Geriatrics
- NABP Disease Management:** Asthma Diabetes
 Anticoagulation Lipids
- Board Certified Pharmacy Specialty:** Nuclear Pharmacotherapy
 Oncology Psychiatry
 Nutrition Pharmacy Specialist Other _____

SECTION IV: Questions

1. In an average week, approximately how many hours do you work in Pharmacy practice or Pharmacy-related activities?

___ Hours per week

2. In an average week, approximately how many hours do you spend in each of the Pharmacy activities listed?

- | | |
|---|---|
| ___ Providing information to prescribers, institutional clients, etc. | ___ DUR / DRR |
| ___ Administrative or managerial activities | ___ Teaching and/or research (Pharmacy related) |
| ___ Providing information to patients on prescription drugs | ___ Manufacturing |
| ___ Providing information to patients on OTC and herbal products | ___ Compounding |
| ___ Dispensing of prescriptions | ___ Retailing of non-health related merchandise |
| ___ Filling chart orders | ___ Other Pharmacy-related activities |
| | (Define) _____ |

3. In an average week, approximately how many hours do you spend in each of the employment settings listed?

- | | | |
|---|----------------------------------|-----------------------------------|
| ___ Independent Pharmacy (1 outlet) | ___ Private Hospital | ___ Pharmaceutical Wholesaler |
| ___ Small Chain Pharmacy (2-11 outlets) | ___ Teaching Hospital | ___ School or College of Pharmacy |
| ___ Large Chain Pharmacy (>11 outlets) | ___ Government/Military Hospital | ___ Other Settings |
| ___ Clinic or Medical Building Pharmacy | ___ Other Governmental Agency | (Define) _____ |
| ___ Long-term Care Facility | ___ Pharmaceutical Manufacturer | |

4. In an average year, approximately how many hours of your Continuing Education is obtained through:

___ Publications ___ Conventions ___ Workshops ___ Other

5. Do you currently participate in PharmAssist? Yes No

6. Do you currently participate in any other organized patient education programs? Yes No

a. If Yes, please list participating program(s) _____

7. Please feel free to provide any additional comments below that could assist in recruitment and retention efforts:

SECTION V: Practice Locations

Please complete the following information for ALL of your practice locations, i.e., primary practice, satellite, teaching, research, emergency staffing and administrative positions, etc. **Please make additional copies of this page, as needed, to provide information on all of your practice locations.**

Primary Practice Information

Name of Pharmacy or Other Practice Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

On average, how many hours do you work at this site per week? _____ hours

Which of the following best describes your present position? *(Please select one)*

- Sole proprietor
- Owner/Manager
- Partner
- PharmD
- Employed Manager
- Assistant Manager
- Staff Pharmacist
- Other _____
- Consultant
- Educator
- Volunteer

How would you best describe your form of compensation? *(Please select one)*

- Salaried
- Hourly
- Fee Based

How would you best describe this practice setting? *(Please select one)*

- Independent Pharmacy (1 outlet)
- Small Chain Pharmacy (2-11 outlet)
- Large Chain Pharmacy (>11 outlet)
- Clinic or Medical Building Pharmacy
- Long-Term Care Facility
- Private Hospital
- Public Hospital
- Government/Military Hospital
- Other Government Agency
- Pharmaceutical Manufacturer
- Pharmaceutical Wholesaler
- School or College of Pharmacy
- Other _____

Additional Practice Site Information

Name of Pharmacy or Other Practice Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

On average, how many hours do you work at this site per week? _____ hours

Which of the following best describes your present position? *(Please select one)*

- Sole proprietor
- Owner/Manager
- Partner
- PharmD
- Employed Manager
- Assistant Manager
- Staff Pharmacist
- Other _____
- Consultant
- Educator
- Volunteer

How would you best describe your form of compensation? *(Please select one)*

- Salaried
- Hourly
- Fee Based

How would you best describe this practice setting? *(Please select one)*

- Independent Pharmacy (1 outlet)
- Small Chain Pharmacy (2-11 outlet)
- Large Chain Pharmacy (>11 outlet)
- Clinic or Medical Building Pharmacy
- Long-Term Care Facility
- Private Hospital
- Public Hospital
- Government/Military Hospital
- Other Government Agency
- Pharmaceutical Manufacturer
- Pharmaceutical Wholesaler
- School or College of Pharmacy
- Other _____

Thank You.

License: