Advanced Nursing Education Nurse Practitioner Residency (ANE-NPR) Program FY 2019
Frequently Asked Questions (FAQs)
Notice of Funding Opportunity: HRSA-19-001

I. General Questions

1. What is the Advanced Nursing Education-Nurse Practitioner Residency Program FY 2019 (ANE-NPR)?

The ANE-NPR program’s purpose is to prepare new nurse practitioners (NPs) and Nurse Midwives in primary care practice in community-based settings through clinical and academic focused 12-month Nurse Practitioner Residency (NPR) programs with a preference for those projects that benefit rural or underserved populations. This FY 2019 ANE-NPR Program Notice of Funding Opportunity (NOFO) seeks to increase Advanced Practice Registered Nurses (APRN) primary care providers in community-based settings.

The ANE-NPR Program offers two tracks based upon applicant’s level of readiness to launch a residency program. You may submit a proposal as:

1) **Track 1 - Development and Start-Up:** an applicant that needs up to a 12 month start-up period to develop and implement an ANE-NPR Program by no later than the start of year two; or

2) **Track 2 - Enhancement and/or Expansion:** an applicant that is ready to launch an active ANE-NPR Program with participants, or that has the ability to enhance and/or expand their existing NPR Program, particularly in rural or underserved areas in the second quarter of the first year of funding. (p. 1)

2. What are the ANE-NPR program priorities?

Applicants are required to address their use and adoption of telehealth and other health care technology, as applicable, which increase readiness to practice and prepare advanced NPs in primary care to expand access to high quality care where its’ most needed.

Applicants are encouraged to select and address one of the priorities below which include the
United States Department of Health and Human Services (HHS) and the Health Resources and Services Administration (HRSA) priorities as they relate to the following:

- Combatting the opioid crisis/Mental Health (Either, or)
- Value-based care delivery and quality improvement initiatives
- Transforming the workforce –targeting the need
- Telehealth
- Childhood obesity
- Maternal Mortality

* If your application discusses opioids as a priority, HRSA has a number of investments targeting opioid use disorder and substance use disorder across its Bureaus and Offices that you may be able to leverage. For information on HRSA-supported resources, TA, and training, visit here: https://www.hrsa.gov/opioids. (pp. 1-2)

3. What is the timeline for implementation for this Notice of Funding Opportunity announcement (NOFO)?

ANE-NPR is accepting applications until March 4, 2019. ANE-NPR funding will begin 1 July 2019. ANE-NPR has a four year project period pending appropriation of funds.

4. When will ANE-NPR be offered again? Is it an annual offering?

ANE-NPR has a four year project period pending appropriation of funds. Funding is based on the annual appropriations received from the President’s budget. (p. 5)

5. Is this considered a training grant?

The FY19 ANE-NPR funding opportunity is not considered a training grant, and is not subject to the 8% indirect cost for training grants.

II. Application Submission Process

6. When is the HRSA-19-001 funding opportunity submission due date?

The HRSA-19-001 funding opportunity application submission due date is March 4, 2019, no later than 11:59 PM Eastern Time. (page 33 & title page)

7. How do I access the notice of funding opportunity application?

HRSA requires all applicants to apply electronically through Grants.gov. You can access the funding opportunity announcement online, then click “Package” tab. Next, click on “Select Package,” type in your email address to receive notifications of any changes to the funding opportunity or select the box to not be notified. Finally, click “Download Instructions” and “Download Package.”

8. Who do I contact if I am having technical difficulties submitting my ANE-NPR application to Grants.gov?

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with
submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at (p. 47):

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Web Help: Self-Service Knowledge Base, (p. 47)

9. Is the HRSA-19-001 Notice of Funding Opportunity announcement (NOFO) open to new applicants only, or will the funding be available to previous or current HRSA program recipients?

New and current awardees are eligible to apply if they meet all the eligibility requirements outlined in the HRSA-19-001 NOFO.

