

Default Report

2021 Advocates in Medicine Pathway

September 20, 2021 1:58 PM MDT

Q1 - Name

First Name

Last Name

Preferred Name (if different from above)

Q4 - College Email Address

College Email Address

Q47 - Alternative Email Address

Alternative Email Address

Q5 - Phone Number

Phone Number

Q53 - Permanent Mailing Address

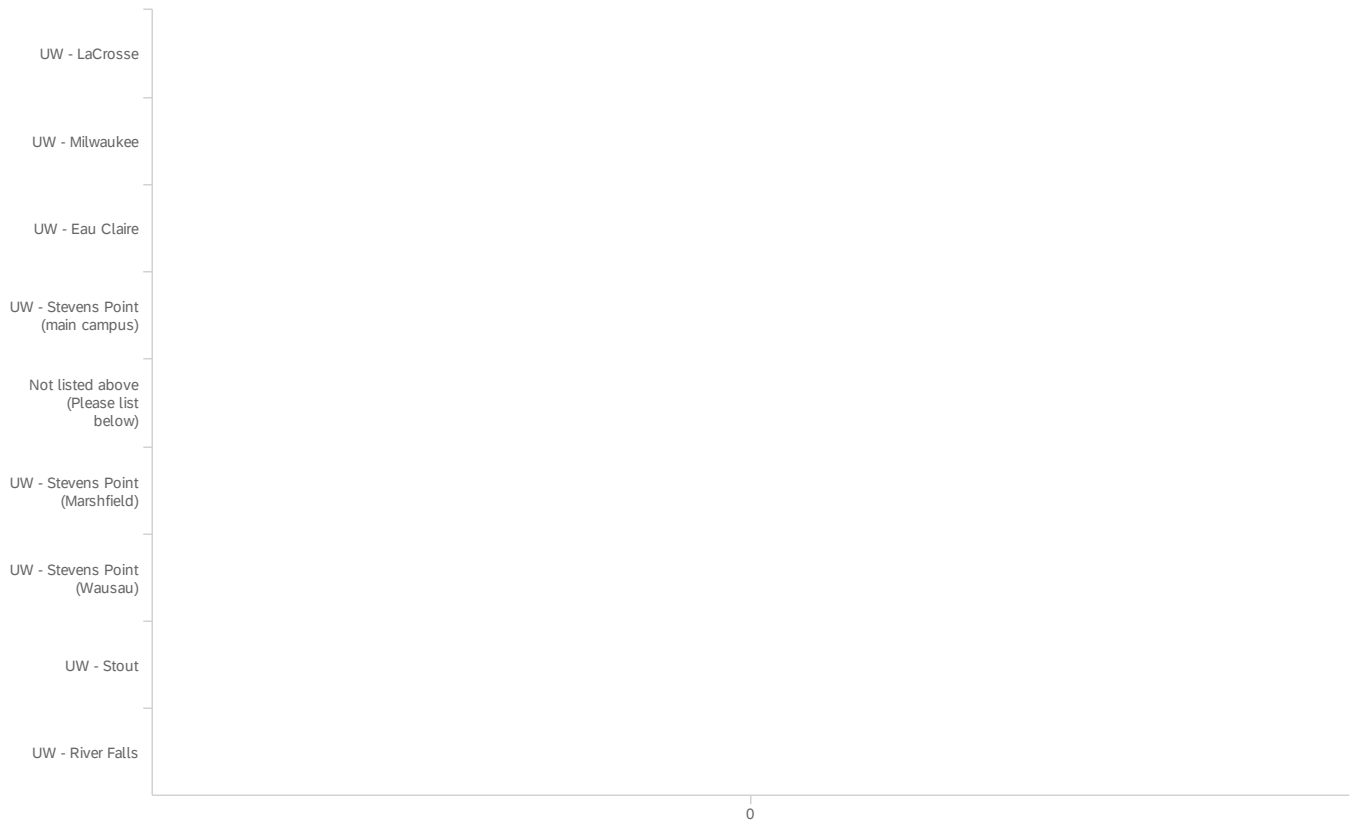
Street Address

City

State

Zip Code

Q45 - What college or university are you attending?



