1. Do you consider yourself fully retired—that is, no longer regularly working for pay, either part-time or full-time, in any medical or non-medical occupation?

(Circle Only One)
Yes ................................... 1  Go to Question 6
No, I still work for pay ....... 5  Go to Question 2

2. In what area(s) do you currently work?

<table>
<thead>
<tr>
<th>AREA</th>
<th>(Circle All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Emergency Medicine (EM) ................................................................. 1</td>
<td></td>
</tr>
<tr>
<td>(includes EM clinical, administrative, academic, &amp; consulting)</td>
<td></td>
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<tr>
<td>b. EM subspecialty ........................................................................ 1</td>
<td></td>
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<tr>
<td>c. Urgent care .................................................................................. 1</td>
<td></td>
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<tr>
<td>d. Critical care EM ........................................................................ 1</td>
<td></td>
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<tr>
<td>e. Internal medicine ......................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>f. Occupational medicine .............................................................. 1</td>
<td></td>
</tr>
<tr>
<td>g. Physical &amp; rehabilitative medicine .............................................. 1</td>
<td></td>
</tr>
<tr>
<td>h. Other medical (non-EM) (Please specify) ............................................. 1</td>
<td></td>
</tr>
<tr>
<td>i. Other (non-medical) (Please specify) .................................................. 1</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: If you selected ANY of options a, b, c, or d above, please go to Question 6.

3. Do you have a condition of mobility or impairment (neurological or visual, for example) that would require special accommodation for you to work in EM?

(Circle Only One)
Yes .......... 1  Go to Question 3a
No .......... 5  Go to Question 4

3a. Are you aware of any accommodations not currently available to you that would allow you to return to EM if you wanted to?

(Circle Only One)
Yes .......... 1  Please specify ____________________________________________
No .......... 5
4. Have you ever had to suspend your practice for any of the following reasons?

(Circle All That Apply)

a. Physical impairment .......... 1
b. Mental impairment .......... 1
c. Substance abuse .......... 1  
   If none of these apply, leave blank and go to Question 5.

5. Do you plan to continue your American Board of Emergency Medicine certification?

(Circle Only One)

Yes ..................... 1  Go to Question 5a
No ....................... 5  Go to Question 6

5a. If you are interested in continuing your certification, why?

(Circle All That Apply)

a. Personal satisfaction .............................................................. 1
b. I enjoy the challenge .............................................................. 1
c. I still identify with EM .............................................................. 1
d. I want to maintain knowledge and/or competence in EM ....... 1
e. I want to maintain/enhance my credibility within the medical community .............................................................. 1
f. I participate in volunteer medical services ......................... 1
g. I sometimes serve as an expert witness ................................. 1
h. I would like the option to return to EM practice .................... 1
i. Board certification is required in my current area of work ...... 1
j. Insurance companies demand certification for reimbursement 1
k. Other (Please specify) .............................................................. 1

6. PLEASE MAKE ANY NEEDED CORRECTIONS ON THIS LABEL

COMMENTS: Please include any comments you have about this survey or issues related to Emergency Medicine and ABEM. Please print clearly so your comments can be noted.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please return your survey to ABEM by April 23, 2007. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email us at research@abem.org.

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