10. Are applicants required to submit an application annually for ANE-NPR?

The FY19 ANE-NPR funding opportunity is a four-year program. Applicants who apply for this FY 2019 funding opportunity by March 4, 2019 should anticipate a four-year project period, pending availability of appropriated funds. HRSA makes a determination on the funding guidelines each year. Funding beyond the first year of the project is contingent upon available appropriations, satisfactory process and continued support is in the best interest of the federal government.

11. Do MOUs have to be signed individually by partners and supporters?

Each academic clinical partnership must have a signed Memorandum of Understanding (MOU), which outlines specific aspects of the partnership: name of partnership lead organization (primary applicant), name and address of partner(s) and timeframe of agreement. The MOU must also document the mutual benefit of the academic practice partnership, telehealth collaboration, agreement to participate in RCQI meetings and carry out related activities, and strategize for sustainability, curriculum development, and other types of support to be provided by members of the partnership (placement of NP graduates, curriculum development, etc.). (p. 12)

12. Do the MOUs have to be in place prior to application submission?

Ideally, MOUs are in place as outlined in the response to question #10. In the absence of delineated and signed MOUs, applicants must submit documentation of activities toward this goal, and estimated time of completion. Please provide this documentation in Attachment 8. (pp. 31-32)

Letters of Support (LoS)
An applicant may submit a list of partners/organizations and signatures with which they have Letters of Support (LoS), and assure the LoS documents as outlined above are available for review. Please provide this documentation in Attachment 8. (p. 31)

13. Can an organization or campus submit more than one application?

Multiple applications from an organization are not allowable. Eligible applicants can submit only one application per campus or clinical organization; multiple applications
from a single campus or organization are not allowable.

A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty. A clinical organization must have a separate geographical location, staff, providers, and directors. (p. 8), and DUNS number.

Independent organizations are those that have unique DUNS numbers.

III. Applicant Eligibility

14. Who is eligible to apply for the HRSA-19-001 funding opportunity?

Eligible applicants are schools of nursing, nurse managed health clinics/centers, academic health centers, state or local governments and other private or public nonprofit entities determined appropriate by the Secretary.
Consortiums may apply for these funds, if otherwise eligible. HRSA’s will make one award per consortium to a lead entity for the consortium provided it is an eligible entity and has the legal authority to apply for and to receive the award on behalf of the other consortium members. Domestic faith-based and community-based organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible. (p. 6)

Individuals and for-profit entities are not eligible applicants under this NOFO.

Federal organizations are not included in the list of eligible applicants.

15. Can individual entities apply for this Program?

This award is not for individuals. The ANE-NPR HRSA-19-001 is an academic clinical partnership program. Academic setting applicants must partner with at least one clinical partner. Clinical setting applicants must partner with at least one academic partner. Applicants may have more than one partner. (p. 10)

16. Can an FQHC be eligible to apply for this Program?

Yes. FQHCs are considered health clinics/centers, and therefore eligible entities. However the FQHC applicant also needs to follow all of the requirements outlined in the Notice of Funding Opportunity.

17. Can a single health system partner with more than one academic center (with the school of nursing) apply as the applicant?

Academic setting applicants must partner with at least one clinical partner. Clinical setting applicants must partner with at least one academic partner. Applicants may have more than one partner. (p. 10)

18. Could an Area Health Education Center (AHEC) be paid to coordinate these activities?

An AHEC could be a partner in the program and have staff who coordinate activities.

19. Must the applicant be in a Health Professional Shortage Area (HPSA)?

The applicant applying for the ANE-NPR funding opportunity does not have to be in a HPSA or a Medically Underserved Community (MUC). However, the announcement offers a funding preference related to rural and underserved populations or communities.
and public health nursing needs.

A funding preference will be applied for eligible applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. If applicants are applying for the ANE-NPR funding preference, they must meet the criteria for the funding preference outlined in the NOFO.

