

DATA INPUT FORM

Organizations interested in having its student development programs included in the South Carolina Health Career Education Resources Inventory must provide the following information. The form should be completed and submitted to the attention of Paula Jones electronically at jonespa@musc.edu, or by FAX to 843-792-4430.

ORGANIZATION: _____ DEPARTMENT: _____

MAILING ADDRESS: _____

(City)

(State)

(Zip)

PRIMARY CONTACT PERSON: _____ EMAIL: _____

TITLE: _____

TELEPHONE NUMBER: (_____) _____ FAX NUMBER: (_____) _____
(Area Code) (Area Code)

REMOVE MY ORGANIZATION

PROGRAMS OFFERED:

Check all that apply. Service definitions may be viewed by accessing the Health Career Education Resources website at <http://ahec.library.musc.edu/hcer>.

- | | | |
|--------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> Career Education | <input type="radio"/> Financial Waivers | <input type="radio"/> Recruitment/Retention |
| <input type="radio"/> Career Fair | <input type="radio"/> Health Careers Exploration | <input type="radio"/> Scholarships/Stipend |
| <input type="radio"/> Career Workshops | <input type="radio"/> Health Professions Education | <input type="radio"/> Service Learning/Volunteerism |
| <input type="radio"/> Continuing Education | <input type="radio"/> Higher Education Information | <input type="radio"/> Shadowing |
| <input type="radio"/> Course | <input type="radio"/> Internship/Assistanceship | <input type="radio"/> Skills Enhancement Classes |
| <input type="radio"/> Data Collection | <input type="radio"/> Job Training | <input type="radio"/> Teacher Training |
| <input type="radio"/> Economic Development | <input type="radio"/> Mentoring | <input type="radio"/> Transportation |
| <input type="radio"/> Employment | <input type="radio"/> Outreach Training | <input type="radio"/> Tutoring |
| <input type="radio"/> Exam Preparation | <input type="radio"/> Professional Development | |

SUBMITTED BY: _____ DATE: _____