

# GERIATRIC EDUCATION CENTER - PARTICIPANT PROFILE

We need your help! One of the major co-sponsors of this event, the Arkansas Geriatric Education Center (AGEC) must provide specific information about attendees at today's training to its funding source, the federal Bureau of Health Professions. The information you provide is confidential and will be used only in aggregate form to help secure funding for the center. Thanks for sharing it with us!

\_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Name suffix: APN, RN, PhD, LPN, MD, PT, etc)

Is this the first time you have attended a GEC program?  YES  NO

If "YES," complete the entire form

If "NO," please complete up to Personal Information If you need to update your information, please complete the entire form

Your Place of Work \_\_\_\_\_

Preferred Address:  Home  Work  
(Check one)

Preferred Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State & Zip)

May we send you electronic notices of AGECE future events?  YES  NO and our newsletter?  YES  NO

If "YES" to either, please provide your E-Mail Address:

\_\_\_\_\_  
If you are a returning participant and have completed this form in the past please STOP here

\*Personal Information: *Federal funding guidelines require asking these personal questions to attendees.*

\*Gender:  Male  Female \*Year of Birth: \_\_\_\_\_

\* Select one or more to best describe your race/ethnicity

- American Indian or Alaska Native  Hispanic / Latino  
 Asian or Asian-American  White / Caucasian  
 Black or African American  Other (specify): \_\_\_\_\_  
 Hawaiian Native or Pacific Islander

\*Do you consider yourself to have ever been from an economically or educationally disadvantaged background?  YES  NO

## Educational Background & Discipline/Profession:

*Most Advanced Degree: (check one and specify degree)*

- Associate Degree (Specify \_\_\_\_\_ -e.g. AA, AAS)  
 Baccalaureate Degree (Specify \_\_\_\_\_ -e.g. BA, BS, BSN, BSW)  
 Masters Degree (Specify \_\_\_\_\_ -e.g. MA, MBA, MEd., MS, MSN, MSW)  
 Doctorate Degree (Specify \_\_\_\_\_ -e.g. PhD, EdD, ScD)  
 Other Advanced Professional Degree (Specify \_\_\_\_\_ -e.g., MD, DO, JD)  
If MD/DO, do you have a CAQ in geriatrics?  YES  NO  
 Other, specify: \_\_\_\_\_

OVER PLEASE ---->

**Discipline or Profession:** Check only **one** response within the category that best fits your discipline/profession (A, B, C, D).

**A. Primary Care**

- Family Medicine
- General Internal Medicine
- Physician Assistant
- Nurse Practitioner
- Nurse-Midwife
- Dentistry
- Podiatry
- Other, specify \_\_\_\_\_

**B. Other Health Professions)**

- Allopathic Medicine
- Osteopathic Medicine
- Other Advanced Practice Nurse (MSN)
- Undergrad Nurse (RN, Diploma, BSN)
- Chiropractic
- Dental Public Health
- Health Administration
- Public Health
- Pharmacy
- Clinical Psychology
- Social Work
- Counseling
- Other, specify \_\_\_\_\_

**C. Allied Health Disciplines**

- Clinical Lab Sci (Lab. Tech.)
- Nutrition/Dietetics (RD, DTR or Technician)
- Health Information (Med. Records, Transcrpt.)
- Rehabilitation (KT, OT, PT, OTA, PTA, Recreation/Activities, Speech/Audiol.)
- Dental Hygienist/Dental Assist.
- Other Tech. (EEG, EKG, EMT)
- Assistant (CNA, STNA, Home Health Aide, Med Assistant)
- Other, specify \_\_\_\_\_

**D. Discipline/Prof NOT related to Health Care**

- Law (Attorney, Paralegal)
- Law Enforcement, Security, Protective Services
- Other, specify \_\_\_\_\_

**Employment Information:** *What is Your Position/Job Title:* \_\_\_\_\_

**What is Your Primary Role?**  
(Check one)

- Administrator/Manager
- Academic Faculty
- Clinical Faculty
- Health Care Practitioner (anyone in a field related to health care who shares responsibility for delivery of health care or related services)
- Inservice/Continuing Education Coordinator
  
- Student (includes medical residents & fellows)
- Retired or family caregiver

**Which of the following activities do you perform in your current position?** (Check all that apply)

- Continuing Education/Inservice Presentations
- Curriculum Development
- Teaching Academic Courses
- Research Grants
- Training and Education Grants
- Publications
- Serve as a Board/Committee Member
- Direct Care Provider
- Other, specify \_\_\_\_\_

If you are a **health care practitioner** and spend **at least 50% of your time** serving underserved populations (e.g., low income/low socioeconomic status, limited access to care, geographically isolated, etc.), please answer the following:

**Site of Practice:** (please check if you work in any of the following sites)

- N/A
- Community Health Center
- Health Care for Homeless Center
- Rural Health Clinic
- National Health Service Corps Site
- Federally-Qualified Health Center
- HPSA (Federally Designated Health Professionals Shortage Area)
- Migrant Health Center
- Public Housing Primary Care Center
- Mental Health Center
- Indian Health Service
- State or Local Health Department
- VA Facility
- Other, specify \_\_\_\_\_
- Don't Know

**Profile of the Population You Serve:**

Approximate number of older adults served per month \_\_\_\_\_

What percentage are racial/ethnic minority elders? \_\_\_\_\_%

What percentage are disadvantaged/underserved elders (e.g., low income/low socioeconomic status, limited access to care, geographically isolated, etc.)? \_\_\_\_\_%

What is the largest minority or underserved elderly population you serve? (e.g., African American, Hispanic, Asian, white, low income/ low socioeconomic status, etc.) \_\_\_\_\_

**Please return your completed form prior to the end of today's training.**

**Thank you!**