LEND Short Term Trainee Registration Form 2018
(8 - 39 hours upon completion of training)

National Information and Reporting System (NIRS)
[July 1, 2017– June 30, 2018 = FY 2018 Reporting Period]

*Response Required

*Trainee Contact Information

First Name/ Middle Initial
Last Name
Current Street Address
City, State, ZIP Code
County of Origin (i.e. Dane County)
Current Phone
Personal (Primary) E-Mail Address
School (Secondary) E-Mail Address
Former name, if applicable

Date of Birth: ______/_____/_____

*I Identify My Gender as: _____Male / _____Female / ________________

My preferred Gender Pronouns are: ________________ (i.e. they/them/theirs; he/him/his; she/her/hers)

*Ethnicity (check one): Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

_____ Hispanic  _____ Non-Hispanic  _____ Unrecorded

*Race (check one): 
_____White refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
_____Black or African American refers to people having origins in any of the Black racial groups of Africa.
_____American Indian and Alaskan Native refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Tribe: ______________________/

_____Asian refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).

_____Native Hawaiian and Other Pacific Islander refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____More than one race includes individuals who identify with two or more racial designations.

_____Unrecorded is included for individuals who are unable to identify with the categories.

*Return FY 2018 Form to Julie Schears
**Personal relationship with Disabilities:**

Are you a ... (Check all that apply)

- Person with a disability
- Person with a special health care need
- Parent of a person with a disability
- Parent of a person with a special health care need
- Family member of a person with a disability
- Family member of a person with a special health care need

**Academic Enrollment Status:** (Check one)  
- Full-Time Student
- Part-Time Student
- Non-Student

**Discipline:** (Check one)

- Audiology
- Disability Studies
- Education: Administration
- Education: Early Intervention/Early Childhood
- Education: General Education
- Education/Special Education
- Epidemiology
- Family/Parents/Youth Advocacy
- Family Member/Community Member
- Family Studies
- Genetics/Genetics Counseling
- Gerontology
- Health Administration
- Human Development/Child Development
- Interdisciplinary
- Medicine-Adolescent Medicine
- Medicine-Developmental-Behavioral Pediatrics
- Medicine-General
- Medicine-Neurodevelopmental Disabilities
- Medicine: Other
- Medicine-Pediatric
- Medicine-Pediatric Pulmonology
- Mental and Behavioral Health
- Nursing
- Nursing-Family/Pediatric Nurse Practitioner
- Nursing-Midwife
- Nursing-Other
- Occupational Therapy
- Person w/a disability or special health care need
- Pharmacy
- Physical Therapy
- Psychiatry
- Psychology
- Public Administration
- Public Health
- Rehabilitation
- Respiratory Therapy
- Social Work
- Speech-Language Pathology
- Other - Please specify: ________

**Upon completing training you will be:** (Check one)

- Long-Term Trainee? (300+ hours upon completion of training)
- Intermediate Trainee? (150-299 hours upon completion of training)
- Intermediate Trainee? (40-149 hours upon completion of training)
- Short-term trainee? (8 - 39 hours upon completion of training)

**First Time Registered with Waisman Center?**  
- Yes
- No -- (list previous years) __________________________/

**Start Date and End Date of training experience at Waisman Center:**  

Mo Year to Mo Year