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|---|---------|---------|------|---------------|----------|-------|
| 1 | What college or university are you attending? - Selected Choice | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |

| # | Field | Choice Count |
|----|--------------------------------------|--------------|
| 1 | UW - LaCrosse | 0.00% 0 |
| 2 | UW - Milwaukee | 0.00% 0 |
| 3 | UW - Eau Claire | 0.00% 0 |
| 7 | UW - Stevens Point (main campus) | 0.00% 0 |
| 11 | Not listed above (Please list below) | 0.00% 0 |
| 16 | UW - Stevens Point (Marshfield) | 0.00% 0 |
| 17 | UW - Stevens Point (Wausau) | 0.00% 0 |
| 18 | UW - Stout | 0.00% 0 |

| # | Field | Choice Count |
|----|------------------|-----------------|
| 20 | UW - River Falls | 0.00% 0 |
| | | 0 |

Showing rows 1 - 10 of 10

Q45_11_TEXT - Not listed above

Not listed above (Please list below)

Q31 - Please select the undergraduate program you are currently admitted to, enrolled in, or have obtained.



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|---|---------|---------|------|---------------|----------|-------|
| 1 | Please select the undergraduate program you are currently admitted to, enrolled in, or have obtained. - Selected Choice | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |

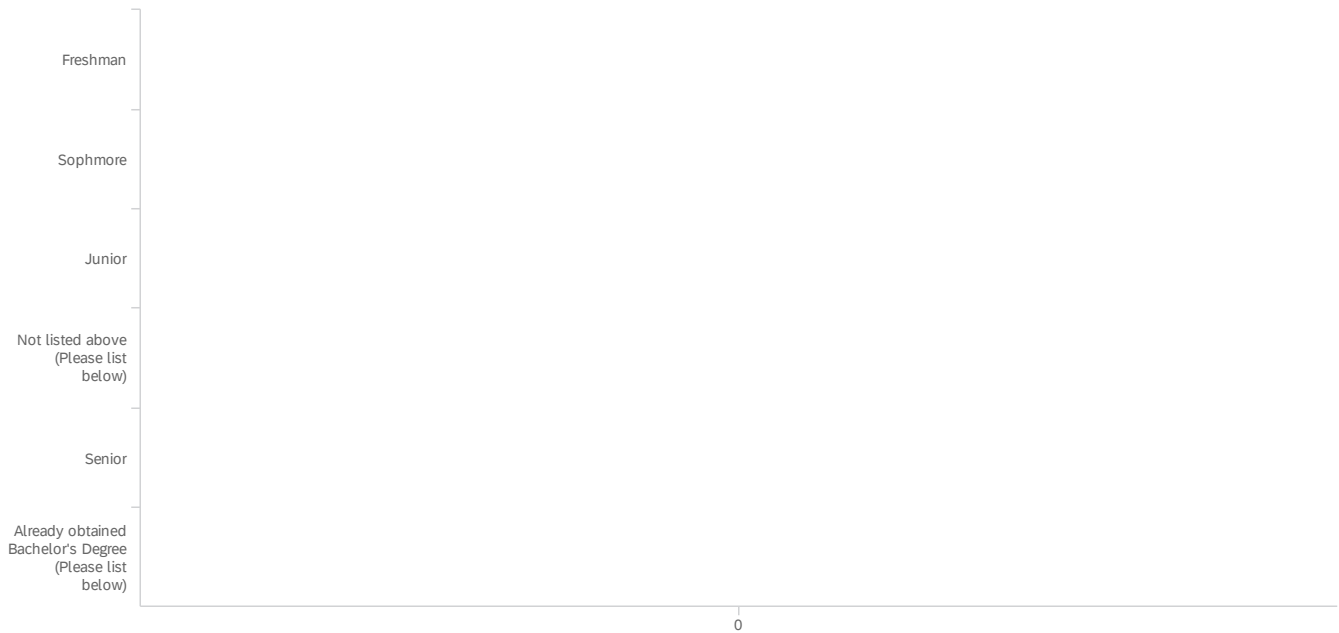
| # | Field | Choice Count |
|----|--------------------------------------|--------------|
| 1 | Biology | 0.00% 0 |
| 2 | Chemistry | 0.00% 0 |
| 3 | Bio-Chem | 0.00% 0 |
| 11 | Not listed above (Please list below) | 0.00% 0 |
| | | 0 |

Showing rows 1 - 5 of 5

Q31_11_TEXT - Not listed above

Not listed above (Please list below)

Q32 - What is the status of your undergraduate student class standing?



