TO THE STUDENTS: Your opinions and attitudes about your medical education, your plans for medical practice, and information about your debt are very important as the colleges and the osteopathic profession develop and plan for the future of osteopathic medical education. Please take some time to complete the following questionnaire to help in planning the future of osteopathic medical education. The information you provide in this survey will be reported only in aggregate or summary form; individually identifiable information will not be made available to the colleges or other organizations. The reason we ask for your identification is to allow for longitudinal studies linking your responses when you took a similar survey as a first-year medical student to your responses as a graduating medical student.

Please use the survey’s navigation buttons (e.g. BACK, NEXT) to move throughout the survey. Do not use your web browser’s forward and back buttons to move through the survey. Please do not complete this survey more than once.

Last Name

First Name

Middle Name (or other/alternative last name)

Suffix
<table>
<thead>
<tr>
<th>Osteopathic School</th>
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</thead>
<tbody>
<tr>
<td>A.T. Still University-Kirksville College of Osteopathic Medicine, MO</td>
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<tr>
<td>A.T. Still University-School of Osteopathic Medicine in Arizona, AZ</td>
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<tr>
<td>Arizona College of Osteopathic Medicine of Midwestern University, AZ</td>
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<tr>
<td>Chicago College of Osteopathic Medicine of Midwestern University, IL</td>
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<tr>
<td>Des Moines University College of Osteopathic Medicine, IA</td>
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<tr>
<td>Edward Via College of Osteopathic Medicine - Virginia Campus, VA</td>
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<tr>
<td>Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, MO</td>
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<tr>
<td>Lake Erie College of Osteopathic Medicine, PA</td>
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<tr>
<td>Lake Erie College of Osteopathic Medicine Bradenton Campus, FL</td>
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<tr>
<td>Lincoln Memorial University-DeBusk College of Osteopathic Medicine, TN</td>
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<tr>
<td>Michigan State University College of Osteopathic Medicine, MI</td>
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<tr>
<td>New York College of Osteopathic Medicine of New York Institute of Technology, NY</td>
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<tr>
<td>Nova Southeastern University College of Osteopathic Medicine, FL</td>
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<tr>
<td>Ohio University Heritage College of Osteopathic Medicine, OH</td>
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<tr>
<td>Oklahoma State University Center for Health Sciences College of Osteopathic Medicine, OK</td>
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<tr>
<td>Pacific Northwest University of Health Science College of Osteopathic Medicine, WA</td>
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<tr>
<td>Philadelphia College of Osteopathic Medicine, PA</td>
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<td>Georgia Campus - Philadelphia College of Osteopathic Medicine, GA</td>
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<tr>
<td>Rocky Vista University College of Osteopathic Medicine, CO</td>
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<td>Rowan University School of Osteopathic Medicine</td>
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<tr>
<td>Touro College of Osteopathic Medicine - New York, NY</td>
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<td>Touro University College of Osteopathic Medicine - California, CA</td>
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<tr>
<td>Touro University Nevada College of Osteopathic Medicine, NV</td>
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<tr>
<td>University of New England College of Osteopathic Medicine, ME</td>
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</tbody>
</table>
Please rate your overall satisfaction with the quality of your medical education.

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

At this time, how satisfied are you that you selected Osteopathic Medicine as a career?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If given the opportunity to begin your medical education again, would you prefer to enroll in:

- The osteopathic medical school from which you are about to graduate
- Another osteopathic medical school
- An allopathic medical school
- Would not have gone to medical school at all

Please indicate your agreement with the following statement below:

I believe my medical school values diversity in its faculty, administration and student body.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
Please evaluate the amount of instruction provided in each of the areas listed below.

