

# Form A

## STUDENT CLINICAL TRAINING PARTICIPANT

AHEC is required to report general demographic information about participants in the categories below. 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.

### STUDENT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <b>Name (Last, First, MI):</b>		<b>Suffix or Credential:</b>	<b>Date of Birth:</b> / /
<b>Race/Ethnicity (check one):</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian: underrepresented (i.e., Cambodia, Malaysia, Pakistan, Vietnam) <input type="checkbox"/> Asian: Non-underrepresented (i.e., China, Philippine, Japan, Korea, India, Thailand) <input type="checkbox"/> Black or African American <input type="checkbox"/> More Than One Race			<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White- Non Disadvantaged* (see below) <input type="checkbox"/> White - Disadvantaged* (see below)
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>
<b>Permanent Address (if different):</b>		<b>Permanent City:</b>	<b>Permanent State:</b>

**\*Are you from an educationally disadvantaged background (according to the federal definition below)?**  Yes  No

**Educationally Disadvantaged:** An individual who comes from an environment that has hindered the individual in obtaining the knowledge, skills and abilities required to enroll in and graduate from a health professions school. The following are provided as examples of "Educationally Disadvantaged" for guidance only and are not intended to be all-inclusive.

**Examples:**

- Person from high school with low average SAT scores or below the average State test results.
- Person from a school district where 50% or less of graduates go to college.
- Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
- Person for whom English is not their primary language and for whom language is still a barrier to their academic performance.
- Person who is first generation to attend college and who is from a rural or urban area or receiving public assistance.

**Person from a high school where at least 30% of enrolled students are eligible for free or reduced price lunches.**

**\*Are you from an economically disadvantaged background (according to the federal definition below)?**  Yes  No

**Economically Disadvantaged:** An individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary will annually publish these income levels in the Federal Register. The table below provides a breakdown of family income levels used to determine economic disadvantaged status. Family income is defined as the income of the trainee's parents regardless of the age of the trainee. Low-Income Levels:

Size of Family Unit Includes only dependents listed on Federal income tax forms.	1	2	3	4	5	6	7	8
<b>Income Level</b> Adjusted gross income for calendar year	\$19,600	\$26,400	\$33,200	\$40,000	\$46,800	\$53,600	\$60,400	\$67,200

### SCHOOL/ROTATION INFORMATION

<b>Name of current school attending:</b>		<b>Placement/Contact Person:</b>	
<b>Discipline (choose one category):</b> <input type="checkbox"/> Administrator <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Dietary/Dietetics <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse - Registered <input type="checkbox"/> Nurse - Bachelors Degree <input type="checkbox"/> Nurse - Other <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Paramedic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician - Allopathic <input type="checkbox"/> Physician - Osteopathic <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Public Health <input type="checkbox"/> Radiation Technician <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Social Work/Mental Health <input type="checkbox"/> Other _____			
<b>Course/Rotation Name:</b>		<b>Year in Program:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____ <b>Anticipated Graduation Date:</b> _____	
<b>Primary Rotation Site:</b>		<b>Rotation Site Address:</b>	
<b>Rotation Dates:</b>	<b>Rotation Weeks:</b>	<b>Rotation Hours per Week:</b>	

<b>Primary Preceptor or Clinical Supervisor:</b>	<b>Preceptor's Professional Discipline:</b>
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AHEC is required to report general demographic information about participants in the categories above. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of the office services and programs. This information will not be made available to any other agency. We appreciate your cooperation in the completion of this form. I understand the above information will be maintained confidentially and used for program monitoring and evaluation purposes only. I attest to the accuracy of the information that I have given.

<b>Signature:</b>	<b>Date:</b>
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<b>FUTURE PLANS</b>
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	Very Likely	Somewhat likely	Somewhat unlikely	Very likely	Undecided
<b>Do you plan to practice in New York State?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you plan to practice in an urban setting?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you plan to practice in a rural setting?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you plan to practice in an underserved community?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>FOR OFFICE USE ONLY</b>
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**AHEC Incentive Funds Used by Student on this Rotation**

AHEC of Funded Housing   
 Housing Stipend   
 Mileage Reimbursement   
 Travel/Meal Reimbursement   
 Other \_\_\_\_\_

**School Information**

Health Professional School   
 Medical School

**Rotation Site Information**

**Site Type:**   
 Preceptor Site   
 Clinic   
 Hospital   
 Nursing Home   
 Unknown   
 Other \_\_\_\_\_

**Designated Area:**

HPSA   
 50% Medicare/Medicaid   
 Other Medically Underserved Area   
 Urban Area with 50%+ Medicaid or Uninsured

Not a Medically Underserved Area

<b>Reviewing AHEC Staff Member:</b>	<b>Date:</b>
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<b>Data Entry:</b>	<b>Date:</b>
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