PENNSYLVANIA AHEC
HEALTH CAREER REPORTING FORM HC-1

To be completed by AHEC staff. Date Completed: __ __ / __ __ / __ __ __ __

1. Date program offered.
   If single day use same date for start and end. If there are multiple offerings, please fill out separate forms for each.
   Begin: ___ ___ / ___ ___ / ___ ___
          month      day      year
   End:   ___ ___ / ___ ___ / ___ ___
          month      day      year

2. Program Name: ________________________________________________________________

3. Program Description: ____________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

4. Program Hours: ___ ___ ___

5. Location: City: _____ ___________________________      ZIP: ____ ___ ____ ___ __

6. HPSA or MUA: Please enter the name and/or number of the designated underserved area in which this program took place. If not in an underserved area, please enter “None”.
   _____________________________________________________________________________

7. Name of School/College: _________________________________________________________

8. Number of Students: ___ ___ ___

9. Age:   (Please make sure that the sum below is 100)

   |         | Percent |
   |-------------------|
   | Elementary        |
   | Secondary         |
   | College           |
   | Adult             |

10. Race: (Please make sure that the sum below is 100)

   |         | Percent |
   |-------------------|
   | American Indian or Alaska Native |
   | Asian (Not Underrepresented)     |
   | Asian – (Underrepresented)       |
   | Black or African American        |
   | Native Hawaiian or Other Pacific Islander |
   | White                            |
   | More than one race               |
   | Other (specify)                  |
11. **Hispanic**: (Please make sure that the sum below is 100)

<table>
<thead>
<tr>
<th>Hispanic and Black</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic and White</td>
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<tr>
<td>Hispanic and Other or Unknown</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic</td>
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</tbody>
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12. **Collaborators who contributed financial support:**

(1) ____________________________________________
(2) ____________________________________________
(3) ____________________________________________

13. **Collaborators who did not contribute financial support:**

(1) ____________________________________________
(2) ____________________________________________
(3) ____________________________________________

14. **Comments:**
Please list all student written comments and evaluations of this program. Number each separate comment. If you need additional space, please attach a separate sheet of paper.

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