





Student Demographic Form

The Ohio Primary Care Workforce Initiative (OPCWI) provides students the opportunity to learn in community settings and provide high quality care in underserved Ohio communities. We collect the following information in order to evaluate the effectiveness of the program. Thank you for filling in the form completely and accurately for this purpose. _____ First Name: _____ Middle Name: _____ Preferred English Name: _____ FQHC Name / Site Name: Clinical Rotation Type: _____ School: _____ School State: ____ Online Student: ____ Yes___ No Discipline or Program: ______ Expected Graduation: _____ State of Legal Residence (permanent address): ______ Birthdate: _____ Age: ____ Gender: _____ Personal email: Phone: Select all that apply –**Race** Check all that apply: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other-please state (check "other" for any racial category that is not identified in one of the five single race categories listed above) Select one of the following-Ethnicity Check One Hispanic, Latino or Spanish Origin

In which type of community did you grow up? (Select one) Rural ______ Urban _____ Suburban ______

City, State & Zip Code where you grew up: _____

Not-Hispanic, Latino, or Spanish Origin

Administered by the Ohio Association of Community Health Centers, the Ohio Primary Care Workforce Initiative is funded in partnership by the Ohio General Assembly and the Ohio Department of Health. For more information please visit www.ohiochc.org/opcwi