

# AHEC Program Registration Form

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

**Last 4 SSN** **Professional License #**

**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             |
| <input type="radio"/> 50-04: Certified Nursing Asst. | <input type="radio"/> 40-03: Mental Hlth Couns.    | <input type="radio"/> 35-01: Physician: MD             |
| <input type="radio"/> 05-01: Dental Assistant        | <input type="radio"/> 45-01: Non-Hlth Professional | <input type="radio"/> 40-04: Psychologist              |
| <input type="radio"/> 05-02: Dental Hygienist        | <input type="radio"/> 50-10: Nurse Midwife         | <input type="radio"/> 75-04: Radiologic Tech.          |
| <input type="radio"/> 05-03: Dentist-DDS, DMD        | <input type="radio"/> 10-04: Nutritionist          | <input type="radio"/> 10-03: Registered Dietician      |
| <input type="radio"/> 15-01: Emer. Med. Tech.        | <input type="radio"/> 80-03: Occupational Ther.    | <input type="radio"/> 50-12: Registered Nurse          |
| <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   |  |

**Name of Employer**

**Employer Type:**

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

**Mailing Address**

**City** **State**

**ZipCode** **County of Employment**  
 -

**Work Phone #** **Work Fax #**  
 (  )  -  (  )  -

**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

<b>Program ID Number</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Program Begin Date</b> <input style="width: 100%; height: 20px;" type="text"/> 04 / 26 / 2007	<b>Program End Date</b> <input style="width: 100%; height: 20px;" type="text"/> 04 / 26 / 2007
<b>C.E. Program Name</b> <input style="width: 100%; height: 20px;" type="text"/> MYFSF WEAT		

## Florida AHEC Network - Impact Survey

**Evaluation Date:**

04 / 26 / 2007

**Program ID Number:**

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**Program Name:**

MYFSF WEAT

**Program Location:**

WEB-ENHANCED AUDIO TELECONFERENCE

**Professional Code:**

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> 50-02: Adv. Reg. Nurse Prac.</li> <li><input type="radio"/> 50-04: Certified Nursing Asst.</li> <li><input type="radio"/> 05-01: Dental Assistant</li> <li><input type="radio"/> 05-02: Dental Hygienist</li> <li><input type="radio"/> 05-03: Dentist-DDS, DMD</li> <li><input type="radio"/> 15-01: Emer. Med. Tech.</li> <li><input type="radio"/> 20-01: Hlth Care Admin.</li> <li><input type="radio"/> 70-02: Hlth Educator</li> <li><input type="radio"/> 50-07: Home Hlth Aide</li> <li><input type="radio"/> 50-08: Licensed Midwife</li> <li><input type="radio"/> 50-09: Licensed Prac. Nurse</li> <li><input type="radio"/> 30-01: Medical Assistant</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> 01-02: Medical Tech.</li> <li><input type="radio"/> 40-03: Mental Hlth Couns.</li> <li><input type="radio"/> 45-01: Non-Hlth Professional</li> <li><input type="radio"/> 50-10: Nurse Midwife</li> <li><input type="radio"/> 10-04: Nutritionist</li> <li><input type="radio"/> 80-03: Occupational Ther.</li> <li><input type="radio"/> 55-04: Optometrist</li> <li><input type="radio"/> 15-02: Paramedic</li> <li><input type="radio"/> 65-01: Pharmacist</li> <li><input type="radio"/> 65-03: Pharmacy Tech.</li> <li><input type="radio"/> 80-05: Physical Ther.</li> <li><input type="radio"/> 35-08: Physician Assistant</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> 35-06: Physician: DO</li> <li><input type="radio"/> 35-01: Physician: MD</li> <li><input type="radio"/> 40-04: Psychologist</li> <li><input type="radio"/> 75-04: Radiologic Tech.</li> <li><input type="radio"/> 10-03: Registered Dietician</li> <li><input type="radio"/> 50-12: Registered Nurse</li> <li><input type="radio"/> 80-09: Respiratory Ther.</li> <li><input type="radio"/> 40-05: Social Worker</li> <li><input type="radio"/> 99-01: School Personnel</li> <li><input type="radio"/> 40-06: Substance Abuse Couns.</li> <li><input type="radio"/> 60-01: Other Unlisted Hlth Prof.</li> </ul> |
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### 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"/> |
| -----   |                       |                       |                       |                       |                       |
| 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               |                       |                       |                       |                       |                       |