

Date:	
Name:	
Address:	
Home phone:	
Cell:	
Office:	
Fax:	
Email:	
Specialty:	
Place of employment:	

Please send Data Sheet with membership dues (\$35) to:

Kathy Cosgrove
 112 Lionel Lane
 Summerville, S.C. 29483
 843-873-5284

(Please make checks payable to LCAPN)

2010 Salary Survey

The purpose of this survey is to provide feedback to all nurse practitioners regarding salary and other information which could be of assistance in future negotiations regarding your employment. Please be as honest as possible. We are keeping this information anonymous.

1. What county do you practice in?
2. What is your specialty certification? (FNP, ANP etc)
3. How many years have you been in practice as nurse practitioner?
4. How many hours a week do you work as a nurse practitioner?
5. What is your gross annual salary calculated as a full time salary?
6. Do you get a yearly bonus and how is it calculated?

7. Who pays your malpractice insurance?
8. Do you get paid sick time and how much?
9. Do you participate in research and do you get compensated?
10. Do you have students from the college of nursing?
11. Do you get CME allowance and how much?
12. Do you get allowance for professional membership?
13. Do you take call? If so, how often?
14. Do you meet with your supervising physician regularly to discuss charts or do you never meet?
15. Which topic would you like to hear about at future meetings? 16. Any other comments or suggestions?

Thank you,

LCAPN BOARD