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|--|---------|---------|------|---------------|----------|-------|
| 1 | What is the status of your undergraduate student class standing? - Selected Choice | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |

| # | Field | Choice Count |
|---|--|--------------|
| 1 | Freshman | 0.00% 0 |
| 2 | Sophomore | 0.00% 0 |
| 3 | Junior | 0.00% 0 |
| 4 | Not listed above (Please list below) | 0.00% 0 |
| 5 | Senior | 0.00% 0 |
| 6 | Already obtained Bachelor's Degree (Please list below) | 0.00% 0 |
| | | 0 |

Showing rows 1 - 7 of 7

Q32_6_TEXT - Bachelor's Degree (what is your degree in?)

Already obtained Bachelor's Degree (Please list below)

Q32_4_TEXT - Not listed above (Enter you degree)

Not listed above (Please list below)

Q34 - Please submit a document that provides Proof of Admission to the college you

have listed. We will acc

Q34_Id - Id

Thumbnail

Name

Size

Type

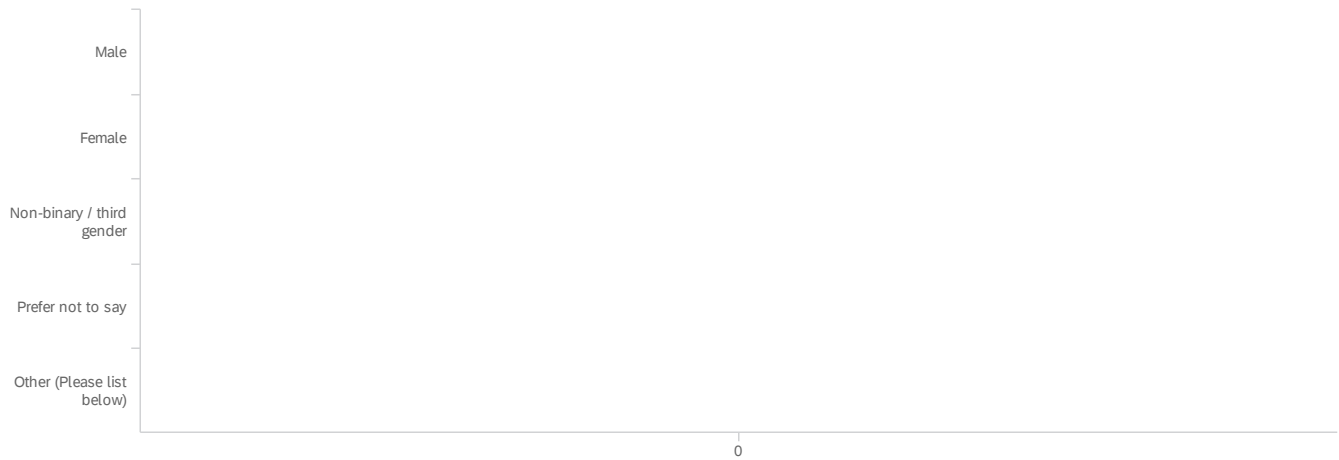
Q17 - What is your date of birth?

What is your date of birth?

Q18 - What is your current age?

What is your current age?

Q46 - What is your gender?



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|--|---------|---------|------|---------------|----------|-------|
| 1 | What is your gender? - Selected Choice | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |

| # | Field | Choice Count |
|---|---------------------------|--------------|
| 1 | Male | 0.00% 0 |
| 2 | Female | 0.00% 0 |
| 3 | Non-binary / third gender | 0.00% 0 |
| 4 | Prefer not to say | 0.00% 0 |
| 5 | Other (Please list below) | 0.00% 0 |
| | | 0 |

Showing rows 1 - 6 of 6

Q46_5_TEXT - Other

Other (Please list below)

Q19 - What pronouns do you prefer?



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|--|---------|---------|------|---------------|----------|-------|
| 1 | What pronouns do you prefer? - Selected Choice | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |

| # | Field | Choice Count |
|---|--------------------------------------|--------------|
| 1 | He, Him, His | 0.00% 0 |
| 2 | She, Her, Hers | 0.00% 0 |
| 3 | They, Them, Theirs | 0.00% 0 |
| 4 | Not listed above (Please list below) | 0.00% 0 |
| | | 0 |

Showing rows 1 - 5 of 5

Q19_4_TEXT - Other (please specify)

Not listed above (Please list below)

Q20 - Please indicate your race/ethnicity; check all that apply. If you pick Asian, please type in what Asian ethnicity you are (e.g. Chinese, Hmong, Indian, Lao, etc.).



