

HEALTH PROFESSIONS DATABASE 2009

In an effort to learn more about the various health regulatory professions, the Ministry of Health and Long-Term Care (MOHLTC) is requesting regulatory colleges to collection information from their members relating to demographics, geography, education, and employment. This data collection is part of HealthForceOntario, the province's health human resources strategy. Your answers to these questions will help the MOHLTC develop policies and programs that address supply and distribution, education, recruitment and retention for your profession.

All of Ontario's 80,000 regulated health professionals are providing this information as part of their annual registration and renewal process. To protect your privacy, the data we submit to the MOHLTC will be anonymized. You are required to provide this information under the *Regulated Health Professions Act, 1991*.

The reliability of the information we receive and the quality of the decision-making that follows depends on you. By completing this form accurately and thoroughly, you will help ensure that Ontarians have access to the services of your profession, when and where they need them.

SECTION 1: DEMOGRAPHICS

Legal First Name: _____ **Legal Last Name:** _____

If you have changed your name

Previous Legal First Name: _____ Previous Legal Last Name: _____

Languages in which you can personally and competently provide professional services. (Provide up to five, as needed)

1) _____ 2) _____ 3) _____
4) _____ 5) _____

SECTION 2: REGISTRATION

If you are resigning your membership or changing your membership status to inactive because you are no longer practising in the profession please indicate why:

- | | |
|--|--|
| <input type="checkbox"/> Retiring (no longer part of the labour force) | <input type="checkbox"/> Leaving the country (leaving Canada for another country) |
| <input type="checkbox"/> Leaving the province (leaving Ontario for another province in Canada) | <input type="checkbox"/> Changing profession (leaving current profession for another profession) |
| <input type="checkbox"/> Leave (on leave from practising in the profession) | <input type="checkbox"/> Not Specified |

SECTION 3: EDUCATION UNRELATED TO YOUR PROFESSIONAL QUALIFICATIONS

If you have completed education unrelated to your professional qualifications since last year's renewal/registration, please fill out the section below.

Highest level of education completed unrelated to your professional qualifications

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Baccalaureate | <input type="checkbox"/> Masters | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Professional Doctorate | <input type="checkbox"/> Other | <input type="checkbox"/> Not Applicable (Skip to the next section) | |

Field of study for highest level of education completed unrelated to your professional qualifications.

- | | |
|---|---|
| <input type="checkbox"/> Biological and Biomedical Sciences | <input type="checkbox"/> Law |
| <input type="checkbox"/> Business, Management, Marketing and Related | <input type="checkbox"/> Mathematics, Computer Information Sciences |
| <input type="checkbox"/> Education | <input type="checkbox"/> Medical Laboratory Science |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Physical Sciences |
| <input type="checkbox"/> General Rehabilitation Science | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Health Administration/ Management | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Health Professions and Related Clinical Sciences | <input type="checkbox"/> Social Sciences, Arts and Humanities |
| <input type="checkbox"/> Kinesiology and Exercise Science | <input type="checkbox"/> Other Field of Study |

Country of graduation

- | | |
|---|--|
| <input type="checkbox"/> Canada | Province/territory in which education was completed: _____ |
| <input type="checkbox"/> USA | State in which education was completed: _____ |
| <input type="checkbox"/> Other (specify): _____ | |
| Year of graduation (YYYY): _____ | |

SECTION 4: PRACTICE STATUS**What is your practice status in profession? (Please select only one)**

- | | |
|--|---|
| <input type="checkbox"/> Practising in profession in some capacity (Please complete Section 7) | <input type="checkbox"/> Not working and seeking work in profession |
| <input type="checkbox"/> Working outside of profession and seeking work in profession | <input type="checkbox"/> Not working and not seeking work in profession |
| <input type="checkbox"/> Working outside of profession and not seeking work in profession | <input type="checkbox"/> On leave – not practising in profession because on leave |

SECTION 5: CURRENT EMPLOYMENT

Please only complete this section if you are currently practising the profession in some capacity.

Number of weeks you spent practising your profession in the past 12 months across all your practice sites or jobs. (One practice day in any week = one week of practice. Exclude vacation, on-call, sick, and leave time greater than one week). _____

Average number of hours spent practising per week in the past 12 months across all of your practice sites or jobs. (Include all practice hours, such as travel time between practice settings, preparation and service provision. Exclude commuting and any time spent volunteering outside the profession). _____

Of your weekly practice hours , please provide the proportion you spend on each activity	Percentage
Time spent (per week) on director professional services (e.g., conducting tests, patient care, health promotion, dispensing/building/repairing health apparatuses, etc.)	_____
Time spent (per week) on teaching (to prepare students for a health profession, including clinical education)	_____
Time spent on research	_____
Time spent on administration	_____
Time spent (per week) on all other activities (excluding direct professional services, teaching, research and administration)	_____

TOTAL 100 %

SECTION 5.1: CURRENT EMPLOYMENT – SITE INFORMATION

If you provide professional services at more than one practice site or for more than one employer then complete up to three practice sites, as needed.

