



# OVAR/GEC PARTICIPANT INFORMATION

## Interdisciplinary Geriatric Case Studies and Grand Rounds "Mild Cognitive Impairment"

Fred Schmitt, PhD,

Associate professor in Neurology at the University of Kentucky with joint appointments in  
Psychiatry and Psychology

Wednesday, October 19, 2005 from Noon – 1:00 pm EDT  
KY TeleHealth Network

The session is partially supported by funding through the USDHHS and HRSA. In order to continue to receive funding we are required to report as Group Data the following information about participants who attend GEC trainings. The information you provide is kept confidential. We sincerely appreciate your assistance in answering the questions below.

I viewed this program via the internet on the following date: \_\_\_\_\_

### PLEASE PRINT

Last 4 digits of Social Security #: \_\_\_\_\_ Highest Degree/Credentials: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Counties of work: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work FAX: (\_\_\_\_) \_\_\_\_\_

Gender: ♦ Male ♦ Female Month/Year of Birth: \_\_\_\_\_

Age: ♦ Under 20 ♦ 20-29 ♦ 30-39 ♦ 40-49 ♦ 50-59 ♦ 60-69 ♦ 70-79 ♦ 80+

### Racial/Ethnic Background:

- ♦ American Indian or Alaska Native
- ♦ Black or African American
- ♦ Native Hawaiian/Other Pacific Islander
- ♦ White or Caucasian
- ♦ Asian (specify: \_\_\_\_\_ e.g. Asian Indian, Chinese, (Filipino, Japanese, Korean, Thai, etc.))
- ♦ Hispanic/Latino
- ♦ Other, Specify: \_\_\_\_\_

Do you consider yourself to have ever been from an economically or educationally disadvantaged background? ♦ Yes ♦ No

Professionally, do you serve a disadvantaged or underserved population or community? ♦ Yes ♦ No

OVAR/GEC staff will contact you for follow up on the use of training content and materials which helps us to improve trainings and the care for older adults. If this is not acceptable, check here \_\_\_\_ Do Not Contact Me.

If you are a **health care practitioner** and spend at **least 50% of your time** with underserved populations (e.g., low socioeconomic status, limited access to care, geographically isolated, etc.) please check below the type of your agency or institution:

**Type of Agency: (please choose only one response)**

- |                                     |  |                                    |
|-------------------------------------|--|------------------------------------|
| ◆ Not Applicable                    | ◆ Ambulatory Practice Sites<br>Designated by State Governors     | ◆ Mental Health Center             |
| ◆ Community Health Center           | ◆ Migrant Health Center  | ◆ Indian Health Service            |
| ◆ Health Care for Homeless Center   | ◆ HPSA (Federally Designated Health Professionals Shortage Area) | ◆ State or Local Health Department |
| ◆ Rural Health Clinic               | ◆ Public Housing Primary Care Center                             | ◆ Other, Specify _____             |
| ◆ Federally Qualified Health Center |  | ◆ Don't Know                       |

**Discipline or Profession and Educational Background:** Pick the **ONE category** out of the three that best describes your discipline/profession and **check only ONE response** under that category).

**Primary Care Disciplines:**

- ◆ Dentistry
- ◆ Family Medicine
- ◆ General Internal Medicine
- ◆ Nurse Practitioner
- ◆ Physician Assistant
- ◆ Other, Specify \_\_\_\_\_

**Health Disciplines:**

- ◆ Clinical/Counseling Psychology
- ◆ Counseling
- ◆ Health Administration
- ◆ Health Ministry
- ◆ Medicine: \_\_\_\_\_
- ◆ Other Advanced Practice Nurse (MSN)
- ◆ Parish Nurse
- ◆ Pastoral Care
- ◆ Public Health
- ◆ Pharmacy
- ◆ Social Work
- ◆ Undergraduate Nurse (RN/Diploma, BSN, LPN)
- ◆ Other, specify: \_\_\_\_\_

**Allied Health Disciplines/Other:**

- ◆ Assistants (CNAs, STNAs, Home Health Aides, Medical Assistants)
- ◆ County Extension Agent
- ◆ Food & Nutrition Services (DIT or Technicians)
- ◆ Gerontology
- ◆ Health Information (Med. Records/Transcription)
- ◆ Other Technicians (EEG, EKG, EMT)
- ◆ Rehabilitation (Therapist or assistant in OT, PT, Recreation /Activities, Speech/Audio)
- ◆ Other, specify \_\_\_\_\_

**Employment Information (What is Your Primary Role?) (Check one)**

- |  |  |
|--|--|
| ◆ Administrator/Manager                      | ◆ Health Care Practitioner (anyone in a field related to health care or social services who shares responsibility for delivery of health care or related services) |
| ◆ Academic Faculty                           | ◆ Student (includes medical residents and fellows)   |
| ◆ Clinical Faculty                           |  |
| ◆ Inservice/Continuing Education Coordinator |  |

Thank you for your time & assistance.

Please return your completed form to:  
**Hardin Stevens**  
**University of Kentucky OVAR/GEC**  
**658 South Limestone – Ligon House**  
**Lexington, KY 40506-0442**  
**859-257-2658 (phone)**  
**859-323-4940 (fax)**  
[hardin.stevens@uky.edu](mailto:hardin.stevens@uky.edu)



**Program – OVARGEK program Date – 10/19/05  
 TIME – 12-1EASTERN/11-12CENTRAL**

<b>City</b>	<b>Facility and room #</b>	<b>Contact name &amp; phone #</b>	<b>Room Capacity</b>
Lexington	UK College of Nursing, Room 505	Frank Farmer 859-257-6404	50
Louisville	University of Louisville	Tim Bickel 502-562-5775	
Morehead	St. Claire Regional Medical Center	Mary Horsley 606-783-6476	18
Benton	Marshall County Health Dept.	BJ Weathers 270-527-1496	
Tomkinsville	Monroe County Hospital	Joy Cherry 270-487-9231 ext1190	
Frankfort	Kentucky State University	N'namdi Paskins 502-597-5050	18
Mt. Vernon	Rockcastle County Hospital	Tammy Brock 606-256-7733	30