

Date	AHEC Center	MAHEC ID
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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 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, PA)	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 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)

PARTICIPANT 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	

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 #	Text okay? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address

HIGH SCHOOL EDUCATION

School Name	City	State	Zip Code (9 digits if possible)
Graduation or Anticipated Date of Graduation (mm/yyyy)	GPA	ACT Composite Score if Applicable	

COLLEGE EDUCATION

Major/Discipline	School Name	Graduation or Anticipated Date of Graduation (mm/yyyy)
City	State	Zip Code (9 digits if possible)

ADULT LEARNERS

Current Employer if Applicable	Title	Address
City	State	Zip Code (9 digits if possible)

SURVEY

I have participated in AHEC activities in the past and they have increased my knowledge of healthcare careers (leave blank if you have not participated in AHEC activities in the past or if you are unsure):

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

I intend to enter a health career:
 Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

If strongly agree or agree, 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*

____ **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*

____ **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
 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*

____ **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 _____

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

If you are a post-high school student, 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?

How did you hear about MAHEC?

- MAHEC Website
 Facebook
 Twitter
 At School
 From a Friend
 Other _____

Want to be the first to know about upcoming MAHEC events and news?

- 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.

Thank you!