



Patient Care Navigator Program Questionnaire

Name: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Email: _____

How did you hear about the Patient Care Navigator/Promotor Program?

Why are you interested in community health work?

What type of job do you see yourself working in after this program?

Check all that apply

- ☐ I am the first in my immediate family to go to college
- ☐ I am currently, or have previously been enrolled at Cañada College or the SMCCCD
If yes, please list college ID/G# _____
- ☐ I am a new student with no previous college experience
- ☐ I have lived in California for at least 1½ years
- ☐ I am currently employed
- ☐ I have experience working in community health or human services
- ☐ I use a computer on a regular basis
- ☐ I use email on a regular basis

***The Patient Care Navigator PEEP program is a two-semester schedule of courses that are taught on Tuesday, Wednesday and Thursday evenings, and a few Saturdays.**

***You must complete all courses in this one year program to receive the Certificate of Achievement.**

Are you able to commit fully to this schedule from August 2014-May 2015? _____ Yes _____ No _____ Maybe

If maybe, please explain any conflicts/challenges you may have _____

Current Employer _____ Hours per Week _____

Duties preformed: _____

Other Skills: _____

Comments/Questions: _____

I hereby certify that all information provided by me is true and accurate to the best of my knowledge.

Signature _____ Date _____

Please return this form to the Cañada Menlo Park Center via:

Email: canadamenloparkcenter@smccd.edu

Fax: 650-325-8016 (be sure to fax both sides of the form)

In person at the Menlo Park Center, located at 1200 O'Brien Drive in Menlo Park (we are located in the JobTrain building in room 54)