Please take a few minutes to complete this form. This information will help the Iowa Geriatric Education Center continue to secure grant funding.
All information is kept confidential and is only reported in the aggregate for grant reporting purposes.

| Name: ____________________________ | Are you from an economically disadvantaged background? (Are you from a low-income family?)
| Job Title: ________________________ | □ Yes  □ No
| Degree: __________________________ | Are you from an educationally disadvantaged background? (Did your high school have low graduation rates/test scores?)
| Which best describes you? (Check one):
| □ Student  □ Faculty  □ Resident  □ Practitioner/Provider  □ Fellow  □ Family Caregiver | □ Yes  □ No
| Are you from an urban, rural, frontier, or suburban background?
| □ Urban (central area has population > 50,000 or federally designated as urban area)  □ Rural (population < 50,000 or federally designated as rural area)  □ Frontier (remote area where access to acute care is limited by weather and/or distance)  □ Suburban (separate residential community within commuting distance from a city)
| Name of work/training place: ____________________________ | City ____________________________ County ____________________________ Zip _______
| Do you work or train in a rural setting? □ Yes  □ No
| Do you work or train in a Medically Underserved Community (MUC)? □ Yes  □ No
| Do you work or train in a Health Professional Shortage Area (HPSA)? □ Yes  □ No
| Check your primary employment location below AND indicate the number of older adults you see in an average day:
| □ Academic Institution _______  □ Assisted Living Facility _______  □ Community-Based Organization _______  □ Hospice _______
| □ Hospital  □ Local Health Department _______  □ Nursing Home _______  □ Physician Office _______
| □ Rural Health Clinic _______  □ State Government _______  □ State Health Department _______  □ Veteran’s Administration _______
| Gender: □ Female  □ Male
| Age: □ 20-29  □ 30-39  □ 40-49  □ 50-59  □ 60 and Over
| Race: (Check ALL that apply):
| □ American Indian/Alaskan Native  □ Asian  □ Black or African American  □ Native Hawaiian/Pacific Islander  □ White
| Are you Hispanic/Latino? □ Yes  □ No
| Please select one from the following that best describes you:
| □ Behavioral Health, specify: □ Clinical Psychology  □ Counseling  □ Pastoral/Spiritual Care  □ Chiropractic
| □ Dentistry, specify: □ General  □ Geriatric  □ Dental Assistant  □ Dental Hygiene
| □ Long-Term Care Administration
| □ Medicine (DO), specify: □ Family  □ Geriatric  □ Internal  □ Psychiatry
| □ Medicine (MD), specify: □ Family  □ Geriatric  □ Internal  □ Psychiatry
| □ Nursing, specify: □ Home Health Aide  □ NA  □ LPN  □ RN/BSN  □ NP  □ CNS
| □ Pharmacy  □ Physician Assistant  □ Public Health  □ Social Work
| □ Therapies, specify: □ Activity  □ Occupational  □ Physical  □ Recreation  □ Speech Pathology
| □ Family Caregiver