



Geriatric Education Center (GEC)



PARTICIPANT PROFILE

Nova Southeastern University - College of Osteopathic Medicine - Office of Education, Planning & Research
The Florida Coastal Geriatric Resources, Education, and Training Center

Funded by the U.S. Department of Health and Human Services - Health Resources and Services Administration, TitleVII, Part D Funding.

Please take a few minutes to complete this profile requested to assist us for GREATGEC's activities to the Health Resources and Services Administration (HRSA), the agency that funds the Center. Remember your responses are optional and confidential, and the personal information you provide will be maintained in a secure, restricted-access database and data will be deidentified and aggregated to comply with reporting requirements. **Thank You!**

TITLE OF PROGRAM _____

DATE OF PROGRAM _____

Name: Mr. Ms. Mrs. Dr. _____

Credentials (eg: RN, DO, MD, etc.) _____

Organization: _____

Position: _____

Work Address: _____

Home Address: _____

(Street 1)

(Street 1)

(Street 2)

(Street 2)

(City)

(State)

(Zip)

(City)

(State)

(Zip)

(County)

Telephone: (____) _____ Fax: (____) _____

Year of birth: _____

Which address would you prefer us to use? Home Work

E-mail: _____

What is your age group?

- Less than 20 years old
- 20-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70 years or older

What is your gender? Male Female

Do you work in a rural setting? Yes No

In which of the following areas did you grow up? (the area you spent the most time in before age 18):

- Rural
- Urban
- Frontier
- Suburban
- N/A

Are you Hispanic/Latino? Yes No

Are you retired? Yes No

What is your race? (Please check all that apply)

- American Indian or Alaska Native
- Asian, specify _____
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown
- More Than One Race
- Other, specify _____

Do you work in a Medically Underserved Community (MUC)?* Yes No

**Means any geographic area or population served by any of the following practice sites: 1) Ambulatory practice sites designated by State Governors as serving medically underserved communities; 2) Community health centers (section 330); 3) Federally qualified health centers (section 1905(1) (2) (B) of the Social Security Act); 4) Health Care for the Homeless grantees (section 330); 5) Indian Health Services sites (Pub. L. 93-638 for tribal operated sites and Pub. L. 94-437 for IHS operated sites); 6) Migrant health centers (section 330); 7) Primary medical care, mental health, and dental health professional shortage areas (federally designated under section 332); 8) Public housing primary care grantees (section 330); 9) Rural health clinics, federally designated (section 1861(aa)(2) of the Social Security Act); 10) State or local health departments (regardless of sponsor; for example, local health departments that are funded by the State would qualify.*

I will apply this training to National Certification or Professional Continuing Education requirements. Yes No N/A

Do you consider yourself to have EVER come from a disadvantaged background? Yes No

**Means an individual who (1) educationally comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professions school or (2) economically 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 the Census, adjusted annually for changes in the Consumer Price Index and adjusted by the Secretary for use in all health professions programs.

Where is your employment location? (Check all that apply)

- | | | | | | |
|--|--|---|--|--|--|
| <input type="checkbox"/> Academia | <input type="checkbox"/> CDC | <input type="checkbox"/> AHEC | <input type="checkbox"/> HRSA | <input type="checkbox"/> Community-Based Org/Non-Profit | <input type="checkbox"/> Other Federal Government |
| <input type="checkbox"/> Ambulatory Practice Site | <input type="checkbox"/> NIH | <input type="checkbox"/> Hospitals | <input type="checkbox"/> GEC | <input type="checkbox"/> Federally-Qualified Health Center | <input type="checkbox"/> Indian Health/Tribal Health Dept. |
| <input type="checkbox"/> Local Health Department | <input type="checkbox"/> DHHS | <input type="checkbox"/> Tribal Government | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Health Care for the Homeless | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Other City Government | <input type="checkbox"/> Other State Government | <input type="checkbox"/> National Health Service Corp Site | <input type="checkbox"/> State Health Department | |
| <input type="checkbox"/> Public Housing Primary Care | <input type="checkbox"/> Other, specify _____ | | | | |

What is your profession?

Dentistry

- Geriatric Dentistry
- Dental Assistant
- Dental Hygiene
- General Dentistry
- Behavioral/Mental Health
- Other, specify _____

Medicine

- Allopathic Medicine
- Family Medicine
- Internal Medicine
- Geriatric Medicine
- Psychiatry
- Geriatric Psychiatry
- Podiatry
- Behavioral/Mental Health
- Preventive/Internal Med
- Preventive/Public Health
- Other, specify _____

Nursing

- Clinical Nurse Specialist (CNS)
- Licensed Practical/Vocational Nurse (LPN/LVN)
- Nurse Assistant/Patient Care Associate (PCA)
- Nurse Practitioner (NP)
- Registered Nurse (RN)
- Registered Nurse Student
- Other, specify _____

Behavioral Health

- Counseling Psychology
- Clinical Psychology
- Clinical Social Work
- Pastoral/Spiritual Care
- Substance Abuse/Addictions Counseling
- Other, specify _____

Osteopathic Medicine

- Family Medicine
- Internal Medicine
- Geriatric Medicine
- Psychiatry
- Geriatric Psychiatry
- Podiatry
- Behavioral/Mental Health
- Preventive/Internal Med
- Preventive/Public Health
- Other, specify _____

Other

- Clinical Laboratory Worker
- EMT-Paramedic/First Responder
- Long Term Care Administration
- Nutrition/Dietetics
- Occupational Therapy
- Occupational Therapy Assistant
- Optometry
- Pharmacy
- Physician Assistant
- Physical Therapy
- Health Information Systems/Data Analyst
- Physical Therapy Assistant
- Public Health
- Radiologic Services
- Respiratory Therapy
- Speech/Language Pathology
- Audiology
- Public Health Nutrition
- Biomedical Informatics
- Home Health Aide
- Chiropractic
- Other, specify _____

What is your employment status? (Please select one)

- Full-Time Faculty
- Part-Time Faculty
- Full-Time Trainee (i.e. student, staff, health care practitioner, administrator/manager, etc.)
- Part-Time Trainee (i.e. student, staff, health care practitioner, administrator/manager, etc.)
- Resident
- Fellow

Please return this form to:

Connie Sokolowski

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