<table>
<thead>
<tr>
<th>Area</th>
<th>Appropriate</th>
<th>Inadequate</th>
<th>Excessive</th>
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</thead>
<tbody>
<tr>
<td>Basic medical science</td>
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<tr>
<td>Behavioral science</td>
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<tr>
<td>Biostatistics</td>
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<tr>
<td>Bioterrorism</td>
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<tr>
<td>Care of ambulatory patients</td>
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<td>Care of elderly (geriatrics)</td>
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<td>Care of hospitalized patients</td>
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<tr>
<td>Care of patients with HIV/AIDS</td>
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<td>Clinical decision-making</td>
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<td>Clinical pharmacology</td>
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<td>Clinical science</td>
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<td>Cost-effective medical practice</td>
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<tr>
<td>Diagnostic skills</td>
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<tr>
<td>Drug and alcohol abuse</td>
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<tr>
<td>Family/domestic violence</td>
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<tr>
<td>Genetics</td>
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<td>Health promotion &amp; disease prevention</td>
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<td>Human sexuality</td>
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<tr>
<td>Independent learning &amp; self-evaluation</td>
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<tr>
<td>Infection control/health care setting</td>
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<tr>
<td>Infectious disease prevention</td>
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<td>Integrative medicine</td>
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<td>Legal medicine</td>
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<td>Literature analysis skill</td>
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<td>Medical care cost control</td>
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<td>Medical ethics</td>
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<td>Medical record-keeping</td>
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<td>Medical socioeconomics</td>
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<tr>
<td>Neuromusculoskeletal med./OMT</td>
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<td>Nutrition</td>
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<td>Pain management</td>
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<td>Topic</td>
<td>1st Grade</td>
<td>2nd Grade</td>
<td>3rd Grade</td>
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<td>Patient education</td>
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<td>Patient follow-up</td>
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<td>Patient interviewing skills</td>
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<td>Physician-patient relationship</td>
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<td>Practice management</td>
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<td>Primary care</td>
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<td>Public health &amp; community medicine</td>
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<td>Rehabilitation</td>
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<td>Research techniques</td>
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<td>Role of medicine in community</td>
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<td>Screen for diseases</td>
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<td>Teamwork with other health professionals</td>
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<td>Therapeutic management</td>
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<td>Use of computers</td>
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<tr>
<td>Utilization review &amp; quality assurance</td>
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<tr>
<td>Statement</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neither Agree nor Disagree</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>Basic &amp; clinical science course objectives were made clear to students</td>
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<tr>
<td>Basic science courses were sufficiently integrated with each other</td>
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<tr>
<td>Basic science courses were sufficiently integrated with clinical training</td>
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<tr>
<td>Course objectives &amp; examination content matched closely</td>
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<tr>
<td>Course work adequately prepared students for clerkships</td>
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<tr>
<td>The first two years of medical school were well organized</td>
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<tr>
<td>Students were provided with timely feedback on performance</td>
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<tr>
<td>There was adequate exposure to patient care during the first two years</td>
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<tr>
<td>Osteopathic principles were adequately integrated into course work</td>
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<tr>
<td>An appropriate amount of training was provided in OMT</td>
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<tr>
<td>There was adequate preparation for COMLEX Level I</td>
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</tbody>
</table>
In your view how appropriate was your osteopathic medical school involvement in your clerkship years?

- Excessive involvement
- Outstanding involvement
- Adequate involvement
- Some, but inadequate involvement
- Not involved
Please indicate whether you agree or disagree with the following statements about your REQUIRED Clerkships during the last two years of medical education.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
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<tbody>
<tr>
<td>Clear goals and objectives were set</td>
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<tr>
<td>I was able to design own goals and objectives</td>
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<tr>
<td>Clear performance objectives were set</td>
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<tr>
<td>Clerkships were well-organized</td>
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<tr>
<td>Rounds were conducted as scheduled</td>
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<tr>
<td>Timely feedback was provided on performance</td>
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<tr>
<td>There was too large a role by residents in teaching and evaluation</td>
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<tr>
<td>There was appropriate diversity of patients and their health issues</td>
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<tr>
<td>There was an appropriate number of inpatient experiences</td>
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<tr>
<td>Each clerkship had an osteopathic orientation</td>
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<tr>
<td>Osteopathic principles &amp; practice (OPP) were well-integrated in each clerkship</td>
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<tr>
<td>There was appropriate technology usage for situation</td>
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<tr>
<td>I was able to work on a personal basis with patients</td>
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<tr>
<td>The attending modeled excellent patient relationship skills</td>
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<tr>
<td>Support staff was friendly and supportive</td>
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<tr>
<td>Coverage hours were set and finished on time</td>
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</tbody>
</table>
I was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care.

