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NACHC Health Center Salary & Benefits Study 2010



NATIONAL ASSOCIATION OF
Community Health Centers

Conducted by:
HOSPITAL & HEALTHCARE COMPENSATION SERVICE
PO Box 376 Oakland, NJ 07436-0376
201-405-0075 FAX: 201-405-2110
www.hhcsinc.com email: rzabka@hhcsinc.com

**Due date for
return of completed
questionnaires
March 1, 2010**

Facility Name: _____ Phone Number: _____

Street Address: _____ Fax Number: _____

City, State: _____ Zip Code: _____

E-mail address: _____

Number of Sites: _____ Urban Rural Mixed

May we publish the name of your organization as a participant in this survey: Yes No

All data received from participants will remain confidential. No data which will identify a specific facility will be released. A blank response shall be considered "Yes".

1. Type of Funding: CHC Homeless Only Migrant Only Public Housing Only
2. Which of the following is your Center: FQHC FQHC Look-Alike
3. Gross Revenue: \$ _____
4. Number of Patients Enrolled: _____ 4a. Number of Patient Encounters/Yr.: _____
5. Number of Full-Time Physicians: _____ 5a. Number of J-1 Visa Physicians: _____
- 5b. Number of Volunteer Physicians: _____
6. Number of Full-Time Dentists: _____ 7. Number of Dental Patient Encounters/Yr.: _____
8. Number of Full-Time Allied Positions (Mid-Level i.e. NP-PA): _____ 9. Number of Full-Time Clinical Support Staff (RN, MA, X-ray Tech, etc.): _____
10. Number of Full-Time Non-Clinician Staff (Billing, Office Staff, etc.): _____ 11. Number of years the Ctr. has been in operation: _____
12. What overall percentage salary increase are you planning between 3/1/2010 and 2/28/2011? _____%
13. Do you allow your physicians to moonlight? Yes No
14. Do you provide Malpractice FTCA? Yes No
15. Do you provide any other form of Malpractice Insurance? Yes No
16. Do you provide Sabbatical Leave for Physicians? Yes No *If Yes, please answer next question.*
 No. of Days: _____ No. of Weeks: _____ Amount Paid \$ _____

Please reserve _____ copies of the **2010-2011 NACHC Health Center Salary & Benefits Report (PDF)**

- MEMBER *Participant: FREE (one copy) MEMBER Nonparticipant: \$65 each
 NON-MEMBER *Participant: \$125 each NON-MEMBER Nonparticipant: \$165 each

*Participants are those who provide salary and other data for this compensation study. Members are those who are current members in good standing with NACHC. HCS and NACHC reserve the right to refuse questionnaires if they lack sufficient data.

Publication date of
Report
May 2010

Name _____ Title: _____

Signature: _____ Date: _____

Required on all questionnaires

Clinician Salary Data

To complete the questionnaire in Excel, go to www.hhcsinc.com.



POSITIONS	Number in Position	Annual Salary ⁽¹⁾ as of 3/1/2010	Number of Hours per Week		Annual Bonus Granted	Other Incentive or Cash Payments*	Mid-Level or Hygienist Supervisory Incentive Payment
			40 Hours (✓)	Other (Enter Hours)			
01. Chief of Staff/Medical Director Years as Medical Director _____							
02. Dental Director Years as Dental Director _____							
03. Dentist							
04. Family Practitioner (No OB Deliveries)							
05. Family Practitioner (With OB Deliveries)							
06. Internal Medicine Physician							
07. Pediatrician							
08. OB/Gynecologist							
09. Optometrist							
10. Dental Assistant							
11. Dental Hygienist							
12. Nurse Practitioner							
13. Physician Assistant							

⁽²⁾ Use space below for remarks and reporting data on more than one employee.

1. Report base salaries as full-time salaries (40 hrs./wk.). This includes direct patient care, patient care activities, and administrative duties. Report individual salaries for clinicians with more than one incumbent.
2. Use the remarks space provided above for reporting positions with more than one incumbent with differing hours and differing salaries.

Clinician Salary Data

To complete the questionnaire in Excel, go to www.hhcsinc.com.



