

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the
Academic Administrative Units in Primary Care**

Annual Performance Report

Welcome

Welcome to the Bureau of Health Workforce's Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Performance Report for Grants and Cooperative Agreements (PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.

Please note the following:

1. All required performance measures are linked to the following legislative purpose(s) of the **Academic Administrative Units in Primary Care** grant program:
 - **Establish, maintain or improve academic units or programs that improve clinical teaching and research.**
 - **Establish, maintain or improve programs that integrate academic administrative units.**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2015 - June 30, 2016** (referred to as **Annual Performance Report**)
3. **The PRGCA is due no later than August 01, 2016.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.
4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

We appreciate your feedback and assistance during this process. All requests for technical assistance will be coordinated through the Call Center and responded to promptly. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center via:

- Phone at **877-Go4-HRSA/877-464-4772** or
- Click this link to send us your inquiry: [click here](#).

National Center for Health Workforce Analysis

Performance Metrics and Evaluation Branch

Getting Started

The Office of Management and Budget (OMB) has issued a 3-year approval for the annual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforce (BHW) (OMB # **0915-0061**). The BPMH system has been significantly enhanced to incorporate all approved subforms, as well as increase system performance and functionality. Throughout the manual, there are several icons that identify tips and other important information which will assist you in completing each subform accurately (see below).

 Marks a warning statement. Please read information in **bold** carefully in order to complete each subform accurately.

 Marks a tip or important note for completing a specific Block or subform in the BPMH system.

 Marks the end of a subform and provides instructions for initiating required validations checks.

Due to the nature of annual reporting, the BPMH system has been recently enhanced so as to prepopulate specific Blocks within certain subforms with data submitted in a previous reporting period. In addition, a "View Prior Period Data" link has been added at the top of each subform in order to provide you with easy access to data submitted by your organization in prior reporting periods.



The screenshot shows a web interface with a link labeled "View Prior Period Data" at the top left, enclosed in a red rectangular box. Below this link is a text label "Fields with * are required". Underneath is a blue header bar with the text "★ Add Training Program". Below the header bar is a label "Select Type of Training Program Offered" with a sub-label "(Click the 'Load Program Details' button after selecting your training program)". To the right of this label is a dropdown menu with the text "Select One" and a downward-pointing arrow.

Figure 1. Screenshot of View Prior Period Data Link

Getting Started - How Performance Measure Data Fields Are Identified in the Forms

No.	Type of Training Program	Trainees by Training Category		Attrition	
		Enter # of Enrollees	Enter # of Graduates	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion
	(1)	(2) Block 1	(5) Block 4	(7) Block 6	(8) Block 6a
1	Degree/Diploma MD/MPH Health Policy & Management	20	5	1	0

Figure 2. Example of Performance Measures Data Table

There are two (2) types of data entry field identifiers. Each data entry field in a performance measure is identified with both types of numbers when the measure appears like the example in the above Figure.

Column Number: The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.

Block Numbers: The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

Getting Started: Browser Settings



Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

- HRSA's Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the 'Recommended Settings' tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.
- There are multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: [Recommended Settings](#).
- Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the 'Recommended Settings' tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.
- Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.
- Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the 'Recommended Settings' tab.

Getting Started: Helpful Resources and Recommendations

The following is a list of resources and tips you may find helpful in the event you need assistance:

1. Begin PRGCA data entry early and submit your report prior to the deadline.
2. **Browser Settings:** Check your Internet browser and its settings by using ‘Recommended Settings’ tab on the EHB home screen within the yellow banner in the top left corner of the screen. Look for green check marks for all system requirements in order to meet system requirements and proceed.
3. **Reporting on Your Grant:** Several resources are available through HRSA’s “Reporting on Your Grant” link <http://bhw.hrsa.gov/grants/reporting/index.html> including general EHB guidance as well as links to the performance measures and program manual.
4. **Resource Links:** Several resources are available via the ‘Resource’ tab on the EHB home screen including the following links:
 - View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
 - Glossary- Current definitions of key terms
 - Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
 - View recorded videos of how to enter data in the BPMH system: <https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos>
 - View the recorded TA webinar provided for your grant program. Please access the recording by using the link provided by your Government Project Officer.
6. **Grant Personnel:** Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
7. **Sequence of Forms:** Complete PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2; EXP-2, prior to EXP-3)
8. **Saving and Validating:** You must click ‘Save and Validate’ in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.
9. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center using the contact information below. If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email.
 - Phone at 877-Go4-HRSA/877-464-4772; or
 - Click this link to send us your inquiry: [click here](#).
10. **Government Project Officers:** Contact your Government Project Officer if you need further assistance.

Order of Required Forms

The following table shows the order that subforms will appear throughout the BPMH system for your specific grant program. Please note that clicking on the "Save and Validate" button at the end of each subform will cause the system to check all Blocks for errors and route you to the next required subform on the list. If you need to go back to any subform for any reason, simply click on the Form ID on the left sidebar of the Electronic Handbook (EHB). Please note that changing data that has already been saved will require you to click on the "Save and Validate" button and go through the validation process once more.

Order	Type of Form	Parent Form	Form ID
1	Setup Form	Setup Forms	Training Program
2	Setup Form	Setup Forms	Faculty Development
3	Performance Data Form	Program Characteristics-PC Subforms	PC-1
4	Performance Data Form	Program Characteristics-PC Subforms	PC-6
5	Performance Data Form	Program Characteristics-PC Subforms	PC-8
6	Performance Data Form	Program Characteristics-PC Subforms	PC-9
7	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-1a
8	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-2
9	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-1
10	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-2

Order	Type of Form	Parent Form	Form ID
11	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-3
12	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN
13	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY
14	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1
15	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2
16	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3
17	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1
18	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1a
19	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-2
20	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1a
21	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1b
22	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2a
23	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2b

Training Program - Setup

Training Program Setup - Selecting Type of Training Program



Warning: Complete the Training Program Setup form only if grant funds were used to support degree, residency, or fellowship programs other than those previously reported. You do not need to reenter information about degree, residency, or fellowship programs previously reported. If no new degree, residency, or fellowship programs were supported other than those previously reported, skip to ‘Training Program Setup—Final Steps’.

[View Prior Period Data](#)

Fields with * are required

* Add Training Program

Select Type of Training Program Offered
(Click the 'Load Program Details' button after selecting your training program)

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained

Add Record

Select One

Select One

Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)

Residency program

Fellowship program

Load Program Details

Figure 3. Training Program Setup - Selecting Type of Training Program

For New Degree, Fellowship, and/or Residency Programs Only:

Select Type of Training Program Offered: The Training Program Setup form will configure all sub-forms specific to the degree, fellowship, or residency program. To begin completing the setup **for new records**, select the type(s) of training program(s) supported with grant funds during the annual reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing **one** of the following options:

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)
- Fellowship program
- Residency program

Training Program Setup - Loading Program Details

*** Add Training Program**

Select Type of Training Program Offered
(Click the 'Load Program Details' button after selecting your training program)

Degree/Diploma/Certificate Academic Training Program (Degr▼
Load Program Details

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered ▼

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained ▼

For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program ▼

Add Record

Figure 4. Training Program Setup - Loading Program Details

Next, click on the “Load Program Details” button to activate the remaining drop-down menus in this setup form.



Note: Clicking on the "Load Program Details" button will activate drop-down menus specific to the selection made in the previous step.

Training Program Setup - Adding Degree/Diploma Program



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

* Add Training Program

Select Type of Training Program Offered
(Click the 'Load Program Details' button after selecting your training program)

Degree/Diploma/Certificate Academic Training Program (Degr▼
Load Program Details

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered
Select One ▼

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained
▼

For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program
Select One ▼

Add Record

Figure 5. Training Program Setup - Adding Degree/Diploma Program

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: For New degree programs only, to complete your entry, click on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered” and choose the type of degree program associated with students during the current reporting period from **one** of the following:

- DO
- EdD
- MBA
- MHA
- MS-CTS
- No Degree Earned
- Post-Masters Certificate
- Doctoral Degree Not Otherwise Specified
- MA
- MD
- MPH
- MSCR
- Other Certificate
- ScD
- DrPH
- Master's Degree Not Otherwise Specified
- MEd
- MS
- MSPH
- PhD

Select Delivery Mode Used to Offer Program: Next, select the primary mode used to deliver each degree program during the annual reporting period by clicking on the drop-down menu and choosing one of the below mentioned options. Next, click on the "Add Record" button to save your entry. **Repeat this process to capture each degree program supported with grant funds during the annual reporting period and/or go to the next page to begin adding Fellowship or Residency Programs.**

- Campus-based program
- Distance learning program
- Hybrid program

Example:

Example: The School of Medicine provided a medical degree program to 100 medical students during the reporting period. Among the 100 students who were enrolled in the program, 50 were enrolled in the MD program and supported by the AAU in Primary Care grant.

Training Program Setup - Adding Residency Program



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

* Add Training Program

Select Type of Training Program Offered
(Click the 'Load Program Details' button after selecting your training program)

Residency program Load Program Details

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered

Select One

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained

Select One

Add Record

Figure 6. Training Program Setup - Adding Residency Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: For new residency and fellowship programs only, click on the drop-down menu next to “For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained” and choose **one** of the following below listed options. Click on "Add Record" to save your entry. **Repeat above step for each type of Residency or Fellowship Program your grant sponsors.**

- Medicine - Aerospace Medicine
- Medicine - Allergy and Immunology
- Medicine - Anesthesiology
- Medicine - Colon and Rectal Surgery
- Medicine - Dermatology
- Medicine - Emergency Medicine
- Medicine - Family Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Geriatrics
- Medicine - Integrative Medicine
- Medicine - Internal Medicine
- Medicine - Internal Medicine/Family Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Medical Genetics
- Medicine - Neurological Surgery
- Medicine - Neurology
- Medicine - Nuclear Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Occupational Medicine
- Medicine - Ophthalmology
- Medicine - Orthopaedic Surgery
- Medicine - Other
- Medicine - Otolaryngology
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Pediatrics
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Plastic Surgery
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Radiation Oncology

Health Resources and Services Administration

Bureau of Health Workforce

- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated

- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated

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- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology

Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Degree/Diploma MD Campus-based program	Select one	Delete
2	Prior Record	Residency Medicine - Family Medicine	Select one Inactive Active	Delete

Figure 7. Training Program Setup - Selecting Training Activity Status

To complete the Training Program Setup form, please review the Saved Records Table to ensure that all degree, residency, and/or fellowship programs supported with grant funds during the annual reporting period were captured accurately. Select the Training Activity Status of all reported training programs. If you are reporting on a program, please choose ‘Active.’

Select Training Activity Status in the Current Reporting Period: For new records, please review the information contained in the table for accuracy and, for any reason a record has to be deleted, simply click on the "Delete" link under the Option(s) column.

No action is needed for prior records. If a prior record training program no longer has active enrollees (no students, residents or fellows are enrolled and all students have already graduated or all residents and fellows have completed the program, you may select ‘Inactive’ as the status of the program. Selecting ‘Inactive’ indicates the training program is completed, you are no longer administering it, and you have no active INDGEN records or faculty development records. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records and CDE records) will be made inactive. Please confirm with your Government Project Officer before indicating a program is Inactive.

- Active
- Inactive



To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Faculty Development – Setup

Selecting Faculty Development Activities

Notice to Grantees about Forms Pertaining to Faculty Development

For structured faculty development programs offered in a previous reporting period: You must select the status of each previously reported structured faculty development program. For programs that were ongoing, the BPMH system will prepopulate the following blocks in the FD-1a subform.

[View Prior Period Data](#)

Faculty Development Activities	Select
Structured Faculty Development Training Program	<input type="checkbox"/>
Faculty Development Activity	<input checked="" type="checkbox"/>
No faculty-related activities conducted	<input type="checkbox"/>

Figure 8. Selecting Faculty Development Activities

The Faculty Development Setup form will configure all subforms specific to faculty development. To complete the Faculty Development Setup form, select the type(s) of faculty development activities supported with grant funds during the annual reporting period under Block 1. Options on this setup form are pre-selected based on your prior annual reporting. Please see the warning statement below regarding unchecking an option.



Warning: Complete the FD-1a Setup form only if grant funds were used to support structured faculty development programs other than those previously reported and still ongoing. To provide updates for these programs, go to FD-1a Step 2. Once a program has been completed, it will need to be re-entered as a new record if the program is run again with a new cohort.



Reference: Refer to the glossary for a definition of each type of faculty development activity.



To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

PC-1 - Selecting Type(s) of Partners/Consortia



Warning: For degree programs previously reported, Block 1k.1 will appear as read-only and is not editable. If the delivery mode for a degree program has changed, this requires a new entry in the Training Program Setup form.



Warning: If no new records were added in the Training Program Setup form, complete the PC-1 subform for prior records.

No. Record	Type of Training Program (1)	Type of Degree Offered (2)	Select Delivery Mode Used to Offer Program (4)	Select Type(s) of Partners/Consortia Used to Offer this Training (6)
	Block 1	Block 1j	Block 1k.1	Block 2
1	New Record	Degree/Diploma MPH	MPH	<div style="border: 1px solid gray; padding: 2px;"> Select one </div> <div style="border: 1px solid gray; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> Federal Government - IHS <input type="checkbox"/> Federal Government - NIH </div>

Figure 9. PC-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: For all records, select the type(s) of partnerships and/or consortia used or established for the purpose of offering each degree program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS

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- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

Agency/Office

- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization



Warning: You may not select "No partners/consortia used" in combination with any other option.

PC-1 - Entering Enrollment Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Enter Total # Enrolled (whether funded by BHW or not)		
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 10. PC-1 - Entering Enrollment Information

The blocks on the PC-1 subform (i.e., Blocks 3, 3a, 3b) apply to all records and capture information about the total number of students who were enrolled in each degree program (regardless of funding source) during the annual reporting period.

Enter Total # Enrolled (whether funded by BHW or not): Total: For Block 3, enter the **total** number of students enrolled in each degree program listed during the annual reporting period. Count all students enrolled—regardless of whether they received a BHW-funded financial award or not. Do not count students who permanently left the degree program before completion (i.e., attrition). These students will be captured separately in Block 9.

Enter Total # Enrolled (whether funded by BHW or not): URM: For Block 3a, enter the number of students enrolled in each degree program during the annual reporting period who were underrepresented minorities. Block 3a is a subset of Block 3.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Block 3b, enter the number of students enrolled in each degree program during the annual reporting period who are from disadvantaged backgrounds and are not underrepresented minorities. Block 3b is a subset of Block 3.



Reference: Refer to the glossary for a definition of "underrepresented minority."



Reference: Refer to the glossary for a definition of "disadvantaged background."

Example:

Example: The School of Medicine had a total of 202 students enrolled in the MD program. The school used BHW funds to provide funding to 25 students in the program during the annual reporting period. During this period, 2 students permanently left the MD degree program before completion.

In Block 3 of this form, the School of Medicine would enter 200.

Example: The School of Medicine had a total of 200 students maintain enrollment in the MD program during the annual reporting period. Among the 200 students enrolled in this degree program, 35 are underrepresented minorities.

In Block 3a, the School of Medicine would enter 35.

Example: The School of Medicine had a total of 200 students maintain enrollment in the MD program during the annual reporting period. Among the 200 students enrolled in this degree program, a total of 45 students are from disadvantaged backgrounds. Twenty (20) out of the 45 students from a disadvantaged background are also underrepresented minorities.

In Block 3b, the School of Medicine would enter 25.

PC-1 - Entering Graduate Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

The blocks on the PC-1 subform (i.e. Blocks 8, 8a) apply to all records and capture information about the total number of students who were enrolled in each degree program (regardless of funding source) during the annual reporting period.

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total (10) Block 8	URM (11) Block 8a
<input type="text"/>	<input type="text"/>

Figure 11. PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: For Block 8, enter the total number of students in each degree program who graduated during the annual reporting period. Block 8 is a subset of Block 3.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: For Block 8a, enter the number students in each degree program who graduated during the annual reporting period and are underrepresented minorities. Block 8a is a subset of Block 8.

Example:

Example: The School of Medicine had a total of 200 students maintain enrollment in the MD program during the annual reporting period. Among the 200 students enrolled in this degree program, a total of 50 students completed all degree requirements and graduated during this reporting period.

In Block 8, the School of Medicine would enter 50.

Example: The School of Medicine had a total of 200 students maintain enrollment in the MD program during the annual reporting period. Among the 200 students enrolled in this degree program, a total of 50 completed all degree requirements and graduated during this period. Ten (10) out of

*the 50 students who graduated are underrepresented minorities.
In Block 8a, the School of Medicine would enter 10.*

PC-1 - Entering Attrition Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

The blocks on the PC-1 subform (i.e. Blocks 9, 9a) apply to all records and capture information about the total number of students who were enrolled in each degree program (regardless of funding source) during the annual reporting period.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (12) Block 9	URM (13) Block 9a
<input type="text"/>	<input type="text"/>

Figure 12. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: For Block 9, enter the total number of students who permanently left each degree program before completion during the annual reporting period.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: For Block 9a, enter the number of students who permanently left each degree program before completion during the annual reporting period and are underrepresented minorities. Block 9a is a subset of Block 9.

Example: The School of Medicine had a total of 202 students enrolled in the MD program. The school used BHW funds to provide funding to 25 students in the program during the annual reporting period. During this period, 2 students permanently left the MD degree program before completion.

