

Date: _____

**University of Hawai'i at Manoa – John A. Burns School of Medicine
Area Health Education Center (AHEC) Program
FACULTY/HEALTH CARE PROFESSIONAL PROFILE**

Faculty Name: _____

Male () Female ()

Current Address: _____

Phone: _____

Fax: _____

Email Address: _____

Experience AHEC support provided for:

___ Training Conference Title: _____ Hours: _____

Location: _____ Date: _____

___ CME/CE Title: _____ Hours: _____

Location: _____ Date: _____

___ Training for students/residents Title: _____ Hours: _____

Location: _____ Date: _____

___ Site visit Title: _____ Hours: _____

Purpose: _____ Date: _____

Please furnish the school or program in which you are a faculty member:

___ **Community Health Center** ___ **Dental Hygiene** ___ **Medicine** ___ **Public Health**

Nursing

Psychology

___ Undergraduate

___ Undergraduate

___ Graduate

___ Graduate

Social Work

___ Undergraduate

___ Graduate

___ **Other** _____

Is your primary function:

___ Clinical Supervisor ___ Tutor ___ Preceptor ___ Classroom instructor/professor

___ Site Coordinator or faculty for multidisciplinary student training

___ Site faculty for multidisc. student training ___ Other _____

___ Faculty liaison to AHEC Partnership Committee

___ Representative to Statewide AHEC Advisory Committee

___ Other _____

Approximately how many hours per semester do you spend in this activity: _____

Clinical Emphasis (if appropriate):

___ Family Practice ___ Pediatrics ___ Internal Medicine ___ Women's Health

___ Mental Health ___ Other

Date: _____

A portion of this program is supported by a federal grant. One of the goals of this grant is to increase the ethnic and age diversity of health professions faculty in the programs as well as the number of those who are considered to be from economically disadvantaged backgrounds. Your responses to the questions below are optional, but we would appreciate the ability to report cumulative data on the entire program participation. Individuals will not be identified, and individual information will not be released to any outside agency.

Please list your ethnicity by importance. Primary-1; Secondary-2; Tertiary-3; etc.:

<input type="checkbox"/> American Indian or Alaskan Tribe: Print Tribe: _____	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Cuban	<input type="checkbox"/> Chinese
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Filipino
<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Mexican/Mexican American/Chicano
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Part Hawaiian
<input type="checkbox"/> Spanish/Hispanic/Latino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Thai
<input type="checkbox"/> Other Pacific Islander Print Island Group: _____	<input type="checkbox"/> Other Asian Specify: _____
<input type="checkbox"/> Other: Specify: _____	<input type="checkbox"/> Other Spanish/Hispanic/Latino Specify: _____

Using the criteria below, would you define yourself as being economically disadvantaged?

Economically Disadvantaged Table:

The table below provides a breakdown of family income levels used to determine economic disadvantage. Family income is defined as the income of the recipient's parents, *regardless of the age of the recipient*. The figures used to determine low-income eligibility are published annually by the U.S. Department of Health and Human Services.

Please circle appropriate box

Size of parents family*	Income Level**	Size of parents family*	Income Level**
1	\$9,890.00	4	20,300.00
2	13,360.00	5	23,770.00
3	16,830.00	6	27,240.00

*Includes only dependents listed on Federal Income Tax forms

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**Rounded to the nearest \$100.00

While we are not asked to report specific ages, we will be asked age categories of participants. Please check the appropriate category:

<input type="checkbox"/> Under 20	<input type="checkbox"/> 30-39	<input type="checkbox"/> 50-59
<input type="checkbox"/> 20-29	<input type="checkbox"/> 40-49	<input type="checkbox"/> 60 or older

Has the AHEC support made a difference to your training or career? If so, please let your federal legislators know, so that funding is continued for AHEC activities! If you would like to write a note, we will be happy to fax it to the Hawaii Legislator that you indicate.

Mahalo for filling out this questionnaire

For office use: Coupons _____ Conference Fee _____ Other (Travel, car rental, etc.) _____