

## Annual Membership Core Data Survey: 2009



Dear ACNM Member: Thank you for participating in the 2009 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/s/3388g3a568>. 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 George Hamilton, ACNM Membership Director, at [memb@acnm.org](mailto:memb@acnm.org), or 240-485-1820.

### 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 month and before the year. For example, if you were born on August 6, 1951, you would enter: 08-06-1951.

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**2. Please identify your gender:**

- Female
- Male
- I choose not to respond

**3. What is your race? Please mark all options that apply.**

- |   |  |
|---|--|
| <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.**

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**5. Are you Spanish/Hispanic/Latino? Check the box that best applies to your ethnicity.**

- I choose not to respond
  - No, not Spanish/Hispanic/Latino
  - Yes, Mexican, Mexican American, Chicano
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, other Spanish/Hispanic/Latino group (please specify)
- 

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.

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**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.**

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

- 0     1     2     3     4     5  
 6     7     8     9     10 or more

**11. Please identify the name of the PRIMARY state (or territory) where you are licensed to practice midwifery.**

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**12. Please identify the name of the PRIMARY state (or territory) where you practice midwifery.**

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**SECTION 3. EDUCATION**

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

Please note: this question does NOT refer to certification received such as FNP, NP, CNM or licensure such as RN.

- Associate, Nursing
- Associate, not Nursing
- Bachelor's, Nursing
- Bachelor's, not Nursing
- Master's, Nursing
- Master's, Midwifery
- Master's, Pub Hlth
- Master's, not Nursing Midwifery, or Pub Hlth
- Doctorate (any type e.g., DNP, PhD, etc.)

**14. 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)

**15. In addition to your CNM/CM certification, what additional 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**

**16. Please check the statement that is most applicable to your current employment status.**

- Employed full time (35 or more hours/week)
- Employed part time (34 hours or fewer/week)
- Not employed during the last year for reason OTHER than retirement
- Retired

17. 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)

18. 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)

**19. Primary Employment - Whether you work full or part time, please provide the following information.**

Choose 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

20. Do you attend births?  Yes  No

21. Where do you attend births? Leave blank if you do not attend births.

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

**22. 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.

**23. 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**

	<b>24. State #1</b>	<b>25. State #2</b>	<b>26. State #3</b>
<b>States licensed (abbreviate state name)</b>			
<b>License number</b>			
<b>License expiration date (mo-dd-yyyy)</b>			
<b>License status (active or inactive)</b>			
<b>License type (CNM, APRN, RN etc.)</b>			