

**ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND
DENTISTRY**

CANDIDATE PROFILE

Name of Candidate: _____

We are requesting the information below in an effort to have a balanced representation that includes women, minorities, and diverse geographic distribution on the Advisory Committee.

Please Circle, as appropriate:

Gender: **Male** **Female**

Race/Ethnicity: **White/Non-Hispanic** **Black/African American**

Hispanic/Latino **Native American/Alaskan Native**

Hawaiian/Pacific Islander **Asian** **Other (specify)**

Discipline Represented: (for physicians indicate allopathic or osteopathic)

Family Medicine **General Internal Medicine**

General Pediatrics **General Dentistry**

Pediatric Dentistry **Physician Assistants**

Category: **Practicing Professional Engaged in Training**

Leader From Health Professions Organization

Faculty From Educational Institution

**Health Professional From Public or Private Teaching Hospital
 or Community Based Setting**

Student/Intern/Resident/Fellow (specify which)

Geographic: **State:** _____

Urban **Rural**

(Specify)

Nominating Organization: _____

Candidate's Statement of Interest Attached: Yes _____ No _____

