

PENNSYLVANIA AHEC	HEALTH CAREER REPORTING FORM HC-1	<div style="border: 1px solid black; padding: 2px;"> AHEC Region: <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> </div>
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To be completed by AHEC staff. Date Completed: ___ ___ / ___ ___ / ___ ___ ___
Month Day Year

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: ___ ___ / ___ ___ / ___ ___ End: ___ ___ / ___ ___ / ___ ___
month day year 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)**

	Percent
Hispanic and Black	
Hispanic and White	
Hispanic and Other or Unknown	
Non-Hispanic	

12. **Collaborators who contributed financial support:**

(1) _____

(2) _____

(3) _____

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

(1) _____

(2) _____

(3) _____

14. **Comments:**

