Arkansas Geriatric Education Collaborative

AGEC
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*Thank you for attending this program. Please take a few minutes to complete this form. Information requested is required by our funding source, the **Health Resources, and Services Administration (HRSA)**. The information you provide will be kept strictly confidential and only reported as aggregate data.*

PLEASE PRINT ALL SECTIONS

_____ _____ _____ _____

First Name **M.I.** **Last Name** **Prof. Suffix**

Address: _____
City: _____
State: _____
Zip Code: _____

Program Number	GWEPYR4	**Title**	**Community Hospice and Palliative Care Symposium**	**Date: Nov.14-16, 2018**

Location Where Attending: Circle of Life Hospice, Bentonville, AR or via live streaming

Student : ☐ **Yes** ☐ **No** | **If student, identify discipline: _____ (Nursing, Pharmacy, etc.)**

Please provide your email address:_____

_____

Gender: ☐ Male ☐ Female

Ethnic Classification: (Check one)
- ☐ Hispanic or Latino
- ☐ Non-Hispanic/Non-Latino

What is your age group?
- ☐ 19 and under
- ☐ 20-29 years old
- ☐ 30-39 years old
- ☐ 40-49 years old
- ☐ 50-59 years old
- ☐ 60 & older

Race: (check one)
- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ More than one Race

Background:

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

Do you work in a rural setting? ☐ Yes ☐ No

Do you work in an urban setting? ☐ Yes ☐ No

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

Are you an underrepresented Minority? ☐ Yes ☐ No

If yes, check one of the following:
- ☐ African American/Black
- ☐ American Indian or Alaska Native
- ☐ Hispanic (all races)
- ☐ Native Hawaiian or Other Pacific Islander

Profession/Occupation:
- ☐ Advanced Practice Nurse(APRN/APN)
- ☐ Audiologist
- ☐ Certified Health Education Specialist (CHES)
- ☐ Certified Registered Nurse Anesthetist (CRNs)
- ☐ Certified Nurse Midwife (CNM)
- ☐ Certified Nurse Practitioner (CNP)
- ☐ Clinical Nurse Specialist (CNS)
- ☐ Clinical Psychologist
- ☐ Community Member
- ☐ Direct Care Worker (DCW)
- ☐ Doctorate of Nursing Practice (DNP)
- ☐ Doctor of Osteopathy (DO)
- ☐ Emergency Medical Services (EMS)
- ☐ Family Care Giver
- ☐ Firefighter
- ☐ Health Educator
- ☐ Kinesiotherapy
- ☐ Law Enforcement Officer
- ☐ Licensed Practical Nurse (LPN)
- ☐ Licensed Psychiatric Technician (LPTN)
- ☐ Licensed Vocational Nurse(LVN)
- ☐ Long Term Care Administrator/Nursing Home Administrator
- ☐ Medical Doctor (MD)
- ☐ Occupational Therapist (OT)
- ☐ PharmD
- ☐ Physical Therapist (PT)
- ☐ Physician Assistant (PA)
- ☐ Registered Dietitian (RD)
- ☐ Registered Nurse (RN)
- ☐ Registered Nurse Practitioner (RNP, NP)
- ☐ Respiratory Therapist (RT)
- ☐ Social Worker (LSW, LMSW, LCSW)
- ☐ Speech Pathologist
- ☐ Veteran
- ☐ Other _____