

Northern California LEND Application

*Response Required

*First Name _____ Middle _____ *Last Name _____

Former Name: _____

*Academic Degree/Credential Achieved: _____

Current Address

*Address Line 1: _____

Address Line 2: _____

*City: _____ *State: _____

County of Origin: out of state (did you move from out of state and if so, which county? _____) unknown

*Zip/Postal Code: _____

Primary Email: _____

Secondary Email: _____

Phone: (____) _____ - _____

Permanent Address

Name of Permanent Contact: _____

Relationship of Permanent Contact: _____

*Address Line 1: _____

Address Line 2: _____

*City: _____ *State: _____

*Zip/Postal Code: _____

Phone: (____) _____ - _____

Date of Birth: ____ / ____ / ____

*Gender: M F

* Race (check one):

- White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** refers to people having origins in any of the Black racial groups of Africa.
- American Indian and Alaskan Native** refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Tribe: _____
- Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).

- Native Hawaiian and Other Pacific Islander** refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- More than one race** includes individuals who identify with two or more racial designations.
- Unrecorded** is included for individuals who are unable to identify with the categories.

***Ethnicity** (check one):

Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

- Hispanic
- Non-Hispanic
- Unrecorded

***Primary Language**

Do you speak a language other than English?

- Yes, Spanish
- Yes, another language, please identify:
- No

If yes how well do you speak English?

- Very well
- Well
- Not well
- Not at all

***Personal relationship with Disabilities:**

Are you a ... (Check all that apply)

- Person with a disability
- Person with a special health care need
- Parent of a person with a disability
- Parent of a person with a special health care need
- Family member of a person with a disability
- Family member of a person with a special health care need
- None
- Unrecorded

Do you currently have a current Faculty or Family advisor affiliated with the LEND? If yes, please specify:

TRAINEE YEAR RECORD

***Academic Level** (Current enrollment status, not highest degree earned)

- Non Degree
- Undergraduate
- Masters
- Doctoral
- Post Doctoral
- High School
- Other
- Not applicable

***Degree Program** (provide appropriate abbreviation, e.g., BA, MA, PhD, etc.) _____

Position in Program (practicing professional, fellow, resident, intern, grad student, etc):

***Discipline:** (Check one)

- | | |
|--|---|
| <input type="radio"/> Audiology | <input type="radio"/> Medicine-Pediatric Pulmonology |
| <input type="radio"/> Biological Sciences | <input type="radio"/> Medicine: General |
| <input type="radio"/> Dentistry-Pediatric | <input type="radio"/> Medicine: Pediatric |
| <input type="radio"/> Dentistry-Other | <input type="radio"/> Mental and Behavioral Health |
| <input type="radio"/> Disability Studies | <input type="radio"/> Nursing |
| <input type="radio"/> Education/Special Education | <input type="radio"/> Nursing-Family/Pediatric Nurse Practitioner |
| <input type="radio"/> Education: Administration | <input type="radio"/> Nursing-Midwife |
| <input type="radio"/> Education: Early Intervention/Early Childhood | <input type="radio"/> Nursing-Other |
| <input type="radio"/> Education: General Education | <input type="radio"/> Nutrition |
| <input type="radio"/> Epidemiology | <input type="radio"/> Occupational Therapy |
| <input type="radio"/> Family Studies | <input type="radio"/> Pastoral |
| <input type="radio"/> Family/Parent/Youth Advocacy | <input type="radio"/> Pharmacy |
| <input type="radio"/> Genetics/Genetics Counseling | <input type="radio"/> Physical Therapy |
| <input type="radio"/> Gerontology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Health Administration | <input type="radio"/> Psychology |
| <input type="radio"/> Human Development/Child Development | <input type="radio"/> Public Administration |
| <input type="radio"/> Interdisciplinary | <input type="radio"/> Public Health |
| <input type="radio"/> Law | <input type="radio"/> Rehabilitation |
| <input type="radio"/> Liberal Arts & Sciences, Humanities, & General Studies | <input type="radio"/> Respiratory Therapy |
| <input type="radio"/> Medicine-Adolescent Medicine | <input type="radio"/> Social Work |
| <input type="radio"/> Medicine-Developmental-Behavioral Pediatrics | <input type="radio"/> Speech-Language Pathology |
| <input type="radio"/> Medicine-Neurodevelopmental Disabilities | <input type="radio"/> Other - Please specify: _____ |

***Current Enrollment Status:** (Check one)

- Full-Time Student
- Part-Time Student

***Track you are interested in:** (Check one or both)

- Long-Term Trainee? (300+ hours upon completion of training)
- Advanced Term Trainee (150-299 hours upon completion of training)
- Medium term Trainee? (40-149 hours upon completion of training)