

DC PRIMCARE
Primary Care Practice-Based Research Network

MEMBERSHIP ENROLLMENT FORM

Thank you for your enthusiastic participation in our education programs at the Howard University College of Medicine Department of Community and Family Medicine. We are deeply appreciative of your efforts. In continuing our quest to improve primary care for the underserved, we are interested in extending our relationship with you, the primary care physicians in the Washington DC Metropolitan Area. We wish to collaborate with you to build a Practice-Based Research Network (PBRN) to address the common issues in your practice.

1. Are you interested in becoming a registered member of the DC PrimCaRe PBRN? ___ Yes ___ No

Name _____ Degree(s) _____

Office Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Extension _____

Fax (_____) _____ Email _____

Office Contact Name _____

Telephone (_____) _____ Extension _____

2. How many patients do you see in your office per month? _____

3. What percentage % of your patients are:

_____ 0 years – 12 years

_____ 13 years – 18 years

_____ 19 years – 40 years

_____ 40 years – 64 years

_____ 65 years of greater

_____ Black/African

_____ Hispanic/Latino

_____ Asian American

_____ American Indian

_____ White

_____ Other: _____

3. Do you accept Medicaid? ___ Yes ___ No

3a. If yes, what percentage of your patients are covered by: _____ Medicaid

_____ DC Healthcare

4. Number of years in practice: _____

_____ Other: _____

5. How many physicians are in your practice? ___

6. How would you describe your practice? ___ Solo Practice ___ Group Practice ___ Multi-specialty Group

7. Please indicate your specialty:

Preventive Medicine

Family Practice

Pediatrics

Internal Medicine

Other: _____

Demographic Information

8. Gender ___ Male ___ Female

9. Age: _____

10. Race/Ethnicity: _____

(Please continue to complete survey on back. Thank you.)

PHYSICIAN INTEREST SURVEY

- 1. What is your level of interest at present?
 - I would like to receive information only at present
 - I am willing to consider participating in developed research project
 - I am interested in developing a new research proposal

- 2. Do you have research experience?
 - No previous experience
 - Collected data only
 - Secured grant funding
 - Conducted research through funding not personally secured
 - Conducted unfunded research

Research Training

Professionals with little or no research experience can still take part in the DC PrimCaRe research activities as research training and guidance can be provided. You may wish to indicate your interest or experience in the following:

	Experience	Interest
3. Developing research questions for research	_____	_____
4. Designing a research study	_____	_____
5. Analyzing and interpreting results	_____	_____
6. Applying for funding	_____	_____
7. Writing up results for publication	_____	_____

8. Please list your research interest:

**Thank you for your interest in the DC PrimCaRe PBRN!
You will receive a New Member package by mail.**

Send to:

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