POSITIONS (continued)	Board Certified Yes/No	Board Eligible Yes/No	Number of Visits Per Week	On-Call		Number of Scheduled Hours Patient Time Weekly	Years in Specialty	Years at a CHC or MHC
				Weekdays Total Number On-Call per Month	Weekends Total Number On-Call per Month			
01. Chief of Staff/Medical Director								
02. Dental Director	N/A	N/A						
03. Dentist	N/A	N/A						
04. Family Practitioner (No OB Deliveries)								
05. Family Practitioner (With OB Deliveries)								
06. Internal Medicine Physician								
07. Pediatrician								
08. OB/Gynecologist								
09. Optometrist								
10. Dental Assistant	N/A	N/A						
11. Dental Hygienist	N/A	N/A						
12. Nurse Practitioner								
13. Physician Assistant								

⁽²⁾ Use space below for remarks and reporting data on more than one employee.

1. Report base salaries as full-time salaries (40 hrs./wk.). This includes direct patient care, patient care activities, and administrative duties. Report individual salaries for clinicians with more than one incumbent.
2. Use the remarks space provided above for reporting positions with more than one incumbent with differing hours and differing salaries.

Executive/Management Data



SALARY DATA

	Annual Base Salary	Formal Salary Range		Annual Bonus	Years in Current Position
		Minimum	Maximum		
21. CEO - Chief Executive Officer --Serves as top paid administrative and executive officer of the health center and its satellite sites. Reports to the Board of Directors.					
22. COO - Chief Operating Officer --Serves as number two administrative person at the health center and acts for the executive director in his/her absence. May be assigned specific administration or program responsibilities and reports directly to the CEO. (This position description covers the Deputy Chief Executive Director and not the executive/administrative assistant to the CEO.)					
23. CFO - Chief Financial Officer --Responsible for the overall fiscal management of the center. Prepares and maintains financial statements, records. Reports, budgets, and oversees all accounting and grants management functions. Reports to CEO.					
24. Director of Development/Grants --Responsible for the design, implementation and ongoing operation of the Fund Development Program and the public relation efforts of fund development.					
25. Director of Human Resources --Responsible for design, implementation, and evaluation of all programs relating to human side of organization. Plans, directs, and supervises such functions as employment, training, policies and procedures, compensation, and benefits.					
26. Director of Pharmacy --Directs Department of Pharmacy in compounding, packaging, and dispensing drugs. Transacts and/or authorizes purchase of appropriate pharmaceutical items. Selects vendors and directs inspection of all items received.					
27. DON - Director of Nursing --Responsible for administration of nursing services. Directs, plans, and coordinates service activities of nursing personnel. Oversees all nursing functions.					
28. CIO/IS Manager --Responsible for the overall management of Information Systems. Directs and coordinates systems, programming, operational activities and equipment acquisition.					
29. Billing Director --Directs and supervises activities of billing office personnel in preparation of patient statements and processing third party claims.					
30. Medical Records Supervisor --Directs and supervises maintenance of medical record files on patients. Supervises coding and indexing of diagnoses and operations.					

Executive/Management Data



1. POSITION INFORMATION

	Total Yrs. at this Health Center	Total Yrs. Experience in Healthcare Industry	Educational Degrees Earned	Certifications Achieved (e.g. CPA)	Gender* (M or F)	Age*	Ethnic Group* (see below)
21. CEO							
22. COO							
23. CFO							
24. Dir. Dev./Grants							
25. Dir. HR							
26. Dir. Pharmacy							
27. DON							
28. CIO/IS Manager							
29. Billing Director							
30. Medical Records Supervisor							

*Optional

Ethnic Group Codes: 1. White; 2. Black/African American; 3. American Indian/Alaska Native; 4. Asian; 5. Native Hawaiian/Other Pacific Islander; 6. Hispanic/Latino; 7. Other

	Is there an Employee Contract for this Position?	Length of Contract (in Months)	Average Hours Worked per Week	Number of FTEs Reporting Directly to this Position
21. CEO	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
22. COO	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
23. CFO	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
24. Dir. Dev./Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
25. Dir. HR	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
26. Dir. Pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
27. DON	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
28. CIO/IS Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
29. Billing Director	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
30. Med. Records Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Executive/Management Data



2. BONUS/INCENTIVE PAY

Are employees in your organization eligible to receive bonus/incentive pay? Yes No

What is the bonus payout based on?
(Please check all that apply.)

