MAHEC Clinical Training Form

MAHEC is required to report general demographic information about participants in the categories below. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. **Please type or print clearly.**

MAHEC
Missouri Area Health Education Centers

TRAINEE INFORMATION

☐Ms. ☐Mrs. ☐Mr. ☐Dr.

Last Name, First Name, MI, (Maiden Name) | **Suffix or Credential (Jr., DO, LPN, etc.)** | **Last 4 Soc Sec #**

Demographic data is confidential and is used only for group reporting to support federal funding.

Date of Birth (MM/DD/YY)

Gender
☐Female ☐Male

Hispanic/Latino
☐Yes ☐No

Race (please check all that apply)
☐American Indian or Alaska Native
☐Asian – Chinese, Filipino, Japanese, Korean, Asian Indian or Thai
☐Asian – Other than subgroups above
☐Black or African American
☐Native Hawaiian or Pacific Islander
☐White or Caucasian

Address

City | **State** | **Zip Code**

Is this a college address? ☐Yes ☐No

Home Phone | **Cell Phone**

Email Address

ATTENDEE EDUCATION

Students:	**Current School**	**Grad Date** (MM/YY)	**Degree Obtained** (BSN, MD, etc.)	**Current Year of Study** ☐1 ☐2 ☐3 ☐4 ☐Grad1 ☐Grad2 ☐Grad3
Residents/ Interns:	**Last School Attended**	**Grad Date** (MM/YY)	**Degree Obtained** (DO, MD, etc.)	**Current Program Year** ☐PGY1 ☐PGY2 ☐PGY3 ☐Intern ☐Other _____

Trainee Discipline (Select One)
☐ Cert Nursing Asst ☐ Health Admin ☐ Nurse, RN ☐ Physical Therapy
☐ Clinical Psych ☐ Medicine (DO) ☐ Occ Therapy Asst ☐ Physician Assistant
☐ Dental Assistant ☐ Medicine (MD) ☐ Occupational Therapy ☐ Respiratory Therapy
☐ Dentistry (DDS) ☐ Nurse, Adv Practice ☐ Pharmacy ☐ Social Work
☐ EMS/EMT ☐ Nurse, LPN ☐ Phys Therapy Asst ☐ Technician
☐ EMS/Paramedic ☐ Other _____

Trainee Specialty (if applicable)
☐ Anesthesiology ☐ Family Medicine ☐ Mental Health ☐ Pediatrics
☐ Emergency Med ☐ Internal Medicine ☐ OB/GYN ☐ Other _____

Trainee Survey
☐ First in family to complete college
☐ English second language growing up
☐ Qualified free or reduced school lunch
☐ National Health Service Corp Recipient
☐ PRIMO Loan from _____ (year) to _____ (year)
☐ Other Assistance: _____

Do you plan to practice in-state upon program completion/graduation? ☐Yes ☐No
Do you plan to practice in a rural setting upon program completion/graduation? ☐Yes ☐No

ROTATION INFORMATION

Site Name | **Site Address** | **Training Site Type** ☐ Clinic ☐ Hospital ☐ Office ☐ Other _____

Site Phone | **Site Fax** | **Site City** | **State** | **Zip Code**

Rotation Topic | **Rotation Start Date** | **Rotation End Date** | **Duration (weeks)**

Primary Preceptor (Last Name, First Name, MI) | **Suffix or Credential (DO, MD, RN, LPN, etc.)**

Preceptor Discipline (Select One)
☐ Cert Nursing Asst ☐ Medicine (DO) ☐ Pharmacy
☐ Clinical Psych ☐ Medicine (MD) ☐ Phys Therapy Asst
☐ Dental Assistant ☐ Nurse, Adv Practice ☐ Physical Therapy
☐ Dentistry (DDS) ☐ Nurse, LPN ☐ Physician Assistant
☐ EMS/EMT ☐ Nurse, RN ☐ Respiratory Therapy
☐ EMS/Paramedic ☐ Occ Therapy Asst ☐ Social Work
☐ Health Admin ☐ Occupational Therapy ☐ Technician
☐ Other _____

Preceptor Specialty (if applicable)
☐ Anesthesiology ☐ Internal Medicine ☐ OB/GYN
☐ Emergency Med ☐ Mental Health ☐ Pediatrics
☐ Family Medicine ☐ Other _____

Demographic data is confidential and is used only for group reporting to support federal funding.

