CLINICAL EXPERIENCE REPORTING FORM (ENTRANCE) CR-1

PENNSYLVANIA AHEC
Area Health Education Center Program

AHEC Region Use Only:

Student ID: _ _ _ _ _ _ _ _ _

The Pennsylvania AHEC, in partnership with your school, is seeking to help meet the primary care needs of our communities and to make health careers training a more valuable experience. Results from this survey will be used to support these goals. **All survey responses are confidential.** Data will only be used within the AHEC program and never for commercial purposes.

Date Completed: __ __ / __ __ / __ __ __ __
Month Day Year

1. **Your Name:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ Last Name __ __ __ __ __ __ __ __ __ __ __ __ __ First Name

   __ __ __ __ __ __ __ Middle Name __ __ __ __ __ __ __ __ __ __ __ __ __ Maiden Name

2. **Please provide your current contact information:**

   Current Cell Phone#: ______________________ Current Email: __________________________________

3. **What is your permanent address:**
   (please list the address of a relative or friend who will know your address after graduation)

   Name: ____ Relationship: ________________________

   Street: ____

   City: ____________________________________ State: ____________ Zip: _________________________

   Permanent email (after graduation): ____

   Phone#: ____

DEMOGRAPHICS

4. **What is the zip code of where you lived for most of your high school years?** __ __ __ __ __

5. **What is your gender?** ❑ Male (1) ❑ Female (2)

6. **What is your year of birth?** __ __ __ __

7. **What ethnicity best describes you?**
   - ❑ Hispanic/Latino (1)
   - ❑ Non-Hispanic/Non-Latino (2)

8. **What race best describes you?**
   (select all that apply)
   - ❑ American Indian or Alaska Native (1)
   - ❑ Asian (2)
   - ❑ Black or African-American (3)
   - ❑ Native Hawaiian or Other Pacific Islander (4)
   - ❑ White (5)

9. **What is your veteran status?**
   - ❑ Not a Veteran (1)
   - ❑ Active Duty Military (2)
   - ❑ Reservist (3)
   - ❑ Veteran-Prior Service (4)
   - ❑ Veteran-Retired (5)

TRAINING PROGRAM

10. What is the name of your current school? _____

11. What best describes the educational program in which you are currently enrolled?

- ❑ Allopathic Medicine (1)
- ❑ Osteopathic Medicine (2)
- ❑ Medical Resident (3)
- ❑ Medical Fellow (4)
- ❑ Dental School (5)
- ❑ Dental Hygienist (6)
- ❑ Dental Assistant (7)
- ❑ Nursing – LPN (8)
- ❑ Nursing – RN (9)
- ❑ Nursing – Nurse Practitioner (10)
- ❑ Nursing – Nurse Midwife (11)
- ❑ Nurse Anesthetist (12)
- ❑ Nursing – MSN (other adv. practice nursing) (13)
- ❑ Physician Assistant (14)
- ❑ Pharmacy (15)
- ❑ Graduate Public Health (16)
- ❑ Graduate Psychology (17)
- ❑ Physical Therapy (18)
- ❑ Occupational Therapist (19)
- ❑ Other: _____

12.

Do you intend to practice in Pennsylvania?	❑ Yes	❑ No
Do you intend to practice in a Primary Care Setting?	❑ Yes	❑ No
Do you intend to practice in a Medically Underserved Area?	❑ Yes	❑ No
Do you intend to practice in a Rural Area?	❑ Yes	❑ No

AHEC Region Use Only

Date Entered: __ __ / __ __ / __ __ __ __
Month Day Year

Entered by: _____