In Block 9 of this form, the School of Medicine would enter 2.

Example: The School of Medicine had a total of 202 students enrolled in the MD program. The school used BHW funds to provide funding to 25 students in the program during the annual reporting period. During this period, 2 students permanently left the MD degree program before completion and none who left were underrepresented minorities.

In Block 9a of this form, the School of Medicine would enter 0.

The completed PC-1 subform for the School of Medicine would look identical to the image below.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
200	35	25	50	10	2	0

Figure 13. Example of PC-1 Subform



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

PC-6: Program Characteristics – Fellowship Programs

PC-6 - Selecting Type(s) of Partners/Consortia

No. Record	Status	Type of Training Program (1) Block 1	Primary Discipline of Individuals Trained (2) Block 1I	Select Type(s) of Partners/Consortia Used to Offer this Training (3) Block 2
1	Prior Record	Fellowship Medicine - Other	Medicine - Other	<input type="checkbox"/> Health disparities research center <input type="checkbox"/> Health policy center

Figure 14. PC-6 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: To begin completing the PC-6 subform for **all records**, select the type(s) of partnerships and/or consortia used or established for the purpose of operating the fellowship program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center

Health Resources and Services Administration
Bureau of Health Workforce

- comprehensive units
- Health department - Local
 - Health disparities research center
 - Hospice
 - Long-term care facility
 - Nonprofit organization (non - faith based)
 - Other
 - Professional Associations
 - State Government

- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization



Warning: You may not select "No partners/consortia used" in combination with any other option.

PC-6 - Entering Enrollment Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b	Total (7) Block 8	URM (8) Block 8a	Total (9) Block 9	URM (10) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 15. PC-6 - Entering Enrollment Information

The blocks on the PC-6 subform (i.e. Blocks 3, 3a, 3b) **apply to all records** capture information about the total number of individuals in the profession and discipline identified under Block 11 who participated in a fellowship during the annual reporting period.

Enter Total # Enrolled (whether funded by BHW or not): Total: For Block 3, enter the **total** number of individuals in the profession/discipline identified under Block 11 who participated in a fellowship during the annual reporting period. Count all individuals who participated in a fellowship—regardless of whether they received a BHW-funded financial award or not (this is a total headcount of fellows except those who permanently left the fellowship program).

Do not count individuals who permanently left their fellowship before completion (i.e., attrition). These individuals will be captured separately in Block 9.

Enter Total # Enrolled (whether funded by BHW or not): URM: For Block 3a, enter the number of individuals who participated in a fellowship during the annual reporting period **and** are underrepresented minorities.

Block 3a is a subset of Block 3.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Block 3b, enter the number of individuals from disadvantaged backgrounds who participated in a fellowship during the annual reporting period **and are not** underrepresented

Block 3b is a subset of Block 3.



Reference: Refer to the glossary for a definitions of "underrepresented minority" and "disadvantaged background."

Example:

Example: The School of Medicine had a total of 12 Geriatrics fellows in the fellowship program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 Geriatrics fellows. During this period, 1 fellow left the program before completing all fellowship requirements.

In Block 3 of this form, the reporting official at the School of Medicine would enter 11.

Example: The School of Medicine had a total of 11 Geriatrics fellows maintain enrollment in the fellowship program during the annual reporting period. Among the 11 fellows who were enrolled in the program, 2 are underrepresented minorities.

In Block 3a, the reporting official at the School of Medicine would enter 2.

Example: The School of Medicine had a total of 11 Geriatrics fellows maintain enrollment in the fellowship program during the annual reporting period. Among the 11 Geriatrics fellows who were enrolled in the program, 5 are from disadvantaged backgrounds. One (1) out of the 5 fellows from a disadvantaged background is also an underrepresented minority.

In Block 3b, the reporting official at the School of Medicine would enter 4.

PC-6 - Entering Graduate Information

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b	Total (7) Block 8	URM (8) Block 8a	Total (9) Block 9	URM (10) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 16. PC-6 - Entering Graduate Information

The blocks on the PC-6 subform (i.e., Blocks 8, 8a) apply to all records capture information about the total number of individuals in the profession and discipline identified under Block 11 who participated in a fellowship during the annual reporting period.

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: For Block 8, enter the total number of individuals who completed all fellowship requirements during the annual reporting period.

Block 8 is a subset of Block 3.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: For Block 8a, enter the number individuals who completed all fellowship requirements during the annual reporting period **and** are underrepresented minorities.

Block 8a is a subset of Block 8.

Example:

Example: The School of Medicine had a total of 11 Geriatrics fellows maintain enrollment in the fellowship program during the annual reporting period. Among the 11 fellows who were enrolled in the program, a total of 3 fellows completed all fellowship requirements during the reporting period.

In Block 8, the reporting official at the School of Medicine would enter 3.

Example: The School of Medicine had a total of 11 Geriatrics fellows maintain enrollment in the fellowship program during the annual reporting period. Among the 11 fellows who were enrolled in the program, a total of 3 fellows completed all fellowship requirements during the reporting

*period; none who completed the fellowship program are underrepresented minorities.
In Block 8a, the reporting official at the School of Medicine would enter 0.*

PC-6 - Entering Attrition Information

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b	Total (7) Block 8	URM (8) Block 8a	Total (9) Block 9	URM (10) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 17. PC-6 - Entering Attrition Information

The blocks on the PC-6 subform (i.e., Blocks 9, 9a) apply to all records capture information about the total number of individuals in the profession/discipline identified under Block 11 who participated in a fellowship during the annual reporting period.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: For Block 9, enter the **total** number of individuals who permanently left their fellowship before completion during the annual reporting period.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: For Block 9a, enter the number of individuals who permanently left their fellowship before completion during the annual reporting period **and** are underrepresented minorities. Block 9a is a subset of Block 9.

Example:

Example: The School of Medicine had a total of 12 Geriatrics fellows in the fellowship program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 fellows. During this period, 1 fellow left the program before completing all fellowship requirements. In Block 9 of this form, the reporting official at the School of Medicine would enter 1.

Example: The School of Medicine had a total of 12 Geriatrics fellows in the fellowship program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 fellows. During this period, 1 fellow left the program before completing all fellowship requirements; none who left were underrepresented minorities.

*In Block 9a of this form, the reporting official at the School of Medicine would enter 0.
The completed PC-6 subform for the School of Medicine would appear identical to the image below.*

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b	Total (7) Block 8	URM (8) Block 8a	Total (9) Block 9	URM (10) Block 9a
11	2	4	3	0	1	0

Figure 18. Example of PC-1 Subform



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Residency Programs—PC-8 Subform

PC-8 - Selecting Type(s) of Partners/Consortia

No. Record	Status	Type of Training Program (1) Block 1	Primary Discipline of Individuals Trained (2) Block 1I	Select Type(s) of Partners/Consortia Used to Offer this Training (4) Block 2
1	New Record	Residency Medicine - Orthopaedic Surgery	Medicine - Orthopaedic Surgery	<input type="checkbox"/> Federal Government - IHS <input type="checkbox"/> Federal Government - NIH

Figure 19. PC-8 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: To begin completing the PC-8 subform for **all records**, select the type(s) of partnerships and/or consortia used or established for the purpose of operating the residency program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government

Health Resources and Services Administration
Bureau of Health Workforce

- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization



Warning: You may not select "No partners/consortia used" in combination with any other option.

PC-8 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 20. PC-8 - Entering Enrollment Information

The blocks on the PC-8 subform (i.e., Blocks 3, 3a, 3b) **apply to all records** capture information about the **total** number of individuals in the profession and discipline identified under Block 11 who participated in a residency during the annual reporting period.

Enter Total # Enrolled (whether funded by BHW or not): Total: For Block 3, enter the **total** number of individuals in the profession/discipline identified under Block 11 who participated in a residency program using the annual reporting period. Count all individuals who participated in a residency—regardless of whether they received a BHW-funded financial award or not (this is a total headcount of residents except those who permanently left the residency program).

Enter Total # Enrolled (whether funded by BHW or not): URM: For Block 3a, enter the number of individuals who participated in a residency program during the annual reporting period **and** are underrepresented minorities. Block 3a is a subset of Block 3.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Block 3b, enter the number of individuals from disadvantaged backgrounds who participated in a residency program during the annual reporting period **and are not** underrepresented minorities. Block 3b is a subset of Block 3.



Note: Do not count individuals who permanently left their residency before completion (i.e., attrition). These individuals will be captured separately in Block 9.



Reference: Refer to the glossary for a definitions of "underrepresented minority" and "disadvantaged background."

Example:

Example: The School of Medicine had a total of 12 Internal Medicine residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 Internal Medicine residents. During this period, 1 Internal Medicine resident left the program before completing all residency requirements. In Block 3 of this form, the reporting official at the School of Medicine would enter 11.

PC-8 - Entering Graduate Information

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 21. PC-8 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: For Block 8, enter the total number of individuals who completed all residency requirements during the annual reporting period. Block 8 is a subset of Block 3.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: For Block 8a, enter the number individuals who completed all residency requirements during the annual reporting period and are underrepresented minorities. Block 8a is a subset of Block 8.

Example:

Example: The School of Medicine had a total of 11 Internal Medicine residents maintain enrollment in the residency program during the annual reporting period. Among the 11 Internal Medicine residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period.

In Block 8, the reporting official at the School of Medicine would enter 3.

Example: The School of Medicine had a total of 11 Internal Medicine residents maintain enrollment in the residency program during the annual reporting period. Among the 11 Internal Medicine residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period; none who completed the residency program are underrepresented minorities.

In Block 8a, the reporting official at the School of Medicine would enter 0.

PC-8 - Entering Attrition Information

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 22. PC-8 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: For Block 9, enter the total number of individuals who permanently left their residency before completion during the annual reporting period.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: For Block 9a, enter the number of individuals who permanently left their residency before completion during the annual reporting period and are underrepresented minorities. Block 9a is a subset of Block 9.

Example:

Example: The School of Medicine had a total of 12 Internal Medicine residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 Internal Medicine residents. During this period, 1 Internal Medicine resident left the program before completing all residency requirements; none who left were underrepresented minorities.

In Block 9a of this form, the reporting official at the School of Medicine would enter 0.

The completed PC-8 subform for the School of Medicine would appear identical to the image below.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
11	2	4	3	0	1	0

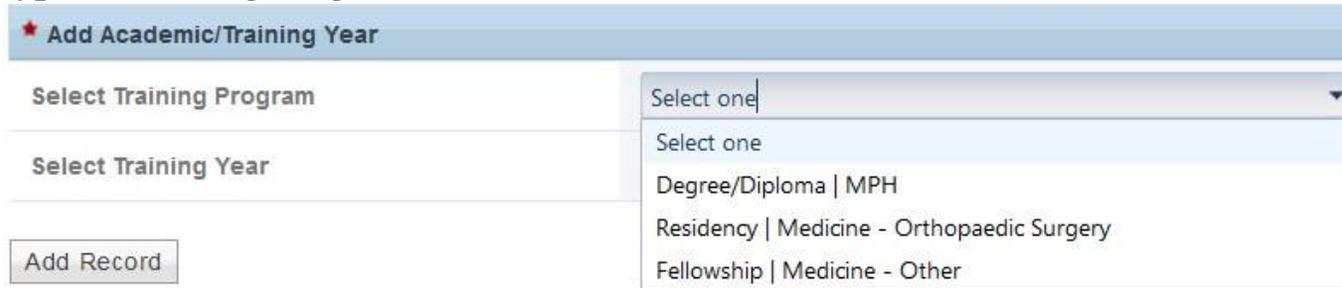
Figure 23. PC-8 - Entering Attrition Information



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the PC-9 subform.

PC-9: Program Characteristics –Positions Description

PC-9 - Selecting Type of Training Program



The screenshot shows a web form titled "Add Academic/Training Year". It contains two input fields: "Select Training Program" and "Select Training Year". The "Select Training Program" field has a dropdown menu open, showing the following options: "Select one", "Degree/Diploma | MPH", "Residency | Medicine - Orthopaedic Surgery", and "Fellowship | Medicine - Other". Below the fields is a button labeled "Add Record".

Figure 24. PC-9 - Selecting Type of Training Program

The PC-9 form collects information about the total number of students, residents, and/or fellows in the training program by class (training) year.

Type of Training Program: Select a training program by clicking on the drop-down menu next to "Select Training Program" and choosing **one** of the available options.

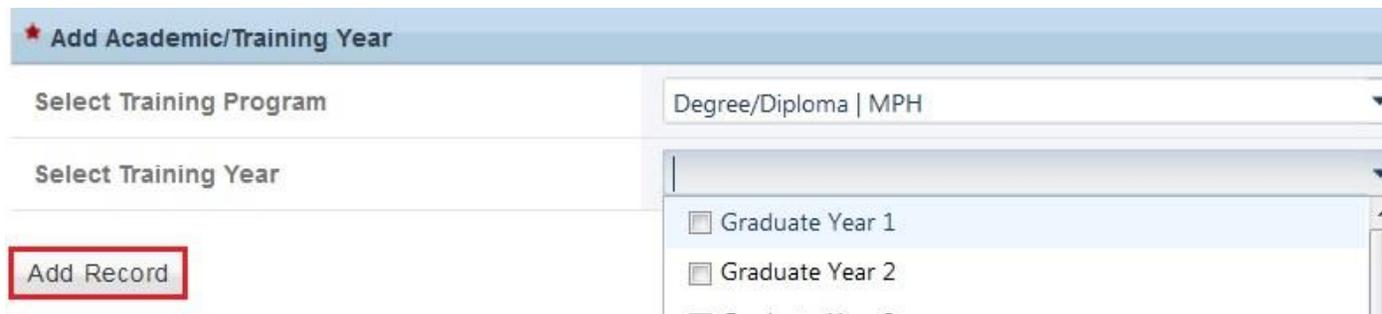


Warning: Complete the PC-9 Setup form only if grant funds were used to support degree, residency, and/or fellowship programs other than those previously reported. You do not need to reenter information about training programs previously reported. If no new degree, residency, or fellowship programs were supported other than those previously reported, skip to PC-9 Step 3.



Note: The options available under "Type of Training Program" will prepopulate with information that was entered and saved in the Training Program Setup Form. To view data submitted in previous reporting periods, click on the "View Prior Period Data" link on top of the form.

PC-9 - Selecting Training Year



The screenshot shows a web form titled "Add Academic/Training Year". It has two dropdown menus: "Select Training Program" (set to "Degree/Diploma | MPH") and "Select Training Year" (open to show "Graduate Year 1" and "Graduate Year 2" with checkboxes). A red box highlights the "Add Record" button.

Figure 25. PC-9 - Selecting Training Year

Training Year: Select the types of training years that apply to the training program supported through the grant by clicking on the drop-down menu next to "Select Training Year" and choosing **all that apply** from the options listed below.

Click on the "Add Record" button to save your entry. **Repeat this process to capture training years associated with each degree program supported through the grant. Medical Schools, please use Graduate Years 1-4 to denote each medical student year MS1-MS4.**

- Fellowship Year 1
- Graduate Year 1
- Graduate Year 4
- Residency Year 3
- Fellowship Year 2
- Graduate Year 2
- Residency Year 1
- Residency Year 4
- Fellowship Year 3
- Graduate Year 3
- Residency Year 2
- Residency Year 5



Note: You will be required to enter the total number of individuals in the program by the type of training year selected in this step. Your entry(ies) will be saved in a table that will appear within the PC-9 subform.



Note: Medical Schools, please use all Graduate Years 1-4 to denote each medical student year (MS1 – MS4).



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

PC-9 - Entering Total # of Accredited Positions

Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Accredited Positions (3) Block 4	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6
Fellowship Medicine - Other	Fellowship Year 1	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 26. PC-9 - Entering Total # of Accredited Positions

Enter Total # of Accredited Positions: Enter the total number of accredited residency or fellowship positions the grantee institution has by training year by clicking on the textbox located under Block 4. Accredited positions are those designated by the accrediting body such as ACGME or AOA. For medical schools, if you do not have accredited positions, please report total number of medical students by graduate year in Block 4.

The options available under "Type of Training Program" will prepopulate with information that was entered and saved in the Training Program Setup Form; similarly, the information under Training Year will prepopulate with information that was entered and saved in the previous step.



Note: Medical Schools, if your program does not have accredited positions, please report total number of medical students by graduate year in block 4.

PC-9 - Entering Total # of Positions Recruited For

Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Accredited Positions (3) Block 4	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6
Fellowship Medicine - Other	Fellowship Year 1	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 27. PC-9 - Entering Total # of Positions Recruited For

Enter Total # of Positions Recruited For: On the next column of the PC-9 subform, indicate the number of medical school, residency, or fellowship positions recruited for by training year during the reporting period by clicking on the textbox located under Block 5.

PC-9 - Entering Total # of Positions Filled

Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Accredited Positions (3) Block 4	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6
Fellowship Medicine - Other	Fellowship Year 1	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 28. PC-9 - Entering Total # of Positions Filled

Enter Total # of Positions Filled: Enter the total number of student, resident, and/or fellow positions filled by training year during the annual reporting period in the textbox under Block 6 (regardless of funding source).



Note: The sum total of Block 6 across all years within a degree, residency, or fellowship program will equal the number reported in PC-1 Block 3 (for degree programs) or PC-6 Block 3 (for Fellowships) or PC-8 Block 3 (for Residency Programs).