20. **What accrediting bodies are acceptable for clinical facilities accreditation?**

   **Clinical Facilities Accreditation**
   Non-profit health care facilities responding to this funding opportunity announcement must provide documentation of accreditation by a national, regional or state accrediting agency or body, such as The Joint Commission, or Accreditation Association for Ambulatory Health Care, Inc. (AAAHC), etc. This information must be clearly documented, to include the start and expiration dates, in Attachment 1 submitted with this application. Clinical facilities applying to this funding announcement that are partnering with Schools of Nursing must also include the academic accreditation for each nursing program to be supported under this announcement, as described above.

21. **Can state accreditation be acceptable since we don’t have national accreditation for our clinical facility?**

   HRSA accepts documentation of state accreditation for clinical facilities applying as the primary applicant, however documentation of national professional accreditation is required for educational institution partners.

22. **Can the partnership site be an affiliate of the institution? Example: community or school based health centers affiliated with the larger institution?**

   Your partnership can be an affiliate of the institution as long as they have their own DUNS and EIN number, have a separate leadership structure, and meets the requirements of the NOFO.

23. **Does the Project Director have to be doctorally prepared with a PhD degree or can they have a DNP degree?**

   The Project Director for the proposed project must be a master’s or doctorally prepared registered nurse with demonstrated competence (e.g., publications, funded research) in the specialty with appropriate academic preparation, clinical expertise, and experience as an educator. NOTE: there may only be one Project Director for the ANE-NPR project.

24. **Does the applicant school of nursing partner have to have an accredited Master’s or Doctoral degree program or is the post-master’s certificate allowed?**

   Eligible school of nursing partners include entities that provide registered nurses (RN) with training that leads to master’s and/or doctoral degrees that prepare nurses to serve as primary care nurse practitioners, and nurse-midwives.

25. **How does an applicant’s Rapid Cycle Quality Improvement (RCQI) plan affect the page limit? How detailed should it be?**
An applicant’s RCQI plan is counted toward the application’s page limit. The applicant determines the level of detail of their RCQI plan.

26. Are Clinical Nurse Specialists eligible for the ANE-NPR Program?

This award is not for individuals. Clinical Nurse Specialists are not eligible for the ANE-NPR program. (p. 1)

For this program, NP specialties that are eligible beneficiaries must have a primary care focus and may include: Family, Adult Family, Adult-Gerontology, Pediatric, Women’s Health Care, Nurse Midwife, Psychiatric-Mental Health, and Psychiatric-Mental Health Family.

27. What are the eligibility requirements for the NP Resident participant?

To be eligible for the ANE-NPR Program the NP must meet all of the following:

- Be a licensed RN within 18 months of graduate school completion from a Primary Care NP Program (see list outlined in the Executive Summary) and NP certification;
- Be a citizen of the United States, a non-citizen national, or a foreign national who possesses a visa permitting permanent residence in the United States (i.e., individuals on temporary or student visas are not eligible to receive ANE-NPR Program support); and
- Agree to be a full-time participant in the ANE-NPR Program. (p. 6)

IV. Use of ANE-NPR Funds

28. How can ANE-NPR funds be used?

HRSA expects approximately $20,000,000 to be available annually to fund approximately 20 recipients. HRSA anticipates funding a maximum of 8 recipients under Track 1 and a maximum of 20 recipients under Track 2. (p. 5)

**Track 1 - Development and Start-Up applicants**

- **Year 1**: applicants may apply for a ceiling amount up to $500,000 total cost (includes both direct and indirect).
- **Years 2 – 4**: applicants may apply for a ceiling amount of up to $100,000 total cost per year for each NP resident support. You are expected to train no less than four NP residents each year in years 2, 3 and 4.

**Track 2 - Enhancement and/or Expansion applicants** may apply for a ceiling amount of up to $100,000 total cost per year for each NP resident supported, not to exceed $1,000,000 total cost (includes both direct and indirect, costs) per year. You are expected to train no less than four NP residents each year of the project.

