

Advanced Practice Clinicians Salary Survey

Job Title: NP____ PA____ CNM____ CNS____ Other_____

Employer: Private Medical Office____ Hospital____ Large HMO____ Other_____

Number of years in Advanced Practice_____ Full-Time_____ Part-Time_____

Hourly Wage_____

(If not hourly wage, on what basis are you compensated?)_____

Benefits (check those which you receive)

Health Insurance____ Paid Sick/Vacation Time____ Paid Education Time____

Profit sharing____ Retirement Plan____

Other Paid benefits (malpractice ins, tuition, etc: please specify) _____

If you receive a bonus, on what is it based (e.g. productivity) ? _____

Any comments on compensation:

PLEASE MAIL TO:

MNPA
PO BOX 1936
NOVATO, CA. 94948

THANK YOU FOR YOUR PARTICIPATION!