

How would you describe your ethnicity?

Provider Information:

Provider Name: _____

Provider NPI: _____

Ethnicity (please select one):

I identify my ethnicity as:

- | | |
|---|---|
| <input type="checkbox"/> African Other/Unknown | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Latino/Hispanic Black |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Latino/Hispanic Other/Unknown |
| <input type="checkbox"/> Asian Other/Unknown | <input type="checkbox"/> Latino/Hispanic White |
| <input type="checkbox"/> Black/African American Other | <input type="checkbox"/> Lebanese |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Middle Eastern Other/Unknown |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Mixed Race/Ethnicity |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Native Hawaiian/Pacific Island |
| <input type="checkbox"/> Caribbean Islander/West Indian | <input type="checkbox"/> Nigerian |
| <input type="checkbox"/> Central American Other/Unknown | <input type="checkbox"/> Pacific Islands |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Eastern European/Russian | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> European Other/Unknown | <input type="checkbox"/> South American Other/Unknown |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> South Asian Indian/Pakistani |
| <input type="checkbox"/> French | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Haitian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Iraqi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Italian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other/Unknown |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Prefer not to say |