

*For Administrative Use Only*Course ID #: _____ REDCap:

Participant ID #: _____

AZ-GWEP Participant Demographic Information

Instructions: Every participant of this training/activity is asked to complete this demographic information form. The purpose is to collect necessary data for grant evaluation purposes. We appreciate your cooperation.

Course Title: Foundational Graduate Certificate in Gerontology

What is your current role in health care?

- Student
 Professional
 Other (e.g. patient, family, caregiver, facility administrator, etc.): _____
 N/A (e.g. retired, not involved in health care, etc.)

Please indicate what health care discipline/credential(s) (e.g. CHW, RN, NP, LCSW, MD, etc.) that you currently hold, or for which you are currently studying: _____

Please indicate your specialty (e.g. internal medicine, psychiatric medicine, diabetes educator): _____

Please complete the following demographic information:

Gender: Male
 Female

Ethnicity: Hispanic
 Non-Hispanic

Age: Under 20
 20-29
 30-39
 40-49
 50-59
 60-69
 70 or older

Race: (choose all that apply)
 American Indian or Alaskan
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other: _____

Indicate the Residential Background you grew up in:
(choose one)

- Rural
 Urban
 Suburban

Indicate if you come from a Disadvantaged Background¹:

- Yes
 No

¹**Disadvantaged Background** – a person that either comes from an environment that has inhibited them from obtaining knowledge, skill, and abilities required to enroll in and graduate from a health profession school or allied health training OR comes from a family with an annual income below the poverty level.