

## AMGA Survey Registration Form

**This form is to be used for registering your medical group or clinic for AMGA's Provider Satisfaction Survey or Employee Satisfaction and Engagement Survey. Please complete the form and email it to the attention of Mark Miller ([mmiller@amga.org](mailto:mmiller@amga.org)), or fax it to him at (703) 548-1890. Thank you for participating in our surveys!**

Medical Group/Clinic: \_\_\_\_\_

Mailing address of group/clinic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Title of person completing form: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Today's date: \_\_\_\_\_

Check the survey(s) for which your group/clinic is registering:

\_\_\_\_ Provider Satisfaction Survey (Select one: \_\_\_\_ Paper survey \_\_\_\_ AMGA's web-based survey)  
\_\_\_\_ Employee Satisfaction and Engagement Survey (web-based only)

Indicate the survey period(s) for which your group/clinic is registering (e.g., "Winter 2019 Provider Satisfaction Survey"): \_\_\_\_\_

1. Which of the following best describes the type of practice that characterizes your group/clinic:  \_\_\_\_ Multispecialty  \_\_\_\_ Single specialty  \_\_\_\_ Primary care  
 \_\_\_\_ Integrated Health System  \_\_\_\_ IPA
2. Ownership of group/clinic: \_\_\_\_ Physicians  
\_\_\_\_ Hospital  
\_\_\_\_ All others (insurance/MCO, university/med school, etc.)
3. Number of FTE providers at group/clinic: \_\_\_\_\_ Physicians  
\_\_\_\_\_ All others (e.g., psychologists, dieticians)
4. Total number of FTE employees at group/clinic (including administration, employees, support staff, and others): \_\_\_\_\_