


Date		AHEC Center			MAHEC ID	
MAHEC Participant Registration Form						
MAHEC is required to report general demographic information about participants. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly. Last Revision 8/15						
Prefix (e.g., Mr, Ms, Dr)		First Name		MI	Last Name	
Suffix (Jr, Sr, I, II, III, IV, V)	Credentials (e.g., MD, DO, RN, PA)	Nickname		Birthdate (mm/dd/yy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
DEMOGRAPHICS						
Ethnicity (Select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race (Select all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White				
Disadvantaged Status (Select all that apply) <input type="checkbox"/> I will be/am the first in my family to go to college <input type="checkbox"/> I grew up with English as my second language <input type="checkbox"/> I have been diagnosed with a physical or mental impairment that limits my participation <input type="checkbox"/> I qualify for the free and reduced school lunch program <input type="checkbox"/> I qualify for federal/state grants which do not need to be repaid		Residential Background (Select one) <input type="checkbox"/> Frontier (Wide Open, Few People) <input type="checkbox"/> Rural (Country, Small Town) <input type="checkbox"/> Suburban (Small City) <input type="checkbox"/> Urban (Big City)		Veteran Status (Select one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Veteran Prior Service <input type="checkbox"/> Veteran Retired <input type="checkbox"/> Not a Veteran		Loan Repayment Program Recipient <input type="checkbox"/> National Health Service Corps (NHSC) <input type="checkbox"/> Primary Care Resource Initiative for Missouri (PRIMO)
CONTACT INFORMATION						
Address						
City		State	Zip Code (9 digits if possible)		County	
Primary Phone #		Cell Phone #		Email Address		
K-12 PARENT/GUARDIAN INFORMATION						
Relationship		First Name		Last Name		
Address (If different from above)						
City		State	Zip Code (9 digits if possible)		County	
Phone		Email Address				
EDUCATION						
Current School Name		City	County	State	Zip Code (9 digits if possible)	
Current Grade/College Year	Anticipated Date of Graduation (mm/yyyy)	Major if applicable		Adviser Name if applicable	GPA	ACT Composite Score if applicable
COLLEGE STUDENTS AND ADULT LEARNERS						
Current Major/Discipline		High School Attended		Year Graduated	High School Address	
High School City		High School County			High School State	High School Zip Code
Current Employer if Applicable		Title		Address		
City		County		State	Zip Code	

SURVEY

I intend to enter a health career: Yes No

If yes, what three health careers are you interested in? Options are followed by a list of disciplines that fall in each category. Please indicate your top three choices by placing a 1, 2, or 3 in the spaces provided and circling the specific disciplines.

- ___ **Primary Care Physician**
Family Medicine/Family Practice
General Internal Medicine
Obstetrics & Gynecology
General Pediatrics
- ___ **Specialty Care Physician**
Allergy & Immunology
Anesthesiology
Cardiology
Critical Care/Hospitalist
Dermatology
Emergency Medicine
Endocrinology
Gastroenterology
General Surgery
Geriatrics
Infectious Disease
Neonatology
Nephrology
Neurology
Nuclear Medicine
Oncology
Ophthalmology
Oral & Maxillofacial Surgery
Orthopaedic Surgery
Osteopathic Manipulative Medicine
Otorhinolaryngology
Pain Management
Pathology
Physiatry & Rehabilitation
Plastic Surgery
Podiatry
Proctology
Psychiatry
Pulmonology
Radiology
Sports Medicine
Thoracic Surgery (Cardio-Vascular Surgery)
Urology

- ___ **Dental**
Dentist
Dental Assistant
Dental Hygienist
Endodontist
Oral Surgeon
Orthodontist
Periodontist
- ___ **Pharmacy**
Pharmacist
Pharmacy Technician
- ___ **Physician Assistant**
- ___ **Behavioral Health**
Counselor
Psychologist
Social Worker
- ___ **Nursing**
Advanced Practice Midwife
Clinical Nurse Specialist
Home Health Aide
Licensed Practical Nurse
Nurse Anesthetist
Nurse Practitioner
Nurse's Aide
Registered Nurse
- ___ **Chiropractor**

- ___ **Health Administration**
Healthcare Administrator
Information Technologist
Nursing Home Administrator
- ___ **Community & Health Education**
Community Health Worker
Health Education
Public Health
- ___ **Health Professions**
Athletic Trainer
Audiologist
Audiologist-Hearing Aid Fitter
Clinical Lab Technician
Dietitian
EMS/EMT/First Responder
Exercise Science
Hospice Caregiver
Occupational Therapist
Occupational Therapy Assistant
Optometrist
Physical Therapist
Physical Therapy Assistant
Pulmonary Function Technologist
Radiology Technician
Respiratory Therapist
Speech-Language Pathologist
- ___ **Other** _____

I am interested in a healthcare career, but I worry about (check all that apply):

- Cost of education
- Whether or not my grades are good enough to get into a health professions program
- Admission exams and the application process
- How I would get to and from school (transportation, distance)
- How long it would take to complete my education
- Where I would work once I did complete my education
- What my family and friends would think about me pursuing a career in healthcare
- Other _____

Are you enrolled in or have you been accepted into a health professions/pre-health professions program such as pre-med, pre-dental, first responder, medical assistant, CNA, medical school, dental school? Yes No

If Yes, what type of health professions/pre-health professions program?

Will you apply this AHEC training to certification or credentialing? Yes No

I intend to work with people who are medically underserved or where there is not enough healthcare: Yes No Unsure

I intend to work in the following type of community: Frontier (Wide Open, Few People) Rural (Country, Small Town) Suburban (Small City) Urban (Big City) Unsure

I intend to stay in Missouri: Yes No Unsure

Thank you!