

HRSA IEA Activity Registration

Contact Information

First Name:	
Last Name:	
E-mail:	
Telephone Number:	
Job Title:	
Organization:	
City:	
State:	

1. Which category best describes your principal employment setting? (Select one)

Institutions of higher education:

- ☐ College - Community
- ☐ College or University

Non-profit entities:

- ☐ Behavioral Health (Addiction or Mental Health) Services Organization - Nonprofit
- ☐ Community or State Coalition
- ☐ Community-Based Organization
- ☐ Health Center
- ☐ Health or Human Services Provider Organization – Nonprofit
- ☐ Hospital - Nonprofit
- ☐ Professional Association
- ☐ Rural Health Clinic - Nonprofit

Private for-profit entities:

- ☐ Behavioral Health (Addiction or Mental Health) Services Organization – For profit
- ☐ Health or Human Services Provider Organization – For profit
- ☐ Hospital – For profit
- ☐ Rural Health Clinic – For profit
- ☐ Small Business

Public entities:

- ☐ Government – City, County or Local
- ☐ Government – Federal
- ☐ Government – State or U.S. Territory
- ☐ Health Department – Local
- ☐ Health Department - State
- ☐ School or School District

Tribes and Tribal organizations:

- ☐ Native American tribal governments
- ☐ Native American tribal organizations

None of the above - Other ☐

2. Has your current employer ever responded to a HRSA Notice of Funding Opportunity (i.e., applied for a HRSA award)?

- ☐ Yes ☐ No ☐ I do not know

3. Does your organization currently receive a HRSA grant or cooperative agreement?

☐ Yes ☐ No ☐ I do not know

4. Has your organization ever received a HRSA grant or cooperative agreement?

☐ Yes ☐ No ☐ I do not know

5. Which category best describes your role?

- | | |
|--|---|
| ☐ Administrator | ☐ Medical Assistant |
| ☐ Board Member | ☐ Nurse Anesthetists |
| ☐ Case Manager | ☐ Nurse Midwife |
| ☐ Certified Nursing Assistant | ☐ Nurse Practitioner |
| ☐ Chiropractor | ☐ Occupational Therapist |
| ☐ Clinical Nurse Specialist | ☐ Peer Recovery Specialist |
| ☐ Community Health Worker | ☐ Practical Nurse |
| ☐ Counselor | ☐ Professional Counselor |
| ☐ Dental Assistant | ☐ Psychologist |
| ☐ Dental Hygienist | ☐ Psychiatric Nurse Specialist |
| ☐ Dentist | ☐ Physical Therapist |
| ☐ Executive or Senior Leader | ☐ Physician |
| ☐ Elected Official | ☐ Physician Assistant |
| ☐ Faculty | ☐ Registered Nurse |
| ☐ Government Health Official - State | ☐ Researcher |
| ☐ Government Health Official – City, County, or Local | ☐ Social Worker |
| ☐ Health Educator | ☐ Student |
| ☐ Health Services Psychologist | ☐ Substance Use Disorder Counselor |
| ☐ Home Visitor | ☐ Teacher |
| ☐ Manager | ☐ Tribal Leader |
| ☐ Marriage and Family Therapist | ☐ Other |

OPTIONAL QUESTIONS:

6. What is your preferred language?

☐ English ☐ Spanish ☐ Other (please specify):

7. If you are a member of a Federally Recognized Tribe, to which Tribe do you belong?

Tribe:

8. Is your organization registered to apply for federal funding (i.e., have an active SAM.gov or Grants.gov account)

- ☐ Yes – with both Sam.gov and Grants.gov
☐ Yes – with Sam.gov only
☐ Yes – with Grants.gov only
☐ No
☐ I do not know

9. Would you like to receive e-mails about upcoming HRSA funding opportunities, events, and other information?

☐ Yes ☐ No

10. What are your primary areas of interest? Check all that apply.

- ☐ Behavioral Health (Mental Health or Substance Use)
☐ Health Workforce
☐ HIV/AIDS
☐ Maternal and Child Health
☐ Primary Care
☐ Rural Health
☐ Telehealth
☐ Other:

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