

Form ID	Province ID		District ID		Commune ID	

**FORM 2: BACKGROUND INFORMATION ON THE ORGANIZATIONAL AND STAFFING SETUP OF THE COMMUNE HEALTH CENTER IN 2014**

BACKGROUND	
Province	.....
District	.....
Commune health center	.....
Reported by:	.....
Tel	.....
Email	.....

**1. Background on the head of the CHC**

Age	.....
Sex	1. Male      2. Female
Highest education	1. Intermediate   2. Undergraduate   3. Bachelor's degree 4. Specialist I   5. Specialist II   6. Others .....
Years in practice	..... years
Years in the current position of CHC head	..... years

**2. Background on the organizational and staffing setup of the CHC**

Clinical position		Total		Employment status			Those in training, not at work
		Male	Female	Permanent	Contracted	Rollover	
<b>MEDICAL DOCTORS</b>	Specialist doctors						
	General doctors						
<b>PHYSICIAN ASSISTANTS</b>	Assistant doctor (General)						
	Assistant doctors on OB/PED						
	Traditional medicine physician assistant						

Clinical position		Total		Employment status			Those in training, not at work
		Male	Female	Permanent	Contracted	Rollover	
	Others:.....						
<b>PHARMACISTS</b>	Intermediate pharmacists						
	Elementary druggist						
<b>NURSES</b>	Pre-nursing graduate						
	Elementary nurses						
<b>MIDWIVES</b>	Intermediate midwives						
	Elementary midwives						
<b>TRADITIONAL MEDICINE</b> (specify education): .....							
<b>OTHERS</b> (specify): .....							
<b>TOTAL</b>							