	Staff Productivity	Individual Productivity	Customer Satisfaction	Financial Performance
21. CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. COO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. CFO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Dir. Dev./Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Dir. HR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Dir. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. DON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. CIO/IS Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Billing Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Medical Records Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. AREAS OF DIRECT RESPONSIBILITY

Choose as many as apply up to 100%:

	Grants/Budget/ Financial Management	Administrative Management	Clinical Operations/ Management	Community Relations/ Marketing/PR	Total
21. CEO	%	%	%	%	= 100%
22. COO	%	%	%	%	= 100%
23. CFO	%	%	%	%	= 100%
24. Dir. Dev./Grants	%	%	%	%	= 100%
25. Dir. HR	%	%	%	%	= 100%
26. Dir. Pharmacy	%	%	%	%	= 100%
27. DON	%	%	%	%	= 100%
28. CIO/IS Manager	%	%	%	%	= 100%
29. Billing Director	%	%	%	%	= 100%
30. Medical Records Supervisor	%	%	%	%	= 100%

4. OTHER INCOME

If the individual holding the position is allowed to receive any compensation from outside sources, choose which apply:

	Consulting	Honoraria	Other
21. CEO	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. COO	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. CFO	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Dir. Dev./Grants	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Dir. HR	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Dir. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. DON	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. CIO/IS Manager	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Billing Director	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Medical Records Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	_____

Personnel Policies & Pay Practices



NATIONAL ASSOCIATION OF
Community Health Centers

1. What plan is used to establish salary ranges?

<input type="checkbox"/> Point-Factor Plan	<input type="checkbox"/> Ranking Plan	<input type="checkbox"/> Factor Comparison Plan
<input type="checkbox"/> Market Pricing	<input type="checkbox"/> Profitability	<input type="checkbox"/> Other: _____

2. When do you normally review management salaries for increases?

<input type="checkbox"/> Initial six months, then annually	<input type="checkbox"/> Based on performance and position in range
<input type="checkbox"/> Anniversary Date of Hire	<input type="checkbox"/> Fixed Date
<input type="checkbox"/> Anniversary Date of entry into job	<input type="checkbox"/> Other: _____

3. Does your clinic formally evaluate performance?

Physicians	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. How often is performance evaluated?
(Please check all that apply.)

<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other: _____

5. What performance measurements are in use at your clinic?
(Please check all that apply.)

<input type="checkbox"/> RVUs (Relative Value Units)	<input type="checkbox"/> Patient Satisfaction
<input type="checkbox"/> Visits	<input type="checkbox"/> Site Efficiency
<input type="checkbox"/> No. of Capitated Lives	<input type="checkbox"/> Practice Productivity/Profitability
<input type="checkbox"/> Case Management	<input type="checkbox"/> Other

6. What performance measurements are used as the basis for bonus payments?
(Please check all that apply.)

<input type="checkbox"/> RVUs (Relative Value Units)	<input type="checkbox"/> Patient Satisfaction
<input type="checkbox"/> Visits	<input type="checkbox"/> Site Efficiency
<input type="checkbox"/> No. of Capitated Lives	<input type="checkbox"/> Practice Productivity/Profitability
<input type="checkbox"/> Case Management	<input type="checkbox"/> Other

7. Does your clinic use staffing ratios?

Staff to Patient Ratio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff to Physician Ratio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physician to Number of Visits Ratio	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Does the clinic offer retention bonuses? Yes No

9. Do you plan to start such a program in the next twelve months? Yes No

Personnel Policies & Pay Practices



10. Which positions receive retention bonuses?

	Length of Service to Receive Retention Bonus					Other	Average Retention Bonus	
	1 Yr.	2 Yrs.	3 Yrs.	4 Yrs.	5 Yrs.		\$	%
21. CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
22. COO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
23. CFO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
24. Dir. Development/Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
25. Dir. Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
26. Dir. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
27. DON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
28. CIO/IS Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
29. Billing Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
30. Medical Records Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
01. Chief of Staff/Medical Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
02. Dental Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
03. Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
04. Family Practitioner (No OB Del.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
05. Family Practitioner (w/ OB Del.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
06. Internal Medicine Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
07. Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
08. OB/Gynecologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
09. Optometrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
10. Dental Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
11. Dental Hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
12. Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %
13. Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____ %

Personnel Policies & Pay Practices

11. What is the estimated annual turnover rate in percents for the following positions?

(Turnover rate is the number of times, on average a facility replaced a position in one year (12 months). Turnover does not include hiring for new or increased positions. Turnover rate = Total number of resignations, terminations, and vacancies divided by the number of actual positions, multiplied by 100.) [Example: 14 Replacements/20 Actual Positions x 100 = 70%]

	% Turnover
21. CEO	
22. COO	
23. CFO	
24. Dir. Dev./Grants	
25. Dir. HR	
26. Dir. Pharmacy	
27. DON	
28. CIO/IS Manager	
29. Billing Director	
30. Medical Records Supv.	
01. Chief of Staff/Medical Dir.	
02. Dental Director	
03. Dentist	
04. Family Practitioner (No OB Deliveries)	
05. Family Practitioner (w/ OB Deliveries)	
06. Internal Med. Physician	
07. Pediatrician	
08. OB/Gynecologist	
09. Optometrist	
10. Dental Assistant	
11. Dental Hygienist	
12. Nurse Practitioner	
13. Physician Assistant	

Perquisite Data



Please indicate the percent (%) or dollar (\$) amount of those perquisites which are granted to the positions listed. Indicate by a ✓ those perquisites which are granted but no specific data are available. If perquisite is not given, leave blank.