- I felt free to ask questions
- The attending seemed interested in my opinions
- Personal concerns were addressed by the attending while on rotation
- I was treated with respect
- I was able to discuss progress on rotation with attending
- The attending critically evaluated me during rotation
- I was able to discuss the final rotation evaluation with the attending
- The attending based the evaluation on direct observation
- I was able to meet and discuss areas of concern with the attending outside of the clinical setting
- I lived a reasonable distance from rotation sites
- The rotations prepared me for examinations
- Testing was provided at end of each rotation
- There was adequate preparation for COMLEX Level 2-CE
- There was adequate preparation for COMLEX Level 2-PE
Please indicate whether you agree or disagree with the following statements about your SELECTIVE/ELECTIVE Clerkships during the last two years of medical education.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
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I lived a reasonable distance from rotation sites

The rotations prepared me for examinations

Testing was provided at end of each clerkship

There was adequate preparation for COMLEX Level 2-CE

There was adequate preparation for COMLEX Level 2-PE
Did you apply for elective rotations at MD programs through the Visiting Student Application Service (VSAS)?

- Yes
- No
- Unsure
If "Yes" how many elective rotations did you apply to through VSAS? Enter number.

IF "Yes" how many elective rotations were you offered through VSAS? Enter number.

If "Yes" how many did you accept and complete? Enter number

If "Yes"

Please comment on your experiences with the Visiting Student Application Service.

Please note that there is a 1,000 maximum character length for the comment section.
Indicate the type of involvement your osteopathic school had in your third- and fourth-year education? Check all that apply.

☐ COMLEX Level 2-CE preparation
☐ COMLEX Level 2-PE preparation
☐ Distance learning
☐ E-mail
☐ Faculty visit
☐ Newsletter
Did you pass COMLEX-USA Level 1 on your first attempt?
- Yes
- No

Did you pass COMLEX-USA Level 2 PE on your first attempt?
- Yes
- No

Did you pass COMLEX-USA Level 2 CE on your first attempt?
- Yes
- No
Did you take USMLE Step 1?

- Yes
- No
IF "Yes" If you did take the USMLE Step 1, did you pass on your first attempt?

- Yes
- No
Did you take USMLE Step 2 CK?

- Yes
- No
If you did take the USMLE Step 2 CK, did you pass on your first attempt?

- Yes
- No
Did you take USMLE Step 2 CS?

- Yes
- No
If you did take the USMLE Step 2 CS, did you pass on your first attempt?

- Yes
- No
During your medical education, have you participated in organized interprofessional educational activities where you learned with students from different health professions (for example, dentistry, pharmacy, nursing, podiatry, physician assistant, physical therapy, and other)?

- [ ] Yes
- [ ] No
- [ ] Unsure
IF IMEPART is "Yes or Unsure" Please indicate when these activities occur during your medical education. Check all that apply.

☐ Preclinical education
☐ Clinical education

With which other profession(s) have you experienced these educational activities? Check all that apply.

☐ Dentistry
☐ MD Medicine
☐ Nursing
☐ Occupational Therapy
☐ Pharmacy
☐ Physical Therapy
☐ Physician Assistant
☐ Podiatry
☐ Psychology
☐ Public Health
☐ Social Work
☐ Veterinary Medicine
☐ Other

Please specify the "other" profession(s).
What kinds of educational experiences did you have with other health professions students? Check all that apply.

- Lecture (basic science)
- Lecture (clinical subject)
- Patient-centered case studies
- Clinical simulations
- Active engagement with patients (rotations of any kind, clinics)
- Community projects or service learning
- Skills training in team settings
- Other

Please specify the "other" educational experience(s).
Indicate your level of agreement with each of the following statements:

The learning experiences with other health professionals helped me to better understand the roles of other health professionals in patient care.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I believe the learning experiences with other health professionals will contribute to/improve my performance as an osteopathic physician.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
Please use this space to comment on your interprofessional medical education experiences.

