

Date	AHEC Center	MAHEC ID
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## 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 8/15



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

### DEMOGRAPHICS

<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/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White
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<b>Disadvantaged Status (Select all that apply)</b> <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	<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)
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### CONTACT INFORMATION

Address			
City	State	Zip Code (9 digits if possible)	County
Primary Phone #	Cell Phone #	Email Address	

### EDUCATION

Name of Institution In Which You Are Currently Enrolled		Anticipated Date of Graduation (mm/yyyy)	
City	County	State	Zip Code (9 digits if possible)
Undergraduate College (If Different From Above)			Year Graduated
City	State	Major	
High School Attended	City	State	Year Graduated
Employer Name (If Applicable)	Address		
City	State	Zip Code	

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:  Yes  No  Unsure

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

What specialty areas are you interested in for residency after medical school?

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