


Date		AHEC Center			MAHEC ID	
<b>MAHEC Participant Registration Form</b>						
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 2/17						
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
<b>DEMOGRAPHICS</b>						
<b>Ethnicity (Select one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>Race (Select all that apply)</b> <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White				
<b>Disadvantaged Status (Select all that apply)</b> <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		<b>Residential Background (Select one)</b> <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)		<b>Veteran Status (Select one)</b> <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		<b>Loan Repayment Program Recipient</b> <input type="checkbox"/> National Health Service Corps (NHSC) <input type="checkbox"/> Primary Care Resource Initiative for Missouri (PRIMO)
<b>PARTICIPANT CONTACT INFORMATION</b>						
Address						
City		State	Zip Code (9 digits if possible)		County	
Primary Phone #		Cell Phone #		Email Address		
<b>K-12 PARENT/GUARDIAN INFORMATION</b>						
Relationship		First Name		Last Name		
Address (If different from above)						
City		State	Zip Code (9 digits if possible)		County	
Phone		Email Address				
<b>PARTICIPANT EDUCATION</b>						
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
<b>COLLEGE STUDENTS AND ADULT LEARNERS</b>						
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.

- 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 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!*