

MAHEC Health Career & General Programs

MAHEC is required to report general demographic information about participants in the categories below. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. **Please type or print clearly.** For more information, please contact the NEMO Missouri AHEC office at 660-651-0784 or e-mail bglover1@socket.net.



GENERAL PROGRAM INFORMATION

ACES Leadership Project -

Program Title

- Health Career & Education Programs Health Education Training Services Program HIV Cancer Geriatrics Health Careers
 Public Health Awareness ACES ACES+ Other PRIMO Arthritis Disease Control Informatics
 Learning Resource Systems Education/College Prep Public Health Diabetes
 Other (explain) _____

Program Type

Program Topic

PROGRAM SPECIFIC INFORMATION

/ /	/ /	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Start Time (8 a.m., 12 p.m., etc.)	End Time (8 a.m., 12 p.m., etc.)	Contact Hours

Program Site Name

- Hospital HS Jr. High Elementary College Vocational/Tech School AHEC Office Nursing Home Motel/Convention Center
 Church Community Agency Office Health Department Restaurant/Local Merchant Other (explain)

Site Type

Site Address (Street)		Site Phone	
City		State	Zip
		Site Fax	

PROGRAM ATTENDEE INFORMATION (write the number of those who attended next to applicable category type)

_____ American Indian/Alaska Native _____ Asian (under-represented) _____ Asian (not under-represented) _____ Black/African American _____ Hispanic/Latino _____ Native Hawaiian/ Pacific Islander _____ White (disadvantaged) _____ White (non-disadvantaged) _____ Multi-Racial	Male	Female	Education: _____ Elementary _____ Jr. High _____ HS _____ College/Vocational _____ College/4yrs _____ Post Graduate
	K-12 Male	K-12 Female	
	Total Attendees	Total Hours	
	Ethnicity	Total Providers	# of High Schools Participating

- | | | | |
|--|----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> ECMO | <input type="checkbox"/> Mid-MO | <input type="checkbox"/> ECMO | <input type="checkbox"/> Mid-MO |
| <input checked="" type="checkbox"/> NEMO | <input type="checkbox"/> NWMO | <input type="checkbox"/> NEMO | <input type="checkbox"/> NWMO |
| <input type="checkbox"/> SEMO | <input type="checkbox"/> SWMO | <input type="checkbox"/> SEMO | <input type="checkbox"/> SWMO |
| <input type="checkbox"/> WCMO | <input type="checkbox"/> KCOM PO | <input type="checkbox"/> WCMO | <input type="checkbox"/> KCOM PO |
| <input type="checkbox"/> MU PO | <input type="checkbox"/> SLU PO | <input type="checkbox"/> MU PO | <input type="checkbox"/> SLU PO |

Primary AHEC Coordinator (First, Last Name)

Primary Sponsoring AHEC

Supporting AHECs

Supporting AHEC Coordinator (First, Last Name)