

Nursing (BSN) Student Information form for AHEC Grant

The purpose of this survey is to provide information for program evaluation purposes for WVU's AHEC (Area Health Education Center) grant that provides support for community-based rotations. **Information for this form is provided voluntarily.** Information will **NOT** be reported to HRSA with your name, your 700 number OR your birth date. We appreciate your cooperation in the completion of this form. **EACH STUDENT WHO COMPLETES THIS SURVEY WILL BE ENTERED INTO A DRAWING TO WIN ONE OF THREE NEW iPads (maximum value of \$500) OR A CHECK FOR \$500.**

Part I:

Student First and Last Name		Student ID No. (700/701/800 No.)	Are you a: <input type="checkbox"/> Part-time student <input type="checkbox"/> Full time student	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy) ____/____/____		Month and Year of Anticipated Graduation ____/____	
Ethnicity (select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		Race (select one) <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> More than one race		
Please check all of the following that apply to you: <input type="checkbox"/> You are in the first generation of your family to go to college; <input type="checkbox"/> During some or all of your childhood, you or someone in your immediate family used a federal or state assistance program (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid, etc.) <input type="checkbox"/> While growing up, you lived where there were few medical providers at a convenient distance.				
Name of high school (please complete even if you are from out of state)		High School City	High School State	If outside the U.S., name of high school country

Veteran Status:

- Active Duty Military: An individual serving in a full-time capacity in one (1) of the seven (7) uniformed services.
- Reservist: An individual serving in a part-time capacity in one (1) of the seven (7) uniformed services.
- Veteran (Prior service): An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 90 days or more.
- Veteran (Retired): An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 20 years or more OR An individual discharged from one (1) of the seven (7) uniformed services due to medical status.
- Individual is **not** a Veteran: A student who has never served in one (1) of the seven (7) uniformed services OR An student who was discharged from one (1) of the seven (7) uniformed services before serving a total of 90 days or more.

Part II: Your Future Practice Intentions:

- 1) I intend/plan/would like to practice in a primary care setting, i.e., an outpatient setting that provides family practice, general pediatrics, internal medicine, med-peds, or OB/GYN services, or a health department or home health agency after graduation? Yes No
- 2) I intend/plan/would like to work with people who are underserved or where there is not enough healthcare.
 Yes No
- 3) I intend/plan/would like to work in rural areas (not big cities) Yes No

Part III: Your rural or community-based rotation

1. How would you rate the overall educational quality of your rural or community-based rotation?	Poor ○	Fair ○	Good ○	Very good ○	Excellent ○
2. Did your rural or community-based rotation(s) decrease, leave unchanged, or increase your interest in <i>rural</i> health?	Decreased ○	Left Unchanged ○	Increased ○		