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 Background:  
- Yes
- No

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.

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