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Counts and Demographics of Training Program Participants—LR and DV Subforms

LR and DV - Introduction



Warning: The LR-1, LR-2, DV-1, DV-2, and DV-3 subforms will only appear for specific types of training programs. You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each program that was supported with grant funds during the annual reporting period.



Warning: For AAU grants that are managed as “infrastructure only,” and do not provide direct financial support, you must count students, resident, and/or fellows affected by your curriculum changes or evaluation work that is sponsored by the AAU grant on the LR and DV subforms.



Warning: If there is no data for a specific Block, enter "0".



Note: Do not count individuals who completed a training program or permanently left a training program before completion during the annual reporting period in the textbox under Blocks 1, 2, or 3. These individuals will be captured separately in Blocks 4, 5, and 6.

LR-1a: Trainees by Training Category

LR-1 - Entering Enrollees Count

No.	Record Status	Type of Training Program (1)	Trainees by Training Category				
			Enter # of Enrollees (2) Block 1	Enter # of Fellows (3) Block 2	Enter # of Residents (4) Block 3	Enter # of Graduates (5) Block 4	Enter # of Program Completers (6) Block 5
1	Prior Record	Fellowship Medicine - Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	New Record	Degree/Diploma MPH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	New Record	Residency Medicine - Orthopaedic Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 29. LR-1 - Entering Enrollees Count

Trainees by Training Category: Enter # of Residents: Enter the total number of enrolled residents who received residency training as a result of the grant during the reporting period in the textbox in Block 3.

Trainees by Training Category: Enter # of Fellows: Enter the total number of enrolled fellows who received fellowship training as a result of the grant during the reporting period in the textbox in Block 2.

Trainees by Training Category: Enter # of Graduates: Enter the total number of enrolled students who graduated from the identified degree program and who received training as a result of the grant during the reporting period in the textbox in Block 4.

Trainees by Training Category: Enter # of Enrollees: Enter the total number of enrolled students in the identified degree program who received training as a result of the grant during the reporting period in the textbox in Block 1. This number includes enrollees (degree students) who received direct financial support from the grant as well as any student who was trained under a curriculum or course developed as a result of the grant. Degree programs will enter a "0" for counts of Fellows and Residents in Blocks 3 and 4.

Trainees by Training Category: Enter # of Program Completers: Enter the total number of individuals who completed non-degree bearing

training programs and were trained as a result of the grant in the textbox in Block 5. Students who earned a degree or certificate from their training program would be captured in Block 4.



Warning: If there is no data for a specific Block, enter "0".



Note: Do not count individuals who completed a training program or permanently left a training program before completion during the annual reporting period in the textbox under Blocks 1, 2, or 3. These individuals will be captured separately in Blocks 4, 5, and 6.

LR-1 - Entering Attrition Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Attrition	
Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Figure 30. LR-1 - Entering Attrition Information

Attrition: Enter # of Individuals who left the Program before Completion: To complete the LR-1 subform **for all records**, enter the total number of individuals who permanently left the degree, residency, or fellowship program before completion (and were being supported by the grant in some manner) by clicking the textbox under Block 6.

Attrition: Enter # of URM who left the Program before Completion: Of the individuals reported in Block 6, enter the number of underrepresented minorities who permanently left the degree, residency, or fellowship program before completion during the annual reporting in the textbox under Block 6a.



Note: Counts reported in Block 6a are a subset of those reported in Block 6.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

LR-2: Trainees by Age & Sex

LR-2 - Entering Enrollees Count by Age and Gender

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male					Sex: Female				
			Enter # of Enrollees (3) Blocks 1-6	Enter # of Fellows (4) Blocks 13-18	Enter # of Residents (5) Blocks 25-30	Enter # of Graduates (6) Blocks 37-42	Enter # of Program Completers (7) Blocks 49-54	Enter # of Enrollees (8) Blocks 7-12	Enter # of Fellows (9) Blocks 19-24	Enter # of Residents (10) Blocks 31-36	Enter # of Graduates (11) Blocks 43-48	Enter # of Program Completers (12) Blocks 55-60
1	Prior Record Fellowship Medicine - Geriatrics	19 and Under										
2	Prior Record Fellowship Medicine - Geriatrics	20 - 29 years										
3	Prior Record Fellowship Medicine - Geriatrics	30 - 39 years										
4	Prior Record Fellowship Medicine - Geriatrics	40 - 49 years										
5	Prior Record Fellowship Medicine - Geriatrics	50 - 59 years										
6	Prior Record Fellowship Medicine - Geriatrics	60 and Over										

Figure 31. LR-2 - Entering Enrollees Count by Age and Gender

Sex: Male: Enter # of Enrollees: For Degree Programs:

Enter the total number of male students (enrollees)—by age group—who received training in the indicated degree-bearing program as a result of the grant under Blocks 1-6 (Column 3). Click on the textboxes under Blocks 13-18 and Blocks 25-30 and enter a "0" in each textbox under Fellows and Residents.

Sex: Female: Enter # of Enrollees: For Degree Programs:

enter the total number of female students (enrollees)—by age group—who received training in the indicated degree-bearing program as a result of the grant under Blocks 7-12 (Column 8). Click on the textboxes under Blocks 19-24, and Blocks 31-36 and enter a "0" in each textbox under Fellows and Residents.



Note: The total of Blocks 1-12 (Columns 3 and 8) will be equal to the number reported in Table LR-1 Block 1



Note: Do not include any individual who graduated/completed the program during this reporting period. Do not include information about individuals who permanently left the program before completion during the reporting period. They will be captured separately in different blocks.



Note: Do not count individuals who completed a degree, residency, or fellowship program during the annual reporting period in the textboxes

under Columns 3-5. These individuals will be captured in the next step. Also, enter "0" if there were no males or females in a specific age group who participated in the training programs listed in this subform.

LR-2 - Entering Fellows Count by Age and Gender

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male					Sex: Female					
			Enter # of Enrollees (3) Blocks 1-6	Enter # of Fellows (4) Blocks 13-18	Enter # of Residents (5) Blocks 25-30	Enter # of Graduates (6) Blocks 37-42	Enter # of Program Completers (7) Blocks 49-54	Enter # of Enrollees (8) Blocks 7-12	Enter # of Fellows (9) Blocks 19-24	Enter # of Residents (10) Blocks 31-36	Enter # of Graduates (11) Blocks 43-48	Enter # of Program Completers (12) Blocks 55-60	
1	Prior Record	Fellowship Medicine - Geriatrics	19 and Under										
2	Prior Record	Fellowship Medicine - Geriatrics	20 - 29 years										
3	Prior Record	Fellowship Medicine - Geriatrics	30 - 39 years										
4	Prior Record	Fellowship Medicine - Geriatrics	40 - 49 years										
5	Prior Record	Fellowship Medicine - Geriatrics	50 - 59 years										
6	Prior Record	Fellowship Medicine - Geriatrics	60 and Over										

Figure 32. LR-2 - Entering Fellows Count by Age and Gender

Sex: Male: Enter # of Fellows: For Fellowship Programs:

Enter the total number of male fellows—by age group—who received training in the indicated fellowship training program as a result of the grant (in some manner) under Blocks 13-18 (Column 4). Click on the textboxes under Blocks 1-6 (Column 3) and enter a "0" in each textbox for Enrollees. Then click on the textboxes under Blocks 25-30 (Column 5) and enter a "0" in each textbox for Residents.

Sex: Female: Enter # of Fellows: For Fellowship Programs:

Enter the total number of female fellows—by age group—who received training in the indicated fellowship training program as a result of the grant (in some manner) under Blocks 19-24 (Column 9). Click on the textboxes under Blocks 7-12 (Column 8) and enter a "0" in each textbox for Enrollees. Then click on the textboxes under Blocks 31-36 (Column 10) and enter a "0" in each textbox for Residents.



Note: The total of Blocks 13-24 (Columns 4 and 9) will be equal to the number reported in Table LR-1 Block 2.



Note: Do not include any individual who graduated/completed the program during this reporting period. Do not include information about individuals who permanently left the program before completion during the reporting period. They will be captured separately in different blocks.



Note: Do not count individuals who completed a degree, residency, or fellowship program during the annual reporting period in the textboxes under Columns 8-10. These individuals will be captured in the next step. Also, enter "0" if there were no males or females in a specific age group

LR-2 - Entering Residents Count by Age and Gender

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male					Sex: Female				
			Enter # of Enrollees (3) Blocks 1-6	Enter # of Fellows (4) Blocks 13-18	Enter # of Residents (5) Blocks 25-30	Enter # of Graduates (6) Blocks 37-42	Enter # of Program Completers (7) Blocks 49-54	Enter # of Enrollees (8) Blocks 7-12	Enter # of Fellows (9) Blocks 19-24	Enter # of Residents (10) Blocks 31-36	Enter # of Graduates (11) Blocks 43-48	Enter # of Program Completers (12) Blocks 55-60
1	Prior Record	Fellowship Medicine - Geriatrics										
2	Prior Record	Fellowship Medicine - Geriatrics										
3	Prior Record	Fellowship Medicine - Geriatrics										
4	Prior Record	Fellowship Medicine - Geriatrics										
5	Prior Record	Fellowship Medicine - Geriatrics										
6	Prior Record	Fellowship Medicine - Geriatrics										

Figure 33. LR-2 - Entering Residents Count by Age and Gender

Sex: Male: Enter # of Residents: For Residency Programs:

Enter the total number of male residents—by age group—who received training in the indicated residency program as a result of the grant (in some manner) under Blocks 25-30 (Column 5). Click on the textboxes under Blocks 13-18 (Column 4) and enter a "0" in each textbox for Fellows. Then click on the textboxes under Blocks 1-6 (Column 3) and enter a 0 in each textbox for Enrollees.

Sex: Female: Enter # of Residents: For Residency Programs:

Enter the total number of female residents—by age group—who received training in the indicated residency program as a result of the grant (in some manner) under Blocks 31-36 (Column 10). Click on the textboxes under Blocks 19-24 (Column 9) and enter a "0" in each textbox for Fellows. Then click on the textboxes under Blocks 7-12 (Column 8) and enter a "0" in each textbox for Enrollees.



Note: The total of Blocks 25-36 (Columns 5 and 10) will be equal to the number reported in Table LR-1 Block 3.



Note: Do not include any individual who graduated/completed the program during this reporting period. Do not include information about individuals who permanently left the program before completion during the reporting period. They will be captured separately in different blocks.



Note: Do not count individuals who completed a degree, residency, or fellowship program during the annual reporting period in the textboxes under Columns 3-5 or 8-10. These individuals will be captured in the next step. Also, enter "0" if there were no males or females in a specific age

group who participated in the training programs listed in this subform.

LR-2 - Entering Graduates Count by Age and Gender

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male					Sex: Female				
			Enter # of Enrollees (3) Blocks 1-6	Enter # of Fellows (4) Blocks 13-18	Enter # of Residents (5) Blocks 25-30	Enter # of Graduates (6) Blocks 37-42	Enter # of Program Completers (7) Blocks 49-54	Enter # of Enrollees (8) Blocks 7-12	Enter # of Fellows (9) Blocks 19-24	Enter # of Residents (10) Blocks 31-36	Enter # of Graduates (11) Blocks 43-48	Enter # of Program Completers (12) Blocks 55-60
1	Prior Record	Fellowship Medicine - Geriatrics										
2	Prior Record	Fellowship Medicine - Geriatrics										
3	Prior Record	Fellowship Medicine - Geriatrics										
4	Prior Record	Fellowship Medicine - Geriatrics										
5	Prior Record	Fellowship Medicine - Geriatrics										
6	Prior Record	Fellowship Medicine - Geriatrics										

Figure 34. LR-2 - Entering Graduates Count by Age and Gender

Sex: Male: Enter # of Graduates: For Degree Programs:

Enter the number of males--by age group--who completed all training requirements and earned an academic degree as a result of the grant during the reporting period in Blocks 37-42 (Column 6).

For Fellowship and Residency Programs:

Click on the textboxes under Blocks 37-42 (Column 6) and enter a "0" in each textbox for graduates.

Sex: Female: Enter # of Graduates: For Degree Programs:

Enter the number of females--by age group--who completed all training requirements and earned an academic degree as a result of the grant during the reporting period in Blocks 43-48 (Column 11).

For Fellowship and Residency Programs:

Click on the textboxes under Blocks 43-48 (Column 11) and enter a "0" in each textbox for graduates.

LR-2 - Entering Program Completers Count by Age and Gender

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male				Sex: Female							
			Enter # of Enrollees (3) Blocks 1-6	Enter # of Fellows (4) Blocks 13-18	Enter # of Residents (5) Blocks 25-30	Enter # of Graduates (6) Blocks 37-42	Enter # of Program Completers (7) Blocks 49-54	Enter # of Enrollees (8) Blocks 7-12	Enter # of Fellows (9) Blocks 19-24	Enter # of Residents (10) Blocks 31-36	Enter # of Graduates (11) Blocks 43-48	Enter # of Program Completers (12) Blocks 55-60		
1	Prior Record	Fellowship Medicine - Geriatrics	19 and Under											
2	Prior Record	Fellowship Medicine - Geriatrics	20 - 29 years											
3	Prior Record	Fellowship Medicine - Geriatrics	30 - 39 years											
4	Prior Record	Fellowship Medicine - Geriatrics	40 - 49 years											
5	Prior Record	Fellowship Medicine - Geriatrics	50 - 59 years											
6	Prior Record	Fellowship Medicine - Geriatrics	60 and Over											

Figure 35. LR-2 - Entering Program Completers Count by Age and Gender

Sex: Male: Enter # of Program Completers: For Degree Programs:

For all records, click on the textbox in Blocks 49-54 (Column 7) and enter a "0" in each textbox for program completers.

For Residency and Fellowship Programs:

Enter the number of male residents and fellows during the reporting period—by age group—who completed all training requirements during the reporting period (and were supported by the grant in some manner while a resident or fellow) in Blocks 49-54 (Column 7).

Sex: Female: Enter # of Program Completers: For Degree Programs:

For all records, click on the textbox in Blocks 55-60 (Column 12) and enter a "0" in each textbox for program completers.

For Residency and Fellowship Programs:

Enter the number of female residents and fellows during the reporting period—by age group—who completed all training requirements during the reporting period (and were supported by the grant in some manner while a resident or fellow) in Blocks 55-60 (Column 12).



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

DV-1: Trainees by Racial & Ethnic Background

DV-1 - Entering Enrollees Count by Race and Ethnicity

No.	Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino				Ethnicity: Non-Hispanic/Non-Latino										
				Enter # of Enrollees (3) Blocks 1-7	Enter # of Fellows (4) Blocks 8-14	Enter # of Residents (5) Blocks 15-21	Enter # of Graduates (6) Blocks 22-28	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Fellows (9) Blocks 43-49	Enter # of Residents (10) Blocks 50-56	Enter # of Graduates (11) Blocks 57-63	Enter # of Program Completers (12) Blocks 64-70					
1	Prior Record	Fellowship Medicine - Geriatrics	American Indian or Alaska Native															
2	Prior Record	Fellowship Medicine - Geriatrics	Asian															
3	Prior Record	Fellowship Medicine - Geriatrics	Black or African American															
4	Prior Record	Fellowship Medicine - Geriatrics	Native Hawaiian or Pacific Islander															
5	Prior Record	Fellowship Medicine - Geriatrics	White															
6	Prior Record	Fellowship Medicine - Geriatrics	More than one Race															

Figure 36. DV-1 - Entering Enrollees Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Enrollees: For Degree Programs:

Enter the number of students (enrollees), by race and ethnic group, who are participating in each degree program as a result of the grant (in some manner) in the textboxes under Blocks 1-7 (Column 3). Click on the textboxes under Blocks 8-14 and Blocks 15-21 (Columns 4 and 5) and enter a "0" in each textbox for Fellows and Residents, respectively.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Enrollees: For Degree Programs:

Enter the number of students (enrollees), by race and ethnic group, who are participating in each degree program as a result of the grant (in some manner) in the textboxes under Blocks 36-42 (Column 8). Click on the textboxes under Blocks 43-49 and Blocks 50-56 (Columns 9 and 10) and enter a "0" in each textbox for Fellows and Residents, respectively.



Note: The total of Blocks 1-7 and Blocks 36-42 (Columns 3 and 8) will be equal to the number reported in Table LR-1 Block 1.



Note: Do not count individuals who completed a training program during the annual reporting period in the textboxes under Columns 3-5 or 8-

10. These individuals will be captured in the next step. Also, enter "0" if there were no enrollees in a specific racial and ethnic group who participated in the training programs listed in this subform.

DV-1 - Entering Fellows Count by Race and Ethnicity

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino					Ethnicity: Non-Hispanic/Non-Latino				
			Enter # of Enrollees (3) Blocks 1-7	Enter # of Fellows (4) Blocks 8-14	Enter # of Residents (5) Blocks 15-21	Enter # of Graduates (6) Blocks 22-28	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Fellows (9) Blocks 43-49	Enter # of Residents (10) Blocks 50-56	Enter # of Graduates (11) Blocks 57-63	Enter # of Program Completers (12) Blocks 64-70
1	Prior Record	Fellowship Medicine - Geriatrics										
2	Prior Record	Fellowship Medicine - Geriatrics										
3	Prior Record	Fellowship Medicine - Geriatrics										
4	Prior Record	Fellowship Medicine - Geriatrics										
5	Prior Record	Fellowship Medicine - Geriatrics										
6	Prior Record	Fellowship Medicine - Geriatrics										

Figure 37. DV-1 - Entering Fellows Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Fellows: For Fellowship Programs:

Enter the number of fellows—by race and ethnic group—who received training in the indicated fellowship program as a result of the grant (in some manner) under Blocks 8-14 (Column 4). Next, click on the textboxes under Blocks 1-7 (Column 3) and Blocks 15-21 (Column 5) and enter a "0" in each textbox for Enrollees and Residents, respectively.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Fellows: For Fellowship Programs:

Enter the number of fellows—by race and ethnic group—who received training in the indicated fellowship program as a result of the grant (in some manner) under Blocks 43-49 (Column 9). Next, click on the textboxes under Blocks 36-42 (Column 8) and Blocks 50-56 (Column 10) and enter a "0" in each textbox for Enrollees and Residents, respectively.



