


Date		AHEC Center			
<b>MAHEC Clinical Student Interests Survey</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 6/21					
First Name		MI	Last Name		Birthdate (mm/dd/yy)
<b>NEW CONTACT INFORMATION IF APPLICABLE</b>					
Home Address					
City		County		State	Zip Code (9 digits if possible)
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		
Work Name & Address					
Work City		Work County		Work State	Work Zip Code (9 digits if possible)
<b>Interests</b>					
<b>I intend to enter a healthcare 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:</b> <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree					
<b>I intend to work with people who are medically underserved or where there is not enough healthcare:</b> <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree					
<b>I intend to work in the following type of community (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) <input type="checkbox"/> Unsure					
<b>I intend to stay in Missouri:</b> <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree					
<b>This was my final year of school and I am graduating:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>My participation in AHEC has increased my interest in serving as a preceptor:</b> <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree					
<b>I am interested in serving as a preceptor someday:</b> <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree					
<b>IF YOU ARE GRADUATING, PLEASE ANSWER THE FOLLOWING QUESTIONS; OTHERWISE, PLEASE DISREGARD THEM.</b>					
<b>What are your plans for your first year after graduation? (Select one)</b> <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Internship <input type="checkbox"/> Advanced Degree <input type="checkbox"/> Begin Practicing    Other _____					
Location Name & Address				Major/Area of Specialty	
City		County		State	Zip Code (9 digits if possible)
Residency Administrator's Name and Title				Residency Administrator's Email and Phone	
Upon graduation I will begin my residency/internship/fellowship (mm/yyyy):				I plan to begin practice (mm/yyyy):	
<b>Upon graduation I will begin working in a medically underserved community: (Select one if applicable)</b> <input type="checkbox"/> Federally Designated Community Health Center (CHC) or Federally Qualified Health Center (FQHC) <input type="checkbox"/> Other Federally or State Designated Site (Rural Health Clinic, Health Department, Indian Health Service, etc.) <input type="checkbox"/> Other Medically Underserved Site (School Health Service or Health Clinic, Medicaid/Medicare Patient Population of 50% or greater, etc.)					