Are you practising at more than three practice sites or do you have more than three employers? Yes No

5.1 – PRACTICE SITE 1

Please choose only the best possible answer for each question.

Indicate in which country Practice Site 1 is located: Canada USA
 Other (specify): _____

If you practise in **Canada**, indicate which province/territory or state:

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Quebec | <input type="checkbox"/> Nunavut |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Ontario | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> New Brunswick | | | |

If you practise in the **USA**, indicate which state:

If you practise in Canada or the USA, provide the **postal code** or **zip code** of your site or practice

Canadian postal code: _____

USA zip code (five digits): _____

What is your employment relationship at this practice site?

- Permanent (indeterminate duration of employment and guaranteed or fixed practice hours per week)
- Temporary (*fixed duration of employment, based on a defined start and end date*)
- Casual (*on an as-needed basis*)
- Self-employed (*a person who operates his or her own economic enterprise in the profession*)

What is your employment status at this practice site?

- Full time (your usual hours of practise are 30 hours or more per week or this is your official status with your employer)
- Part time (your usual hours of practise are less than 30 hours per week or this is your official status with your employer)
- Casual (your official status with your employer is on an as-needed basis)

What is your primary practice setting at this practice site?

- | | |
|--|--|
| <input type="checkbox"/> Solo Practice Office | <input type="checkbox"/> Nurse Practitioner Led Clinic |
| <input type="checkbox"/> Other Group Practice Office | <input type="checkbox"/> Children Treatment Centre (CTC) |
| <input type="checkbox"/> Family Health Team (FHT) | <input type="checkbox"/> Post-Secondary Educational Institution |
| <input type="checkbox"/> Independent Health Facility | <input type="checkbox"/> Preschool/School System/Board of Education |
| <input type="checkbox"/> Health Related Business/Industry | <input type="checkbox"/> Board of Health or Public Health Laboratory or Public Health Unit |
| <input type="checkbox"/> Rehabilitation Facility | <input type="checkbox"/> Assisted Living Residence/Supportive Housing |
| <input type="checkbox"/> Mobile Imaging Unit | <input type="checkbox"/> Client's Environment |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Community Health Centre (CHC) | <input type="checkbox"/> Association / Government/Regulatory Organization/ Non-Government Organization |
| <input type="checkbox"/> Community Care Access Centre (CCAC) | <input type="checkbox"/> Laboratory Facility |
| <input type="checkbox"/> Residential/Long-term Care Facility | <input type="checkbox"/> Other Place of Work |

What is your primary role at this practice site?

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Manager | <input type="checkbox"/> Salesperson |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Owner / Operator | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Instructor / Educator | <input type="checkbox"/> Quality Management Specialist | <input type="checkbox"/> Researcher |

What are the major services that you provide at this practice site?

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> General Service Provision | <input type="checkbox"/> Research |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Geriatric Care | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Comprehensive Primary Care | <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Other Area of Direct Service/Consultation |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> Continuing Care | <input type="checkbox"/> Quality Management | <input type="checkbox"/> Other Areas |

What is the age range of your clients at this practice site?

- | | | |
|---|---|--|
| <input type="checkbox"/> Paediatrics (under 18 years) | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors (65 years and up) |
| <input type="checkbox"/> All ages | <input type="checkbox"/> Not applicable | |

5.1 – PRACTICE SITE 2

Please choose only the best possible answer for each question.

Indicate in which country Practice Site 2 is located: Canada USA
 Other (specify): _____

If you practise in **Canada**, indicate which province/territory or state:

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Quebec | <input type="checkbox"/> Nunavut |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Ontario | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> New Brunswick | | | |

If you practise in the **USA**, indicate which state:

If you practise in Canada or the USA, provide the **postal code** or **zip code** of your site or practice

Canadian postal code: _____

USA zip code (five digits): _____

What is your employment relationship at this practice site?

- Permanent (indeterminate duration of employment and guaranteed or fixed practice hours per week)
- Temporary (*fixed duration of employment, based on a defined start and end date*)
- Casual (*on an as-needed basis*)
- Self-employed (*a person who operates his or her own economic enterprise in the profession*)

What is your employment status at this practice site?

- Full time (your usual hours of practise are 30 hours or more per week or this is your official status with your employer)
- Part time (your usual hours of practise are less than 30 hours per week or this is your official status with your employer)
- Casual (your official status with your employer is on an as-needed basis)

What is your primary practice setting at this practice site?