Please note that there is a 1,000 maximum character length for the comment section.
Please indicate how confident you are in your ability to perform the following examinations.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Completely Confident</th>
<th>Mostly Confident</th>
<th>Fairly Confident</th>
<th>Not at all Confident</th>
<th>No Opportunity to Perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>General adult examination</td>
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<tr>
<td>General pediatric examination</td>
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<td>Well-baby examination</td>
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<td>Breast and pelvic examination</td>
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<td>Prostate and testicular examination</td>
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<td>Osteopathic structural examination</td>
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<tr>
<td>Sports participation examination</td>
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</table>
Indicate your level of satisfaction with the following.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neither Satisfied nor Dissatisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic counseling</td>
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<tr>
<td>Accessibility to administration</td>
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<tr>
<td>Awareness of student problems by administration</td>
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<td>Career counseling</td>
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<td>Computer resource center</td>
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<td>Disability insurance</td>
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<tr>
<td>Electronic communication (e-mail, Internet/Intranet)</td>
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<tr>
<td>Faculty mentoring</td>
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<td>Financial aid administration services</td>
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<tr>
<td>Library</td>
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<tr>
<td>Participation of students on key medical school committees</td>
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<tr>
<td>Personal counseling</td>
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<tr>
<td>Student health insurance</td>
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<tr>
<td>Student health services</td>
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<tr>
<td>Student relaxation space</td>
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<tr>
<td>Student study space</td>
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<tr>
<td>Tutorial help</td>
<td></td>
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</tbody>
</table>
Enter percentage amounts without percent signs or decimals. If none, enter 0.

Please estimate the percentage of time you devoted to the following activities during the third and fourth years. Please be sure the sum of all equals 100.

Please make sure that the sum of your entries in the above seven boxes equals 100.

Inpatient care, including reading x-ray films & laboratory work

Outpatient care

Extended/long-term care

Research

Other

Total Percentage (must equal 100%)

Please indicate your agreement with the following statements regarding your training in Osteopathic Manipulative Treatment, Principles and Practice.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well prepared to diagnose structural problems</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well prepared to treat structural problems</td>
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<tr>
<td>Well prepared to document findings in a structural examination</td>
<td></td>
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<tr>
<td>Had opportunity to practice OPP during first two years in medical school</td>
<td></td>
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<tr>
<td>Had opportunity to practice OPP during in-hospital rotations</td>
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<tr>
<td>Had opportunity to practice OPP during ambulatory primary care rotations</td>
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<tr>
<td>Had opportunity to practice OPP during ambulatory non-primary care rotations</td>
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<tr>
<td>Had osteopathic physician role models during the first two years in medical school</td>
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<tr>
<td>Had osteopathic physician role models during required in-hospital rotations</td>
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<tr>
<td>Had osteopathic physician role models during ambulatory primary care rotations</td>
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<tr>
<td>Had osteopathic physician role models during ambulatory non-primary care rotations</td>
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<tr>
<td>Had osteopathic physician role models during selectives/electives</td>
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</tbody>
</table>
Indicate whether you agree or disagree with the following statements about your geriatrics and gerontology education during medical school

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can identify situations where co-morbid conditions, life expectancy, and/or functional status should modify (or override) standard recommendations for screening tests in older adults</td>
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<tr>
<td>I can anticipate and identify hazards of hospitalization for older adults</td>
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<tr>
<td>I can identify those medications that should be avoided or used with caution in older adults</td>
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<tr>
<td>I can differentiate the clinical presentations of delirium, dementia, and depression in older adults</td>
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<tr>
<td>I can assess a patient's self-care/functional capacity, e.g. ADLs &amp; IADLs</td>
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<tr>
<td>I can assess an older adult patient's fall risk, identify underlying causative factors, and make recommendations for further evaluation and initial management</td>
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<tr>
<td>I can describe the differences in the presenting signs, symptoms, and laboratory findings of common conditions in older, as compared to younger, adults</td>
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<tr>
<td></td>
<td>None</td>
<td>1 - 25%</td>
<td>26 - 50%</td>
<td>51 - 75%</td>
<td>76 - 100%</td>
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<tr>
<td>--------------------------------------</td>
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<tr>
<td>During the first two years of medical school</td>
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<tr>
<td>During required in-hospital rotations</td>
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<tr>
<td>During required ambulatory primary care rotations</td>
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<tr>
<td>During required ambulatory non-primary care rotations</td>
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<tr>
<td>During selectives/electives</td>
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</tbody>
</table>
The questions on this page are being piloted by the AACOM to understand the value of asking students about the competencies expected of medical school graduates who will soon be entering residency. Your responses to these questions will not be reported to your school; they will be analyzed by the AACOM to learn whether such questions may be useful to include in a future Graduation Questionnaire.
<table>
<thead>
<tr>
<th>Activity</th>
<th>(5) Very Confident</th>
<th>(4)</th>
<th>(3)</th>
<th>(2)</th>
<th>(1) Not at All Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform an accurate, complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient.</td>
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<tr>
<td>Integrate patient data to formulate an assessment and develop a list of potential diagnoses that can be prioritized, leading to a selection of a working diagnosis.</td>
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<tr>
<td>Select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles when approaching a patient in any setting.</td>
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<tr>
<td>Write safe and indicated orders and prescribe therapies or interventions in a variety of setting (e.g. inpatient, ambulatory, urgent or emergent care) without direct supervision.</td>
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<tr>
<td>Provide accurate, focused and context-specific documentation of a clinical encounter in either written or electronic formats.</td>
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<tr>
<td>Present a concise oral summary of a patient encounter to achieve a shared understanding of the patient’s condition.</td>
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<tr>
<td>Identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions.</td>
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</tbody>
</table>
Perform safe and effective transitions of responsibility for patient care from one health care team or practitioner to another.

