

AHEC Program Registration Form

Last Name **First Name** **MI**

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Last 4 SSN **Professional License #**

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Professional Code:

- | | | |
|--|--|--|
| <input type="radio"/> 50-02: Adv. Reg. Nurse Prac.
<input type="radio"/> 50-04: Certified Nursing Asst.
<input type="radio"/> 05-01: Dental Assistant
<input type="radio"/> 05-02: Dental Hygienist
<input type="radio"/> 05-03: Dentist-DDS, DMD
<input type="radio"/> 15-01: Emer. Med. Tech.
<input type="radio"/> 20-01: Hlth Care Admin.
<input type="radio"/> 70-02: Hlth Educator
<input type="radio"/> 50-07: Home Hlth Aide
<input type="radio"/> 50-08: Licensed Midwife
<input type="radio"/> 50-09: Licensed Prac. Nurse
<input type="radio"/> 30-01: Medical Assistant | <input type="radio"/> 01-02: Medical Tech.
<input type="radio"/> 40-03: Mental Hlth Couns.
<input type="radio"/> 45-01: Non-Hlth Professional
<input type="radio"/> 50-10: Nurse Midwife
<input type="radio"/> 10-04: Nutritionist
<input type="radio"/> 80-03: Occupational Ther.
<input type="radio"/> 55-04: Optometrist
<input type="radio"/> 15-02: Paramedic
<input type="radio"/> 65-01: Pharmacist
<input type="radio"/> 65-03: Pharmacy Tech.
<input type="radio"/> 80-05: Physical Ther.
<input type="radio"/> 35-08: Physician Assistant | <input type="radio"/> 35-06: Physician: DO
<input type="radio"/> 35-01: Physician: MD
<input type="radio"/> 40-04: Psychologist
<input type="radio"/> 75-04: Radiologic Tech.
<input type="radio"/> 10-03: Registered Dietician
<input type="radio"/> 50-12: Registered Nurse
<input type="radio"/> 80-09: Respiratory Ther.
<input type="radio"/> 40-05: Social Worker
<input type="radio"/> 99-01: School Personnel
<input type="radio"/> 40-06: Substance Abuse Couns.
<input type="radio"/> 60-01: Other Unlisted Hlth Prof. |
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Name of Employer

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Employer Type:

- | | |
|---|--|
| <input type="radio"/> Community Clinic
<input type="radio"/> Community Hospital
<input type="radio"/> Correctional Facility
<input type="radio"/> County Health Department (CHD)
<input type="radio"/> Family Practice Center
<input type="radio"/> Home Health Care
<input type="radio"/> Homeless Clinic
<input type="radio"/> Hospital Clinic
<input type="radio"/> Indian Health Services
<input type="radio"/> Mental Health Facility | <input type="radio"/> Migrant/Comm. Health Cntr (M/CHC)
<input type="radio"/> Nursing Home
<input type="radio"/> Private Practice
<input type="radio"/> Professional Association
<input type="radio"/> Rehab Center/Services
<input type="radio"/> Retired
<input type="radio"/> School/Community College/Univ.
<input type="radio"/> Self-Employed
<input type="radio"/> Social Service Agency
<input type="radio"/> OTHER |
|---|--|

Mailing Address

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City **State**

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Zip Code **County of Employment**

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Work Phone # **Work Fax #**

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Ethnicity / Race

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific. Islander
- White
- Other/Undeclared

National Health Service Corps

- Yes
- No

Program ID Number	Program Begin Date	Program End Date
0 0 0 0 0 0	03 / 29 / 2007	03 / 29 / 2007
C.E. Program Name		
A C O G W E A T		

Florida AHEC Network - Impact Survey

Evaluation Date:

03 / 29 / 2007

Program ID Number:

000000

Program Name:

ACOG WEAT

Program Location:

WEB-ENHANCED AUDIO TELECONFERENCE

Professional Code:

- | | | |
|--|--|--|
| <input type="radio"/> 50-02: Adv. Reg. Nurse Prac. | <input type="radio"/> 01-02: Medical Tech. | <input type="radio"/> 35-06: Physician: DO |
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| <input type="radio"/> 05-02: Dental Hygienist | <input type="radio"/> 50-10: Nurse Midwife | <input type="radio"/> 75-04: Radiologic Tech. |
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| <input type="radio"/> 20-01: Hlth Care Admin. | <input type="radio"/> 55-04: Optometrist | <input type="radio"/> 80-09: Respiratory Ther. |
| <input type="radio"/> 70-02: Hlth Educator | <input type="radio"/> 15-02: Paramedic | <input type="radio"/> 40-05: Social Worker |
| <input type="radio"/> 50-07: Home Hlth Aide | <input type="radio"/> 65-01: Pharmacist | <input type="radio"/> 99-01: School Personnel |
| <input type="radio"/> 50-08: Licensed Midwife | <input type="radio"/> 65-03: Pharmacy Tech. | <input type="radio"/> 40-06: Substance Abuse Couns. |
| <input type="radio"/> 50-09: Licensed Prac. Nurse | <input type="radio"/> 80-05: Physical Ther. | <input type="radio"/> 60-01: Other Unlisted Hlth Prof. |
| <input type="radio"/> 30-01: Medical Assistant | <input type="radio"/> 35-08: Physician Assistant | |

Program Evaluation

<u>Scale Definition:</u>	E-Excellent	VG-Very Good	G-Good	F-Fair	P-Poor
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Please rate the program based on how well it did the following:	E	VG	G	F	P
1. Fulfilled all identified goals and objectives.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Provided information at an appropriate educational level.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Provided me with knowledge and/or skills relevant to my practice/profession.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Provided an environment conducive to learning.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Provided a high-quality learning experience.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Provided a location that enabled me to attend and reduced time away from my practice/job.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
7. This program offered knowledge and/or skills that will help me provide better patient/client care.					
<input type="radio"/> Yes					<input type="radio"/> No
8. This program provided content applicable to my licensure or certification requirements.					
<input type="radio"/> Yes	<input type="radio"/> No				<input type="radio"/> Not Applicable