



**12. Indicate your primary discipline. Please check only ONE and note specialty if requested.**

**ALLIED HEALTH**

- Activities or Recreation Therapy
- Medical Assistant
- Occupational Therapy
- Pharmacy
- Physician Assistant
- Physical Therapy
- Registered Dietician
- Respiratory Therapy
- Speech Therapy
- Other (*specify*): \_\_\_\_\_

**BEHAVIORAL HEALTH**

- Counseling Psychology
- Psychology – Clinical
- Psychology – Other
- Social Work – Clinical
- Social Work – Other
- Sub. Abuse/Addictions Counseling
- Marriage and Family Therapy
- Pastoral/Spiritual Care
- Other (*specify*): \_\_\_\_\_

**DENTISTRY**

- Dental Assistant
- Dental Hygiene

- General Dentistry
- Public Health Dentistry
- Other (*specify*): \_\_\_\_\_

**PHYSICIAN**

- Emergency Medicine
- Family Medicine
- Geriatric Psychiatry
- Geriatrics
- Internal Medicine
- Occupational Medicine
- Palliative Care
- Psychiatry
- Radiology – Diagnostic
- Other (*specify*): \_\_\_\_\_

**PUBLIC HEALTH**

- Disease Prev. & Health Promotion
- Epidemiology
- Health Policy & Management
- Other (*specify*): \_\_\_\_\_

**NURSING**

- Certified Nursing Assistant (CNA)
- CNL – Generalist
- CNS (*specialty*): \_\_\_\_\_

- Community Health Nursing
- Home Health Aide
- LPN/Vocational Nurse (LPN/LVN)
- NP (*specialty*): \_\_\_\_\_
- Nurse Administrator
- Nurse Anesthetist
- Nurse Educator
- Patient Care Associate (PCA)
- Public Health Nurse (PHN)
- Registered Nurse (RN)
- Other (*specify*): \_\_\_\_\_

**OTHER**

- Community Health Worker
- Direct Service Worker
- Facility Administrator
- First Responder/EMT
- Health Education Specialist
- Medical Laboratory Technology
- Profession Not Listed
- Specify: \_\_\_\_\_

**End of survey. Thank you very much for your time and consideration!**