Participate as a contributing and integrated member of an interprofessional team and fully embrace the value of teamwork in patient care.

Promptly recognize a patient who requires urgent or emergent care, initiate evaluation and treatment, and seek help.

Obtain consent for tests and/or procedures for which I know the indications, contraindications, alternatives, risks and benefits.

Understand systems, identify system failures, and intervene in systems to improve quality and safety in health care.

How confident you are in your current ability to perform the following skills without direct supervision (i.e., with no supervisor in the room)?

<table>
<thead>
<tr>
<th>Skill</th>
<th>(5) Very Confident</th>
<th>(4)</th>
<th>(3)</th>
<th>(2)</th>
<th>(1) Not at All Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intravenous (IV) line insertion</td>
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<tr>
<td>Phlebotomy</td>
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<tr>
<td>Bag-valve-mask (BVM) ventilation</td>
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<tr>
<td>Cardiopulmonary (CPR)</td>
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</tbody>
</table>
Please offer any comments that may help the AACOM determine the usefulness of these questions for benchmarking and improving medical education at the local and national levels.

Please note that there is a 1,000 maximum character length for the comment section.
Please submit suggestions for improvement or positive comments on your medical education. Your comments will be fed back to the schools ANONYMOUSLY in the spirit of helping to improve osteopathic medical education.

Please note that there is a 1,000 maximum character length for the comment section.
Please indicate your plans immediately following graduation.

- Internship
- Osteopathic residency
- ACGME residency
- Dual approved AOA/ACGME residency
- Governmental/military service residency
- Undecided
If ACGME or AOA/ACGME, please give ALL the reasons why you plan to pursue an allopathic or AOA/ACGME dual approved residency.

- Desire specialty training not available in osteopathic program
- Believe better training and educational opportunities available
- Located in more suitable geographic location(s)
- Located in larger institutions
- Better chance of being accepted in program
- Allows ABMS board certification
- Opens more career opportunities
- Military or government service obligation
- Shorter training period
- Higher pay
- Other
Please select ONE item that best describes your plans for board certification.

- Osteopathic AOA boards
- Allopathic ABMS boards
- Both AOA and ABMS boards
- Not planning board certification
- Undecided or Indefinite
- Other
If CERT is "Allo" or "Both" Please give ALL the reasons why you plan to pursue ABMS boards or both boards.

- ABMS board certification is more widely recognized
- ABMS board certification has more colleague acceptance
- ABMS board certification carries more prestige
- ABMS board certification provides more opportunities (career, residencies, etc.)
- Personal desire for dual certification
- Hospital privileges more readily obtained with ABMS board certification
- Licenses more readily obtained with ABMS board certification
- It is a requirement of the residency program
- Other
Area of Interest: Select ONE specialty in which you are most likely to work or seek training.

- Family Practice
- General Internal Medicine
- Internal Medicine Subspecialty
- OMT and Neuromusculoskeletal Medicine
- General Pediatrics
- Pediatrics Subspecialty
- Allergy and Immunology
- Anesthesiology
- Critical Care
- Dermatology
- Emergency Medicine
- Geriatrics
- Medical Genetics
- Neurology including subspecialties
- Psychiatry including subspecialties
- Nuclear Medicine
- Ob/Gyn including subspecialties
- Ophthalmology
- Otolaryngology
- Pathology including subspecialties
- Physical Medicine and Rehabilitation
- Plastic Surgery/Reconstructive Surgery
- Preventive Medicine including subspecialties
- Proctology
- Radiology including subspecialties
- Sports Medicine
- General Surgery
- Colon Rectal Surgery
- Orthopedic Surgery
- Surgery subspecialty
- Thoracic Surgery
- Vascular Surgery
- Urology/Urological Surgery
- Undecided or Indefinite

Long-Range Plans: Select ONE item that best describes your intended activity five years AFTER internship and residency training.