Field

Choice
Count

| # | Field | Choice Count |
|----|---|--------------|
| 1 | African American/Black, Hispanic | 0.00% 0 |
| 2 | Asian, Non-Hispanic (Please indicate the Asian ethnic you are - i.e. Chinese, Hmong, Indian, Lao, etc.) | 0.00% 0 |
| 3 | American Indian/Alaskan Native, Hispanic | 0.00% 0 |
| 4 | Native Hawaiian or Other Pacific Islander | 0.00% 0 |
| 5 | American Indian/Alaskan Native, Non-Hispanic | 0.00% 0 |
| 6 | White, Hispanic | 0.00% 0 |
| 7 | Asian, Hispanic (Please indicate the Asian ethnic you are - i.e. Chinese, Hmong, Indian, Lao, etc.) | 0.00% 0 |
| 8 | African American/Black, Non-hispanic | 0.00% 0 |
| 9 | White, Non-Hispanic | 0.00% 0 |
| 10 | Native Hawaiian/Pacific Islander, Hispanic | 0.00% 0 |
| 11 | Native Hawaiian/Pacific Islander, Non-Hispanic | 0.00% 0 |
| 12 | More than 1 race, Hispanic | 0.00% 0 |
| 13 | Prefer not to report | 0.00% 0 |
| 14 | More than 1 race, Non-Hispanic | 0.00% 0 |
| | | 0 |

