

1. Email address/username
2. Password
3. First name
4. Last name
5. Certificate type
6. Degree
7. State license number
8. ADA Membership number
9. License information for EMT/First Responder
10. Address
11. City
12. State/Province
13. Country
14. Zip Code
15. What is your sex?
 - a. Male
 - b. Female
16. Are you Hispanic, Latino/a, or of Spanish origin?
 - a. No, I am not of Hispanic, Latino/a, or Spanish origin
 - b. Yes, I am of Hispanic, Latino/a, or Spanish origin
17. What is your race? (Select all that apply)
 - a. White
 - b. Black or African American
 - c. American Indian or Alaska Native
 - d. Asian
 - e. Asian Indian
 - f. Chinese
 - i. Filipino
 - ii. Japanese
 - iii. Korean
 - iv. Vietnamese
 - v. Other Asian
 - g. Native Hawaiian or Other Pacific Islander
 - i. Guamanian or Chamorro
 - ii. Samoan
 - iii. Other Pacific Islander
18. What is your primary language?
 - a. English
 - b. Spanish
 - c. Other
19. How well do you speak English?
 - a. Very well
 - b. Well
 - c. Not well

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0407. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Appendix B

Think Cultural Health (TCH) User Registration Form

- d. Not at all
20. Which of these roles best applies to you? (Select 1)
- a. Administrator, Health or Health Care Organization
 - b. Manager, Health or Health Care Organization
 - c. Executive, Health or Health Care Organization
 - d. Community Health Worker
 - e. Consultant
 - f. Disaster Personnel – Please select from the list:
 - i. Commissioned Corps Officer
 - ii. Emergency Manager
 - iii. EMT
 - iv. Paramedic
 - v. Volunteer
 - vi. Other – (if other please specify- text field)
 - g. Educator
 - h. Physician Assistant
 - i. Policymaker
 - j. Public Official (i.e., Government public official)
 - k. Public Health Professional
 - l. Mental Health Professional—Please select from the list:
 - i. Behavioral Analyst
 - ii. Licensed Professional Counselor
 - iii. Psychiatrist
 - iv. Psychologist
 - v. Other - (if other please specify-text field)
 - m. Nurse – Please select from the list:
 - i. Psychiatric Nurse
 - ii. Mental Health Nurse
 - iii. Home Health Nurse
 - iv. Hospital-Based Nurse
 - v. Office-Based Nurse
 - vi. Nurse Manager
 - vii. Nurse Practitioner
 - viii. Community Health Nurse
 - ix. School Nurse
 - x. Other (if other please specify- Text field)
 - n. Oral Health Professional – Please select from the list:
 - i. Dentist
 - ii. Dental Assistant
 - iii. Dental Hygienist
 - iv. Dental Specialist
 - v. Other - if other please specify (text field)
 - o. Physician – Please select from the list:
 - i. Community Health Physician
 - ii. Hospital-based Physician
 - iii. Office-based Physician
 - iv. Private practice Physician
 - v. Other- if other please specify (text field)

Appendix B

Think Cultural Health (TCH) User Registration Form

- p. Researcher
 - q. Social Worker
 - r. Student – Please select discipline from the list:
 - i. Medicine
 - ii. Dentistry
 - iii. Nursing
 - iv. Emergency Response
 - v. Public Health
 - vi. Other- if other please specify (text field)
 - s. Other role – if other, please specify (text field)
21. Which of these best describes your primary place of employment?
- a. Ambulatory Care Facility
 - b. Clinic- Office- based
 - c. Clinic- University- Based
 - d. Community-Based Organization
 - e. Community Health Center
 - f. Disaster Relief Organization
 - g. Educational Institution: K-12
 - h. Educational Institution: Higher Education (i.e., University, College)
 - i. Educational Institution: Professional Education
 - j. Faith-Based Organization
 - k. For-Profit Organization/Corporation
 - l. Government-Federal
 - m. Government-State
 - n. Government-City
 - o. Home Health Care Organization
 - p. Hospital
 - q. Insurance Company/Provider
 - r. Managed Care Organization
 - s. Mental Health Center
 - t. U.S. Military Facility
 - u. Non-profit Organization
 - v. Nursing Home
 - w. Private Practice
 - x. Public Health Department
 - y. Rehabilitation Center
 - z. Voluntary Organizations Active in Disaster (VOAD)
 - aa. Other - if other please specify (text field)
22. Please indicate your level of seniority in your primary place of employment.
- a. Student/Trainee
 - b. Entry level
 - c. Mid-level
 - d. Manager
 - e. Executive
23. How did you hear about this e-learning program/resource?
- a. Colleague
 - b. Communication from my professional organization [please provide the name of the organization]

Appendix B

Think Cultural Health (TCH) User Registration Form

- c. Conference [please provide the name of the conference]
 - d. Email from listserv
 - e. Government website [please provide the name or link of the website]
 - f. Non-government website [please provide the name or link of the website]
 - g. Other email communication
 - h. Press announcement
 - i. Search engine
 - j. Social media
 - k. Telephone call
 - l. Training [please provide the name of the training]
 - m. Other [please describe]
24. Would you like to "Join the CLCCHC?"
- a. No
 - b. Yes
25. Have you heard about the *National CLAS Standards*?
- a. No
 - b. Yes
26. If yes, how did you hear about the *National CLAS Standards*?
- a. Colleague
 - b. Communication from my professional organization [please provide the name of the organization]
 - c. Conference [please provide the name of the conference]
 - d. Email from listserv
 - e. Government website [please provide the name or link of the website]
 - f. Non-government website [please provide the name or link of the website]
 - g. Other email communication
 - h. Press announcement
 - i. Search engine
 - j. Social media
 - k. Telephone call
 - l. Training [please provide the name of the training]
 - m. Other [please describe]
27. Can we contact you in the future about your experience using this e-learning program/resource?
- a. No
 - b. Yes
28. If yes, please tell us how you would prefer to be contacted.
- a. Email
 - b. Telephone
 - c. Mail