



Annual Membership Core Data Survey: 2010

Dear ACNM Member: Thank you for participating in the 2010 Core Data Survey, which enables the National Office to update essential information about midwifery practice in the United States. The collection of these critical data enables us to update essential information about midwifery practice in the United States.

ACNM offers members the option of completing the Core Data Survey online. To access the survey, please go to: <http://vovici.com/wsb.dll/WSGateway?surveyid=274547&submissionkey=2311>. We encourage ALL of our members to use the online option, as it assists in decreasing data entry errors and decreases costs. You will need your member ID to complete the survey online.

Questions? Contact Dr. Kerri Schuiling, ACNM Senior Staff Researcher, at kschuiling@acnm.org.

SECTION 1. DEMOGRAPHIC INFORMATION

1. Please put your date of birth in the blank provided below. Use 4 digits for the year, 2 digits for the month and 2 digits for the day. Insert a hyphen after the year and before the day. For example, if you were born on August 6, 1951, you would enter: 1951-08-06.

2. Please identify your gender:

- Female
- Male
- I choose not to respond

3. What is your race?

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Race |
| <input type="checkbox"/> Korean | <input type="checkbox"/> I choose not to respond |

4. If you selected "other Asian," "other Pacific Islander," or are in another category of race not identified, please specify in the blank provided.

5. Check the box that best applies to your ethnicity.

- I choose not to respond
- No, not Hispanic/Latino
- Yes, Hispanic/Latino

Name: _____

Address: _____

Email Address: _____

Phone: _____

ACNM Member ID: _____

SECTION 2. CERTIFICATION INFORMATION

6. Select the response which applies to you. I am currently

- certified as a CNM
- certified as a CM
- certified as a CM and am also a nurse-midwifery student
- a student nurse-midwife

7. If you are certified as a CNM, please identify the year in which you received this certification using the blank below. Use a 4-digit number, e.g. 2006.

8. If you are certified as a CM, please identify the year in which you received this certification. Use a 4-digit number, e.g. 2006.

9. If you are certified as both a CNM and CM, please provide the date of each certification in the spaces provided.

I was certified as a CNM in the year _____.

I was certified as a CM in the year _____.

10. If you identified yourself as a student nurse-midwife, please check all of your earned academic degrees. NOTE: This question does NOT refer to nursing diplomas or certifications received (such as FNP or licensure as an RN).

- | | |
|--|--|
| <input type="checkbox"/> Assoc, Nursing | <input type="checkbox"/> Assoc, not Nursing |
| <input type="checkbox"/> Bachelor's, Nursing | <input type="checkbox"/> Bachelor's, not Nursing |
| <input type="checkbox"/> Master's, Nursing | <input type="checkbox"/> Master's, Midwifery |
| <input type="checkbox"/> Master's, Public Health | |
| <input type="checkbox"/> Master's, not Nursing, Midwifery or Public Health | |
| <input type="checkbox"/> Doctorate (any type e.g., DNP, PhD, etc.) _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |

11. Please identify the number of states in which you hold either an active or inactive license (or are otherwise authorized) to practice midwifery.

- none
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

12. Please identify the name of the PRIMARY state (or territory) where you are licensed to practice midwifery. If you are not licensed in the U.S., please specify the location in the space provided.

13. Please identify the name of the PRIMARY state (or territory) in which you work. If you do not work in the U.S., please specify the location in the space provided.

SECTION 3. EDUCATION

14. Please identify all of your earned academic degree(s).

NOTE: This question does NOT refer to certification received such as FNP, NP, CNM or licensure such as RN.

- Assoc, Nursing
- Bachelor's, Nursing
- Master's, Nursing
- Master's, Public Health
- Master's, not Nursing, Midwifery or Public Health
- Doctorate (any type e.g., DNP, PhD, etc.) _____
- Other (please specify) _____
- Assoc, not Nursing
- Bachelor's, not Nursing
- Master's, Midwifery

15. If you have identified that you hold a doctoral degree, please select the type(s) of doctoral degrees you currently hold from the list below. If you select "doctorate, other" please identify the type of doctoral degree you hold and the related discipline in which you hold this degree, in the blank provided.

- Doctorate of Nursing Practice (DNP)
- DNS or DNSc
- PhD in Nursing
- Doctorate, Pub Hlth
- PhD, not Nursing or Pub Hlth (pls specify) _____
- Doctorate, other than PhD, e.g. JD, MD, PharmD (pls specify) _____

16. In addition to your CNM/CM certification, what type of provider certification do you hold that enables you to provide women's health care?

- Adult Health Nurse Practitioner (ANP)
- Women's Health Care Nurse Practitioner (WHCNP)
- Family Nurse Practitioner (FNP)
- Other
- None

SECTION 4. EMPLOYMENT

17. Please check the statement that is most applicable to your current employment status, regardless if you are self-employed or employed by someone. If your work hours vary over the course of the year or from week to week, provide the answer that you think best "fits" your work hours.

- Employed full time (35 or more hours/week)
- Employed part time (34 or fewer hours/week)
- Employed full time and employed in a second job (either full or part time.)
- Not employed during the past year for reason OTHER than retirement
- Retired

18. In your full time employment (35 hours or more/week) what are your primary areas of responsibility? Check all that apply.

- Clin Midwifery - AP
 - Clin Midwifery - IP
 - Clin Midwifery - PP
 - Clin Midwifery - NB
 - Clin Midwifery - WH Reproductive Care
 - Clin Midwifery - WH Primary Care
 - Midwifery Educ
 - Educ other than Midwifery
 - Administration - Midwifery related
 - Administration - not Midwifery related
 - Research - Midwifery
 - Research - not Midwifery related
 - Other primary responsibility (please specify) _____
-

19. In your part time employment (34 hours or fewer/week), what are your primary areas of responsibility? Check all that apply.

- Clin Midwifery - AP
 - Clin Midwifery - IP
 - Clin Midwifery - PP
 - Clin Midwifery - NB
 - Clin Midwifery - WH Reproductive Care
 - Clin Midwifery - WH Primary Care
 - Midwifery Educ
 - Educ other than Midwifery
 - Administration - Midwifery related
 - Administration - not Midwifery related
 - Research - Midwifery
 - Research - not Midwifery related
 - Other primary responsibility (please specify) _____
-

20. Primary Employment - Whether you work full or part time, please select the ONE answer that best describes your primary employer.

- Hospital/Med Center
 - Educational Inst
 - Federal Government
 - Military
 - Other (please specify) _____
 - Midwifery owned practice
 - Physician owned practice
 - Community Health Center
 - Non-Profit Health Agency
-

21. Do you attend births? Yes No

22. Where do you attend births? Please check all that apply.

- Hospital
- Home
- Hospital birthing center
- Free Standing birthing center

23. Please provide your salary (to the closest whole number) for ALL midwifery related income (clinical practice, educator, researcher, consultant, etc.).

SECTION 5. LICENSURE

In this section you will be asked to provide licensure information for up to 3 states in which you may practice midwifery. If you do not have a license to practice midwifery, YOU HAVE COMPLETED THE SURVEY.

24. Please indicate in how many states (up to 3) you hold a license to practice midwifery.

- I do not hold a license to practice midwifery.
- One Two Three

If you hold a license to practice, ONLY answer the licensure question(s) that pertain to you. For example, if you hold a license in one state, you only need to provide information under #24 State #1 column.

LICENSURE DATA

	25. State #1	26. State #2	27. State #3
States licensed (abbreviate state name)			
License number			
License expiration date (YYYY-MO-DD)			
License status (active or inactive)			
License type (CNM, APRN, RN etc.)			