AMA Research Analytics File  
Year End De-Identified Data Layout - (052019)  
1996 - 2017

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| |  |  |  |  | | --- | --- | --- | --- | | Length | Format | Description |  | | 11 | A/N | Research ID | Unique Identifier | | 3 | A/N | Major Professional Activity | Major Professional Activity, indicating whether physician's primary activity is direct patient care, teaching, administration, etc. | | 2 | A/N | DEAD FLAG | 1 = Dead | | 2 | A/N | M.D., D.O., FLAG | 0 = M.D. 1 = D.O. | | 1 | A/N | SEX CODE | M = Male F = Female | | 2 | A/N | ADDRESS UNDELIVERABLE FLAG | 0= Deliverable 1 = Undeliverable | | 2 | A/N | Contact Flag | Flag indicating physician is not to be contacted for any reason.  1 = No contact  0 = Contact | | 1 | A/N | Census Region | The U.S. Department of Commerce region of the preferred mailing address. 0 = Outside of United States 1 = Northeast 2 = Midwest 3 = South 4 = West | | 1 | A/N | Census Division | 0 = Outside of United States 1 = New England 2 = Middle Atlantic 3 = East North Central 4 = West north Central 5 = South Atlantic 6 = East South Central 7 = West South Central 8 = Mountain 9 = Pacific | | 2 | A/N | Address Type for Preferred mailing address | 00 = Unknown or None 01 = Home 10 = Office 11= Both | | 2 | A/N | State | The state where the preferred mailing address is located. | | 5 | A/N | Zip | The zip code where the preferred mailing address is located. | | 3 | A/N | FIPS County | FIPS code of the county within the state of the preferred mailing address. The state and county together uniquely identify a county. | | 5 | A/N | FIPS City | FIPS code for the city within the state of the preferred mailing addresses. The state and city together uniquely identify a city.  No data in this field starting with 2000. | | 10 | A/N | Birth Date | Month of the year of the physician's birth. Day of the month of the physician Year of the physician's birth. | |  |  | Birth Place | Birth City/State/Country | |  |  | ECFMG | Code for Foreign Med Grad Info from ECFMG | | 4 | A/N | License Preferred Year | The year the physician was licensed in the state of the preferred mailing address. Field is formatted CCYY. | | 3 | A/N | Primary TOP | Primary Type OF Practice, indicating whether physician's primary activity is direct patient care, teaching, administration, etc. | | 3 | A/N | Present Employment | Primary Present Employment Code, indicating primary employment arrangement, such as solo practice, group practice, etc. | | 3 | A/N | Primary Specialty | The physician's self-designated primary medical specialty. | | 3 | A/N | Secondary Specialty | The physician's self-designated secondary medical specialty. | | 10 | A/N | Med Training To and From | The date the physician began this segment of graduate training to the end | | 6 | A/N | Med Train Institution Code | The institution code where the physician is/was in graduate training. | | 5 | A/N | Medical School | The code for the medical school attended. | | 4 | A/N | Med School Year of Grad | The year the physician graduated from medical school. | | 1 | A/N | Federal Code | 1 = yes 0 = no Code used to identify active physicians who are currently in government service. | |  | A/N | Preferred Office Location Address Line 0 | Company Name  Available starting with 2010 | | 2 | A/N | Preferred Office Location State | Preferred Office Location State  Available starting with 2010 | | 5 | A/N | Preferred Office Location Zipcode | Preferred Office Location Zipcode  Available starting with 2010 | |