- Practice in an HMO
- Self-employed with or without a partner
- Employed in group or other type of private practice-salary
- Enter governmental service-e.g. military, NHS Corps, Indian Health Service, V.A., state/local health dept.
- Other professional activity-e.g. teaching, research, administration, fellowship
- Undecided
Please indicate the importance of each of the following factors affecting your specialty choice decision.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Major Influence</th>
<th>Strong Influence</th>
<th>Moderate Influence</th>
<th>Minor Influence</th>
<th>No Influence/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual content of the specialty (type of work, diagnostic programs, diversity)</td>
<td></td>
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<tr>
<td>Like dealing with people (type of person, type of patient) more than techniques</td>
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<tr>
<td>Prestige/income potential</td>
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<tr>
<td>Lifestyle (predictable working hours, sufficient time for family)</td>
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<tr>
<td>Like the emphasis on technical skills</td>
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<tr>
<td>Role models (e.g., physicians in the specialty)</td>
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<tr>
<td>Peer influence (encouragement from practicing physicians, faculty, or other students)</td>
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<tr>
<td>Skills/abilities (possess the skills required for the specialty or its patient population)</td>
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<tr>
<td>Debt level (level of debt, length of residency, high malpractice insurance premiums)</td>
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<tr>
<td>Academic environment (courses, clerkships in the specialty area)</td>
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<tr>
<td>Opportunity for research/creativity</td>
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<tr>
<td>Desire for independence</td>
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<tr>
<td>Previous experience</td>
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</tbody>
</table>
Where do you expect to locate after the completion of your internship and residency?

- ALABAMA
- ALASKA
- ARIZONA
- ARKANSAS
- CALIFORNIA
- COLORADO
- CONNECTICUT
- DELAWARE
- DISTRICT OF COLUMBIA
- FLORIDA
- GEORGIA
- GUAM
- HAWAII
- IDAHO
- ILLINOIS
- INDIANA
- IOWA
- KANSAS
- KENTUCKY
- LOUISIANA
- MAINE
- MARYLAND
- MASSACHUSETTS
- MICHIGAN
- MINNESOTA
- MISSISSIPPI
- MISSOURI
- MONTANA
- NEBRASKA
- NEVADA
- NEW HAMPSHIRE
- NEW JERSEY
- NEW MEXICO
- NEW YORK
- NORTH CAROLINA
- NORTH DAKOTA
- OHIO
- OKLAHOMA
- OREGON
- PALAU
- PENNSYLVANIA
- PUERTO RICO
- RHODE ISLAND
- SOUTH CAROLINA
Where do you expect to locate after the completion of your internship and residency?

SOUTH DAKOTA
TENNESSEE
TEXAS
UTAH
VERMONT
VIRGIN ISLANDS
VIRGINIA
WASHINGTON
WEST VIRGINIA
WISCONSIN
WYOMING
OTHER

What is the population of the city/town/area of legal residence where you plan to be employed or in practice after completion of internship or residency?

- Major metropolitan area 1,000,001 or more
- Metropolitan area (500,001 to 1,000,000)
- City (100,001 to 500,000)
- City (50,001 to 100,000)
- City or town (10,001 to 50,000)
- City or town (2,501 to 10,000)
- Area 2,500 or less
- Undecided

Are you planning to practice in any underserved or shortage areas?

- Yes
- No
- Unsure
If 'Yes' in what type of underserved or shortage area do you plan to practice?

- Rural community
- Inner-city community
- Other
The following question relates to your expected income after internship and residency.

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

What annual net income do you expect to earn before taxes during:

First year in practice after internship and residency?
$ 

Fifth year in practice after internship and residency?
$ 

Tenth year in practice after internship and residency?
$ 

The following section relates to debt you have incurred to complete your education.

