

***2022* LEND Trainee Registration Form – Short Term**

*National Information and Reporting System (NIRS)*

**[July 1, 2021 – June 30, 2022 = FY 2022 Reporting Period]**

**\****Response Required*

## \*Trainee Contact Information

|  |  |
| --- | --- |
| First Name/ Middle Initial |  |
| Last Name |  |
| County of Origin (i.e. Dane County) |  |
| Current Phone/Cell |  |
| Personal (Primary) E-Mail Address |  |
| School (Secondary) E-Mail Address |  |

**Date of Birth:**      /     /     /

***\** Gender:**      Male /      Female /  /      Prefer not to answer

**\* 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.

**\*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

**\*Personal relationship with Disabilities:**

**Are you a …** (Please 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

      None of the above

**\*Discipline:** (Check one)

|  |  |
| --- | --- |
| **Audiology** | Medicine-Pediatric Pulmonology |
| Biological Sciences | **Medicine: General** |
| Dentistry-Pediatric | **Medicine: Pediatric** |
| Dentistry-Other | Mental and Behavioral Health |
| Disability Studies | **Nursing** |
| **Education/Special Education** | Nursing-Family/Pediatric Nurse Practitioner |
| Education: Administration | Nursing-Midwife |
| **Education: Early Intervention/Early Childhood** | Nursing-Other |
| Education: General Education | **Nutrition** |
| Epidemiology | **Occupational Therapy** |
| Family Studies | Pastoral |
| **Family Discipline (parent, sibling)** | Pharmacy |
| **Genetics/Genetics Counseling** | **Physical Therapy** |
| Gerontology | Psychiatry |
| **Health Administration** | **Psychology** |
| **Human Development/Child Development** | **Public Administration** |
| Interdisciplinary | **Public Health** |
| **Medicine-Adolescent Medicine** | **Rehabilitation** |
| **Medicine-Developmental-Behavioral Pediatrics** | Respiratory Therapy |
| **Medicine-Neurodevelopmental Disabilities** | **Self-Advocate/Disability Advocate** |
| Other - Please specify: \_\_\_\_\_\_\_\_\_\_\_ | **Social Work**  **Speech-Language Pathology** |

**\*Contact Hours in Training Program**

**# Weeks** **# hours/week Total**

|  |  |  |  |
| --- | --- | --- | --- |
| Summer (June – August) |  |  |  |
| Fall Semester (August – December) |  |  |  |
| Spring Semester (Jan – May) |  |  |  |
| Inter-Session (May – June) |  |  |  |

**\*TOTAL Contact Hours**:

***(Example of Contact Hours: LEND)*** *# Weeks # hours/week Total*

|  |  |  |  |
| --- | --- | --- | --- |
| *Fall Semester (August – December)* | *15* | *10* | *= 150* |
| *Spring Semester (Jan – May)* | *15* | *10* | *= 150* |

**TOTAL Contact Hours** *= 300 Training Contact Hours*

**\*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**:      /     /\_ to      /     /

Mo Year Mo Year

**\*Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_