Form ID	Province ID	District ID	Clinic ID

FORM 2: INFORMATION ABOUT THE ORGANIZATIONAL AND STAFFING SETUP OF THE DISTRICT HOSPITAL/HEALTH CENTER IN 2014

(documented and reported by the hospital's Planning Department)

BACKGROUND	
Province	……………………………
District	……………………………
District hospitals/health center:	……………………………
Reported by:	……………………………
Tel	……………………………
Email	……………………………

I. BACKGROUND ON THE HOSPITAL DIRECTOR

Age	……………………………
Sex	1. Male 2. Female
Highest education	1. Bachelor's 2. Intern/Entry specialist 3. Specialist I 4. Specialist II 5. Master's 6. PhD
Years in practice	…………………………… years
Years in the Director position at the district hospital	…………………………… years

II. HOSPITAL ORGANIZATION

No.	List of existing departments/wings	Departments/wings that need to be formed/split as required but not done yet
Departments/functions		
	- …………….. division	
	- …………….. division	
	- ……………	
	- ……………	
Subclinical functions:		
	- ………………. department	
	- ………………. department	

	…………	
	…………	
Clinical functions:		
	- ………………… department	
	- ………………… department	
	…………	
	…………	
Other functions		

III. HOSPITAL STAFF

A. EMPLOYEES BY QUALIFICATION						
Qualification	**Total**	**Sex**		**Employment status**		**Those in training, not at work**
		Male	*Female*	*Permanent*	*Contracted staff*	
Medical care						
Specialist II/PhD						
Specialist I/Master's						
Entry specialist						
General doctors						
Assistant physicians						
PHARMACY						
Pharmacist II/PhD						
Pharmacist I/Master's						
Bachelor's pharmacist						
Undergraduate pharmacist						
Intermediate pharmacist						
Intermediate pharmacy technologist						
Elementary druggist						
NURSING						
Postgraduate nurse						
Bachelor's nurse						

A. EMPLOYEES BY QUALIFICATION						
Qualification	Total	Sex		Employment status		Those in training, not at work
		Male	*Female*	*Permanent*	*Contracted staff*	
Undergraduate nurse						
Pre-nursing graduate						
Elementary nurse						
MEDICAL TECHNOLOGIST						
Postgraduate technologist						
Bachelor's technologist						
Undergraduate technologist						
Intermediate technologist						
MIDWIVES						
Postgraduate midwife						
Bachelor's midwife						
Undergraduate midwife						
Intermediate midwife						
Preliminary midwife						
OTHERS						
Graduate degree holder						
Bachelor's degree holder						
Associate's degree holder						
High school						
Total nurse aides/orderlies under hospital's management						
TOTAL A						

(Please fill out the next page also)

B. QUALIFICATION OF POSTGRADUATE PHYSICIANS					
Qualification Field of expertise	PhD	Specialist II	Master's	Specialist I	Intern/entry specialist
Enterology					
Surgery					
Obstetrics					
Pediatrics					
Emergency resuscitation					
Diagnostic imaging					
Ophthalmology					
Ear-nose-throat					
Dentistry					
Other fields of expertise:					
1. …………………					
2. …………………					
3. …………………					
4. …………………					
5. …………………					
TOTAL B					

Thank you!