- | | |
|--|--|
| <input type="checkbox"/> Solo Practice Office | <input type="checkbox"/> Nurse Practitioner Led Clinic |
| <input type="checkbox"/> Other Group Practice Office | <input type="checkbox"/> Children Treatment Centre (CTC) |
| <input type="checkbox"/> Family Health Team (FHT) | <input type="checkbox"/> Post-Secondary Educational Institution |
| <input type="checkbox"/> Independent Health Facility | <input type="checkbox"/> Preschool/School System/Board of Education |
| <input type="checkbox"/> Health Related Business/Industry | <input type="checkbox"/> Board of Health or Public Health Laboratory or Public Health Unit |
| <input type="checkbox"/> Rehabilitation Facility | <input type="checkbox"/> Assisted Living Residence/Supportive Housing |
| <input type="checkbox"/> Mobile Imaging Unit | <input type="checkbox"/> Client's Environment |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Community Health Centre (CHC) | <input type="checkbox"/> Association / Government/Regulatory Organization/ Non-Government Organization |
| <input type="checkbox"/> Community Care Access Centre (CCAC) | <input type="checkbox"/> Laboratory Facility |
| <input type="checkbox"/> Residential/Long-term Care Facility | <input type="checkbox"/> Other Place of Work |

What is your primary role at this practice site?

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Manager | <input type="checkbox"/> Salesperson |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Owner / Operator | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Instructor / Educator | <input type="checkbox"/> Quality Management Specialist | <input type="checkbox"/> Researcher |

What are the major services that you provide at this practice site?

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> General Service Provision | <input type="checkbox"/> Research |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Geriatric Care | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Comprehensive Primary Care | <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Other Area of Direct Service/Consultation |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Public Health | <input type="checkbox"/> Other Areas |
| <input type="checkbox"/> Continuing Care | <input type="checkbox"/> Quality Management | |

What is the age range of your clients at this practice site?

- | | | |
|---|---|--|
| <input type="checkbox"/> Paediatrics (under 18 years) | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors (65 years and up) |
| <input type="checkbox"/> All ages | <input type="checkbox"/> Not applicable | |

5.1 – PRACTICE SITE 3

Please choose only the best possible answer for each question.

Indicate in which country Practice Site 3 is located: Canada USA
 Other (specify): _____

If you practise in **Canada**, indicate which province/territory or state:

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Quebec | <input type="checkbox"/> Nunavut |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Ontario | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> New Brunswick | | | |

If you practise in the **USA**, indicate which state:

If you practise in Canada or the USA, provide the **postal code** or **zip code** of your site or practice

Canadian postal code: _____

USA zip code (five digits): _____

What is your employment relationship at this practice site?

- Permanent (indeterminate duration of employment and guaranteed or fixed practice hours per week)
- Temporary (*fixed duration of employment, based on a defined start and end date*)
- Casual (*on an as-needed basis*)
- Self-employed (*a person who operates his or her own economic enterprise in the profession*)

What is your employment status at this practice site?

- Full time (your usual hours of practise are 30 hours or more per week or this is your official status with your employer)
- Part time (your usual hours of practise are less than 30 hours per week or this is your official status with your employer)
- Casual (your official status with your employer is on an as-needed basis)

What is your primary practice setting at this practice site?

- | | |
|--|---|
| <input type="checkbox"/> Solo Practice Office | <input type="checkbox"/> Nurse Practitioner Led Clinic |
| <input type="checkbox"/> Other Group Practice Office | <input type="checkbox"/> Children Treatment Centre (CTC) |
| <input type="checkbox"/> Family Health Team (FHT) | <input type="checkbox"/> Post-Secondary Educational Institution |
| <input type="checkbox"/> Independent Health Facility | <input type="checkbox"/> Preschool/School System/Board of Education |
| <input type="checkbox"/> Health Related Business/Industry | <input type="checkbox"/> Board of Health or Public Health Laboratory or Public Health Unit |
| <input type="checkbox"/> Rehabilitation Facility | <input type="checkbox"/> Assisted Living Residence/Supportive Housing |
| <input type="checkbox"/> Mobile Imaging Unit | <input type="checkbox"/> Client's Environment |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Community Health Centre (CHC) | <input type="checkbox"/> Association / Government/Regulatory Organization/
Non-Government Organization |
| <input type="checkbox"/> Community Care Access Centre (CCAC) | <input type="checkbox"/> Laboratory Facility |
| <input type="checkbox"/> Residential/Long-term Care Facility | <input type="checkbox"/> Other Place of Work |

What is your primary role at this practice site?

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Manager | <input type="checkbox"/> Salesperson |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Owner / Operator | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Instructor / Educator | <input type="checkbox"/> Quality Management Specialist | <input type="checkbox"/> Researcher |

What are the major services that you provide at this practice site?

- | | | |
|---|--|---|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> General Service Provision | <input type="checkbox"/> Research |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Geriatric Care | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Comprehensive Primary Care | <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Other Area of Direct
Service/Consultation |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> Continuing Care | <input type="checkbox"/> Quality Management | <input type="checkbox"/> Other Areas |

What is the age range of your clients at this practice site?

- | | | |
|---|---|--|
| <input type="checkbox"/> Paediatrics (under 18 years) | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors (65 years and up) |
| <input type="checkbox"/> All ages | <input type="checkbox"/> Not applicable | |