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 = MaleF = Female |
| 2 | A/N | ADDRESS UNDELIVERABLE FLAG  | 0= Deliverable1 = 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 States1 = Northeast2 = Midwest3 = South4 = West |
| 1 | A/N | Census Division | 0 = Outside of United States1 = New England2 = Middle Atlantic3 = East North Central4 = West north Central5 = South Atlantic6 = East South Central7 = West South Central8 = Mountain9 = Pacific |
| 2 | A/N | Address Type for Preferred mailing address | 00 = Unknown or None01 = Home10 = Office11= 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 = noCode used to identify active physicians who are currently in government service. |
|  | A/N | Preferred Office Location Address Line 0 | Company NameAvailable starting with 2010 |
| 2 | A/N | Preferred Office Location State | Preferred Office Location StateAvailable starting with 2010 |
| 5 | A/N | Preferred Office LocationZipcode | Preferred Office LocationZipcodeAvailable starting with 2010 |

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