Showing rows 1 - 15 of 15

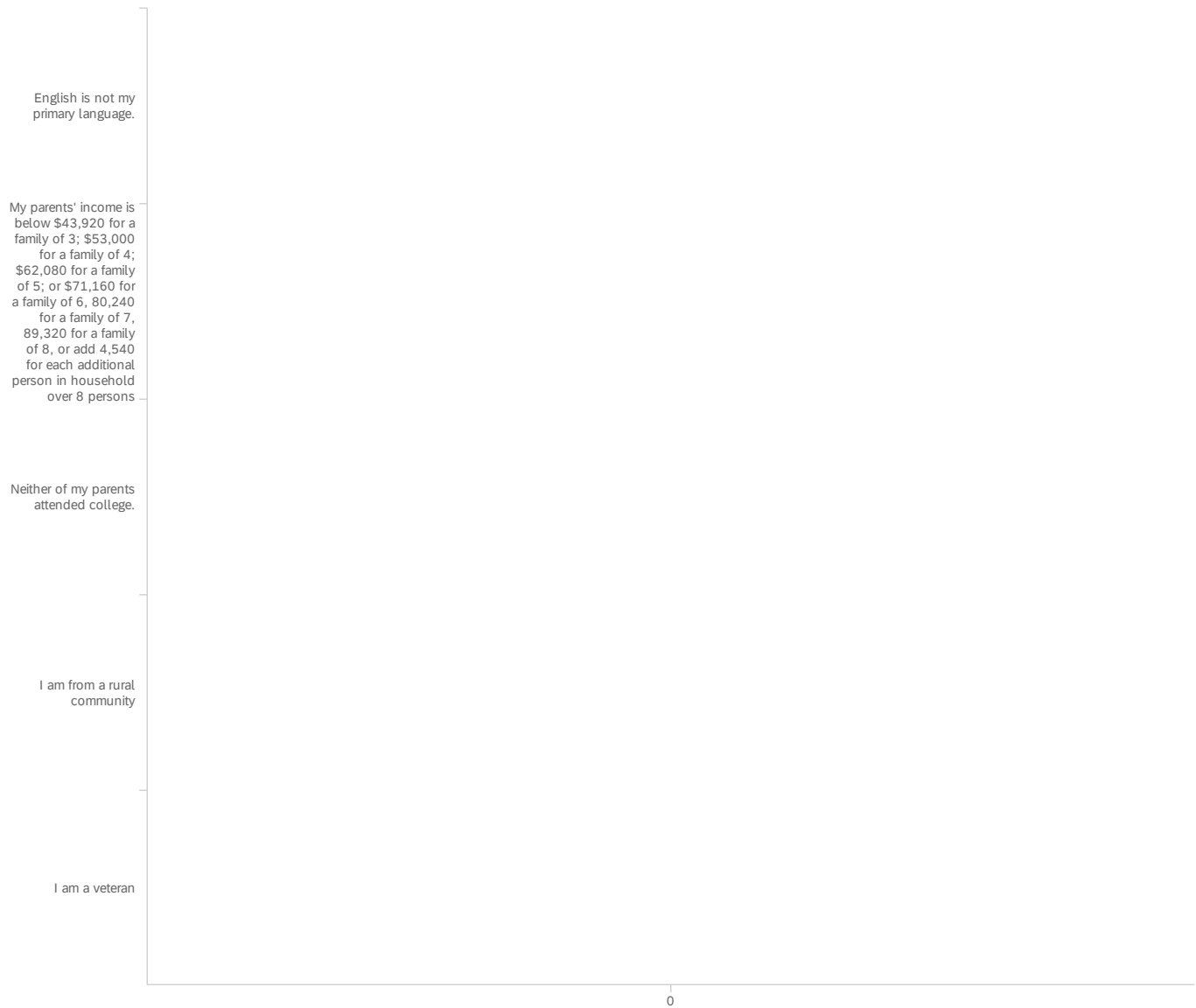
Q20_2_TEXT - Asian


Asian, Non-Hispanic (Please indicate the Asian ethnic you are - i.e. Chines...

Q20_7_TEXT - Other

Asian, Hispanic (Please indicate the Asian ethnic you are - i.e. Chinese, H...

Q27 - Check all statements below that apply to you:




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| # | Field | Choice Count |
|---|--|--------------|
| 3 | English is not my primary language. | 0.00% 0 |
| 4 | My parents' income is below \$43,920 for a family of 3; \$53,000 for a family of 4; \$62,080 for a family of 5; or \$71,160 for a family of 6, 80,240 for a family of 7, 89,320 for a family of 8, or add 4,540 for each additional person in household over 8 persons | 0.00% 0 |

| # | Field | Choice Count |
|---|---|--------------|
| 5 | Neither of my parents attended college. | 0.00% 0 |
| 6 | I am from a rural community | 0.00% 0 |
| 7 | I am a veteran | 0.00% 0 |
| | | 0 |

Showing rows 1 - 6 of 6

Q33 - What are your plans following graduation with a Bachelor's degree?



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|--|---------|---------|------|---------------|----------|-------|
| 1 | What are your plans following graduation with a Bachelor's degree? - Selected Choice | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |

| # | Field | Choice Count |
|---|--|--------------|
| 4 | Continue education in another academic program | 0.00% 0 |
| 5 | Enter the workforce | 0.00% 0 |
| 6 | Not listed above (Please list below) | 0.00% 0 |
| 7 | Attend medical school | 0.00% 0 |
| | | 0 |

Showing rows 1 - 5 of 5

Q33_6_TEXT - Other

Not listed above (Please list below)

Q48 - Please indicate the medical practice you're interested in.



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|--|---------|---------|------|---------------|----------|-------|
| 1 | Please indicate the medical practice you're interested in. - Selected Choice | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |

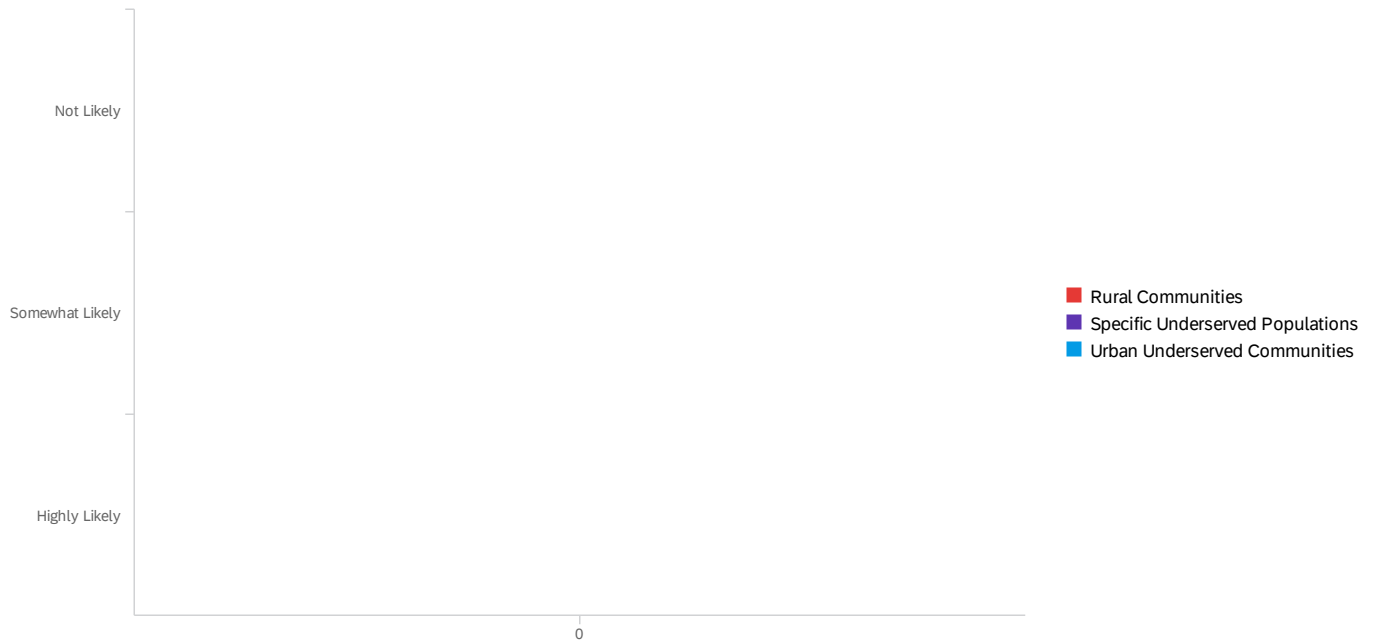
| # | Field | Choice Count |
|---|--------------------------------------|--------------|
| 1 | Family Medicine | 0.00% 0 |
| 2 | Psychiatry | 0.00% 0 |
| 3 | Internal Medicine | 0.00% 0 |
| 4 | Not listed above (Please list below) | 0.00% 0 |
| | | 0 |

