

UTHSCSA Center for South Texas Programs  
**Health Careers Participants**

(Fill in *Blanks* — Circle Choice in *Italics*)

11/2004

Event Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Length (hrs): \_\_\_\_\_ Type: Single Delivery Method: Multisession Method: On-Site | Teleconference | Web-Based

Place: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ CBO Sponsor (if Applicable): \_\_\_\_\_

Target Audience: Elementary | Jr High | Sr High | College Undergraduates  
Health Professions Students | Adult Outreach | Family Groups

**Participant Information**  
(by County):

Submit at End of Multisession Events.  
Provide this Information for All Participants.  
Use a Separate Form for Each Participant County.

**Participants from \_\_\_\_\_ County:**  
(Provide Information for this County Below)

Number of Attendees _____	<b>Informational/Promotional Distribution:</b>
	Number of Counselors that Received Health Career Information/Training _____
Numbers of Contacts:	Number of Teachers that Received Health Career Information/Training _____
Asians _____	Number of Pieces of Printed Literature Distributed _____
Blacks _____	Number of Other Items Distributed _____
Hispanics _____	
Nat. Amer. _____	
Whites _____	
Total _____	

Center: Coastal | LRGV | MRGB | SoCent | WGB | CSTP | UTHSCSA  
Funding Source(s) for Event: AHEC | Other Federal | State | Other

Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_

eMail: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to: South Central Area Health Education Center  
UTHSCSA  
4201 Medical Drive, Box 126  
San Antonio, TX 78229  
Fax: 210-567-7823  
Email: [fergusonk2@uthscsa.edu](mailto:fergusonk2@uthscsa.edu)