



## Customer Survey

GS - Revised 9/2017

Your feedback is important to help improve our services. Please take a few minutes to complete this survey and return to us by mail, fax, or e-mail. If you would prefer to take an online survey, please visit <http://www.surveymonkey.com/s/OMBSatisfaction>

Any information you can provide about what we did well or what we can do to improve our performance is appreciated.

### 1. How do you rate the **TIMELINESS** of the services provided by the Oregon Medical Board?

☐ Don't know      ☐ Poor      ☐ Fair      ☐ Good      ☐ Excellent

What service(s) took the longest, and do you have suggestions for improvement? Any other comments?

### 2. How do you rate the ability of the Oregon Medical Board to provide **SERVICES CORRECTLY THE FIRST TIME**?

☐ Don't know      ☐ Poor      ☐ Fair      ☐ Good      ☐ Excellent

Comments?

### 3. How do you rate the **HELPFULNESS** of Oregon Medical Board employees?

☐ Don't know      ☐ Poor      ☐ Fair      ☐ Good      ☐ Excellent

If you telephoned or e-mailed the Board, what was the purpose of your communication? Any other comments?

### 4. How do you rate the **KNOWLEDGE** and **EXPERTISE** of the Oregon Medical Board employees?

☐ Don't know      ☐ Poor      ☐ Fair      ☐ Good      ☐ Excellent

Was there a particular OMB employee or department with whom you communicated? Any other comments?



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**5. How do you rate the AVAILABILITY OF INFORMATION at the Oregon Medical Board? (Include information on the Board's website and information obtained through other interactions with Board staff.)**

☐ Don't know      ☐ Poor      ☐ Fair      ☐ Good      ☐ Excellent

Was there additional information online that would have assisted you with the process? Any other comments?

**6. How do you rate the OVERALL QUALITY OF SERVICE provided by the Oregon Medical Board?**

☐ Don't know      ☐ Poor      ☐ Fair      ☐ Good      ☐ Excellent

Comments?

**7. How does your experience with the Oregon Medical Board compare to that provided by licensing boards in OTHER STATES?**

☐ Don't know      ☐ Poor      ☐ Fair      ☐ Good      ☐ Excellent

Comments?

**8. Do you have any additional comments about what we did well or suggestions for improvement?**

**9. What kind of customer are you?**

☐ Health Care Practitioner (please specify your profession)

☐ MD/DO    ☐ DPM    ☐ PA    ☐ LAc    ☐ Other  
(please specify) \_\_\_\_\_

☐ Institutional User

☐ Citizen/Consumer

☐ Other (please specify)



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### 10. What type of Oregon Medical Board services have you used in the past 30 days?

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Online Services for Applicants and Licensees    | <input type="checkbox"/> Verification of Licensure            |
| <input type="checkbox"/> Disciplinary Actions and/or Malpractice Reports | <input type="checkbox"/> Information Requests, Public Records |
| <input type="checkbox"/> Meeting Dates and/or Minutes                    | <input type="checkbox"/> Oregon Medical Board Newsletters     |
| <input type="checkbox"/> Other (please specify) _____                    |   |

### 11. What type of online services have you used in the past 30 days? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Applications                 | <input type="checkbox"/> Application status updates        |
| <input type="checkbox"/> License renewals             | <input type="checkbox"/> Supervising Physician application |
| <input type="checkbox"/> Practice agreement updates   | <input type="checkbox"/> Change of address                 |
| <input type="checkbox"/> Name change                  | <input type="checkbox"/> Password assistance               |
| <input type="checkbox"/> Other (please specify) _____ |  |

### 12. In what ways have you contacted the Oregon Medical Board? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Telephone                    | <input type="checkbox"/> E-mail                  |
| <input type="checkbox"/> Fax                          | <input type="checkbox"/> Online/Website Services |
| <input type="checkbox"/> Other (please specify) _____ |  |

**THANK YOU!**