The period of performance is July 1, 2019 through June 30, 2023 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for ANE-NPR in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at 45 CFR part 75. (p. 5)

The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total
project or program costs include costs charged to the award and costs borne by the recipient to supplement the cost of the project as applicable. (p. 27)

29. What are the notable funding restrictions?

You may request funding for a period of performance of up to 4 years, at no more than $1,000,000 per year in total costs (inclusive of direct and indirect costs). See Section II.2 Summary of Funding regarding funding limitations for each track. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the federal government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-952) apply to this program. Please see Section 4.1 of HRSA’s SF-424 R&R Application Guide for additional information. Note that these or other restrictions will apply in the following fiscal year, as required by law.

Funds under this announcement may not be used for purposes specified in HRSA’s SF-424 R&R Application Guide or other certain purposes, including but not limited to:

- Subsidies or paid release time for project faculty;
- Payment of temporary personnel replacement costs for the time faculty/preceptors/participants are away from usual worksite during involvement in project activities;
- Accreditation, including accreditation related costs/fees, credentialing, licensing, continuing education (costs for preparation and awarding continuing education hours), and franchise fees and expenses; preadmission costs, promotional items and memorabilia; and animal laboratories;
- Incentive payments are not allowed for program participants, including but not limited to purchasing gift cards or gas cards;
- Construction or renovations;
- Foreign travel;
- There may be only one Master’s or doctorally prepared Registered Nurse Project Director for the ANE-NPR project; and
- Co-PDs are not permissible for this funding.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, program generated income, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit. (p.34)

30. What is the indirect cost rate?

There are no stated restrictions regarding indirect costs in this funding opportunity announcement, therefore applicants may request indirect costs in accordance with 45 CFR part 75:

- Their approved negotiated indirect cost rate, or
• The 10 percent de minimis indirect cost rate - non-federal entities that have never received a negotiated indirect cost rate may elect to charge a de minimis rate of 10 percent of modified total direct costs, which may be used indefinitely.
• For more information, please review page 48 of the HRSA SF424 R&R application guide.

31. Do we have to submit a budget with our application?

Yes, an SF 424 R&R budget form and budget justification narrative is required for each year of the project. Follow the instructions included in the SF-424 R&R Application Guide and the additional budget instructions provided in the NOFO. (p. 26)

32. Can equipment be purchased with grant funding?

Equipment budgeted in the ANE-NPR NOFO application must include a narrative description and itemized detail cost breakdown in the budget justification to support why the cost is necessary to carry out the goals and objectives of the proposed project. The costs must be reasonable and necessary, allowable and allocable. Please refer to 45 CFR part 75 and the SF-424 R & R Application Guide for further information regarding equipment and funding restrictions.

33. Can funds be shared with the clinical or academic partner site?

Funds can be shared with the both partner sites.

34. If we have a lead coordinator at the site, can we use funds to pay for their time?

Personnel may be paid a percentage of their time for activities that support the mission, goals, and objectives of the proposed project. The subcontract budget line items can identify how funds are being used as it pertains to the goals and objectives of the project. (p.42-43)

35. Can funds be used to pay a project director and a project manager?

Funds can be used to pay key personnel within the academic-clinical partnership for time and activities devoted to meeting the goals of the proposed project. (p. 42-43)

36. Can applicants have key personnel in the clinical setting?

Applicants are encouraged to have key personnel in both settings. Personnel may be paid a percentage of their time for activities that support the mission, goals, and objectives of the proposed project. The ANE-NPR program does not support individuals’ paid release time. Funds may be used to support NPRs. (p.42-43)

37. Is there any percent minimum effort for the Project Director?

HRSA does not have a minimum effort requirement for a grant’s Project Director. This is determined by the applicant. Project Director’s time may not exceed 100% FTE.

38. Can new faculty lines be developed as part of the award, i.e. adjunct practice positions?

A faculty member can be an employee at the school of nursing with duties/responsibilities at the clinical site or a faculty member employed by the clinical practice with duties/responsibilities at the school of nursing for NPR training.
39. Is a period for development and planning for our organization’s ANE-NPR Program allowed?

