

Date: _____

**University of Hawai`i at Manoa – John A. Burns School of Medicine
Area Health Education Center (AHEC) Program
RESIDENT PROFILE**

Student Name: _____ Date of Birth _____

Soc. Sec. No./Student I.D. No. _____ Male () Female ()

Current Address: _____ Phone: _____

_____ Pager: _____

Email: _____ Cell Phone: _____

Name & Address of Long Term Contact: In Case of Emergency, Contact:

_____ Name, Relationship: _____

_____ Address: _____

_____ _____

_____ Number: _____

What is your legal state of residency? _____

Medical School Attended: _____

Residency Site: _____ Site Supervisor: _____

Residency Start Date: _____ Residency End Date: _____

Residency Emphasis:

___ Family Practice ___ Pediatrics ___ Internal Medicine ___ Other: _____

Training experience/rotation for which AHEC support provided: _____

Dates of Experience: _____ to _____

Clinical Site: _____

Site Supervisor: _____

Hours per week: _____

Clinical Emphasis: _____

Date: _____

The program that you are participating in is supported by a federal grant; one of its goals is to increase the ethnic diversity of health professions and the number of economically disadvantaged students in health professional schools. Your responses to the following questions are optional, but we would appreciate the ability to report cumulative data on the entire program participants. Individual information will **not** be released to any outside agency.

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

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

Using the criteria below, would you describe 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 trainee's parents regardless of the age of the trainee. The figures used to determine low-income eligibility are those published annually by the Secretary, 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

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 only: _____ Coupons _____ Housing _____ Car shipment _____ Other _____