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