


Date		AHEC Center			MAHEC ID	
MAHEC Clinical Student 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 10/21						
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)		Nickname		Birthdate (mm/dd/yy) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary/Other
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/Alaska 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 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 qualified 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 # Text okay: <input type="checkbox"/> Yes <input type="checkbox"/> No			Secondary Phone # Text okay: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Email Address			Secondary Email Address			
Want to be the first to know about upcoming MAHEC events and news? <input type="checkbox"/> Yes! Sign me up! (Please be sure that you have provided your phone number and the email address where you would like to receive notifications.) MAHEC uses a third-party service for its marketing efforts. By checking this box, you agree to receive marketing messages from MAHEC and to have your information stored on a third-party site. Data rates may apply. For additional information, please see MAHEC's full privacy policy at mahec.org .						
How did you hear about MAHEC? <input type="checkbox"/> MAHEC Website <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> At School <input type="checkbox"/> From a Friend <input type="checkbox"/> Other _____						
EDUCATION AND INTERESTS						
Name of Institution In Which You Are Currently Enrolled			Anticipated Date of Graduation (mm/yyyy)		Current Health Professions Program	
City			State		Zip Code (9 digits if possible)	
Undergraduate College (If Different From Above)					Graduated (mm/yyyy)	
City		State		Major		
High School Attended		City		State	Graduated (mm/yyyy)	
Employer Name (If Applicable)			Address			
City			State		Zip Code	

If you are a medical student, what specialty areas are you interested in for residency after medical school?

I intend to enter a health career in primary care, such as family medicine, general internal medicine, general pediatrics, obstetrics and gynecology, nurse practitioner, family practice nurse, physician assistant, general dentistry, or pediatric dentistry:

- Strongly Disagree Disagree Neutral Agree Strongly Agree

I intend to work with people who are medically underserved or where there is not enough healthcare:

- Strongly Disagree Disagree Neutral Agree Strongly Agree

I intend to work in the following type of community (select one):

- Frontier (Wide Open, Few People) Rural (Country, Small Town) Suburban (Small City) Urban (Big City) Unsure

I intend to stay in Missouri:

- Strongly Disagree Disagree Neutral Agree Strongly Agree

Thank You!