

* If application is printed and handwritten, rather than completed in electronic version, please choose one of each of the following specialty descriptions and write your answers in question number eleven.

A. (Peer Indicators)

Mental Health
OB/GYN
Other Specialty
Pediatrics
Primary Care

B. (Primary Specialty)

Acute Care
Critical Care Medicine
Neonatal
Neonatal, Critical Care
Obstetrics/Gynecology
Pediatrics, Critical Care
Perinatal

C. (Other Specialty)

Allergy & Immunology
Anesthesiology
Clinic/Center
Colon & Rectal Surgery
Dermatology
Emergency Medicine
Internal Medicine
Midwife, Certified
Midwife, Certified Nurse
Midwife, Lay
Multi-Specialty
Neurological Surgery
Nuclear Medicine
Nurse Anesthetist, Certified Registered
Nurse Practitioner
Ophthalmology
Oral & Maxillofacial Surgery
Orthopedic Surgery
Otolaryngology
Pathology
Pediatrics
Physical Medicine & Rehabilitation
Physician
Physician Assistant
Plastic Surgery
Radiology
Single Specialty
Surgery
Thoracic Surgery (Cardiothoracic Vascular Surgery)
Urology