

Middle Tennessee Geriatric Update

Conference Registration

October 18th, 2019

Thank you for participating in a geriatric training program offered through Vanderbilt University Medical Center – funded by the Middle Tennessee Geriatric Workforce Program

Please take a few minutes to complete this profile. We request your information for two reasons:

❖ To help us secure continued federal funding. Participant information is crucial for our reports to Health Resources & Services Administration. *No personally identifiable information is included in grant reports.*

❖ To include you in our database for information regarding future programs.

The information provided is kept strictly confidential.

PLEASE PRINT

First Name _____ MI _____ Last Name _____

Organization _____ Work Department _____

Work Address _____

City _____ State _____ Zip code _____

Telephone: _____ Fax: _____

Credentials _____ Position _____

Home Address _____

City _____ State _____ Zip code _____

Year of Birth _____

Email (for future event announcements): _____

What is your age group?

☐ Less than 20 years

☐ 20 - 29 years

☐ 30 - 39 years

☐ 40 - 49 years

☐ 50 - 59 years

☐ 60 years or over

What is your gender?

☐ Male

☐ Female

Are you Hispanic / Latino?

☐ Yes

☐ No

What is your race?

☐ American Indian or Alaska Native

☐ Black or African American

☐ White

☐ Asian, Specify:

☐ Native Hawaiian / Other Pacific Islander

☐ Other, Specify:

☐ Yes

☐ No

Are you retired?

☐ Yes

☐ No

Are you a National Health Service Corps member?

What is your most advanced degree? (Check one and specify degree)

- | | |
|---|---|
| <input type="checkbox"/> Elementary/secondary school (e.g., High school diploma, GED) | <input type="checkbox"/> Masters Degree (e.g., MA, MSN, MSW) |
| <input type="checkbox"/> Associates Degree (e.g., AA, AS, AAS, AASN) | <input type="checkbox"/> Doctorate (e.g., PhD, EdD, ScD, DNP) |
| <input type="checkbox"/> Diploma (e.g., RN) | <input type="checkbox"/> MD |
| <input type="checkbox"/> Baccalaureate Degree (e.g., BA, BS, BSN, BSW) | <input type="checkbox"/> DO |
| <input type="checkbox"/> Other, specify _____ | |

Do you have an additional certificate in geriatrics? This would include a CAQ (Certificate of Added Qualifications) in Geriatrics or a Board Certification in Gerontology (GCNS-BC or GNP-BC.)

- ☐ Yes ☐ No

If you are a health care practitioner and spend at least 50% of your time with underserved populations, please check below the type of agency/institution: (Check **ALL that apply)**

- | | |
|--|---|
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Federally Qualified Health Center |
| <input type="checkbox"/> Rural Health Center | <input type="checkbox"/> State Designated Ambulatory Practice |
| <input type="checkbox"/> Migrant Health Center | <input type="checkbox"/> Health Care for Homeless Grantees |
| <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Public Housing Primary Care |
| <input type="checkbox"/> Primary Care, HPSA Site* | <input type="checkbox"/> Dental Care in HPSA Site* |
| <input type="checkbox"/> Mental Health Center | <input type="checkbox"/> Governor designated area |
| <input type="checkbox"/> State/Local Health Department | <input type="checkbox"/> Other, specify _____ |

* *HPSA = Health Professional Shortage Area*

What is your profession? (Check only one)

Primary Care

Allopathic Medicine (MD)

- ☐ Family Medicine
☐ Internal Medicine
☐ Psychiatry
☐ Other Medicine

Osteopathic Medicine (DO)

- ☐ Family Medicine
☐ Internal Medicine
☐ Psychiatry
☐ Other Medicine

Other

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Pharmacy | |

Nursing

- | | |
|--|--|
| <input type="checkbox"/> LPN | <input type="checkbox"/> CNS |
| <input type="checkbox"/> RN and/or BSN | <input type="checkbox"/> Other specify _____ |
| <input type="checkbox"/> NP | |

Allied Health

- ☐ Clinical Laboratory Sciences
☐ Dental (Hygiene/Asst/Tech)
☐ EMT
☐ Health Information
☐ Home Health Aide/Med. Assist.
☐ Nutrition and Food Services
☐ Preventive Medicine
☐ Rehabilitation Therapies
☐ Technician
☐ Other, specify _____

Related Professions

- ☐ Gerontology
☐ Clinical Psychology / Counseling
☐ Other Counseling
☐ Health Administration
☐ Nursing Home Admin.
☐ Health Education
☐ Law (Attorney, Paralegal)
☐ Law Enforcement / Security
☐ Protective Services
☐ Pastoral Care
☐ Public Health
☐ Dental Public Health
☐ Recreational Therapies
☐ Social/Behavioral Sciences
☐ Social Work
☐ Other specify _____

Primary Role (check one):

- | | |
|--|---|
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> Academic Faculty |
| <input type="checkbox"/> Clinical Faculty | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Health Care Practitioner | |
| <input type="checkbox"/> Researcher | |
| <input type="checkbox"/> In-Service/Continuing Education Coordinator | |
| <input type="checkbox"/> Resident <input type="checkbox"/> Fellow | |
| <input type="checkbox"/> Student, specify: _____ | |
-

Please indicate the clinical sites in which you work. (Check ALL that apply.)**For each site, please indicate the number of patients encounters you have in an average day:**

- | | |
|--|--|
| <input type="checkbox"/> Ambulatory Care Centers _____ | <input type="checkbox"/> Nursing Homes _____ |
| <input type="checkbox"/> Assisted Living _____ | <input type="checkbox"/> Palliative Care _____ |
| <input type="checkbox"/> Chronic & Acute Hospitals _____ | <input type="checkbox"/> Senior Centers _____ |
| <input type="checkbox"/> Home Care _____ | <input type="checkbox"/> Senior Housing _____ |
| <input type="checkbox"/> Hospice _____ | <input type="checkbox"/> Telehealth _____ |
| <input type="checkbox"/> Other, describe: _____ | <input type="checkbox"/> N/A |
-

Before attending this conference, I rate my knowledge and familiarity of:**A. Medication Safety and Hospital Care Transitions?**

1	2	3	4	5
Little		Somewhat		Most

B. Caregiver Support?

1	2	3	4	5
Little		Somewhat		Most

C. Age – Friendly Housing (Luncheon Roundtables)

1	2	3	4	5
Little		Somewhat		Most

D. Healthy Aging

1	2	3	4	5
Little		Somewhat		Most

E. Wisdom of the Elders

1	2	3	4	5
Little		Somewhat		Most

F. Primary Care Advance Care Planning

1	2	3	4	5
Little		Somewhat		Most

Will you be receiving CME Credit for this Conference? ☐ Yes ☐ No

Dietary Restrictions or Allergies? _____
