



# SPCC ATLANTA • AHEC

Southeastern Primary Care Consortium Inc.  
Atlanta Area Health Education Center

## CONTINUING EDUCATION PARTICIPANT PROFILE

TITLE OF PROGRAM \_\_\_\_\_

DATE \_\_\_\_\_

*Our funding sources require this information for statistical reasons. It will be kept confidential. We would appreciate your cooperation in completing this form.*

### HEALTH PROFESSIONAL INFORMATION

NAME \_\_\_\_\_ Medicaid Provider  Y  N  
(Employer)

PLACE OF EMPLOYMENT \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_ STATE (if not Georgia) \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

PROFESSION \_\_\_\_\_ SPECIALTY \_\_\_\_\_

COUNTY of PRACTICE \_\_\_\_\_

### HEALTH PROFESSIONAL STUDENT INFORMATION

If you are a Student, please specify your program of study \_\_\_\_\_

School attending \_\_\_\_\_

If you are a Health Occupations Teacher/Instructor, please specify: postsecondary  secondary

Health Career Discipline \_\_\_\_\_

### ETHNICITY

- African-American
- Hispanic/Latino
- Native American
- Other (please specify) \_\_\_\_\_
- Caucasian
- Asian

### GENDER

- Male
- Female

### AGE RANGE

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

Are you a current or past recipient of National Health Service Corps Funds (NHSC)?  Y  N

Does this program apply to your state licensure or certification requirements?  Y  N

How many CME/CE hours awarded? \_\_\_\_\_

List any other CE programs you are interested in: \_\_\_\_\_

PLEASE RETURN YOUR COMPLETED APPLICATION TO:  
75 Piedmont Avenue, NE, Suite 1190, Atlanta, GA 30303 Phone (404) 589-1110 Fax (404) 589-1125  
spccatlantaahcec.org