

Background

1. What is your gender?

- Female
- Male

2. What is your age (please enter an integer)?

3. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

4. What is your race? Select one or more.

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

5. What is your country of origin?

6. What language(s) do you feel competent and confident in providing safe and effective care to patients?

7. Please enter the following information for the high school you graduated from:

Name	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Country	<input type="text"/>
Year of Graduation	<input type="text"/>

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
- 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)
- You qualified for a need based scholarship

10. Do you consider yourself from a rural background?

- Yes
- No

11. Please indicate your veteran status.

- Active Duty Military
- Reservist
- Veteran--Prior Service
- Veteran--Retired
- Not a Veteran

Medical School and Dental School

12. Please enter the following information for your Medical School or Dental School:

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>

13. Does your Medical School or Dental School have more than one campus?

Yes

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

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

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

20. Please enter the following information for any education (degrees or certificate) either before or after Medical School or Dental School, including any undergraduate education.

School 1:

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Study Area	<input type="text"/>
Degree Conferred	<input type="text"/>
Start Year	<input type="text"/>
End Year	<input type="text"/>

21. School 2 (if applicable):

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Study Area	<input type="text"/>
Degree Conferred	<input type="text"/>
Start Year	<input type="text"/>
End Year	<input type="text"/>

22. School 3 (if applicable):

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Study Area	<input type="text"/>
Degree Conferred	<input type="text"/>
Start Year	<input type="text"/>
End Year	<input type="text"/>

23. School 4 (if applicable):

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Study Area	<input type="text"/>
Degree Conferred	<input type="text"/>
Start Year	<input type="text"/>
End Year	<input type="text"/>

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?

- Yes
- 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 after this residency training program?

- Yes
- No
- Not Yet Decided

28. If yes, what additional residency/fellowship training are you planning after this residency training program?

29. Do you know what geographic location you want to work following all residency/fellowship training?

- Yes
- No
- Unsure

30. If yes, where do you hope to work after completing your residency/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 or 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

32. Do you plan to locate your practice in an underserved area?

- Yes
- No
- Undecided

33. If you plan to locate your practice in an underserved area, please indicate the likely location.

- Rural community
- Inner-city community

Other (please specify)

34. Regardless of location, do you plan to work primarily with minority populations?

- Yes
- No
- 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

Other (please specify)

Student Debt

36. Did you receive a scholarship with a service requirement for medical school (for example, National Health Service Corps Scholarship, State or local scholarship, or private scholarship)?

- Yes
- No

37. If you did receive a scholarship with a service requirement, please indicate the name of the scholarship

38. Do you plan to apply for National Health Service Corps (NHSC) or other loan repayment program with a service requirement?

- Yes
- No
- Undecided
- Don't Qualify
- Unaware of such programs

39. What is the total amount of your outstanding educational loans for your college/premedical or pre dental education?

- No debt
- \$1 to \$ 24,999
- \$25,000 to \$ 49,999
- \$50,000 to \$ 74,999
- \$75,000 to \$ 99,999
- \$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

40. What is the total amount of your outstanding educational loans for your medical or dental education?

- No debt
- \$1 to \$ 24,999
- \$25,000 to \$ 49,999
- \$50,000 to \$ 74,999
- \$75,000 to \$ 99,999
- \$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