

# CBSE Student Form

Community-Based Student Education

**1 Today's Date:**

**2 AHEC Center: NP- AHEC**

<b>5 Last Name/First name</b>		<b>6 Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>7 Birthdate</b> (mm/dd/yyyy) / /																						
<b>8 Address</b>		<b>9 City</b>		<b>10 County(not USA)</b>	<b>11 State</b>	<b>12 Zip code</b> (9 digit as possible)																				
<b>13 Primary Phone #</b>	<b>14 Preferred Email Address Currently:</b> <b>Permanent (after completing school) Email Address:</b>																									
<b>15 Ethnicity (select one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		<b>16 Veteran Status</b> <input type="checkbox"/> <b>Active Duty Military:</b> An individual serving in a full-time capacity in one (1) of the seven (7) uniformed services. <input type="checkbox"/> <b>Reservist:</b> An individual serving in a part-time capacity in one (1) of the seven (7) uniformed services. <input type="checkbox"/> <b>Veteran (Prior service):</b> An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 90 days or more. <input type="checkbox"/> <b>Veteran (Retired):</b> An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 20 years or more OR An individual discharged from one (1) of the seven (7) uniformed services due to medical status. <input type="checkbox"/> <b>Individual is not a Veteran:</b> A student who has never served in one (1) of the seven (7) uniformed services OR An student who was discharged from one (1) of the seven (7) uniformed services before serving a total of 90 days or more. <input type="checkbox"/> Not Reported																								
<b>17 Race (select all that apply)</b> <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White																										
<b>18 Can you answer yes to any of the following?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>- You are (or will be) the first generation in your family to attend college.</li> <li>- You have or currently receive Scholarship or Loan for Disadvantaged Students.</li> <li>- While growing up, you or your family ever used federal or state assistance programs (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid etc.).</li> <li>- While growing up, you lived where there were few medical providers at a convenient distance.</li> </ul>																										
<b>19 In which kind of community did you grow up? (Select one)</b> <input type="checkbox"/> Metropolitan <input type="checkbox"/> Rural (not a big city) <input type="checkbox"/> Frontier																										
<b>20 In what institution are you currently enrolled?</b> <b>UNMC – CON- WND</b>		<b>21 Are you in the education program (Select one)</b> Full time    Part time		<b>22 Anticipated Date of Graduation</b> 5/2016																						
<b>23 Academic or Training Year (Select one)</b> <input type="checkbox"/> Undergraduate- Year 1 <input type="checkbox"/> Undergraduate- Year 2 <input type="checkbox"/> Undergraduate- Year 3 <input type="checkbox"/> Undergraduate- Year 4 <input type="checkbox"/> Graduate Year 1		<input type="checkbox"/> Graduate Year 2 <input type="checkbox"/> Graduate Year 3 <input type="checkbox"/> Graduate Year 4 <input type="checkbox"/> Graduate Year 5 <input type="checkbox"/> Graduate Year 6 <input type="checkbox"/> Graduate Year 7		<input type="checkbox"/> Residency Year 1 <input type="checkbox"/> Residency Year 2 <input type="checkbox"/> Residency Year 3 <input type="checkbox"/> Residency Year 4 <input type="checkbox"/> Fellowship Year 1 <input type="checkbox"/> Fellowship Year 2																						
<b>24- student type</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Student—Diploma/Certificate — Specify _____</td> <td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Student—CNS—Specify _____</td> <td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Student—Pharmacy School</td> </tr> <tr> <td><input type="checkbox"/> Student—Undergraduate — Specify _____</td> <td><input type="checkbox"/> Student—NP—Specify _____</td> <td><input type="checkbox"/> Student—Physical Therapy</td> </tr> <tr> <td><input type="checkbox"/> Student—Graduate— Specify _____</td> <td><input type="checkbox"/> Student—Dentistry—Specify _____</td> <td><input type="checkbox"/> Student—Physician Assistant</td> </tr> <tr> <td><input type="checkbox"/> Student—Nursing — Specify _____</td> <td><input type="checkbox"/> Student—Medical School</td> <td><input type="checkbox"/> Student—Podiatry School</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Student—Chiropractic School</td> <td><input type="checkbox"/> Student—Speech Therapy</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Student—Occupational Therapy</td> <td><input type="checkbox"/> Resident/Fellow—Specify Discipline &amp; Specialty _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Student—Optometry</td> <td></td> </tr> </table>						<input type="checkbox"/> Student—Diploma/Certificate — Specify _____	<input type="checkbox"/> Student—CNS—Specify _____	<input type="checkbox"/> Student—Pharmacy School	<input type="checkbox"/> Student—Undergraduate — Specify _____	<input type="checkbox"/> Student—NP—Specify _____	<input type="checkbox"/> Student—Physical Therapy	<input type="checkbox"/> Student—Graduate— Specify _____	<input type="checkbox"/> Student—Dentistry—Specify _____	<input type="checkbox"/> Student—Physician Assistant	<input type="checkbox"/> Student—Nursing — Specify _____	<input type="checkbox"/> Student—Medical School	<input type="checkbox"/> Student—Podiatry School		<input type="checkbox"/> Student—Chiropractic School	<input type="checkbox"/> Student—Speech Therapy		<input type="checkbox"/> Student—Occupational Therapy	<input type="checkbox"/> Resident/Fellow—Specify Discipline & Specialty _____		<input type="checkbox"/> Student—Optometry	
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<b>25 I intend/plan/would like to work in a primary care setting for example a clinic for Family Medicine, General Internal Medicine, or General Pediatrics.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable																										
<b>26 I intend/plan/would like to enter a health career as a primary care clinician (for example Family Medicine doctor, General Internal Medicine doctor, General Pediatrics doctor, nurse practitioner, or physician assistant, etc.).</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable																										
<b>27 I intend/plan/would like to work with people who are medically underserved, that is people who face economic, cultural, or linguistic barriers to healthcare.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable																										
<b>28 I intend/plan/would like to work in rural areas (not big cities)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable																										