1. What is your	gender?					
C Female						
C Male						
2. What is your	age (please e	enter an inte	ger)?			
3. What is your	ethnicity?					
C Hispanic or Latino						
O Not Hispanic or La	tino					
4. What is your	race? Select	one or more).			
☐ American Indian or	· Alaska Native					
Asian						
☐ Black or African-Ar	nerican					
Native Hawaiian or	r Other Pacific Island	er				
☐ White						
			A 7			
WhiteWhat is your6. What language	country of or ge(s) do you f	rigin?	Y	fident in pro	oviding sa	fe and effective
□ White 5. What is your	country of or ge(s) do you f	rigin?	Y	fident in pro	oviding sa	fe and effective
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Rural/Disadvantaged Background 8. Would you consider yourself from an "environmentally disadvantaged background?" Please answer to the best of your ability. This means an individual who: (1) Comes from an environment that inhibited the individual from obtaining the knowledge, skill and ability required to enroll in and graduate from a health professions school; or (2) Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. Yes O No 9. Do you fall into any of the following categories? Please choose all that apply. You are from a high school with low average SAT/ACT scores You are from a school district where 50% or less of graduates on to college You have a diagnosed physical/mental impairment substantially limiting participation in education English is not your primary language and has been a barrier to academic performance You are the first generation in your family to attend college You are from a high school where > 30% of students were eligible for free or reduced lunch prices ☐ You come from a family with an annual income < 200% of the Federal Poverty Level (Currently \$31,020 for a family of 2; \$39,060 for a family of 3; \$47,100 for a family of 4; \$55,140 for a family of 5) You come from a family that received public assistance (e.g. Aid to Families with Dependent Children, food stamps, Medicaid, public housing)

10. Do you consider yourself from a rural background?

You qualified for a need based scholarship

O Yes

O No

11.	Please indicate your veteran status.
0	Active Duty Military
0	Reservist
0	VeteranPrior Service
0	VeteranRetired
0	Not a Veteran

Medical School and Dental School 12. Please enter the following information for your Medical School or Dental School: City State Country 13. Does your Medical School or Dental School have more than one campus? Yes O No 14. If your Medical School or Dental School had more than one campus, please indicate which campus you primarily attended? (Enter N/A if not applicable) 15. Did your Medical School or Dental School have special "paths" or "tracks"? Yes O No 16. If you participated in a special "track" or "pathway" at your Medical School or Dental School, please indicate that "track" or "pathway" below. 17. What year did you graduate from Medical School or Dental School? 18. Did you enter residency in the academic year immediately following graduation from **Medical School or Dental School?** Yes O No 19. If you did not enter Residency immediately after graduating from Medical School or Dental School, how did you spend the time in between?

Pre-Medical or Pre-Dental Education

School 1: Name City State Country Study Area Degree Conferred Start Year End Year City State Country State Country State Country State Country State Country Study Area Degree Conferred Start Year End Year Country Study Area Degree Conferred Start Year End Year City State Country Study Area Degree Conferred Start Year End Year State Country Country	School 1: Name City State Country Study Area Degree Conferred Start Year End Year 21. School 2 (if applicable): Name City State Country Study Area Degree Conferred Start Year City State Country Study Area Degree Conferred Start Year End Year End Year Start Year End Year Country Study Area Degree Conferred Start Year End Year Start Year Start Year State Country Study Area Degree Conferred Start Year Start Year		ne following information for any education (de edical School or Dental School, including any
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State Country Study Area Degree Conferred Start Year	State Country Study Area Degree Conferred Start Year	Name	
Country Study Area Degree Conferred Start Year	Country Study Area Degree Conferred Start Year	City	
Study Area Degree Conferred Start Year	Study Area Degree Conferred Start Year	State	
Degree Conferred Start Year	Degree Conferred Start Year	Country	
Start Year	Start Year	Study Area	
		Degree Conferred	
End Year	End Year	Start Year	
		End Year	

23. School 4 (if ap	plicable):	
Name		
City		
State		
Country		
Study Area		
Degree Conferred		
Start Year		
End Year		
		•

Pre-Medical School or Pre-Dental School Experience
24. Did you enter Medical or Dental School in the academic year immediately following graduation from college? O Yes O No
25. If you did not enter Medical School or Dental School immediately after graduating from college, how did you spend the time in between?

Residency Choice
26. What were your primary reasons for choosing your current Residency Program?

