

**RURAL HEALTH CLINIC SURVEY REPORT CRUCIAL DATA EXTRACT**

Facility Name:

Number of Qualified <b>Nurse Practitioners</b>		Number of Qualified <b>Physicians' Assistants</b>	
*J43:		*J44:	
(1) # Currently Certified		(1) # Currently Certified	
(2) # 1 Year Training		(2) # 1 Year Training	
(3) # 1 year Experience		(3) # 1 year Experience	