Note: The total of Columns 4 and 9 will be equal to the number reported in Table LR-1 Block 2.



Note: Do not count individuals who completed a training program during the annual reporting period in the textboxes under Columns 3-5 or 8-

10. These individuals will be captured in the next step. Also, enter "0" if there were no enrollees in a specific racial and ethnic group who participated in the training programs listed in this subform.

DV-1 - Entering Residents Count by Race and Ethnicity

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino					Ethnicity: Non-Hispanic/Non-Latino				
			Enter # of Enrollees (3) Blocks 1-7	Enter # of Fellows (4) Blocks 8-14	Enter # of Residents (5) Blocks 15-21	Enter # of Graduates (6) Blocks 22-28	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Fellows (9) Blocks 43-49	Enter # of Residents (10) Blocks 50-56	Enter # of Graduates (11) Blocks 57-63	Enter # of Program Completers (12) Blocks 64-70
1	Prior Record	Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 38. DV-1 - Entering Residents Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Residents: For Residency Programs:

Enter the number of residents—by race and ethnic group—who received training in the indicated residency training program as a result of the grant (in some manner) under Blocks 15-21 (Column 5) and Blocks 50-56 (Column 10). Next, click on the textboxes under Blocks 1-7 (Column 3) and Blocks 8-14 (Column 4) and enter a "0" in each textbox for Enrollees and Fellows, respectively.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Residents: For Residency Programs:

Enter the number of residents—by race and ethnic group—who received training in the indicated residency training program as a result of the grant (in some manner) under Blocks 15-21 (Column 5) and Blocks 50-56 (Column 10). Next, click on the textboxes under Blocks 36-42 (Column 8), and Blocks 43-49 (Column 9) and enter a "0" in each textbox for Enrollees and Fellows, respectively.



Note: The total of Columns 5 and 10 will be equal to the number reported in Table LR-1 Block 3.



Note: Do not count individuals who completed a training program during the annual reporting period in the textboxes under Columns 8-10.

These individuals will be captured in the next step. Also, enter "0" if there were no enrollees in a specific racial and ethnic group who participated in the training programs listed in this subform.

DV-1 - Entering Graduates Count by Race and Ethnicity

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino					Ethnicity: Non-Hispanic/Non-Latino				
			Enter # of Enrollees (3) Blocks 1-7	Enter # of Fellows (4) Blocks 8-14	Enter # of Residents (5) Blocks 15-21	Enter # of Graduates (6) Blocks 22-28	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Fellows (9) Blocks 43-49	Enter # of Residents (10) Blocks 50-56	Enter # of Graduates (11) Blocks 57-63	Enter # of Program Completers (12) Blocks 64-70
1	Prior Record	Fellowship Medicine - Geriatrics										
2	Prior Record	Fellowship Medicine - Geriatrics										
3	Prior Record	Fellowship Medicine - Geriatrics										
4	Prior Record	Fellowship Medicine - Geriatrics										
5	Prior Record	Fellowship Medicine - Geriatrics										
6	Prior Record	Fellowship Medicine - Geriatrics										

Figure 39. DV-1 - Entering Graduates Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Graduates: For Degree Programs:

Click on the textbox under Blocks 22-28 (Column 6) and enter the total number of degree program graduates, by race and ethnic group, who received training as a result of the grant and earned an academic degree during the reporting period.

For Fellowship and Residency Programs:

Click on the textboxes under Blocks 22-28 (Column 6) and enter a "0" in each textbox for graduates.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Graduates: For Degree Programs:

Click on the textbox under Blocks 57-63 (Column 11) and enter the total number of degree program graduates, by race and ethnic group, who received training as a result of the grant and earned an academic degree during the reporting period.

For Fellowship and Residency Programs:

Click on the textboxes under Blocks 57-63 (Column 11) and enter a "0" in each textbox for graduates.



Note: The total of Blocks 22-28 and Blocks 57-63 (Columns 6 and 11) will be equal to the number reported in Table LR-1 Block 4.

DV-1 - Entering Program Completers Count by Race and Ethnicity

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino					Ethnicity: Non-Hispanic/Non-Latino						
			Enter # of Enrollees (3) Blocks 1-7	Enter # of Fellows (4) Blocks 8-14	Enter # of Residents (5) Blocks 15-21	Enter # of Graduates (6) Blocks 22-28	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Fellows (9) Blocks 43-49	Enter # of Residents (10) Blocks 50-56	Enter # of Graduates (11) Blocks 57-63	Enter # of Program Completers (12) Blocks 64-70		
1	Prior Record	Fellowship Medicine - Geriatrics	American Indian or Alaska Native											
2	Prior Record	Fellowship Medicine - Geriatrics	Asian											
3	Prior Record	Fellowship Medicine - Geriatrics	Black or African American											
4	Prior Record	Fellowship Medicine - Geriatrics	Native Hawaiian or Pacific Islander											
5	Prior Record	Fellowship Medicine - Geriatrics	White											
6	Prior Record	Fellowship Medicine - Geriatrics	More than one Race											

Figure 40. DV-1 - Entering Program Completers Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Program Completers: For Degree Programs:

Enter a "0" in all Blocks 29-35 (Column 7) for program completers.

For Residency and Fellowship Programs:

Enter the number of program completers—by race and ethnic group—who completed all training requirements during the reporting period in the identified program (and were supported by the grant in some manner while a resident or fellow) under Blocks 29-35 (Column 7). A program completer for the AAU residencies and fellowships is an individual who met all of the training requirements of a non-degree training program (residency or fellowship).

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Program Completers: For Degree Programs:

To complete the DV-1 subform for all records, enter a "0" in all Blocks 29-35 (Column 7) and Blocks 64-70 (Column 12) for program completers.

For Residency and Fellowship Programs:

Enter the number of program completers—by race and ethnic group—who completed all training requirements during the reporting period in the identified program (and were supported by the grant in some manner while a resident or fellow) under Blocks 64-70 (Column 12). A program completer for the AAU residencies and fellowships is an individual who met all of the training requirements of a non-degree training program (residency or fellowship).



Note: The total of Blocks 29-35 and Blocks 64-70 (Columns 7 and 12) will be equal to the number reported in Table LR-1 Block 5.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

DV-2: Trainees from a Disadvantaged Background

DV-2 - Entering Enrollees Count from Disadvantaged Background



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

No. Record Status	Type of Training Program (1)	Enrollees	
		Enter Total # from Disadvantaged Background (2) Block 1	Enter # from Disadvantaged Background who are not URM (3) Block 2
1	Prior Record Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>

Figure 41. DV-2 - Entering Enrollees Count from Disadvantaged Background

Enrollees: Enter Total # from Disadvantaged Background: For Degree Programs:

Click on the textbox in Block 1 to enter the total number of degree students (enrollees)—regardless of race—who received training as a result of the grant and reported coming from a financially and/or educationally disadvantaged background. Do not include fellows, residents, or any individual who permanently left the program before completion during the reporting period or any individual who graduated/completed the degree program during this reporting period.

For Fellowship and Residency Programs:

Click on the textboxes in Blocks 1 and 2 and enter a "0" for enrollees.

Enrollees: Enter # from Disadvantaged Background who are not URM: For Degree Programs:

Click on the textbox in Block 2 to enter the number of enrollees who received training as a result of the grant, reported coming from a financially and/or educationally disadvantaged background and are not an underrepresented minority. The number reported in Block 2 should be a subset of the number reported in Block 1 (i.e., Block 2 is less than or equal to Block 1).

For Fellowship and Residency Programs:

To begin completing the DV-2 subform for all records, click on the textboxes in Blocks 1 and 2 and enter a "0" for enrollees.



Note: Do not count individuals who completed a training program during the annual reporting period in the textbox under Block 1. These individuals will be captured in the next step. Also, enter "0" if there were no individuals from disadvantaged backgrounds the training programs listed in this subform.



Note: Counts reported in Block 2 are a subset of counts reported in Block 1.



Reference: Refer to the glossary for a definitions of "disadvantaged background" and "underrepresented minority."

DV-2 - Entering Fellows Count from Disadvantaged Background



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

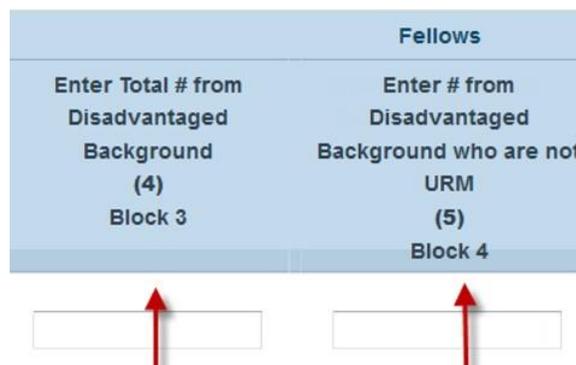


Figure 42. DV-2 - Entering Fellows Count from Disadvantaged Background

Fellows: Enter Total # from Disadvantaged Background: For Fellowship Programs:

Click on the textbox in Block 3 to enter the total number of fellows—regardless of race—who received training as a result of the grant and reported coming from a financially and/or educationally disadvantaged background. Do not include residents or any individual who permanently left the program before completion during the reporting period or any individual who graduated/completed the program during this reporting period.

For Degree and Residency Programs:

Click on the textboxes in Blocks 3 and 4 and enter a "0" for fellows.

Fellows: Enter # from Disadvantaged Background who are not URM: For Fellowship Programs:

Click on the textbox in Block 4 to enter the number of fellows who received training as a result of the grant, reported coming from a financially and/or educationally disadvantaged background and are not an underrepresented minority. The number reported in Block 4 should be a subset of the number reported in Block 3. Do not include residents or any individual who permanently left the program before completion during the reporting period or any individual who graduated/completed the program during this reporting period.

For Degree and Residency Programs:

Click on the textboxes in Blocks 3 and 4 and enter a "0" for fellows.



Note: Counts reported in Block 4 are a subset of counts reported in Block 3.



Reference: Refer to the glossary for a definitions of "disadvantaged background" and "underrepresented minority."

DV-2 - Entering Residents Count from Disadvantaged Background



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Residents	
Enter Total # from Disadvantaged Background (6) Block 5	Enter # from Disadvantaged Background who are not URM (7) Block 6
<input type="text"/>	<input type="text"/>

Figure 43. DV-2 - Entering Residents Count from Disadvantaged Background

Residents: Enter Total # from Disadvantaged Background: For Residency Programs:

Click on the textbox in Block 5 to enter the total number of residents—regardless of race—who received training as a result of the grant and reported coming from a financially and/or educationally disadvantaged background. Do not include fellows or any individual who permanently left the program before completion during the reporting period or any individual who graduated/completed the program during this reporting period.

For Degree and Fellowship Programs:

Click on the textboxes in Blocks 5 and 6 and enter a "0" for residents.

Residents: Enter # from Disadvantaged Background who are not URM: For Residency Programs:

Click on the textbox in Block 6 to enter the number of residents who received training as a result of the grant, reported coming from a financially and/or educationally disadvantaged background and are not an underrepresented minority. The number reported in Block 6 should be a subset of the number reported in Block 5. Do not include fellows or any individual who permanently left the program before completion during the reporting period or any individual who graduated/completed the program during this reporting period.

For Degree and Fellowship Programs:

Click on the textboxes in Blocks 5 and 6 and enter a "0" for residents.



Note: Counts reported in Block 6 are a subset of counts reported in Block 5.



Reference: Refer to the glossary for a definitions of "disadvantaged background" and "underrepresented minority."

DV-2 - Entering Graduates Count from Disadvantaged Background



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.



Figure 44. DV-2 - Entering Graduates Count from Disadvantaged Background

Graduates: Enter Total # from Disadvantaged Background: For Degree Programs:

Click on the textbox in Block 7 to enter the **total** number of graduates—regardless of race—who received training as a result of the grant, earned an academic degree during the reporting period, and reported coming from a financially and/or educationally disadvantaged background.

For Fellowship and Residency Programs:

Click on the textboxes in Blocks 7 and 8 and enter a "0" for graduates.

Graduates: Enter # from Disadvantaged Background who are not URM: For Degree Programs:

Click on the textbox in Block 8 to enter the number of graduates who received training as a result of the grant, earned an academic degree during the reporting period, reported coming from a financially and/or educationally disadvantaged background and are not underrepresented minorities. The number reported in Block 8 should be a subset of the number reported in Block 7.

For Fellowship and Residency Programs:

Click on the textboxes in Blocks 7 and 8 and enter a "0" for graduates.



Note: Counts reported in Block 8 are a subset of counts reported in Block 7.

DV-2 - Entering Program Completers Count from Disadvantaged Background



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

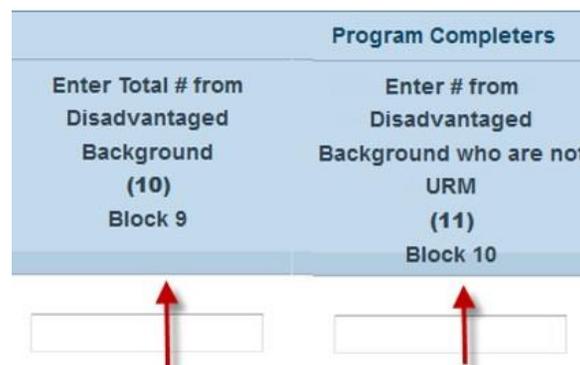


Figure 45. DV-2 - Entering Program Completers Count from Disadvantaged Background

Program Completers: Enter Total # from Disadvantaged Background: For Degree Programs:

Click on the textboxes for all records in Blocks 9 and 10 and enter a "0" for program completers.

For Fellowship and Residency Programs:

Click on the textbox in Block 9 and enter the total number of program completers—regardless of race—who received training as a result of the grant, completed all training requirements during the reporting period, and reported coming from a financially and/or educationally disadvantaged background. A program completer for the AAU residencies and fellowships is an individual who met all of the training requirements of a non-degree training program (residency or fellowship).

Program Completers: Enter # from Disadvantaged Background who are not URM: For Degree Programs:

Click on the textboxes for all records in Blocks 9 and 10 and enter a "0" for program completers.

For Fellowship and Residency Programs:

Click on the textbox in Block 10 to enter the number of program completers who received training as a result of the grant, completed all training requirements during the reporting period, reported coming from a financially and/or educationally disadvantaged background and are not underrepresented minorities. The number reported in Block 10 should be a subset of the number reported in Block 9.



Note: Counts reported in Block 10 are a subset of counts reported in Block 9.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

DV-3: Trainees from a Rural Background

DV-3 - Entering Enrollees Count from Rural Residential Background

No. Record	Status	Type of Training Program (1)	Trainees from Rural Residential Background				
			Enter # of Enrollees from a Rural Background (2) Block 1	Enter # of Fellows from a Rural Background (3) Block 2	Enter # of Residents from a Rural Background (4) Block 3	Enter # of Graduates from a Rural Background (5) Block 4	Enter # of Program Completers from a Rural Background (6) Block 5
1	Prior Record	Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Residency Medicine - Internal Medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma DO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 46. DV-3 - Entering Enrollees Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Enrollees from a Rural Background: For Degree Programs:

Click on the textbox in Block 1 to enter the total number of enrollees who received training as a result of the grant and reported coming from a rural residential background. Do not include fellows, residents, or any individual who permanently left the program before completion during the reporting period or any individual who graduated/completed the program during this reporting period.

For Fellowship and Residency Programs:

Click on the textbox in Block 1 to enter "0" for enrollees.



Note: Do not count individuals who completed a training program during the annual reporting period in the textbox under Block 1. These individuals will be captured in the next step. Also, enter "0" if there were no individuals from a rural residential background in training programs listed in this subform.



Reference: Refer to the glossary for a definition of "rural residential background."

DV-3 - Entering Fellows Count from Rural Residential Background

Type of Training Program (1)	Trainees from Rural Residential Background				
	Enter # of Enrollees from a Rural Background	Enter # of Fellows from a Rural Background	Enter # of Residents from a Rural Background	Enter # of Graduates from a Rural Background	Enter # of Program Completers from a Rural Background
	(2)	(3)	(4)	(5)	(6)
	Block 1	Block 2	Block 3	Block 4	Block 5
Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residency Medicine - Internal Medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree/Diploma DO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 47. DV-3 - Entering Fellows Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Fellows from a Rural Background: For Fellowship Programs (all records):

Enter the total number of fellows who received training as a result of the grant and reported coming from a rural residential background. Do not include residents or any individual who permanently left the program before completion during the reporting period or any individual who graduated/completed the program during this reporting period.

For Degree and Residency Programs (all records):

Click on the textbox in Block 2 to enter "0" for fellows.



