



## Patient Care Navigator Program Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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Why are you interested in community health work?

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

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***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)