	21 CEO	22 COO	23 CFO	24 Dir. Dev./ Grants	25 Dir. HR	26 Dir. Pharmacy	27 DON	28 CIO/IS Manager	29 Billing Director	30 Medical Records Supervisor
(A) Allowance for Annual Physical \$										
(B) Auto Monthly Allowance										
(C) Auto Parking Fees \$										
(D) Child Care Monthly Allowance \$										
(E) Club Membership Annual Dues \$										
(F) Loans – Max. Amount \$										
(G) Membership Licensing Annual Fees \$										
(H) Cellular Phone Monthly Allowance										
(I) Office Space Provided										
(J) Relocation Costs										
(K) Travel Expenses										
(L) State Medical/ Dental Licensure										
(M) State Pharmacy Licensure										
(N) US DEA Licensure										
(O) Local Medical/Dental Society										

Perquisite Data



	01 Chief of Staff/ Medical Director	02 Dental Director	03 Dentist	04 Family Practitioner (No OB Del.)	05 Family Practitioner (w/ OB Del.)	06 Internal Medicine Physician	07 Pediatrician	08 OB/ Gyn	09 Optometrist	11 Dental Hygienist	12 NP	13 PA
(A) Allowance for Annual Physical \$												
(B) Auto Monthly Allowance												
(C) Auto Parking Fees \$												
(D) Child Care Monthly Allowance \$												
(E) Club Membership Annual Dues \$												
(F) Loans – Max. Amount \$												
(G) Membership Licensing Annual Fees \$												
(H) Cellular Phone Monthly Allowance												
(I) Office Space Provided												
(J) Relocation Costs												
(K) Travel Expenses												
(L) State Medical/ Dental Licensure												
(M) State Pharmacy Licensure												
(N) US DEA Licensure												
(O) Local Medical/ Dental Society												

Fringe Benefits



Please indicate the following benefits that are granted by your Facility and how they are paid.

Please indicate if your Facility grants either of the following: Fixed Benefits Flexible/Cafeteria Benefit

HEALTH & MEDICAL PLANS

			% Paid by Employer	Avg. % of Salary Covered	Avg. Annual Premium Paid (Er & Ee) per Single Employee	Are Dependents Covered	Avg. Annual Premium Paid (Er & Ee) * for Family Coverage
1. Group Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
2. AD& D Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
3. Short-Term Disability Ins.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
4. Long-Term Disability Ins.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
5. Group Medical Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
6. Group Dental Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
7. Group Vision Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	

RETIREMENT PLANS

		Check if 100% Employer Paid	Maximum % of Salary Contributed by Employer	Maximum \$ Amount Paid or Contributed by Employer
8. Defined Benefit Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 100%	_____ %	\$ _____

DEFINED CONTRIBUTION PLANS

		Check if 100% Employer Paid	Maximum % of Salary Contributed by Employer	Maximum \$ Amount Paid or Contributed by Employer
9. 401(k) or 403(b) Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 100%	_____ %	\$ _____
10. Deferred Compensation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 100%	_____ %	\$ _____
11. Tax Deferred Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 100%	_____ %	\$ _____
12. Supplemental Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 100%	_____ %	\$ _____

CONTINUING EDUCATION

		100% Employer Paid	Amount of Tuition Paid by Employer	Maximum Amount of Tuition Paid Annually
13. Do you offer CME/DE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 100% OR	_____ % OR	\$ _____
14. Do Employees receive Full Pay during CME/DE?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

PAID TIME OFF

15. Which does the Facility offer?	<input type="checkbox"/> Vacation Time Off	<input type="checkbox"/> PTO (PTO includes all Holidays, Vacation Time, Personal Days, and Sick Leave)
	Number of Days Off:	After 1 Year After 5 Years After 10 Years After 15 Years
16. PTO/Vacation	_____ Days	_____ Days _____ Days _____ Days
17. Holidays	_____ Days	
18. Sick Leave (Excluding FMLA)	_____ Days	
19. Personal Days	_____ Days	

* **Fringe Benefit Definitions:** Er - Employer Ee - Employee