Note: Do not count individuals who completed a training program during the annual reporting period in the textbox under Block 2. These individuals will be captured in the next step. Also, enter "0" if there were no individuals from a rural residential background in training programs listed in this subform.



Reference: Refer to the glossary for a definition of "rural residential background."

DV-3 - Entering Residents Count from Rural Residential Background

Type of Training Program (1)	Trainees from Rural Residential Background				
	Enter # of Enrollees from a Rural Background (2)	Enter # of Fellows from a Rural Background (3)	Enter # of Residents from a Rural Background (4)	Enter # of Graduates from a Rural Background (5)	Enter # of Program Completers from a Rural Background (6)
	Block 1	Block 2	Block 3	Block 4	Block 5
Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residency Medicine - Internal Medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree/Diploma DO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 48. DV-3 - Entering Residents Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Residents from a Rural Background: For Residency Programs (all records):
Enter the total number of residents who received training as a result of the grant and reported coming from a rural residential background. Do not include fellows or any individual who permanently left the program before completion during the reporting period or any individual who graduated/completed the program during this reporting period.

For Degree and Fellowship Programs (all records):
Click on the textbox in Block 3 to enter "0" for residents.



Note: Do not count individuals who completed a training program during the annual reporting period in the textbox under Block 3. These individuals will be captured in the next step. Also, enter "0" if there were no individuals from a rural residential background in training programs listed in this subform.



Reference: Refer to the glossary for a definition of "rural residential background."

DV-3 - Entering Graduates Count from Rural Residential Background

Type of Training Program (1)	Trainees from Rural Residential Background				
	Enter # of Enrollees from a Rural Background (2)	Enter # of Fellows from a Rural Background (3)	Enter # of Residents from a Rural Background (4)	Enter # of Graduates from a Rural Background (5)	Enter # of Program Completers from a Rural Background (6)
	Block 1	Block 2	Block 3	Block 4	Block 5
Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residency Medicine - Internal Medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree/Diploma DO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 49. DV-3 - Entering Graduates Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Graduates from a Rural Background: For Degree Programs:

Enter the total number of graduates who received training as a result of the grant, earned an academic degree during the reporting period, and reported coming from a rural residential background.

For Fellowship and Residency Programs:

Click on the textbox in Block 4 and enter "0" for graduates.



Reference: Refer to the glossary for a definition of "rural residential background."

DV-3 - Entering Program Completers Count from Rural Residential Background

Type of Training Program (1)	Trainees from Rural Residential Background				
	Enter # of Enrollees from a Rural Background (2)	Enter # of Fellows from a Rural Background (3)	Enter # of Residents from a Rural Background (4)	Enter # of Graduates from a Rural Background (5)	Enter # of Program Completers from a Rural Background (6)
	Block 1	Block 2	Block 3	Block 4	Block 5
Fellowship Medicine - Geriatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residency Medicine - Internal Medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree/Diploma DO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 50. DV-3 - Entering Program Completers Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Program Completers from a Rural Background: For Degree Programs:

Click on the textbox in Block 5 and enter a "0" for program completers.

For Fellowship and Residency Programs:

Click on the textbox in Block 5 to enter the total number of program completers who received training as a result of the grant, completed all training requirements during the reporting period, and reported coming from a rural residential background.



Reference: Refer to the glossary for a definition of "rural residential background."



To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Individual-level Data—INDGEN Subforms

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

1. You must complete an INDGEN record for each individual who received a BHW-funded financial award during the annual reporting period. In addition, annual updates are required for individuals who were previously reported on INDGEN and were not marked as having graduated, completed or attrited from their training program by **June 30, 2016**.
2. For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each individual. All other fields must be updated on an annual basis until the individual graduates from, completes, or permanently leaves their training program.
3. The INDGEN subform will automatically calculate and display read-only columns labeled “Academic Year Total” and “Cumulative BHW Financial Award Total.”
 - a. The Academic Year Total will display the amount entered for a given academic year.
 - b. The Cumulative BHW Financial Award Total will sum all amounts entered for this individual in the BPMH system.
4. Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from INDGEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.



Note: To view data submitted in previous reporting periods, click on the "View Prior Period Data" link on top of the form.

IND-GEN: Individual Characteristics

IND-GEN - Setup

To begin providing individual-level data for all individuals including students, residents, fellows, faculty, and community providers who received BHW-funded financial awards during the annual reporting period or to provide updates for individuals previously reported on INDGEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel form that will allow you to begin data entry.

* Do you have either a) students, trainees or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for students or trainees who received direct financial support in a previous reporting period? **Yes**

Yes (complete IND-GEN) No (click Save and Validate button to proceed to the next form)

Figure 51. IND-GEN - Setup



Warning: If you have used the INDGEN form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. Please move ahead to the INDGEN form by using the form list located on the left side of your screen.



Warning: If you are unable to enter data into the INDGEN form, edit prior records, or see drop-down menus despite the question above being answered 'Yes', you have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.



Warning: Gray fields in prior records cannot be edited.

IND-GEN - Selecting Type of Training Program

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
	Select one 				

Figure 52. IND-GEN - Selecting Type of Training Program

Type of Training Program: To begin completing the INDGEN subform, select each individual's training program by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing **one** of the available options.



Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form. The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" should only be selected for faculty and community physicians who received a BHW-funded financial award during the annual reporting period.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

Example:

Example: The School of Medicine saved one (1) entry in the Training Program Setup form to reflect the type of degree program supported by the grant. Under "Type of Training Program" the School of Medicine would see the following options:

- Degree/Diploma program / MD
- Other

IND-GEN - Entering Trainee Unique ID

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one ▼	<input style="border: 2px solid red;" type="text"/>			

Figure 53. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each individual in the textbox under Block 1.



Warning: It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide annual updates and 1-year follow-up data for each individual.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Training or Awardee Category

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one		Select one Enrollee (campus-based only) Enrollee (online only)		

Figure 54. IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category: Select each individual's training category during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing **one** of the following options:

- Enrollee (campus-based only)
- Enrollee (distance learning only)
- Enrollee (hybrid)
- Faculty
- Fellow
- Practicing Professional
- Resident



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Enrollment/Employment Status

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one		Select one	Select one	
			Select one Full-time Part-time	

Figure 55. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's enrollment status in their training program during the annual reporting period by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Both Full-time and Part-time
- Full-time
- On leave of absence
- Part-time
- Inactive

IND-GEN - Selecting Individual's Sex

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one		Select one		Select one Male Female

Figure 56. IND-GEN - Selecting Individual's Sex

Select Individual's Sex: Select each individual's sex by clicking on the drop-down menu under Block 4 and choosing **one** of the following options:

- Female
- Male
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Age

Type of Training Program	Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race
(1)	(2) Block 1	(6) Block 5	(7) Block 6	(8) Block 7
Select one		<div style="border: 1px solid black; padding: 2px;"> ▼ 26 27 </div>		

Figure 57. IND-GEN - Selecting Individual's Age

Select Individual's Age: Select each individual's age at the end of the current reporting period from the drop-down menu under Column 6 (Block 5).

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- 75
- Not Reported
- 74

IND-GEN - Selecting Individual's Ethnicity

Type of Training Program	Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity
(1)	(2) Block 1	(6) Block 5	(7) Block 6
Select one		14	Select one Hispanic/Latino Non-Hispanic/Non-Latino

Figure 58. IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity: Select each individual’s ethnicity by clicking on the drop-down menu under Block 6 and choosing **one** of the following options:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Not Reported



Warning: The 'Not reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Race

Type of Training Program	Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race
(1)	(2) Block 1	(6) Block 5	(7) Block 6	(8) Block 7
Select one		14		<div style="border: 1px solid gray; padding: 2px;"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American </div>

Figure 59. IND-GEN - Selecting Individual's Race

Select Individual's Race: Select each individual's race by clicking on the drop-down menu in Column 8 (Block 7) and choosing all that apply from the following options. You may select more than one option for individuals of multiple races:

- American Indian or Alaska Native
- Black or African-American
- White
- Asian
- Native Hawaiian or Other Pacific Islander
- Not Reported



Warning: You may not select "Not Reported" in combination with any other option.



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting if Individual is from a Rural Residential Background

Type of Training Program	Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(9) Block 8	(10) Block 9	(11) Block 10
Select one		Select one Yes		

Figure 60. IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background: Select whether each individual is from a rural residential background by clicking on the drop-down menu under Block 8 and choosing **one** of the following options:

- Yes
- No
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.



Reference: Refer to the glossary for a definition of "rural setting."

IND-GEN - Selecting if Individual is from a Disadvantaged Background

Type of Training Program	Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background
(1)	(2) Block 1	(9) Block 8	(10) Block 9
Select one			Select one Yes

Figure 61. IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background: Select whether each individual is from a disadvantaged background by clicking on the drop-down menu under Block 9 and choosing **one** of the following options:

- Yes
- No
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.



Reference: Refer to the glossary for a definition of "disadvantaged background."

IND-GEN - Selecting Individual's Veteran Status

Type of Training Program	Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(9) Block 8	(10) Block 9	(11) Block 10
Select one				<div style="border: 1px solid black; padding: 2px;"> Select one Active Duty Military Reservist Veteran - Prior Service </div>

Figure 62. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status: Select each individual's veteran status by clicking on the drop-down menu under Block 10 and choosing **one** of the following options:

- Active Duty Military
- Reservist
- Veteran - Retired
- Individual is not a Veteran
- Veteran - Prior Service
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.



Reference: Refer to the glossary for a definition of the various types of veteran statuses.

IND-GEN - Entering BHW-Funded Financial Award Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Type of Training Program	Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount		
			Stipend	Traineeship	Fellowship
(1)	(2) Block 1	(12) Block 11	(13) Block 11	(14) Block 11	(20) Block 11
		<div style="border: 1px solid black; padding: 2px;"> Select one Yes No </div>			

Figure 63. IND-GEN - Entering BHW-Funded Financial Award Information

Select Whether Individual Received BHW Financial Award?: Select whether each individual received a BHW-funded financial award during the annual reporting period by clicking on the drop-down menu under Block 11 and choosing **one** of the following options:

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Stipend: If the individual is a student, resident, fellow, faculty, or community physician and received a BHW-funded financial award, enter the **total** amount of BHW dollars provided during the annual reporting period in the textbox under Stipend. Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, conference expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations (do not report salary or fringe benefits for faculty).

If the individual did not receive a financial award, select "No" under Block 11 and enter "0" in all financial award columns where no money was disbursed.

Enter Individual's Financial Award Amount (BHW funds only): Traineeship: If the individual is a student, resident, fellow, faculty, or community physician and received a BHW-funded financial award, enter the **total** amount of BHW dollars provided during the annual reporting period in the textbox under Traineeship. Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits,

travel expenses, conference expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations (do not report salary or fringe benefits for faculty).

If the individual did not receive a financial award, select "No" under Block 11 and enter "0" in all financial award columns where no money was disbursed.

Enter Individual's Financial Award Amount (BHW funds only): Fellowship: If the individual is a student, resident, fellow, faculty, or community physician and received a BHW-funded financial award, enter the total amount of BHW dollars provided during the annual reporting period in the textbox under Fellowship. Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, conference expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations (do not report salary or fringe benefits for faculty).

If the individual did not receive a financial award, select "No" under Block 11 and enter "0" in all financial award columns where no money was disbursed.

IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year
(1)	(2) Block 1	(22) Block 12	(26) Block 15
		<div style="border: 1px solid black; padding: 2px;"> Select one 0 1 2 3 4 5 or more </div>	

Figure 64. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Enter # of Academic Years the Individual has Received BHW Funding: Select the cumulative number of academic years that each individual has received a BHW-funded financial award by clicking on the drop-down menu under Block 12 and choosing **one** of the following options:

- 0
- 1
- 2
- 3
- 4
- 5 or more



Note: The number of academic years receiving BHW-funded financial awards does not need to be consecutive; rather, the cumulative total number of years should be reported.



Note: If an individual has received money for 1/2 an academic year, please round up. For example, if a student or faculty member has received a financial award for 1 1/2 years, please enter 2.



Note: If a faculty received a BHW-funded financial award for the first time during the annual reporting period, select "1" under Block 12.

IND-GEN - Selecting Individual's Academic or Training Year

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(1)	(2) Block 1	(22) Block 12	(26) Block 15	(27) Block 16
			<div style="border: 1px solid black; padding: 2px;"> Select one Faculty Fellowship Year 1 Fellowship Year 2 </div>	

Figure 65. IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year: Select each individual's current training year by clicking on the drop-down menu under Block 15 and choosing **one** of the following options:

- Faculty
- Fellowship Year 3
- Graduate Year 3
- Graduate Year 6
- Non-degree Training Year 1
- Residency Year 3
- N/A
- Fellowship Year 1
- Graduate Year 1
- Graduate Year 4
- Graduate Year 7
- Residency Year 1
- Residency Year 4
- Fellowship Year 2
- Graduate Year 2
- Graduate Year 5
- Non-degree Training Program Year 2
- Residency Year 2
- Residency Year 5



Note: For practicing professionals (community physicians), select "Non-degree Training Program Year 1" or "Year 2."



Note: Medical Schools, please use Graduate Years to denote medical students.

IND-GEN - Selecting Individual's Primary Discipline

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(1)	(2) Block 1	(22) Block 12	(26) Block 15	(27) Block 16
				<div style="border: 1px solid black; padding: 2px;"> Select one Medicine - Aerospace Medicine Medicine - Allergy and Immunology </div>

Figure 66. IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline: For residency, fellowship, and faculty development programs, select each individual's primary profession and discipline by clicking on the drop-down menu under Block 16 and following the instructions below (individuals in degree programs select N/A):

- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- N/A
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology

IND-GEN - Entering Training Information in a Primary Care Setting



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Type of Training Program (1)	Trainee Unique ID (2) Block 1	Training in a Primary Care Setting		
		Select Whether Individual Received Training (28) Block 17	Enter # of Contact Hours (29) Block 17a	Enter # of Patient Encounters (30) Block 17b
		<div style="border: 1px solid black; padding: 2px;"> Select one Yes No N/A </div>		

Figure 67. IND-GEN - Entering Training Information in a Primary Care Setting

Training in a Primary Care Setting: Select Whether Individual Received Training: Select whether each student, resident, or fellow received clinical or experiential training in a primary care setting during the annual reporting period by clicking on the drop-down menu under Block 17 and choosing **one** of the following options:

- Yes
- No
- N/A

Training in a Primary Care Setting: Enter # of Contact Hours: If the student, resident, or fellow received clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Block 17a. If the student, resident, or fellow did not receive clinical or experiential training in a primary care setting, leave the textbox under Block 17a blank.

Training in a Primary Care Setting: Enter # of Patient Encounters: If the student received experiential training in a primary care setting,

enter the total number of patient encounters in this type of setting during the annual reporting period in the textbox under Block 17b. **If the student did not receive experiential training in a primary care setting**, leave the textbox under Block 17b blank.



Warning: Select "N/A" in the drop-down menu under Block 17 for faculty and community providers.

IND-GEN - Entering Training Information in a Medically Underserved Area



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Type of Training Program	Trainee Unique ID	Training in a Medically Underserved Area	
		Select Whether Individual Received Training	Enter # of Contact Hours
(1)	(2) Block 1	(31) Block 18	(32) Block 18a
		<div style="border: 1px solid black; padding: 2px;"> Select one Yes No N/A </div>	

Figure 68. IND-GEN - Entering Training Information in a Medically Underserved Area

Training in a Medically Underserved Area: Select Whether Individual Received Training: Select whether each student, resident, or fellow received clinical or experiential training in a medically underserved community (MUC) during the annual reporting period by clicking on the drop-down menu under Block 18 and choosing **one** of the following options:

- Yes
- No
- N/A

Training in a Medically Underserved Area: Enter # of Contact Hours: If the student, resident, or fellow received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Block 18a. If the student, resident, or fellow did not receive clinical or experiential training in a MUC, leave the textbox under Block 18a blank.



Warning: Select "N/A" in the drop-down menu under Block 18 for faculty and community providers.

IND-GEN - Entering Training Information in a Rural Area

 **Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Type of Training Program	Trainee Unique ID	Training in a Rural Area	
		Select Whether Individual Received Training	Enter # of Contact Hours
(1)	(2) Block 1	(33) Block 19	(34) Block 19a
		<input type="text" value="Select one"/> Yes No N/A	

Figure 69. IND-GEN - Entering Training Information in a Rural Area

Training in a Rural Area: Select Whether Individual Received Training: Select whether each student, resident, or fellow received clinical or experiential training in a rural area during the annual reporting period by clicking on the drop-down menu under Block 19 and choosing **one** of the following options:

- Yes
- No
- N/A

Training in a Rural Area: Enter # of Contact Hours: If the student, resident, or fellow received clinical or experiential training in a rural area, enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Block 19a.

If the student, resident, or fellow did not receive clinical or experiential training in a rural area, leave the textbox under Block 19a blank.