Showing rows 1 - 5 of 5

Q48_4_TEXT - Not listed above

Not listed above (Please list below)

Q39 - Please rank your interest to work or practice in the following communities:



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|----------------------------------|---------|---------|------|---------------|----------|-------|
| 1 | Rural Communities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |
| 2 | Specific Underserved Populations | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |
| 3 | Urban Underserved Communities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |

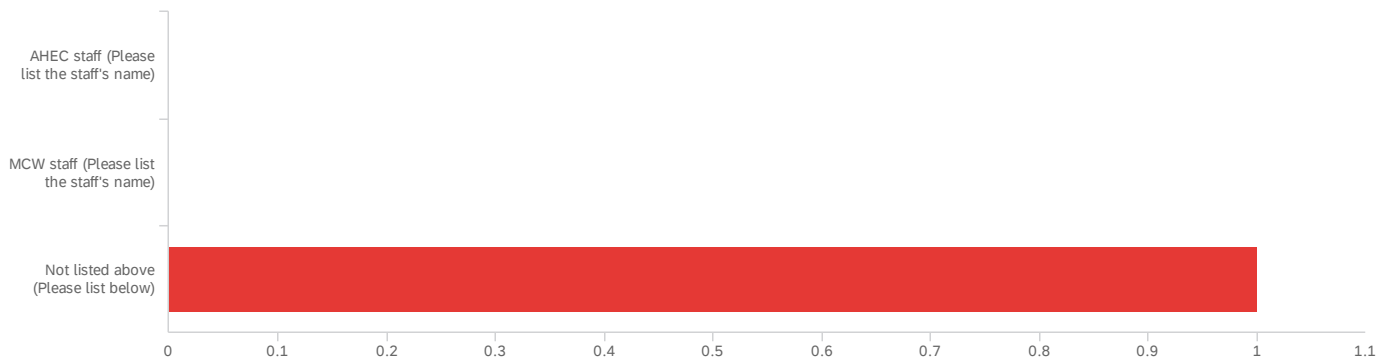
| # | Field | Not Likely | Somewhat Likely | Highly Likely | Total |
|---|----------------------------------|------------|-----------------|---------------|-------|
| 1 | Rural Communities | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0 |
| 2 | Specific Underserved Populations | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0 |
| 3 | Urban Underserved Communities | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0 |

Showing rows 1 - 3 of 3

Q42 - Please list any specific opportunities or experiences that you hope to get out of the AMP Program.

Please list any specific opportunities or experiences that you hope to get...

Q37 - Were you recruited by a member of the AHEC or MCW staff to participate in AMP?



