



## MTGEC PARTICIPANT PROFILE

\_\_\_\_\_  
(Event or Module, Date)

Thank you for registering for the program. Please take a few minutes to complete this profile. We request your information for two reasons: 1) To help us secure continued funding. Participant profile information is crucial for our reports to the U.S. Bureau of Health Professions, a major funding agency for geriatric-related education programs. 2) To include you in our database for information regarding future programming.

**The information provided is kept strictly confidential.**

**THANK YOU**

**Name:** Ms. Mrs. Mr. Dr. \_\_\_\_\_

**Credentials:** (e.g. RN, PT, MD) \_\_\_\_\_

**Position:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Gender:**  Female  Male

**What is your age group?**

- Less than 20 yrs.  30-39 yrs.  50-59 yrs.  
 20-29 yrs.  40-49 yrs.  60 or older

**What is your ethnicity?** (Please check all that apply.)

- American Indian or Alaska Native  White  
 Asian, specify \_\_\_\_\_  Black/African American  
 Other, specify \_\_\_\_\_  Native Hawaiian/  
Other Pacific Islander

**Are you Hispanic-Latina/Latino?**  Yes  No

**Are you retired?**  Yes  No

**Are you a National Health Service**

**Corps member?**  Yes  No

**What is your most advanced degree? (specify degree)**

- Elementary/secondary school \_\_\_\_\_  
 Associates Degree (e.g., AA, AAS) \_\_\_\_\_  
 Diploma (e.g., RN) \_\_\_\_\_  
 Baccalaureate Degree (e.g., BA) \_\_\_\_\_  
 Masters Degree (e.g., MA, MS) \_\_\_\_\_  
 Doctorate (e.g., PhD, EdD) \_\_\_\_\_  
 MD  DO  Other, specify \_\_\_\_\_

**Do you have an additional certificate in geriatrics?** This would include a CAQ (Certificate of Added Qualifications) in Geriatrics or a Board Certification in Gerontology (GCNS-BC or GNP-BC)  Yes  No

**IF YOU ARE A DIRECT CARE PROVIDER:**

**Do you spend at least 50% of your time in any of the following sites that serve underserved populations?**

Check here if none are applicable to your practice

*Check all that apply:*

- Community Health Center  Rural Health Center  
 Migrant Health Center  Indian Health Center  
 Mental Health Center  State/Local Health Dept.  
 Federally Qualified Health Center  State Designated Ambulatory Area  
 Health Care for Homeless  Public Housing Primary Care  
 Dental Care in HPSA site  Governor Designated Area  
 Primary Care, Health Professional Shortage Area (HPSA)  
 Other \_\_\_\_\_

Approximately what percentage of the adults over age 65 that you serve:

1. Has Medicaid, Medicare, Indian Health Service or is Uninsured?

Medicaid \_\_\_\_\_% Medicare \_\_\_\_\_%  
IHS \_\_\_\_\_% Uninsured \_\_\_\_\_%

2. Is one of the following ethnicities?

Black African American \_\_\_\_\_% Asian \_\_\_\_\_%  
Caucasian or White \_\_\_\_\_% Mixed \_\_\_\_\_%

What is your profession? (Check only one.)

**Primary Care Disciplines:**

**Allopathic Medicine**

- Family Medicine
- Internal Medicine
- Psychiatry
- Other Medicine

**Osteopathic Medicine (DO)**

- Family Medicine
- Internal Medicine
- Psychiatry
- Other Medicine: \_\_\_\_\_

**Nursing**

- LPN                       RN and/or BSN
- NP                          CNS
- Other, Specify \_\_\_\_\_
- Pharmacist
- Physician Assistant        Podiatry
- Chiropractic                Dentistry

**Allied Health Disciplines**

- Clinical Laboratory Sciences
- Dental (Hygienist, Assistants)
- EMT
- Health Information (Administrators, Technicians)
- Home Health Aide/ Medical Assistant
- Nutrition and Food Services
- Preventive Medicine
- Rehabilitation (Therapists or Assistants in OT, PT, or Speech/Audiology)
- Technician: \_\_\_\_\_
- Other Allied Health \_\_\_\_\_

**Related Professions**

- Gerontology
- Clinical Psychology/Counseling
- Other Counseling
- Health Administration
- Nursing Home Administration
- Health Education
- Law (Attorney, Paralegal)
- Law Enforcement/Security
- Protective Services
- Pastoral Care
- Public Health
- Dental Public Health
- Recreational Therapies
- Social/Behavioral Sciences
- Social Work
- Other, specify \_\_\_\_\_

**Primary Role: (Check one)**

- Administrator/Manager
- Clinical Faculty
- In Service/Continuing Education Coordinator
- Other, specify \_\_\_\_\_
- Academic Faculty
- Health Care Practitioner (anyone in a field related to health care who shares responsibility for delivery of health care or related services)
- Student, specify \_\_\_\_\_
- Resident
- Fellow
- Other, specify \_\_\_\_\_

**Please indicate the clinical sites in which you work (Check all that apply.). For each location you check, please indicate the number of patient encounters you have in an average day.**

Check here if you do not have regular therapeutic contact with patients.

- |   |   |
|---|---|
| <input type="checkbox"/> Ambulatory Care Centers _____<br>(# of patients) | <input type="checkbox"/> Nursing Homes _____<br>(# of patients) |
| <input type="checkbox"/> Assisted Living _____                            | <input type="checkbox"/> Palliative Care _____                  |
| <input type="checkbox"/> Chronic & Acute Hospitals _____                  | <input type="checkbox"/> Senior Centers _____                   |
| <input type="checkbox"/> Home Care _____                                  | <input type="checkbox"/> Senior Housing _____                   |
| <input type="checkbox"/> Hospice _____                                    | <input type="checkbox"/> Telehealth _____                       |
| <input type="checkbox"/> Other, describe _____                            |   |

**What geriatric topics would you like to have presented at your next continuing education program?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_