When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information www.nslds.ed.gov/nslds_SA/

To access the NSLDS you will need your social security number and your PIN (issued by the Department of Education). If you have lost or can’t remember your PIN please click here to retrieve your PIN www.pin.ed.gov/PINWebApp/pinindex.jsp

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

When you started medical school, how much did you owe from undergraduate or graduate education? Do NOT include osteopathic medical school debt.

$$_{}$$

How much of the previous amount of $${DBTUND}$$ is debt from graduate education? Do NOT include osteopathic medical school debt.

$$_{}$$
When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information www.nslds.ed.gov/nslds_SA/

To access the NSLDS you will need your social security number and your PIN (issued by the Department of Education). If you have lost or can’t remember your PIN please click here to retrieve your PIN www.pin.ed.gov/PINWebApp/pinindex.jsp

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

Indicate the principal amount you borrowed from each loan source listed below to finance your osteopathic medical education. Exclude loans to finance your undergraduate or previous graduate education and non-educational debt.

Unsubsidized Stafford Loan (FFEL or Direct)

$ 

*Note: As of 4/18/2008 the aggregate (subsidized plus unsubsidized) Stafford Loan limit for students enrolled in approved health profession programs is $224,000 (before then the limit was $189,125). No more than $65,500 of this amount may be in subsidized loans. This maximum total includes Stafford Loans received for undergraduate study.


Subsidized Stafford Loan (FFEL or Direct)

$ 

*Note: No more than $65,500 of Stafford Loans may be in Subsidized Stafford Loans. This maximum includes Stafford Loans received for undergraduate study.


Graduate PLUS Loan Program

$ 

Perkins Loan in whole dollars

$ 

*Note: The aggregate Perkins Loan limit for graduate studies is $60,000 which includes amounts borrowed for undergraduate study.

Loans for Disadvantaged Students (LDS)
$

Primary Care Loan (PCL)
$

Other loans insured by a state government
$

Osteopathic association loans (For example: AOA, state or local osteopathic society)
$

Alternative loan (For example: Robert Wood Johnson, student loan program, PEP, StillLoan, MedFunds, CitiAssist, MedEXCEL, Med-Cap, Med-Achiever, Signature Health)
$

Any other loans for your osteopathic medical education in your name
$

Total Osteopathic Medical School Debt (awarded through financial aid)
$

Family Loans: If your parents or other family members borrowed to help finance your osteopathic education, please indicate the total amount of their loan(s). Omit any loans in your name.

Total loans taken out by family members
$

How much of the previous amount of $\{LNTOTFAM\}$ for loans taken out by family is to be repaid by you?
$
Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

Indicate the total amount you received as scholarship/grant, fellowship funds from the sources listed below to finance your osteopathic medical education. Exclude any scholarships or grants received to finance your undergraduate or previous graduate education.

National Health Service Corps Scholarship
$

Armed Forces Health Professions Scholarship
$

State government scholarship/grant
$

Scholarship/grant/fellowship from osteopathic school or its parent university (For example: EFN, FADHPS, SDS, etc.)
$

Tuition waiver
$

Osteopathic association scholarships (For example: AOA, state or local osteopathic society)
$

Other sources (For example: IHS, etc.)
$

Total Scholarship/Grant
$
This question relies on your previous responses to the survey. If you need to change your response please do so by using the “Back” button below.

Enter percentage amounts without percent signs or decimals. If none, enter 0.

Estimate the percentage of the total cost of your medical education that was paid by each of the following sources. Please be sure the total equals 100.

Please make sure that the sum of your entries in the above seven boxes equals 100.

Loans - Total from your previous response \( LNTOT \)

\[
% 
\]

Scholarships/grants - Total from your previous response \( SCTOT \)

\[
% 
\]

Your savings

\[
% 
\]

Earnings - (Only include monies earned by you or your spouse during your 4 years of medical school.)

\[
% 
\]

Parents

\[
% 
\]

Other relatives

\[
% 
\]

Others

\[
% 
\]
Total Percentage (must equal 100%) %
Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

How much non-educational consumer debt (such as car loans, credit card, and medical expenses) did you incur while in medical school?

$ 

How many years do you expect to take to repay the indebtedness for your osteopathic education?