Gender
☐Female ☐Male

Hispanic/Latino
☐Yes ☐No

Race (please check all that apply)
☐American Indian or Alaska Native
☐Asian – Chinese, Filipino, Japanese, Korean, Asian Indian or Thai
☐Asian – Other than subgroups above
☐Black or African American
☐Native Hawaiian or Pacific Islander
☐White or Caucasian

For AHEC Office Use Only

ROTATION INFORMATION

Rotation Support Provided

- ☐ Apartment
- ☐ Computer Library
- ☐ Hotel Room
- ☐ Housing
- ☐ ITV or ICV
- ☐ Library Resource Services
- ☐ Other _____
- ☐ Low-Cost Housing
- ☐ Meals
- ☐ Mileage
- ☐ Reference/Resource Library
- ☐ Student Placement
- ☐ Telemedicine

Support Provider

- ☐ AHEC
- ☐ Federal Funds
- ☐ Grants
- ☐ Own
- ☐ Other _____
- ☐ Preceptor Family (i.e. student stayed in preceptor's home)
- ☐ Preceptor Site
- ☐ Unknown

Notes/Additional Data Collected:

Primary Sponsor

☐ ECMO ☐ Mid-MO ☐ NEMO ☐ NWMO ☐ SEMO
☐ SWMO ☐ WCMO ☐ KCOM PO ☐ MU PO ☐ SLU PO

Other Sponsor(s)

☐ ECMO ☐ Mid-MO ☐ NEMO ☐ NWMO ☐ SEMO
☐ SWMO ☐ WCMO ☐ KCOM PO ☐ MU PO ☐ SLU PO

Reviewing AHEC Staff Member (First & Last Name)

Date (MM/DD/YY)

TRAINING SITE INFORMATION
Only to be completed for 'new' training sites unless otherwise noted

Site Type

- ☐ Assisted Living
- ☐ Clinic
- ☐ Conference Center/Hotel
- ☐ For-Profit Agency
- ☐ Health Professional School
- ☐ High School
- ☐ Hospital
- ☐ Library
- ☐ Medical Residency Program
- ☐ Medical School
- ☐ Middle/Junior High School
- ☐ Not-for-Profit Agency
- ☐ Nursing Home/Senior Center
- ☐ Preceptor Site
- ☐ Private Practice Site
- ☐ Program Site
- ☐ Undergraduate College/Univ
- ☐ Unknown
- ☐ Vocational/Technical Center

Site Designation (check all that apply)

- ☐ Community Health Center
- ☐ Federally Qualified Health Center
- ☐ Governor Designate Practice Site
- ☐ Health Care for Homeless
- ☐ Health Department
- ☐ Health Professions Shortage Area
- ☐ IHS/Other Tribal Health Site
- ☐ Migrant Health Center
- ☐ National Health Service Corps Site
- ☐ Not Designated
- ☐ Other AHEC Community Based Training Site
- ☐ Other Medical Clinic
- ☐ Public Housing Grantee
- ☐ Rural AHEC Site
- ☐ Rural Health Center
- ☐ Urban AHEC Based Training Site

Area Designation (check all that apply)

- ☐ 50% Medicare/Medicaid
- ☐ HPSA
- ☐ Medically Underserved
- ☐ Not Medically Underserved
- ☐ Urban Area With 50%+ Medicaid/Uninsured

Practice Demographics

_____ % Medicaid/Medicare
_____ % Adults
_____ % Private
_____ % Children
_____ # of Exam Rooms
_____ % Disadvantaged
_____ # of Patients Per Day
_____ % Indigent
_____ % Primary Care

Affiliated AHEC Center

☐ ECMO ☐ KCOM PO
☐ MidMO ☐ MU PO
☐ NEMO ☐ SLU PO
☐ NWMO
☐ SEMO
☐ SWMO
☐ WCMO

Site Resources Available

- ☐ Standard AV (VCR, TV)
- ☐ Conference Call
- ☐ Interactive Video
- ☐ Meals
- ☐ LCD Projector
- ☐ Laptop Computer
- ☐ Microphones
- ☐ Projector
- ☐ Screen

Primary Site Contact (First & Last Name)

Services Provided to Students at Site (Practice Sites Only)

- ☐ Library Resource Services
- ☐ ICV Network
- ☐ Use of Computer Based Library
- ☐ Use of In-House Reference/Resource Library
- ☐ Use of Telemedicine