


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!