



IPCP Summit Registration Form
Tuesday, April 14, 2015
Northern Maine Community College
Please complete all fields below

*****When completed, please fax this registration to 207-523-1914*****

Full Name: _____

Company/Organization: _____

Address: _____

Address 2: _____

City/Town: _____

State: _____

ZIP: _____

Email Address: _____

Phone Number: _____

Please indicate your title: _____

Please indicate your degree: _____

Please indicate your role:

- ☐ Administrator
- ☐ Clinician
- ☐ Student
- ☐ Other _____

Have you had any previous training in interprofessional practice or education?

- ☐ Yes
☐ No
☐ Not Sure

Please note: The following questions are required by the federal funding agency in order to better understand who is being reached through this HRSA funded program. This information will be de-identified before being used. **Thank you for completing all required answers.**

Sex: ☐ M ☐ F

Age: Please circle one.

20-29 30-39 40-49 50-59 60+

Ethnicity:

- ☐ Hispanic
☐ Non-Hispanic

Race:

- ☐ African American / Black
☐ American Indian / Alaskan Native
☐ Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai)
☐ Native Hawaiian / Other Pacific Islander
☐ White Disadvantaged
☐ White Non – Disadvantaged
☐ More than one race

Discipline: (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Allopathic Medicine | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nutrition –Dietetics |
| <input type="checkbox"/> Clinical Lab Worker | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Clinical Psychology | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Clinical Social Work | <input type="checkbox"/> Osteopathic General Practice |
| <input type="checkbox"/> Community Health Worker | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> EMT – Paramedic/First Responder | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> General Dentistry | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Health Education/Behavior | <input type="checkbox"/> Public Health (General Studies) |
| <input type="checkbox"/> Health Information Systems/Data Analysis | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Health Services/Hospital Administration | <input type="checkbox"/> Subst. Abuse/Addictions Counseling |
| <input type="checkbox"/> Licensed Practical/Vocational Nurse (LPN/LVN) | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Other (please specify:) |

Are you employed at any of these settings? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Rural Setting | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Federally-qualified health center (FQHC)* | <input type="checkbox"/> Indian Health/Tribal Health Dept. |
| <input type="checkbox"/> Community-Based Training Site-AHEC | <input type="checkbox"/> Indian Health Service* |
| <input type="checkbox"/> National Health Service Corp Site | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Geriatric Education Center |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Government Other (State) |
| <input type="checkbox"/> Community-Based Org/Non-profit | <input type="checkbox"/> Government Other (City) |
| <input type="checkbox"/> Health department (Local)* | <input type="checkbox"/> Government Other (County) |
| <input type="checkbox"/> Health department (State) | <input type="checkbox"/> Government Other (Federal) |
| <input type="checkbox"/> Academia-education/college/university | <input type="checkbox"/> US Dept. of Health and Human Serv |
| <input type="checkbox"/> Centers for Disease Control and Prevention | <input type="checkbox"/> Public Housing Primary Care |
| <input type="checkbox"/> Health Resources and Service Administration (HRSA) | <input type="checkbox"/> Other Medically Underserved Sites** |
| <input type="checkbox"/> Shortage areas-Primary medical care, mental health, dental health (HPSA)* | <input type="checkbox"/> Ambulatory Practice Sites Designated by State Governor* |
| <input type="checkbox"/> National Institutes of Health | <input type="checkbox"/> Other (please specify:) |

Thank you for registering for IPCP Summit.