 **Warning:** Select "N/A" in the drop-down menu under Block 19 for faculty and community providers.

IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
(36) Block 21	(37) Block 22	(38) Block 22a	(39) Block 22b
<input type="text" value="Select one"/> <input type="text" value="Yes"/> <input type="text" value="No"/>			

Figure 70. IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion: Select whether each individual permanently left their degree, residency, fellowship or faculty development program before completion during the annual reporting period by clicking on the drop-down menu under Block 21 and choosing **one** of the following options:

- Yes
- No

IND-GEN - Entering Graduation/Completion Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
(37) Block 22	(38) Block 22a	(39) Block 22b
Select one	Select one	

Figure 71. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program: Select whether each individual completed their degree program or faculty development program during the annual reporting period by clicking on the drop-down menu under Block 22 and choosing **one** of the following options:

- Yes
- No

Select Degree Earned: **If a student or faculty graduated from their degree program during the annual reporting period,** select the type of degree earned through the program by clicking on the drop-down menu under Block 22a and choosing one of the following options (residents and fellows, choose N/A). **If a student did not graduate during the annual reporting period or is a faculty member,** select "N/A" under Block 22a. **If the individual is a resident, fellow, or community provider who completed faculty development,** select "N/A" under Block 22a

- DO
- EdD
- MBA
- MHA
- MS-CTS
- No Degree Earned
- Doctoral Degree Not Otherwise Specified
- MA
- MD
- MPH
- MSCR
- Other Certificate
- DrPH
- Master's Degree Not Otherwise Specified
- MEd
- MS
- MSPH
- PhD

- Post-Masters Certificate
- ScD
- N/A

Select Individual's Post-Graduation/Completion Intentions: If a student or faculty graduated from their degree program during the annual reporting period, select the student's training or employment intentions by clicking on the drop-down menu under Block 22b and choosing all that apply from the options listed below. If a student did not graduate during the annual reporting period or is a faculty member, select "N/A" under Block 22b. If the individual is a resident, fellow, or community provider who completed faculty development, select all applicable options under Block 22b.

- Individual has applied to a medical residency program
- Individual intends to practice in a primary care setting
- None of the above
- N/A
- Individual intends to practice in a medically underserved area
- Individual intends to practice in a rural area
- Not Reported



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

INDGEN-PY: Individual Prior Year

INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Post-Graduation/Completion Intentions	Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status	Select Whether Your Organization Hired this Individual
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(12) Block 22b	(13) Block 23	(14) Block 23a	(16)

Figure 72. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Select whether status/employment data are available for the individual 1-year post graduation/completion: Grayed fields are provided here for identification purposes only. Select whether current employment data are available for each student, resident or fellow who received a BHW-funded financial award and completed their degree one year prior to this report by clicking on the drop-down menu under Block 23 and choosing **one** of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status: If "Yes" was selected in Block 23, choose each individual's current employment location by clicking on the drop-down menu under Block 23a choosing **all that apply** from the following options listed below. **If "No" was selected in Block 23, choose "N/A" in Block 23a. Repeat these steps for all rows in the INDGEN-PY table and enter selections for all blank fields under Blocks 23 and 23a.**

- Individual currently practices in a medically underserved area
- Individual currently practices in a rural area
- None of the above
- Individual currently practices in a primary care setting
- Individual was accepted into a residency program
- N/A

Select Whether Your Organization Hired this Individual: Select whether your organization hired this individual following training program completion by clicking on the drop-down menu under Column 16 and choosing one of the following options:

- No
- Yes
- N/A



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Experiential Characteristics—EXP Subforms

EXP - Introduction

Notice to Grantees about Forms Pertaining to Training Sites

The EXP-1 and EXP-2 subforms have been enhanced to prepopulate specific information about the names and characteristics of training sites used in previous reporting periods. **Please read the following instructions carefully to ensure the EXP-1 and EXP-2 subforms are completed accurately. You must complete and ‘Save and Validate’ EXP-1 first before proceeding to EXP-2. Likewise, you must complete and then ‘Save and Validate’ EXP-2 before proceeding to EXP-3.**

For training sites that have been reported in a previous reporting period:

- The BPMH system will prepopulate the names of all sites ever reported in the Saved Records Table within the EXP-1 subform and mark these records as "Prior Record".
- You must select whether a particular site that was previously reported was used during the annual reporting period in the EXP-1 subform.
- **If "Yes" was selected**, the BPMH system will prepopulate certain blocks in the EXP-2 subform and display it as an option in the EXP-3 subform.
- **If "No" was selected**, the BPMH system will not include the site as an option in the EXP-2 and EXP-3 subforms.

EXP-1: Training Site Setup

EXP-1 - Entering Site Name



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

No. Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10 Test Site1 1	Yes	Select one	

Figure 73. EXP-1 - Entering Site Name

Site Name: For new records:

- To complete the EXP-1 Setup subform, enter the name of a site used to train students, residents, or fellows supported by the grant during the annual reporting period in the textbox next to the row labeled "Enter the Site's Name".
- **Next, click on the "Add Record" button to save your entry.** Repeat the process as necessary to capture the names of each site used during the annual reporting period.

EXP-1 - Selecting Whether the Site was Used in the Current Period

The screenshot shows a web form for EXP-1. At the top, there are three tabs: EXP-1 (active), EXP-2, and EXP-3. Below the tabs, a message states 'Fields with * are required'. A blue bar contains a red asterisk and the text 'Add Site'. Below this is a text input field labeled 'Enter the Site's Name' and an 'Add Record' button. A table with the following columns is displayed: 'No. Record Status', 'Site Name (1) Block (2)', 'Select Whether the Site was Used in the Current Reporting Period', 'Select Type of Site Used (3) Block 1a', and 'Select Type of Setting Where the Site was Located (4) Block 2'. The first row of data shows '1' in the 'No. Record Status' column, 'Test Site1 1' in the 'Site Name' column, and a dropdown menu with 'Yes' selected in the 'Select Whether the Site was Used in the Current Reporting Period' column. The other two dropdown menus are currently empty.

Figure 74. EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period: For all records, select whether each site was used during the annual reporting period by clicking on the drop-down menu located under the column labeled "Select Whether Site Was used in the Current Reporting Period" and choosing **one** of the following options:

- Yes
- No



Warning: Complete the EXP-1 and EXP-2 subforms only for sites used to train students, residents or fellows supported by the grant. Complete the EXP-3 form for all trainees regardless of grant funding.



Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.

EXP-1 - Selecting Type of Site Used

The screenshot shows a web form for 'EXP-1'. At the top, there are three tabs: 'EXP-1' (active, green checkmark), 'EXP-2', and 'EXP-3'. Below the tabs, a message states 'Fields with * are required'. A blue header bar contains the text '* Add Site'. Underneath is a text input field labeled 'Enter the Site's Name'. Below that is a button labeled 'Add Record'. The main part of the form is a table with the following columns: 'No. Record Status', 'Site Name (1) Block (2)', 'Select Whether the Site was Used in the Current Reporting Period (2)', 'Select Type of Site Used (3) Block 1a', and 'Select Type of Setting Where the Site was Located (4) Block 2'. The first row of data shows '1' in the first column, '10' in the second, 'Test Site1' in the third, 'Yes' in a dropdown in the fourth, and 'Select one' in a dropdown in the fifth. The 'Select one' dropdown is highlighted with a red border.

No. Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period (2)	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	Test Site1 1	Yes	Select one	

Figure 75. EXP-1 - Selecting Type of Site Used

Select Type of Site Used: Select the type of sites used to train residents or fellows during the annual reporting period by clicking on the drop-down menu under Block 1a and choosing from one of the following options.

- Academic institution
- Aerospace operations setting
- Community - based organization
- Community Health Center (CHC)
- Dentist Office
- Federal Government Office or Agency
- Hospital
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Behavioral Health Center
- Critical Access Hospital
- Emergency Room
- FQHC or look - alike
- Independent Living Facility
- Local Government Office or
- Acute care services
- Assisted Living Community
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g., Home Health)
- Federal and State Bureau of Prisons
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association

Health Resources and Services Administration
Bureau of Health Workforce

- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- School - based clinic
- State Government Office or Agency
- Tribal Government
- Veterans Affairs Healthcare (e.g., VA Hospital or clinic)

- Agency
- Mobile Clinic/Site
 - Nursing Home
 - Other Oral Health Facility
 - Residential Living Facility
 - Senior Centers
 - State Health Department
 - Tribal Health Department

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- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Tribal Organization

EXP-1 - Selecting Type of Setting Where the Site was Located

Fields with * are required

* Add Site

Enter the Site's Name

Add Record

No. Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1 10	Test Site1 1	Yes	Select one	<input type="text"/>

Figure 76. EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Select whether each site used to train students during the annual reporting period was located in designated settings by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options.

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above

EXP-1 - Entering Site's geographical Data

City (8)	State (9)	Zip Code (10)	Four Digit Zip Code Extension (11)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 77. EXP-1 - Entering Site's geographical Data

City: Enter the name of the city where each training site is located by clicking on the textbox under Column 8.

State: Enter the two-letter abbreviation for the state where each training site is located by clicking on the textbox below Column 9.

Zip Code: Enter the zip code (5 digits) where each training site is located by clicking on the textbox under Column 10.

Four Digit Zip Code Extension: Enter the four-digit zip code extension where each training site is located by clicking on the textbox under Column 11.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

EXP-2: Training Site Characteristics

EXP-2 - Selecting Training Program and Site Name



Warning: EXP-1 must be completed and validated prior to beginning EXP-2. You may delete pre-populated prior records in this form if they are no longer applicable.

Record Status	Type of Training Program	Site Name	Select Type of Site Used
	(1)	(2) Block 1	(3) Block 1a
	<div style="border: 1px solid #ccc; padding: 2px;"> Select one Degree/Diploma MPH Residency Medicine - Orthopaedic Surgery Fellowship Medicine - Other </div>		

Figure 78. EXP-2 - Selecting Training Program and Site Name

Type of Training Program: To begin completing the EXP-2 subform, associate each site with its corresponding training program by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.

Site Name: Next, select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.



Warning: Sites used for each training program must be reported separately. If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.



Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.

Example:

Example: The School of Medicine saved one (1) entry in the Training Program Setup form to reflect the type of degree program supported through the grant. Under "Type of Training Program" the School of Medicine would see the following options:

- *Degree/Diploma program / MD*

EXP-2 - Selecting Type of Site Used

Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located
(1)	(2) Block 1	(3) Block 1a	(4) Block 2
Major Participating Site/Rotation Site Medical Specialties (Primary Care) - Pediatrics (General Pediatrics)	University Pediatric Hospital	Academic institution	None of the above

Figure 79. EXP-2 - Selecting Type of Site Used

Select Type of Site Used: Following the selection of a training site in EXP-1, the associated type of site will be automatically populated when the save and validate button is selected.



Warning: Site types are linked to the name of training sites in EXP-1. To change the associated site type with a particular site name, return to EXP-1.

EXP-2 - Selecting Type of Setting Where the Site was Located

Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site
(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5
University Pediatric Hospital	Academic institution	None of the above	Academic department - outside the institution, Academic department - within the institution, Ambulatory practice sites, Health department - Local, Hospital, Professional Associations, Quality improvement organization

Figure 80. EXP-2 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Following the selection of a training site in EXP-1, the associated settings will be automatically populated when the save and validate button is selected.



Warning: Site settings are linked to the name of training sites in EXP-1. To change the site settings associated with a particular site name, return to EXP-1.

EXP-2 - Selecting Type(s) of Partners/Consortia

Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(4) Block 2	(5) Block 5	(7) Block 4
	<input type="checkbox"/> Federal Government - IHS <input type="checkbox"/> Federal Government - NIH	

Figure 81. EXP-2 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia used to Offer Training at this Site: Select the type(s) of partnerships and/or consortia used or established for the purpose of training students, residents, or fellows at each site during the annual reporting period by clicking on the drop-down menu under Block 5 and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- Academic department - within the institution
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- Federally - qualified health center or look - alikes
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Other
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Day and home care programs (i.e. Home Health)
- Federal Government - Department of Defense/Military
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)

Health Resources and Services Administration
Bureau of Health Workforce

- Long-term care facility
- Nonprofit organization (non - faith based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization
- Professional Associations
- State Governmental Programs

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- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government



Warning: You may not select "No partners/consortia used" in combination with any other option.

EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site	City	State	Zip Code	Four Digit Zip Code Extension
(7) Block 4	(8)	(9)	(10)	(11)
<input type="checkbox"/> College students <input type="checkbox"/> Health Insurance Marketplace				

Figure 82. EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site during the annual reporting period by clicking on the drop-down menu under Block 4 and choosing **all that apply** from the following options:

- Adolescents
- College students
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Unemployed
- Victims of abuse or trauma
- Children
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Tribal Population
- Uninsured/Underinsured persons/families
- None of the above
- Chronically ill
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Undocumented Immigrants
- Veterans



Warning: You may not select "None of the above" in combination with any other option.



To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

EXP-3: Experiential Characteristics - Trainees by Profession/Discipline

EXP-3 - Selecting Training Program and Site Name



Warning: EXP-2 must be completed and validated before completing EXP-3. Please read instructions carefully. EXP-3 will appear blank; however, drop-down selections will populate with your completed EXP-2 training sites.



Warning: Complete the EXP-3 subform for all trainees who received education or training at sites regardless of grant funding.

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Select one	Select one			

Figure 83. EXP-3 - Selecting Training Program and Site Name

Type of Training Program: To begin completing the EXP-3 subform, select a training program by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.

Site Name: Select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.



Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.



Note: The options available under Block 1 will prepopulate with information entered and saved in the EXP-1 subform.

EXP-3 - Selecting Profession and Discipline of Individuals Trained

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained
(1)	(2) Block 1	(3) Block 3
		<div style="border: 1px solid black; padding: 2px;"> Medicine - Dermatology Medicine - Emergency Medicine Medicine - Family Medicine Medicine - Geriatric Psychiatry </div>

Figure 84. EXP-3 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained:

- Select the profession(s)/discipline(s) of individuals trained for each training program/site combination used during the current reporting period by clicking on the drop-down menu in Column 3 (Block 3) and choosing one of the options below.
- Repeat as necessary to identify each profession/discipline of all individuals trained at each site (including interdisciplinary and interprofessional trainees who participated in team-based care).
- Each reported profession/discipline must be reported on a separate line even if they trained at the same site under the same program.

Remember to include:

- Other medical residents that train with the residents counted in the PC form.
 - Students, other medical/dental residents, or other professionals who are trained by residents
- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Behavioral Health - Clinical Psychology • Behavioral Health - Marriage and Family Therapy • Behavioral Health - Pastoral/Spiritual Care • Dentistry - General Dentistry | <ul style="list-style-type: none"> • Behavioral Health - Clinical Social Work • Behavioral Health - Other Psychology • Dentistry - Dental Hygiene • Dentistry - Oral Surgery Dentistry | <ul style="list-style-type: none"> • Behavioral Health - Counseling Psychology • Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling • Dentistry - Endodontic Dentistry • Dentistry - Orthodontic Dentistry • Dentistry - Periodontic Dentistry |
|--|--|---|

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- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Veterinary Medicine

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- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care pediatric
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Pharmacy School
- Student - Post - high school / Pre - Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Physical Therapy
- Student - Registered nurse (RN)
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Physician Assistant
- Student - Undergraduate - Other

college

- Student - Undergraduate - Public Health



Note: For students in degree programs, use the student categories. For residents and fellows use the profession/discipline options (i.e., Medicine—Internal Medicine; do not use the student options).



Note: Do not list faculty and other non-trainees who are also at each training site. Only select trainee categories.

EXP-3 - Entering # Trained in the Profession and Discipline

Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(3) Block 3	(4) Block 3	(5) Block 8

Figure 85. EXP-3 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: For each row, enter the number of "Principal" trainees in the profession/discipline listed. **Count all students, residents, and fellows from the training program identified in the Training Program Setup form in Block 3 (these students, residents, and fellows were all counted on the PC-1, PC-6, PC-8 and PC-9 forms)**



Note: If a profession/discipline has trainees not counted on the PC form and no others, enter the number under Block 8 and a "0" under Block 3.



To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(3) Block 3	(4) Block 3	(5) Block 8

Figure 86. EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care: For each row, enter the number of all "Other Interprofessional" trainees in each profession/discipline listed.

Enter the number of all other team-based care students, residents, fellows, and other trainees on separate lines who were also trained at this site in Block 8. Do not count faculty or non-trainees. See examples on the following pages.



Note: If a profession/discipline has trainees counted on the PC form and no others, enter the number under Block 3 and a "0" under Block 8.



Note: If a profession/discipline has trainees not counted on the PC form and no others, enter the number under Block 8 and a "0" under Block 3.



Note: If a profession/discipline has trainees counted on the PC form as well as trainees not counted on the PC form, enter the number of trainees counted on the PC form under Block 3, and the number of trainees not counted on the PC form under Block 8.

EXP-3 - Adding Individuals Trained Example 1

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Degree/Diploma MD	North Regional Hospital	Student- Medical School	24	0
2	Degree/Diploma MD	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Degree/Diploma MD	North Regional Hospital	Student-Graduate- Psychology	0	3
4	Degree/Diploma MD	Community Physicians	Student-Medical School	14	0
5	Degree/Diploma MD	Community Physicians	Student-Pharmacy School	0	4

Figure 87. EXP-3 - Adding Individuals Trained Example 1

Example with both your students and interprofessional trainees at the same site:

In the example on this page, the School of Medicine’s MD degree program trained 24 medical students at North Regional Hospital. As part of Interprofessional team-based care, the School of Medicine’s MD program also trained 2 Internal Medicine residents and 3 graduate students in psychology. At a second site, the MD program trained 14 of its medical students alongside 4 pharmacy students who were part of interprofessional team-based care.