---Click Here---

1
2
3
4
5
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18
19
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21
22
23
24
25
26
27
28
29
30
More than 30
Do you anticipate participating in a student loan consolidation program for repayment?
- Yes
- No
- Undecided

Do you plan to enter a loan-forgiveness program?
- Yes
- No
If 'Yes' Please list the type of loan-forgiveness program you plan on participating in:

- Department of Education's Public Service Loan Forgiveness (PSLF)
- Armed Services (Navy, Army, Air Force)
- National Health Service Corps
- State loan forgiveness program
- Hospital program (e.g. sign-on bonus)
- Other

If 'Other' Please specify the type of loan-forgiveness program for which you chose "other" in the previous question.
Part IV: DEMOGRAPHIC DATA

This information is for classification purposes only and is considered confidential. Information will only be used by AACOM and affiliated organizations in totals or averages.

Date of Birth (MM/DD/YYYY):

Sex:
- Male
- Female

Marital Status
- Married/cohabiting
- Single

SSN (xxx-xx-xxxx): 

AACOM asks for your Social Security Number so that we can track data longitudinally—a similar survey was administered during your first year, and this number allows us to analyze changes in responses. AACOM provides reports to the COMs only in aggregate or summary form and does not include any individual identifiers.

Dependents: Including yourself, how many dependents do you support financially?

--Click Here--

- 1
- 2
- 3
- 4
- 5 or more
Race/Ethnicity: Indicate your race and/or ethnicity from the categories provided. If you are selecting Hispanic or Latino ethnicity and/or Asian or Native Hawaiian or Other Pacific Islander race, you must check one or more of the sub-categories.

**Ethnicity - Check all that apply**

- Hispanic or Latino
  - [ ] Mexican, Mexican American, Chicano/Chicana
  - [ ] Cuban
  - [ ] Puerto Rican
  - [ ] Other Hispanic or Latino

**Race - Check all that apply**

- American Indian/Alaskan Native
  - [ ] American Indian/Alaskan Native

- Asian
  - [ ] Asian Indian
  - [ ] Chinese
  - [ ] Filipino
  - [ ] Japanese
  - [ ] Korean
  - [ ] Pakistani
  - [ ] Vietnamese
  - [ ] Other Asian

- Black/African-American
  - [ ] Black/African-American

- Native Hawaiian or Other Pacific Islander
  - [ ] Guamanian or Chamorro
  - [ ] Native Hawaiian
  - [ ] Samoan
  - [ ] Other Native Hawaiian or Pacific Islander

- White/Caucasian
  - [ ] White/Caucasian
Citizenship Status

- U.S. Citizen
- Permanent Resident
- Temporary Resident
What is your current state of legal residence?

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What is your current state of legal residence?

- SOUTH DAKOTA
- TENNESSEE
- TEXAS
- UTAH
- VERMONT
- VIRGIN ISLANDS
- VIRGINIA
- WASHINGTON
- WEST VIRGINIA
- WISCONSIN
- WYOMING
- OTHER

What is the population of the city/town/area of legal residence?
- Major metropolitan area-1,000,001 or more
- Metropolitan area (500,001 to 1,000,000)
- City (100,001 to 500,000)
- City (50,001 to 100,000)
- City or town (10,001 to 50,000)
- City or town (2,501 to 10,000)
- Area 2,500 or less
Father's Education: Select the highest level of education your father attained. Complete this item even if he is deceased.

- Professional Degree (DO/MD, JD, DDS, etc.)
- Doctorate (Ph.D. Ed.D. etc.)
- Master's
- Bachelor's
- Associate Degree/Technical Certificate
- High School Graduate
- Less than High School
If 'Professional...' What is your father's professional degree, please select one of the following:

- DO/MD
- Other Health Professions
- Other
Mother’s Education: Select the highest level of education your mother attained. Complete this item even if she is deceased.

- Professional Degree (DO/MD, JD, DDS, etc.)
- Doctorate (Ph.D. Ed.D. etc.)
- Master’s
- Bachelor’s
- Associate Degree/Technical Certificate
- High School Graduate
- Less than High School
If 'Professional...' What is your mother's professional degree, please select one of the following:

- DO/MD
- Other Health Professions
- Other
Parent's Income: Give your best estimate of your parents' combined income before taxes for the prior year.
- Less than $20,000
- $20,000 - $34,999
- $35,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $199,999
- $200,000 or more
- Deceased/Unknown

Financial Independence: Do you consider yourself financially independent from your parents?
- Yes
- No