

Register for A Physician's Practical Guide to Culturally Competent Care

If you have already registered for one of our programs, you may use the same username and password to log in to this site. [Log in](#)

A field with an asterisk (*) before it is a required field

***Email Address:**
If you are using spam-filtering software, please be sure to allow emails from contact@thinkculturalhealth.hhs.gov.

***Username:**

***Password:**
Passwords must
- be between 10-16 characters long
- must contain at least one lowercase letter and one uppercase letter
- contain at least one digit AND
- contain one of these special characters @ # \$ % ^ & + =

***Confirm Password:**

***First Name:**

Middle Initial:

***Last Name:**

***Degree:**
If Other, Please Specify:

***Certificate Type:**
 CME Certificate
 Physician Assistant CME
 Nurse Practitioner CE
 Statement of Participation

***Address One:**

***Address Two:**

***City:**

***State/Province:**

***Zip Code:**

***Country:**

***Gender:**
 Male
 Female

***Age:**

***Ethnicity: (Select as many as apply)**
 Not of Hispanic, Latino, or Spanish origin
 Mexican, Mexican Am., Chicano
 Puerto Rican
 Cuban
 Another Hispanic, Latino, or Spanish origin
 Others

***Race: (Select as many as apply)**
 White
 Black, African American
 American Indian or Alaska Native (enter name of enrolled or principal tribe)
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander
 Some other race

***What best describes your place of employment or practice setting? (Indicate up to 3)**
 Center (hospital-based)
 Clinic - Office-Based
 Clinic - University-Based
 Community-Based/Faith-Based Organization
 Community Health Center
 Educational Institution: K-12
 Educational Institution: Higher Education
 Educational Institution: Professional Education
 Field-Based - Pre-hospital care
 For-Profit Corporation
 Government - CMS/ OIG
 Government - City
 Government - County
 Government - State
 Government - Federal
 Hospital
 Insurance Company/Provider
 Managed Care Organization
 Military Facility
 Nursing Home
 Private Practice
 Public Health
 Red Cross
 Research - Clinical
 Research - Academic
 V/OAD

***Please indicate your level of seniority in your organization:**
 Entry
 Mid-level
 Professional
 Executive

***Please indicate your number of years in your profession:**
 Less than 5
 5 to 10 years
 More than 10 years
 Does Not Apply

***What best describes your primary role or profession?**
 Administrator or Hospital Executive
 Education - Faculty or Staff
 Nurse Practitioner
 Physician Assistant
 Policymaker or Public Official
 Public Health
 Other: Personal
 Please select from the list
If other, please specify
 Mental Health Professional
 Please select from the list
If other, please specify
 Nurse
 Please select from the list
If other, please specify
 Oral Health Professional
 Please select from the list
If other, please specify
 Physician
 Please select from the list
If other, please specify
 Student
 Please select from the list
If other, please specify
 Other
 If other, please specify

***How did you hear about Think Cultural Health?**
If other, please specify

***Are you willing to complete a short electronic survey in 5 months about your Think Cultural Health or continuing education experience?**
 Yes
 No

***If you would be interested in receiving additional information about cultural competency from Think Cultural Health in the future, we encourage you to Join the CLCHC—OHR's Center for Linguistic and Cultural Competence in Health Care. By joining, you will gain access to exclusive resources such as the quarterly Think Cultural Health e-newsletter and the Ask the Expert feature of the site. Would you like to join?**
 Yes
 No