

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

Credentials (eg: RN, DO, MD). \_\_\_\_\_

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

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

Work Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street 1)

(Street 1)

(Street 2)

(Street 2)

(City)

(State)

(Zip)

(City)

(State)

(Zip)

(County)

The following information is requested for tracking purposes

Are you a current OkGEC Scholar?  Yes  No

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Year of birth: - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Which address would you prefer us to use?  Home  Work

E-mail: \_\_\_\_\_

**What is your age group?**

- Less than 20 years old
- 20-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60 or older

**What is your gender?**

- Male
- Female

**What is your most advanced degree? (Check one and specify degree)**

- Elementary/ secondary school (e.g., High school diploma, GED)
- Associates Degree (e.g. AA, AAS)
- Diploma (e.g., RN)
- Baccalaureate Degree (e.g. BA, BS, BSN, BSW)
- Other, specify \_\_\_\_\_
- Masters Degree (e.g., MA, MS, MSN, MSW)
- Doctorate (e.g., PhD, EdD, ScD, DNP)
- MD
- DO

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

- American Indian or Alaska Native
- Asian, specify \_\_\_\_\_
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- 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 all that apply)**

- Community Health Center
- Rural Health Center
- Migrant Health Center
- Indian Health Service
- Primary Care, Health Professional Shortage Area (HPSA)
- Mental Health Center
- State or local Health Department
- Federally Qualified Health Center
- State Designated Ambulatory Area
- Health Care for Homeless
- Public Housing Primary Care
- Dental Care in HPSA site
- Governor designated area
- Other, specify \_\_\_\_\_

Are you Hispanic/Latino?  Yes  No

**Are you retired?**

- Yes
- No

**Are you a National Health Service Corps member?**

- Yes
- No

**What is your profession / discipline? (Check only one)**

Primary Care

Allied Health

Related

**Allopathic Medicine (MD)**

- Family Medicine
- Internal Medicine
- Psychiatry
- Other Medicine

**Osteopathic Medicine (DO)**

- Family Medicine
- Internal Medicine
- Other Medicine
- Chiropractic
- Dentistry

**Nursing**

- LPN
- RN and/or BSN
- NP
- CNS

- Other, specify \_\_\_\_\_
- Pharmacy
- Physician Assistant
- Podiatry

- 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, Speech/Audiology)
- Technician

Other, specify \_\_\_\_\_

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

	# of patients		# of patients
<input type="checkbox"/> Ambulatory Care Centers		<input type="checkbox"/> Nursing Homes	
<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):			

**PARTICIPANT PROFILE**  
(Program Participants complete this form.)



Oklahoma Geriatric Education Center  
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Oklahoma City, OK 73104  
Phone (405) 271-8130 Fax: (405) 271-2497  
www.ouhsc.edu/OkGEC

Thank you for registering for this program. Please take a few minutes to complete this profile. We request your information for two reasons:

- ❖ To help us secure continued funding. Participant profile information is crucial for our reports to the Federal Bureau of Health Professions, a major funding agency for geriatric-related education programs.
- ❖ To include you in our database for information regarding future programming. The information provided is kept strictly confidential.

**THANK YOU**

**Program Evaluation:**

<b>The content of the Program was:</b>				
	Not Appropriate For Me		Very Appropriate For Me	
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I could understand the issues in gerontology/geriatrics better after this program:</b>				
	Strongly Disagree		Strongly Agree	
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The program will help my professional development:</b>				
	Strongly Disagree		Strongly Agree	
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The program has led to new ideas that I will try out in my work setting:</b>				
	Strongly Disagree		Strongly Agree	
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>