Career Plans	
27. Are you planning to do additional residency or fellowship training training program?	after this residency
C Yes	
C No	
Not Yet Decided	
28. If yes, what additional residency/fellowship training are you plann	ing after this
residency training program?	
29. Do you know what geographic location you want to work followin	ıg all
residency/fellowship training?	
C Yes	
O No	
O Unsure	
30. If yes, where do you hope to work after completing your residency	y/fellowship training
program? Complete as much as you know.	
City/Town:	
State:	
Country:	
31. Please indicate the setting(s) in which you plan to work after the	completion of your
residency/fellowship training. Choose all that apply.	
☐ Large City (Population 500,000 of More)	
☐ Suburb of a Large City	
☐ City of Moderate Size (Population 50,000 to 500,000)	
☐ Suburb of Moderate Size City	
☐ Small City (Population 10,000 to 50,000 - other than suburb)	
☐ Town (Population 2,500 to 10,000 - other than suburb)	
☐ Small Town (Population less than 2,500)	
Rural/Unincorporated Area	
Undecided or No Preference	

3. If you plan to locate your practice in an underserved area, please indicate the likely ocation. Rural community Inner-city community A. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 5. If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	No Undecided 3. If you plan to locate your practice in an underserved area, please indicate the likely ocation. Rural community Inner-city community Wher (please specify) 4. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 5. If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	No Undecided 3. If you plan to locate your practice in an underserved area, please indicate the likely ocation. Rural community Inner-city community Wher (please specify) 4. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 5. If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	No Undecided 3. If you plan to locate your practice in an underserved area, please indicate the likely ocation. Rural community Inner-city community Wher (please specify) 4. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 5. If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	No Undecided 3. If you plan to locate your practice in an underserved area, please indicate the likely ocation. Rural community Inner-city community Wher (please specify) 4. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 5. If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	No Undecided 3. If you plan to locate your practice in an underserved area, please indicate the likely ocation. Rural community Inner-city community Wher (please specify) 4. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 5. If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	No Undecided 3. If you plan to locate your practice in an underserved area, please indicate the likely ocation. Rural community Inner-city community Wher (please specify) 4. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 5. If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian			
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A. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided S. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Attention (please specify) 44. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 55. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Attention (please specify) 44. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 55. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	A4. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided S5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Other (please specify) 84. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 85. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Other (please specify) 84. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 85. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Other (please specify) 84. Regardless of location, do you plan to work primarily with minority populations? Yes No Undecided 85. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	0	Rural community	
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 Yes No Undecided If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	Oth	er (please specify)	_
 Yes No Undecided If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 	 Yes No Undecided B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian 			
C No C Undecided S5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Undecided 5. If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Undecided 5. If you plan to work primarily with minority populations, please indicate the minority opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	C No C Undecided 85. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	C No C Undecided 85. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	C No C Undecided 85. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	C No C Undecided 85. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	34.	Regardless of location, do you plan to v	vork primarily with minority populations?
C Undecided S5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. □ Black/African American □ Hispanic/Latino □ Native American □ Asian	Undecided 5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Undecided 5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Undecided S5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	O Undecided 35. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	O Undecided 35. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	O Undecided 35. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	0	Yes	
55. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	B5. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	0	No	
population you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	opulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Depulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Hispanic/Latino Native American	Dopulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	Dopulation you intend to work with. Select all that apply. Black/African American Hispanic/Latino Native American Asian	0	Undecided	
Other (please specify)	other (please specify)	other (please specify)	Other (please specify)	Other (please specify)	Other (please specify)	Other (please specify)		Native American	
								Native American Asian	
								Native American Asian	
								Native American Asian	
								Native American Asian	
								Native American Asian	
								Native American Asian	
								Native American Asian	

Student Debt

exa sch	Did you receive a scholarship with a service requirement for medical school (for ample, National Health Service Corps Scholarship, State or local scholarship, or private nolarship)? Yes No
	If you did receive a scholarship with a service requirement, please indicate the name of scholarship
LIIG	
	Do you plan to apply for National Health Service Corps (NHSC) or other loan ayment program with a service requirement?
0	Yes
0	No
0	Undecided
0	Don't Qualify
0	Unaware of such programs
	What is the total amount of your outstanding educational loans for your lege/premedical or predental education?
0	No debt
0	\$1 to \$ 24,999
0	\$25,000 to \$ 49,999
0	\$50,000 to \$ 74,999
0	\$75,000 to \$ 99,999
0	\$100,000 to \$124,999
0	\$125,000 to \$149,999
0	\$150,000 to \$174,999
0	\$175,000 to \$199,999
0	\$200,000 to \$224,999
0	\$225,000 to \$249,999
0	\$250,000 to \$274,999
0	\$275,000 to \$299,999
0	\$300,000 or more

40. What is the total amount of your outstanding educational loans for your medical or dental education?	
C No debt	
C \$1 to \$ 24,999	
C \$25,000 to \$ 49,999	
C \$50,000 to \$ 74,999	
© \$75,000 to \$ 99,999	
C \$100,000 to \$124,999	
© \$125,000 to \$149,999	
© \$150,000 to \$174,999	
© \$175,000 to \$199,999	
© \$200,000 to \$224,999	
© \$225,000 to \$249,999	
© \$250,000 to \$274,999	
© \$275,000 to \$299,999	
© \$300,000 or more	