EXP-3 - Adding Individuals Trained Example 2

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Degree/Diploma MD	North Regional Hospital	Student- Medical School	24	0
2	Degree/Diploma MD	Community Physicians	Student- Medical School	10	0
3	Degree/Diploma MD	Doctor's Clinic	Student- Medical School	4	0

Figure 88. EXP-3 - Adding Individuals Trained Example 2

Example with no interprofessional trainees at any site:

In this example, the medical students from the MD program do not have interprofessional experiences. The medical students trained at 3 different clinical training sites. At the first site, there were 24 medical students and no interprofessional trainees at North Regional Hospital. At the second site, there were 10 medical students and no interprofessional trainees at Community Physicians. At the third site, there were 4 medical students and no interprofessional trainees at the Doctor's Clinic.

EXP-3 - Adding Individuals Trained Example 3

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Degree/Diploma MD	North Regional Hospital	Student- Medical School	24	10
2	Degree/Diploma MD	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Degree/Diploma MD	North Regional Hospital	Student-Pharmacy School	0	5
4	Degree/Diploma MD	Community Physicians	Student-Medical School	10	8
5	Degree/Diploma MD	Community Physicians	Student-Physical Therapy	0	4

Figure 89. EXP-3 - Adding Individuals Trained Example 3

Example with both your students and interprofessional trainees of the same discipline at the same sites:

In the example on this page, the School of Medicine’s MD degree program trained 24 of its own medical students at North Regional Hospital. As part of Interprofessional team-based care, the MD program also trained 10 medical students from non-HRSA funded programs (not part of the Predoctoral Training in Primary Care grant program), 2 Internal Medicine residents and 5 pharmacy students. At a second site, the MD program trained 10 of its own medical students alongside 8 medical students from different MD programs as well as 4 physical therapy students who were part of interprofessional team-based care.

Course Development & Enhancement Activities—CDE Subforms

CDE - Introduction

Notice to Grantees about Forms Pertaining to Course Development & Enhancement Activities

The CDE-1 and CDE-2 subforms have been enhanced to prepopulate specific information about the names and characteristics of courses or other training activities that have been developed or enhanced using BHW funds in previous reporting periods. **Please read the following instructions carefully to ensure the CDE-1 and CDE-2 subforms are completed accurately.**

For courses or other training activities that were marked as "Under Development" or "Developed, but Not Yet Implemented" in a previous reporting period: The BPMH system will prepopulate the following blocks in the CDE-1 subform. **Please note that all other blocks must be updated on an annual basis until the course or training activity is marked as "Implemented".**

For courses or other training activities that were marked as "Implemented" in a previous reporting period: The BPMH system will transfer these records to the new CDE-1a subform. The only action required in this subform is to select whether the course or training activity that was previously implemented was offered during the annual reporting period.

 **Warning: CDE-1 and CDE-1a forms must be completed and validated prior to beginning the CDE-2 form.**

CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup

To begin providing data about courses and other training activities that have been developed or enhanced through the grant **or to provide updates on previously reported activities**, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

* Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes

Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)

Figure 90. CDE-1 - Setup



Warning: If you have used the CDE form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. Please move ahead to the CDE form by using the form list located on the left side of your screen.



Warning: Both CDE-1 and CDE-1a must be completed and validated prior to beginning CDE-2. If you reach the CDE-2 form, and no drop-down selections appear, you have not validated both CDE-1 and CDE-1a subforms.

CDE-1 - Entering the Name of Course/Training Activity

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**



Figure 91. CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity:

- To begin completing the CDE-1 subform, enter the name of each course or training activity that was developed or enhanced through the grant at any point during the entire project period.
- Next, click the "Add Record" button to save your entry. **Repeat this process to enter each course or training activity that was developed or enhanced through the grant separately.**

 **Warning: Complete the CDE-1 Setup form only if grant funds were used to develop or enhance courses or training activities other than those previously reported. You do not need to reenter information about courses or training activities previously reported.**

 *Note: To view data submitted in previous reporting periods, click on the "View Prior Period Data" link on top of the form.*

CDE-1 - Selecting Type of Course or Training Activity

No. Record	Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4
1	New Record Course 1	Select one Select one Academic course	Select one	Select one

Figure 92. CDE-1 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity: To begin completing the CDE-1 subform for **new records**, select the type of course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Block 2 and choosing **one** of the following options:

- Academic course
- Clinical rotation
- Faculty development programs or activities
- Field placement/practicum
- Grand rounds



Note: If you need to delete a new record for any reason, simply click on "Delete" under the column labeled "Options".



Note: To view data submitted in previous reporting periods, click on the "View Prior Period Data" link on top of the form.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4
Course 1	Select one	Select one Select one Newly developed Enhanced	Select one

Figure 93. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced: For new records, select whether each course or training activity identified under Block 1 was newly developed or was enhanced by clicking on the drop-down menu under Block 3 and choosing **one** of the below listed options.

- "Newly developed," courses or training activities are those that were not in existence and were developed in their entirety through the grant.
- "Enhanced," courses or training activities are those that were in existence prior to the grant and were modified or restructured through the grant.
- Enhanced
- Newly developed

CDE-1 - Entering Development/Enhancement Status

Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation	
				From Year (5) Block 4a	To Year (6) Block 4a
Course 1	Select one	Select one	Select one Under development		

Figure 94. CDE-1 - Entering Development/Enhancement Status

Select Status of Development or Enhancements: For all records, select each course or training activity's status by clicking on the drop-down menu under Block 4 and choosing **one** of the below listed options.

- Developed, not yet implemented
- Implemented
- Under development

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: From Year: For records marked as **"Implemented" in Block 4**, enter the first academic year that each course or training activity that was developed or enhanced through the grant was implemented in the textboxes under Block 4a using the YYYY-YYYY format.

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: To Year: For records marked as **"Under development"** or **"Developed, not yet implemented"**, enter N/A under Block 4a.



Note: For prior records, this field will be editable from previous reporting periods.

CDE-1 - Entering Curriculum

Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)
<input type="text"/>	Select one ▼	<input type="text"/>

Figure 95. CDE-1 - Entering Curriculum

Enter the Curriculum the Course or Training Activity is Associated With: For new records, enter the name of the curriculum associated with each course or training activity that was developed or enhanced through the grant in the textbox under Block 5.



Note: If the course or training activity that was developed or enhanced is not associated with a specific curriculum, enter "N/A".



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

CDE-1 - Selecting Delivery Mode

Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)
<input type="text"/>	Select one Select one Classroom-based	<input type="text"/>

Figure 96. CDE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity: For new records, select the primary mode used to deliver each course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Block 6 and choosing **one** of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Grand rounds
- Clinical Rotation
- Experiential/Field-based
- Hybrid



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)
<input type="text"/>	Select one 	<div style="border: 2px solid red; height: 65px;"></div>

Figure 97. CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented: To complete the CDE-1 subform for all records, use the following instructions:

- **If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was implemented during the annual reporting period,** select the name(s) of the site(s) where the activity took place from the drop-down under Column 9. This drop-down menu is populated with the active site names from EXP-1.
- **For all other records,** select "N/A" from the drop-down list under Column 9.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

CDE-1a: Course Development and Enhancement - Log of Courses/Training Activities Implemented

CDE-1a - Selecting Whether the Course was Offered in the Current Period

Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)
				From Year (5) Block 4a	To Year (6) Block 4a			
Medical Orders for Life-Sustaining Treatment	Faculty development program	Enhanced	Implemented	2011	2012	Establishing a Center of Excellence	Classroom-based	Select one

Figure 98. CDE-1a - Selecting Whether the Course was Offered in the Current Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period: To begin completing the CDE-1a subform, select whether a particular course or training activity previously implemented was offered during the annual reporting period by clicking on the drop-down menu under the column labeled "Select Whether Course or Training Activity was Offered During Current Reporting Period" (Column 9) and choosing **one** of the following options:

- Yes
- No



Warning: If "No" was selected in the CDE-1a subform, the name of the course or training activity previously implemented will not display as an option in the CDE-2 subform.

CDE-1a - Selecting EXP-1 Site Name Where Implemented

Name of Course or Training Activity (1)	Select Type of Course or Training Activity (2)	Select whether Course or Training Activity was Newly Developed or Enhanced (3)	Select Status of Development or Enhancements (4)	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7)	Select Delivery Mode Used to Offer this Course or Training Activity (8)	Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)	Enter Site Name from EXP-1 Where Implemented (10)
				From Year (5)	To Year (6)				
Block 1	Block 2	Block 3	Block 4	Block 4a	Block 4a	Block 5	Block 6		

Medical Orders for Life-Sustaining Treatment

Faculty development prog▼ Enhanced▼ Implemented▼ 2011 2012 Establishing a Center Classroom-based▼ Select one▼

Figure 99. CDE-1a - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented: To complete the CDE-1a subform, use the following instructions:

- **If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was offered during the annual reporting period,** select the name(s) of the site(s) where the activity took place from the drop-down under Column #10. This drop-down menu is populated with the active site names from EXP-1.
- **For all other records,** select "N/A" from the drop-down list under Column 10.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

CDE-2: Course Development and Enhancement - Trainees by Profession/Discipline

CDE-2 - Adding Courses and Profession/Disciplines

Figure 100. CDE-2 - Adding Courses and Profession/Disciplines

Name of Course or Training Activity: To begin completing the CDE-2 subform for **academic courses, training workshops, grand rounds, clinical rotations, and field placement/practica that were implemented during the annual reporting period**, select the name of a course by clicking on the drop-down menu next to "Name of Course or Training Activity" (Block 1) and choosing **one** of the available options.

Profession and Discipline of Individuals Trained: Next, select the profession(s) and discipline(s) of individuals trained through each course that was implemented during the annual reporting period by choosing **all that apply** from the options listed below. Click on the "Add Record" button to save your entry. Repeat this process to capture the profession/discipline of all individuals trained in each course or training activity implemented during the annual reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - General Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene/Public Health
- Dentistry - General Dentistry/Public Health
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine

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- Medicine - Integrative Medicine
- Medicine - Internal
Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery -
Integrated
- Medicine - Preventive
Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery -
Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental
health
- Nursing - Licensed
practical/vocational nurse
(LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non - nurse)
- Other - Pharmacy
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and
Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive
Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery -
Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult
gerontology
- Nursing - NP - Adult
Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health
Information Technology
- Other - Medical Laboratory
Technology
- Other - Office/Support Staff
- Other - Podiatry
- Other - Registered Dietician
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent
Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Optometry
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Veterinary Medicine
- Other - Speech Therapy
- Public Health - Disease Prevention & Health
Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing

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- Other - Radiologic technology
- Other - Speech Pathology
- Other – Occupational Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental Hygiene/Public Health
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Physical Therapy
- Student - Registered nurse (RN)
- Student - Undergraduate - Public Health
- Other - Unknown
- Other – Physical Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Dental School
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women’s health
- Student - Physician Assistant
- Student - Registered Nurse - BSN
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Dental School/Public Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care pediatric
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Undergraduate - Other

CDE-2 - Entering # Trained in the Profession and Discipline

No.	Name of Course or Training Activity (1)	Profession and Discipline of Individuals Trained (2)	Enter # Trained in this Profession and Discipline (3)
	Block 1	Block 7	Block 7
1	Course 1	Student - NP - Acute care pediatric	<input type="text"/>

Figure 101. CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

- To complete the CDE-2 subform **for courses implemented during the annual reporting period**, click on the drop-down menu under Block 7 and choose a profession and discipline.
- Next, enter the number of individuals trained from that profession and discipline in the textbox beside the drop-down menu. **Repeat this step as many times as necessary to total number of individuals trained during the annual reporting period by profession and discipline.**



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

FD-1a: Faculty Development - Structured Faculty Development Training Programs

FD-1a - Adding Structured Faculty Development Programs



Warning: The FD-1a and FD-1b subforms will only appear if "Structured Faculty Development Training Program" was selected in the Faculty Development Setup form.



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

★ Add Structured Faculty Development Program

Program Name

Add Record

Figure 102. FD-1a - Adding Structured Faculty Development Programs

Program Name:

- To begin completing the FD-1a subform **for new records**, enter the name of each structured faculty development program coordinated and/or supported through the grant during the annual reporting period.
- Next, click the "Add Record" button to save your entry. **Repeat this process to enter each faculty development program that was coordinated and/or supported through the grant during the annual reporting period.**



Warning: Complete the FD-1a Setup form only if grant funds were used to support structured faculty development programs other than those previously reported and still ongoing. To provide updates for these programs, go to the next page. Once a program has been completed, it will need to be re-entered as a new record if the program is run again with a new cohort.



Note: If an entry needs to be deleted for any reason, simply click on "Delete" under the column labeled "Options".

Example: The School of Medicine used BHW funds to support TeamSTEPPS training for ten (10) faculty members. In the first semester, the school used grant funds to pay for the costs of training three (3) faculty members. In the second semester, the school used grant funds to pay for the costs of

training an additional seven (7) faculty members.

Since each faculty development program supported through the grant must be reported separately, the School of Medicine would have 2 entries—TeamSTEPPS #1 and TeamSTEPPS #2 (names are for illustrative purposes only). The School of Medicine would complete the FD-1a and FD-1b subforms for each of these programs.

FD-1a - Selecting Program Status

Record Status	Program Name (1)	Select Program Status in the Current Reporting Period (1a)	Select Whether this was a Degree Bearing Program (2) Block 2	For Degree-bearing Programs	
				Select Type of Degree Offered (3) Block 2a	Select Primary Focus Area (4) Block 2b
New Record	Structured Program 1	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>

Figure 103. FD-1a - Selecting Program Status

Select Program Status in the Current Reporting Period: For all records, select the status of each structured faculty development program at the end of the annual reporting period by clicking on the drop-down menu under Block 1a and choosing **one** of the following options:

- Complete
- Ongoing



Warning: If no additional structured faculty development programs were supported through the grant during the annual reporting period other than those previously reported, skip to FD-1a Step 5.

FD-1a - Entering Program Information for Degree/Non-Degree Programs



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Program Name (1)	Select Program Status in the Current Reporting Period (1a)	Select Whether this was a Degree Bearing Program (2) Block 2	For Degree-bearing Programs		For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours (5) Block 3
			Select Type of Degree Offered (3) Block 2a	Select Primary Focus Area (4) Block 2b	
Structured Program 1	Select one	Select one Yes	Select one	Select one	

Figure 104. FD-1a - Entering Program Information for Degree/Non-Degree Programs

Select Whether this was a Degree Bearing Program: To complete **Block 2** for new records, select whether each faculty development training program that was supported through the grant during the reporting period culminates in awarding participants with a professional certificate or academic degree by clicking on the drop-down menu and choosing **one** of the following options:

- Yes
- No

For Degree-bearing Programs: Select Type of Degree Offered: If "Yes" was selected for **Block 2**, Select the type of degree that participants will earn when completing each program by clicking on the drop-down menu under **Block 2a** and choosing **one** of the following options:

- | | | |
|---------------|------------|------------|
| • BA | • BCHS | • BPH |
| • BS | • BSN | • BSW |
| • Certificate | • DC | • DDS |
| • DDS/MPH | • DDS/MSPH | • Diploma |
| • DMD | • DMD/MPH | • DMD/MSPH |
| • DO | • DO/DrPH | • DO/MPH |

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- DO/MSPH
- DrPH
- MA
- MCHS
- MD/MPH
- MD/ScD
- MHS
- MMS/MPH
- MPAP
- MPAS/MPH
- MPH
- MSCR
- MSPH
- No Degree Earned
- Post-Masters Certificate
- N/A
- DO/ScD
- DVM
- Master's Degree Not Otherwise Specified
- MD
- MD/MSPH
- MEd
- MMS
- MMS/MSPH
- MPAS
- MPAS/MSPH
- MS
- MSHS
- MSSW
- PharmD
- PsyD
- Doctoral Degree Not Otherwise Specified
- Joint Degrees not otherwise specified
- MBA
- MD/DrPH
- MD/PhD
- MHA
- MMS/DrPH
- MMS/ScD
- MPAS/DrPH
- MPAS/ScD
- MS-CTS
- MSPAS
- MSW
- PhD
- ScD

For Degree-bearing Programs: Select Primary Focus Area: If a faculty development program will culminate in awarding participants with an academic degree in dentistry, education, or public health, select the degree's focus area by clicking on the drop-down menu under Block 2b and choosing **one** of the options listed below.

If "No" was selected in Block 2: Select "N/A" in Block 2a and Block 2b. Enter the length of each program in clock hours in the textbox under Block 3.

- Business Administration
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Health Administration
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control &
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Education
- Leadership
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Education and Clinical Research
- Other Focus Area
- Public Health - Environmental Health
- Public Health - Infectious Disease

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- Prevention
- Public Health - Social & Behavioral Sciences

- Public Health - Maternal and Child Health
- Teaching

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- Control
- Public Health - Nutrition
 - N/A

For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours: Enter the length of each non-degree program in clock hours in the textbox under Block 3.



Note: Select "N/A" if the program culminates in a degree that is not in dentistry, education, or public health.



Note: These Blocks will be prepopulated for prior records based on data submitted in previous reporting periods.

FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

 **Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Enter the % of Time Spent Developing Competencies for the Following Roles			
Clinician (6) Block 5	Administrator (7) Block 5	Educator (8) Block 5	Researcher (9) Block 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 105. FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

Enter the % of Time Spent Developing Competencies for the Following Roles: Clinician: Enter the percentage of time spent in each faculty development program developing competencies associated with 'Clinician' role.

