



## Course Title

Location (city, state): \_\_\_\_\_ Date(s): \_\_\_\_\_

Instructor(s): \_\_\_\_\_ #Hours of Instruction: \_\_\_\_\_

Revised 08/30/07

## Registration (R1) Form

*\* Please Print Clearly \**

1. **Name:** \_\_\_\_\_  
(First Name) (Last Name)

2. **Gender:**  Male  
 Female

3. **Race:**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 More Than One Race: \_\_\_\_\_  
(please list)

4. **Ethnicity:**  Hispanic or Latino  
 Not Hispanic or Latino

5. **Age Group:**  Under 20 years  
 20-29 years  
 30-39 years  
 40-49 years  
 50-59 years  
 60 years or older

6. **What is the *highest* level of education you have completed?** *(Please check only one)*

<input type="checkbox"/> Doctorate degree	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> Professional (incl. JD, MD, DDS, DVM, etc.)	<input type="checkbox"/> High School Diploma (incl. GED)
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Associate degree	(please specify)

**Please complete the reverse side.**

7. **What academic education *in public health* have you completed?** (Please check all that apply)

- Doctorate degree (e.g., DrPH)
- Master's degree (e.g., MPH, MSPH)
- Bachelor's degree (e.g., BSPH)
- N/A – I do not have an academic degree in public health

8. **What is your current *primary* discipline?** (Please check only one)

**Primary Care Disciplines**

- Family Medicine
- General Internal Medicine
- General Pediatrics
- Dentistry
- Primary Care Podiatric Medicine
- Physician Assistant
- Nurse Practitioner
- Nurse-Midwife

**Other Health Professions**

- Allopathic Medicine
- Osteopathic Medicine
- Nurse Anesthetist
- Other Advanced Education Nursing
- Undergraduate Nursing
- Registered Nurse
- Chiropractic
- Dental Public Health
- Public Health
- Preventive Medicine
- Pharmacy
- Clinical Psychology
- Health Administration
- Social Work
- Veterinarian

**Allied Health Disciplines**

- Clinical Laboratory Sciences
- Food and Nutrition Services
- Health Information
- Rehabilitation
- Technicians and Technologists
- Dental
- Assistants

**Other Disciplines**

- Other: \_\_\_\_\_  
(please specify)

9. **In which underserved area do you *primarily* practice?** (Please check only one)

- Health Department
- Community Health Center
- Mental Health Center
- Health Care for the Homeless
- Public Housing Primary Care
- Rural Health Clinics
- National Health Service Center
- Indian Health Center
- Federally Qualified Health Center
- Health Professional Shortage Area
- Designated Ambulatory Practice Sites
- Other: \_\_\_\_\_  
(please specify)
- N/A – I do not practice in an organization that intends to reach an underserved area (e.g., universities, American Heart Assn., laboratories)

10. **What is your current job title?** \_\_\_\_\_

11. **What is the name of your current organization?** \_\_\_\_\_

12. **Would you like to receive e-mail announcements of training opportunities?**

- Yes
- No

13. **If yes, please provide your e-mail address:** \_\_\_\_\_

**Thank you!**