Yes, under track one as follows:

For the Track 1 Development and Start-Up Applicants:
You must identify and address barriers and resolutions to recruitment, training, retention and employment of diverse NP residents, preceptors, and faculty, which impact development and/or starting up an ANE-NPR Program focused in primary care in up to one year’s time to ensure a commitment no later than July 1, 2020 of a minimum of four active participants in the program.

No, under track two, which requires the following:

For the Track 2 Enhancement and/or Expansion Applicants:
Identify and address barriers and resolutions to recruitment, training, retention and employment of NP residents, preceptors, and faculty that reflect the population served and which impact the starting period of the ANE-NPR Program to ensure a commitment no later than October 31, 2019 of a minimum of four active participants in the program. (p.38)

40. Would a faculty member at the applicant institution, who is not part of the project, be considered a consultant?

No, the faculty member would not automatically be considered a consultant. A faculty member’s LOE may be budgeted under salaries if they are to provide specific services in support of the project. However, there are certain conditions that may require special consideration. One such special consideration is Intra-institution of Higher Education (IHE) consulting which may be an allowable costs. Please refer to 45 CFR part 75.430 for Compensation –Personal Services as well as your institution’s policies and procedures.

Intra-Institution of Higher Education (IHE) consulting. Intra-IHE consulting by faculty is assumed to be undertaken as an IHE obligation requiring no compensation in addition to IBS. However, in unusual cases where consultation is across departmental lines or involves a separate or remote operation, and the work performed by the faculty member is in addition to his or her regular responsibilities, any charges for such work representing additional compensation above IBS are allowable provided that such consulting arrangements are specifically provided for in the Federal award or approved in writing by the HHS awarding agency.

41. What is Maintenance of Effort (MoE)?

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by Section 803(b) of the Public Health Service Act. Complete the MOE information and submit as Attachment 5. (P. 8)

The underlying principle is to ensure that federal grantees (and cooperative agreement awardees) are committed to maintaining the same level of services already being provided (and as described in their application) after receipt of a federal grant award. The MOE intent is to ensure federal funds “supplement” rather than “supplant” (replace) normal activities.

42. Is this program subject to the General Provisions of P.L. 115-141?
Yes, this program is subject to the general provisions. Salary Limitation: The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, Section 202 provides a salary rate limitation. The law limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which is $189,600. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a HRSA grant or cooperative agreement. Note that these or other salary limitations will apply in the following FY, as required by law.

43. Salary for NPs:

The program must provide NP resident support in the form of salaries to full-time residents who are licensed and certified NPs receiving at least 12 continual months of immersive clinical and didactic training at a primary care community-based entity. Please note: Grant fund support for NP resident must not exceed 70% of geographical market rate for a comparable NP Primary Care specialty salary.

V. Funding Preference

44. What is the funding preference for the ANE-NPR Program?

For this program, HRSA will use a Statutory Funding Preference. Section 805 of the Public Health Service Act requires a funding preference be applied for applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. HRSA will review all applications for this funding opportunity and calculate the median rate of graduates from the previous academic year who are currently employed in rural or underserved settings or in State or local health departments. HRSA will award the funding preference to those applicants that have a rate higher than the median rate. This funding factor eligibility will be determined by HRSA Staff. (NOFO, page 46)

45. When reporting the number of graduates working in underserved or rural areas, should that number be derived from the total number of students enrolled in the program during the previous year or the graduates from the previous year?

That number should be derived from the graduates from the previous year.

46. What program specific forms are needed to specify funding preference?

Applicants must request the funding preference in the abstract. All applicants must complete the program specific Table 1 – ANE (see Appendix A of the NOFO), referring to program’s academic partner’s past performance in the three funding preference areas to be considered for funding preference. HRSA will award the funding preference to those applicants that have a rate higher than the median rate.