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|--|---------|---------|------|---------------|----------|-------|
| 1 | Were you recruited by a member of the AHEC or MCW staff to participate in AMP? - Selected Choice | 6.00 | 6.00 | 6.00 | 0.00 | 0.00 | 1 |

| # | Field | Choice Count |
|---|---|--------------|
| 4 | AHEC staff (Please list the staff's name) | 0.00% 0 |
| 5 | MCW staff (Please list the staff's name) | 0.00% 0 |
| 6 | Not listed above (Please list below) | 100.00% 1 |
| | | 1 |

Showing rows 1 - 4 of 4

Q37_4_TEXT - AHEC staff (Enter the staff's name)

AHEC staff (Please list the staff's name)

Q37_5_TEXT - MCW staff (Enter the staff's name)

MCW staff (Please list the staff's name)

Q37_6_TEXT - Other (Enter the staff's name)

Not listed above (Please list below)

Q44 - How did you learn about the AMP Program? Please check all that apply.



| # | Field | Choice Count |
|---|---|--------------|
| 1 | Recruitment fair/ Info session | 0.00% 0 |
| 2 | Email sent directly to me from Wisconsin AHEC | 0.00% 0 |
| 3 | Flyer / Poster on bulletin board | 0.00% 0 |
| 4 | Word of mouth- past participant | 0.00% 0 |
| 5 | Word of mouth-friend | 0.00% 0 |
| 6 | Word of mouth- academic advisor/program | 0.00% 0 |
| 7 | Wisconsin AHEC Website | 0.00% 0 |
| 8 | Not listed above (Please list below) | 0.00% 0 |
| | | 0 |

