

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

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