Form N

GROUP ACTIVITIES
COMMUNITY OUTREACH

CATSKILL HUDSON AREA HEALTH EDUCATION CENTER

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. This form may be sent to the school in advance to obtain information on the student diversity.

PROGRAM INFORMATION

Program Title:	**Program Date:**	**Program Length/Total Hours:**
Type of AHEC Program: (i.e. Distance Learning – Daemen College)		
Program Location (Address):		
City:	**State:**	**Zip code:**
Preceptor Info: (# of Preceptors, Name &/or contact info, primary discipline if available.)		

PARTICIPANTS INFORMATION

Total Attendees:	**Total Male Attendees:**	**Total Female Attendees:**

Race/Ethnicity:

Total Males	**Total Females**	
☐	☐	American Indian or Alaskan Native
☐	☐	Asian: underrepresented (i.e., Cambodia, Malaysia, Pakistan, Vietnam)
☐	☐	Asian: Non-underrepresented (i.e., China, Philippine, Japan, Korea, India, Thailand)
☐	☐	Black or African American
☐	☐	Hispanic or Latino
☐	☐	Native Hawaiian or Other Pacific Islander
☐	☐	White– Non Disadvantaged
☐	☐	White – Disadvantaged
☐	☐	More Than One Race

Education Level:

# Attendees	**Grade Level**
☐	**K-8 grade**
☐	**9-12 Grade**
☐	**Vocational or Technical School**
☐	**Some College**
☐	**Bachelors Degree**
☐	**Masters Degree**
☐	**D.O., M.D., Ph.D or higher**

FOR OFFICE USE ONLY

Host Information

Site Type: ☐ Clinic ☐ Hospital ☐ Nursing Home ☐ Unknown ☐ Other_____

Site Designated Area:

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

☐ Not a Medically Underserved Area

Reviewing AHEC Staff Member: **Date:**

Data Entry: **Date:**