Additionally, to determine their eligibility for the rural preference, applicants must input the address of the community-based entity in the HRSA’s Rural Health Grants Eligibility Analyzer.
and include a copy of the output with the application (Attachment 7) (p. 44). In order to determine their eligibility for the underserved preference, applicants must input the address of the community-based entity in the HRSA’s HPSA (Health Professional Shortage Area) Finder and include a copy of the output with the application. In order to determine their eligibility for helping to meet the public health nursing needs in State or local Health Department preference, applicants must complete ANE Table 1, referring to program’s academic partner’s past performance in this area (pg. 46-7).

VI. Attachments

47. What counts in the page limit?

The total size of all uploaded files may not exceed the equivalent of 65 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s SF-424 R&R Application Guide and this NOFO. (p. 9)

Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limit. Biographical Sketches do count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit. (p. 9)

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice. (p. 9)

48. What happens if my application does not include all of the accreditation documents or requested documents?

HRSA will consider any application that fails to include the required accreditation documentation in Attachment 1 non-responsive and will not consider it for funding under this notice. (p. 8)

49. What happens if the application goes over the page limit?

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice. (p. 9)

VII. Review and Selection Process

50. How are applications evaluated?

The applications are evaluated by an Objective Review Process, consisting of peers, who discuss the applications as a group and score applications based on merit. The entire proposal will be considered during objective review. (p. 35)

51. What criteria are used to score the applications?
HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined in the NOFO with specific detail and scoring points. (p. 35 . . .)

VIII. **Preceptors**

52. **Who can be a preceptor?**

Preceptors should be primary care providers; Nurse Practitioners, physicians, Physician Assistants, with two or more years of practitioner experience in a primary care setting who are program collaborators to enhance NP resident, preceptor, and clinical staff professional development.

53. **What are expectations and requirements for recruitment, developing, and retaining preceptors?**

Recruit, train, develop, support, and evaluate preceptors as program collaborators to enhance NP resident, preceptor, and clinical staff professional development. (p. 12)

54. **Can preceptors be funded for academic contributions (e.g. lectures, facilitating workshops, planning meetings)?**

Preceptors, and Faculty/staff may be hired and funded for academic and clinical contributions that meet the program’s purpose and goals. See Budget and Budget Narrative guidelines. (p. 26)

55. **What types of information are expected when reporting “Characteristics of Preceptors”?**

Applicants must describe their capacity to collect and report characteristics of preceptors, which may include demographics, profession, faculty status, specialty, etc. (p. 23-25)

56. **May we hire preceptors as clinical instructors and train them as adjuncts?**

You may recruit faculty to serve as preceptors who provide oversight and guidance to NPRs.

Funds under this announcement may not be used for purposes specified in HRSA’s SF-424 R&R Application Guide or other certain purposes, including but not limited those which are outlined in the funding opportunity announcement. (p. 34)

57. **Can applicants utilize faculty employees of the school of nursing as preceptors for the day at partnership sites?**

A faculty member would have to be an employee of the school of nursing with duties/responsibilities at the clinical site.

58. **Can we pay our preceptors?**
Funds can be used to pay key personnel within the academic-clinical partnership for time and activities devoted to meeting the goals of the proposed project. (p. 42-43)

59. Can funding be used for nurse practitioner student training?

Funds cannot be used for nurse practitioner student training. The funds are to support ANE-NPR award beneficiary primary care nurse practitioner residents. All participants must be certified nurse practitioners.

60. Who can be a preceptor?

Preceptors should be primary care providers with two or more years of practitioner experience in a primary care setting who are program collaborators to enhance NP resident, preceptor, and clinical staff professional development.

Most competitive applicants build a pipeline of preceptors for the ANE-NPR Program using nursing staff at primary care delivery sites in rural and underserved areas such as Community Health Centers and Rural Health Clinics. (p. 14)

NURSE Corps and NHSC loan repayment alumni could also serve as preceptors for the ANE-NPR program. Since they would have already completed their service obligations, they would have first-hand experience working with rural or underserved populations—thus a benefit to the site and to the community being served. (p. 14)