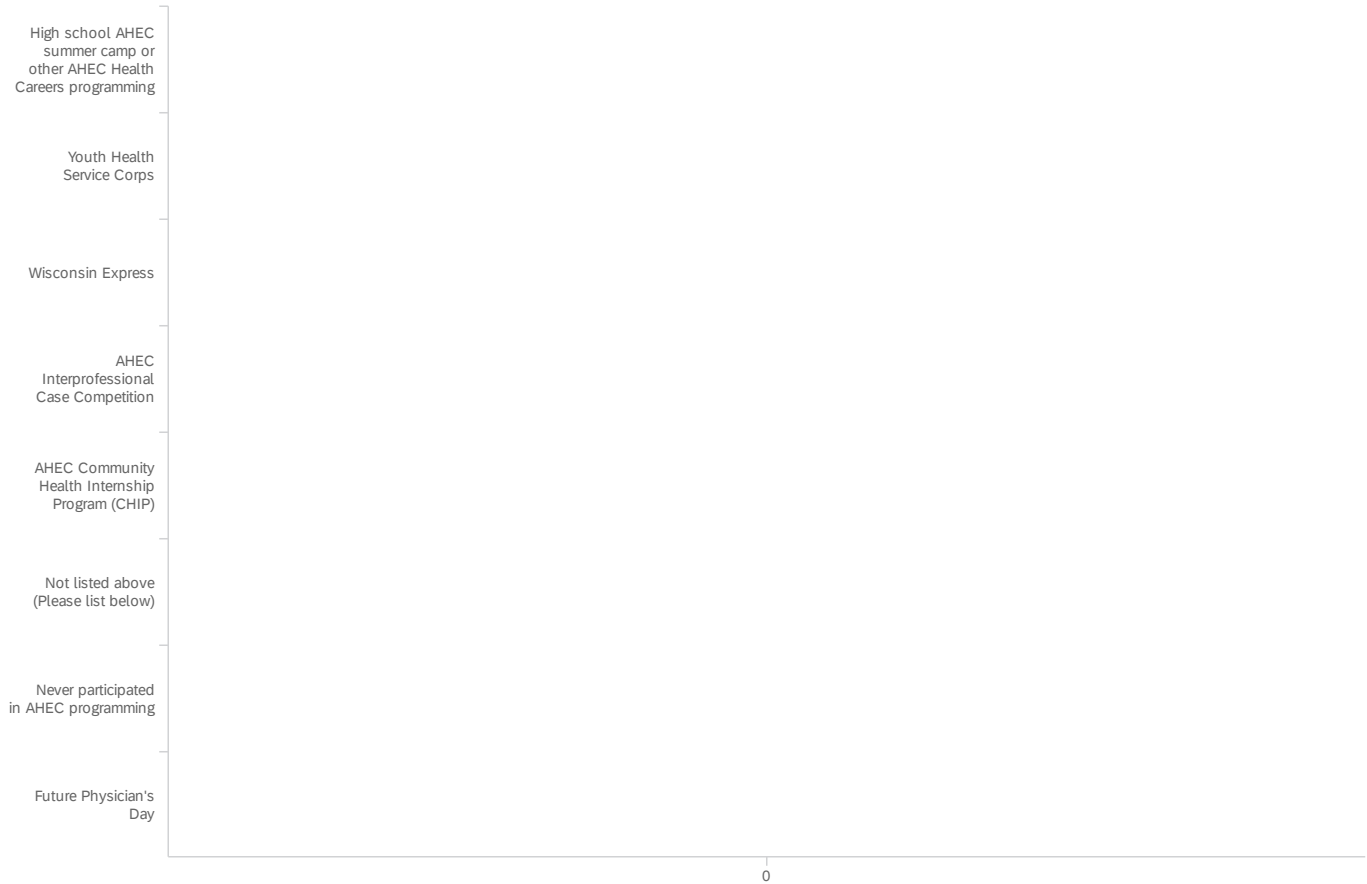
Showing rows 1 - 9 of 9

Q44_8_TEXT - Other

Not listed above (Please list below)

Q43 - Have you previously participated in any other Wisconsin AHEC programs? Please

check all that apply.



| # | Field | Choice Count |
|---|---|--------------|
| 1 | High school AHEC summer camp or other AHEC Health Careers programming | 0.00% 0 |
| 2 | Youth Health Service Corps | 0.00% 0 |
| 3 | Wisconsin Express | 0.00% 0 |
| 4 | AHEC Interprofessional Case Competition | 0.00% 0 |
| 5 | AHEC Community Health Internship Program (CHIP) | 0.00% 0 |
| 6 | Not listed above (Please list below) | 0.00% 0 |
| 7 | Never participated in AHEC programming | 0.00% 0 |
| 8 | Future Physician's Day | 0.00% 0 |

0

Q43_6_TEXT - Other

Not listed above (Please list below)

Q57 - Please submit your current resume. Students in the AMP Program will have the opportunity to receive resume guidance from a staff.

Q57_Id - Id

Thumbnail

Name

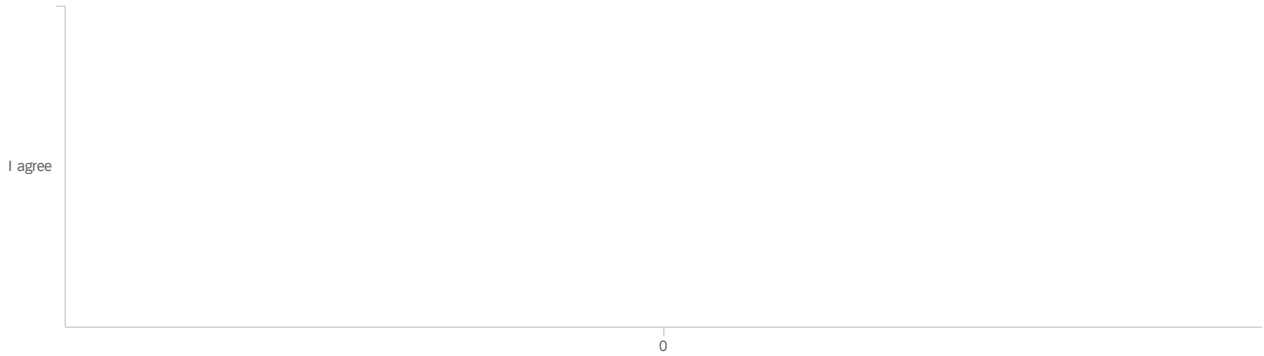
Size

Type

Q45 - In 500 words or less, please describe your background and career goals as well as how you feel the AMP Program will benefit you in reaching your goals.

In 500 words or less, please describe your background and career goals as w...

Q46 - I have reviewed the qualifications and components of the AMP Program on this site <https://bit.ly/AMPMCW>. I understand and agree to commit to the 1 credit course, the 1 week clinical rotation, the CHIP program and advising sessions.



| # | Field | Minimum | Maximum | Mean | Std Deviation | Variance | Count |
|---|--|---------|---------|------|---------------|----------|-------|
| 1 | I have reviewed the qualifications and components of the AMP Program on this site https://bit.ly/AMPMCW . I understand and agree to commit to the 1 credit course, the 1 week clinical rotation, the CHIP program and advising sessions. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 |

| # | Field | Choice Count |
|---|---------|--------------|
| 1 | I agree | 0.00% 0 |

Showing rows 1 - 1 of 1

End of Report