Enter the % of Time Spent Developing Competencies for the Following Roles: Administrator: Enter the percentage of time spent in each faculty development program developing competencies associated with 'Administrator' role.

Enter the % of Time Spent Developing Competencies for the Following Roles: Educator: Enter the percentage of time spent in each faculty development program developing competencies associated with 'Educator' role.

Enter the % of Time Spent Developing Competencies for the Following Roles: Researcher: Enter the percentage of time spent in each faculty development program developing competencies associated with 'Researcher' role.



Note: Percentages of time spent across the four roles must sum up to 100%.

 *Note: These Blocks will prepopulate for prior records with data submitted in previous reporting periods.*

FD-1a - Entering # of Faculty Who Completed the Program

Enter # of Faculty Who Completed the Program (10) Block 6	Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program (11) Block 7
<input type="text"/>	

Figure 106. FD-1a - Entering # of Faculty Who Completed the Program

Enter # of Faculty Who Completed the Program: For structured training programs marked as "Complete" in Block 1a, enter the number of faculty, fellows, and community providers who completed each program during the annual reporting period in the textbox under Block 6.



Note: If a structured faculty development program was marked as "Ongoing" in Block 1a, enter "0" in the textbox under Block 6.

FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

Enter # of Faculty Who Completed the Program (10) Block 6	Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program (11) Block 7
---	---

Figure 107. FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program: To complete the FD-1a subform **for new records**, select whether any faculty or community provider who participated in a training program received any type of BHW-funded financial award by clicking on the drop-down menu under Block 7 and choosing from the following options:

- Yes
- No



Warning: You must complete an INDGEN subform for each individual who received a BHW-funded financial award during the annual reporting period for participating in a structured faculty development program.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

FD-1b: Faculty Development - Faculty Trained By Profession/Discipline

FD-1b - Adding Profession and Discipline for Structured Programs



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Figure 108. FD-1b - Adding Profession and Discipline for Structured Programs

Program Name: Select a program name by clicking on the drop-down menu next to "Program Name" and choosing one of the available options (available options will be those entered and saved in the FD-1a subform).

Profession and Discipline of Faculty Trained: Next, select the profession(s) and discipline(s) of all faculty who participated in each faculty development program during the annual reporting period by choosing **all that apply** from the options listed below. Click on the "Add Record" button to save your entry. **Repeat this process to capture the profession/discipline of all faculty members and community providers who participated in each faculty development program during the annual reporting period.**

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics

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- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non - nurse)
- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management

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- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Other

- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Public Health - Social & Behavioral Sciences

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- Public Health - Nutrition



Note: Information regarding the names of faculty development programs will prepopulate with the information that was entered and saved in the FD-1a subform.

FD-1b - Entering # Trained in the Profession and Discipline

No.	Program Name (1)	Profession and Discipline of Faculty Trained (2) Block 4	Enter # Trained in this Profession and Discipline (3) Block 4
1	Structured Program 1	Dentistry - General Dentistry	<input type="text"/>

Figure 109. FD-1b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

- To complete the FD-1b subform, please click on the drop-down menu under Block 4 and choose a profession and discipline.
- Next, enter the number of faculty in that profession/discipline who participated in each structured faculty development program during the annual reporting period in the textbox beside the drop-down menu. **Repeat this step as many times as necessary to capture the profession/discipline of all faculty and community providers who participated in each program.**



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

FD-2a: Faculty Development - Faculty Development Activities

FD-2a - Entering Faculty Development Activities

 **Warning:** The FD-2a and FD-2b subforms will only appear if "Faculty Development Activities" was selected in the Faculty Development Setup form.

 **Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.



Figure 110. FD-2a - Entering Faculty Development Activities

Activity Name:

- To begin completing the FD-2a subform, enter the name of each faculty development activity coordinated and/or supported through the grant during the annual reporting period.
- Click on the "Add Record" button to save your entry. **Repeat this process to enter each faculty development activity coordinated and/or supported through the grant during the annual reporting period.**

Example: The School of Medicine used BHW funds to pay for the cost of sending five (5) faculty members to the annual Academy Health conference. In addition, the school also used BHW funds to pay for the cost of sending two (2) faculty members to a local workshop on the integration of behavioral health and primary care.

Since each faculty development activity supported through the grant must be reported separately, the School of Medicine would have 2 entries—one entry for the Academy Health Annual Conference and one for the Integration of Behavioral Health and Primary care workshop (names are for illustrative purposes only). The School of Medicine would complete the FD-2a and FD-2b subforms for each of these activities.

FD-2a - Selecting Type of Faculty Development Activity Offered



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

No. Activity Name (1)	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops	
		Select Whether Activity is Accredited for Continuing Education Credit (3) Block 8a	Select Whether Attendance was to Acquire or Maintain Professional Certification (4) Block 8b
1 Activity 1	Select one Professional Conference	Select one	Select one

Figure 111. FD-2a - Selecting Type of Faculty Development Activity Offered

Select Type of Faculty Development Activity Offered: To begin completing the FD-2a subform, select the type of faculty development activity supported and/or coordinated through the grant during the reporting period by clicking on the drop-down menu under Block 8 and choosing **one** of the following options:

- Academic Course for Continuing Education
- Clinical Rotation for Continuing Education
- Grand Rounds for Continuing Education
- Professional Conference
- Training/Workshop for Continuing Education

For Courses or Workshops: Select Whether Activity is Accredited for Continuing Education Credit: If "Academic Course for Continuing Education" or "Training/Workshop for Continuing Education" was selected under Block 8, select whether these are accredited for continuing education credit by clicking on the drop-down menu under Block 8a and choosing **one** of the options listed below. If any other option was selected under Block 8, select "N/A" under Block 8a.

- Yes

- No
- N/A

For Courses or Workshops: Select Whether Attendance was to Acquire or Maintain Professional Certification: If "Academic Course for Continuing Education" or "Training/Workshop for Continuing Education" was selected under Block 8, select whether attendance by faculty was for the purposes of acquiring or maintaining a professional certification by clicking on the drop-down menu under Block 8b and choosing **one of the options listed below. If any other option was selected under Block 8, select "N/A" under Block 8b.**

- Yes
- No
- N/A

FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
<input type="text"/>	Select one	

Figure 112. FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours: Enter the total length of each faculty development activity in clock hours in the textbox under Block 9.



Note: For activities less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. (e.g., a 15-minute course would be entered as $15/60 = .25$.)

FD-2a - Selecting Delivery Mode

Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
<input type="text"/>	Select one Select one Classroom-based	<input type="text"/>

Figure 113. FD-2a - Selecting Delivery Mode

Select Delivery Mode Used to Offer Training Activity: Select the primary delivery mode used to offer each faculty development activity by clicking on the drop-down menu under Block 10 and choosing **one** of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Grand Rounds
- Clinical Rotation
- Experiential/Field-based
- Hybrid

FD-2a - Selecting Faculty Role(s)

Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
<input type="text"/>	Select one ▼	<input type="checkbox"/> Administrator

Figure 114. FD-2a - Selecting Faculty Role(s)

Select the Faculty Role(s) Addressed at Training Activity: To complete the FD-2a subform, select the faculty role(s) addressed in each activity by clicking on the drop-down menu under Block 11 and choosing **all that apply** from the following options:

- Administrator
- Clinician
- Educator
- Researcher



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

FD-2b: Faculty Development - Faculty Trained By Profession/Discipline

FD-2b - Adding Profession and Discipline for Activities



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

* Add Activity Name and Discipline

Activity Name

Select Profession and Discipline of Faculty Trained

Figure 115. FD-2b - Adding Profession and Discipline for Activities

Activity Name: Select an activity name by clicking on the drop-down menu next to "Activity Name" and choosing one of the available options (available options will be those entered and saved in the FD-1a subform).

Profession and Discipline of Faculty Trained: Next, select the profession(s) and discipline(s) of all faculty and community providers who participated in each activity by choosing **all that apply** from the options listed below. Click on the "Add Record" button to save your entry. **Repeat this process to capture the professions/disciplines of all faculty members who participated in each faculty development activity during the annual reporting period.**

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics

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- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non - nurse)
- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management

Health Resources and Services Administration
Bureau of Health Workforce

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- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Other
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Public Health - Social & Behavioral Sciences

- Public Health - Nutrition



Note: Information regarding the names of faculty development activities will prepopulate with the information that was entered and saved in the FD-2a subform.

FD-2b - Entering # Trained in the Profession and Discipline

No.	Activity Name (1)	Profession and Discipline of Faculty Trained (2)	Enter # Trained in this Profession and Discipline (3)
		Block 12	Block 12
1	Activity 1	Dentistry - General Dentistry	<input type="text"/>

Figure 116. FD-2b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

- To complete the FD-2b subform, click on the drop-down menu under Block 12 and choose a profession/discipline.
- Next, enter the number of faculty and/or community providers in that profession/discipline who participated in each activity during the annual reporting period in the textbox beside the drop-down menu. **Repeat this step as many times as necessary to capture the number of faculty members and community providers who participated in each activity during the annual reporting period.**



You have not submitted your PRGCA until you receive a message indicating that your report has been successfully submitted. You must validate your report, and then the report must be certified by the submitting official at your institution before it is submitted to HRSA. Please ensure that this process is completed in a timely manner.

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

Printing Your Performance Report

The screenshot shows the Performance Report interface. On the left sidebar, the 'Review' link is highlighted with a red box. In the main content area, the 'Print All Forms' button is also highlighted with a red box. The interface includes a navigation menu, a reporting period, a resources section, and a table of contents.

Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View ▾
PC	HTML	View ▾
IND-GEN	HTML	View ▾
INDGEN-GPC	HTML	View ▾
INDGEN-PY	HTML	View ▾
EXP	HTML	View ▾
Comments and Certification	HTML	View ▾

Figure 117. Screenshot of Printing Your Performance Report

1. To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.
2. Next, click the 'Print All Forms' button below the Resources section of the Review Page.

Submitting Your Performance Report

1. To submit your performance report, expand the left side menu of your report and click the 'Submit' link under the 'Review and submit' section. You will be directed to the Submit Report. On the Submit Report page, ensure that the status of all forms is 'Complete' with a green check mark. Click the 'Submit' button on the bottom right corner of this page.

The screenshot displays the 'Submit Report' interface. On the left is a navigation menu with categories like 'Performance Report', 'Setup Data', 'Performance Data', and 'Review and Submit'. The 'Submit' link is highlighted in red. The main content area shows a table titled 'Submission Report Status' with columns for 'Section', 'Status', and 'Option'. A red arrow points to the 'Complete' status of the 'PC-1' row. A 'Submit' button is also highlighted in red at the bottom right.

Section	Status	Option
Setup Data		
Training Program	✓ Complete	Update
Performance Data		
PC-1	✓ Complete	Update
IND-GEN	✓ Complete	Update
INDGEN-GPC	✓ Complete	Update
INDGEN-PY	✓ Complete	Update
EXP-1	✓ Complete	Update
EXP-2	✓ Complete	Update
EXP-3	✓ Complete	Update

Figure 118. Screenshot of the Submit Report Page

2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the 'Certification' section and click the 'Confirm' button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

Submit Report - Confirm

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Report. Click the 'Confirm' button below to submit the report. If you do (+ View More)

Confirmation:
This is a confirmation page! You MUST Click on the appropriate button to complete your action.

Fields with * are required

*** Certification** [View Report](#)

I Sherer, Sara certify that I am authorized to submit this report to HRSA for grant D40HP28075.

Please check the box to electronically sign the Report.

[Cancel](#) [Confirm](#)

Figure 119. Screenshot of the Submit Report - Confirm Page

Submit Report - Result

Your report is successfully submitted to HRSA. The details for this report is listed below. Please note them down for future reference. For any other questions please (+ View More)

Report Details	
Report Type	2015 Final Report
Grant Number	UBMHP20202
Submission Tracking Number	BPMFRUB600029227

[Return to List](#)

Figure 120. Screenshot of the Submit Report - Confirm Page

Appendix A: Glossary

This glossary contains general definitions for terms that are used throughout the BPMH system. Some terms may be defined in multiple ways by different programs due to their authorizing statutes and/or the nature of training activities offered. If you are unsure about how to define a term that is central to your program, please refer to the authorizing statute, the Funding Opportunity Announcement and/or your Government Project Officer for clarification.

Attrition is the act of permanently leaving a training program or training activity before completion. An individual is counted as having attrited if s/he leaves a training program or training activity for any reason before completing all training requirements.

BHW-funded financial awards are monies from a grant funded by BHW that are provided to an individual by a grantee institution or organization for the purposes of defraying costs associated with participation in a training program or training activity. The types and definitions of BHW-funded financial awards are listed below:

1. **Career Award:** A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
2. **Fellowship:** A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
3. **Scholarship:** A financial award provided to a student enrolled in a degree program at an educational institution for the sole purpose of covering expenses associated with tuition.
4. **Stipend:** A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
5. **Traineeship:** A financial award provided to a student enrolled in an advanced training program at an educational institution for the purposes of defraying costs associated with advanced training in a specific content area.
6. **Loan:** A financial award provided to a student enrolled in a degree program at an educational institution for the purposes of defraying costs associated with that degree program. Loans must be repaid in accordance with terms specified in a promissory note.
7. **Loan Repayment:** A financial award provided to an individual that is conditional on their agreement to provide specific types of services for a specified amount of time. Under this agreement, an individual may have part or all of their student loans paid off so long as they meet all specified requirements.

Campus-based degree program is a degree program that requires students to complete all academic coursework at the college or university campus.

Contact hours are the number of hours that an individual receives training in a specific setting.

Continuing education is a training activity or series of training activities offered to members of the **current** workforce who have already completed a training program in their profession. Generally, continuing education sessions are offered to existing professionals and do not include or target students as primary participants.

Curriculum is the aggregate content of multiple learning activities offered by an organization a specific topic area. Commonly, the term curriculum is used to describe the number and type of academic courses within a degree program. The term can also be used to describe the number and type of learning activities for faculty and other non-degree related training programs.

Didactic training is the process of instruction between a designated faculty and an individual or group of individuals.

Direct financial support program is a type of grant that provides individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with participation in a training program or training activity.

Disadvantaged background is a citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR
- Comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

Enhanced course or other training activity is a specific type of training activity that was in existence at the grantee institution or organization and has been modified or restructured as part of the grant project.

Enrollee is an individual who is actively matriculated or registered in a training program or training activity. For the purposes of performance reporting, the training category of "enrollees" does not include graduates, program completers, fellows or residents.

Ethnicity is the ethnic ancestry or origin of an individual or group of individuals. For the purposes of performance reporting, the Office of Management and Budget requires that ethnicity be classified as "Hispanic or Latino Origin" and "Non-Hispanic or Latino Origin". Individuals identifying as "Hispanic or Latino" are of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Experiential training is the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience.

Faculty is an individual or group of individuals who have been deemed qualified by an organization to provide instruction to others on a specific topic area.

Faculty development program is a series of curriculum-based training activities that are provided to faculty over a specific amount of time for the purposes of additional training and/or faculty development. Structured faculty development programs can be degree-bearing, certificate-bearing and do not necessarily have to be offered at or by the grantee institution or organization.

Faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Faculty development activities can include conferences, workshops or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization. It is the same as an “Unstructured faculty development activity”.

Faculty instruction are those courses, workshops, seminars, grand rounds or other training activities that are led by faculty for the purposes of providing training to other individuals (e.g., students, fellows, residents). Faculty instruction does not refer to training activities undertaken by faculty for the purposes of additional training or faculty development (see Structured Faculty Development Program and/or Unstructured Faculty Development Activity).

Federally Qualified Health Centers (FQHC) are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(1)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

Fellowship is a training program that provides an individual or group of individuals (known as "fellows") with advanced training in a general content area. Fellows generally receive a financial award to help defray costs associated with advanced training (also referred to as a "fellowship").

Full-time refers to the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Graduate is an individual who has completed all requirements for a degree-bearing training program at an educational institution.

Hybrid degree program is a degree program that requires students to complete academic coursework at the campus, as well as through distance learning.

Instructional hours are the duration of a training activity or training program in clock hours.

Infrastructure program is a type of grant designed to enhance the scope, quality, and opportunities for health professions training programs or training activities. Infrastructure programs do not provide individuals with any type of BHW-funded financial awards.

Internship is a type of training activity that can either be a(n): a) component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience.

Interprofessional education is the process of learning among a group of individuals from two (2) or more professions.

Interprofessional practice is the provision of care or services to an individual or group of individuals by workers from two (2) or more professions.

Medically Underserved Community (MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area (HPSA); medically underserved area (MUA) and/or medically underserved population (MUP). These communities have limited access to primary health care services. The term MUC is an umbrella term that can be used to describe any location that meets one or more of the previously identified designations.

Multipurpose/Hybrid program is a type of grant that is designed to: a) provide individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with health professions training; **and b)** enhance the scope, quality, and opportunities for health professions training programs or training activities.

Newly developed course or other training activity is a specific type of training activity that was not in existence at the grantee institution or organization and was developed in its entirety as part of the grant project.

Online degree program is a degree program that requires students to complete all academic coursework through distance learning.

Partner/consortium is an organization or group of organizations that provide(s) resources and/or support to grantees for the implementation of training programs and/or training activities.

Patient encounter is a direct interaction between a designated caregiver and a patient for the purposes of health care.

Practicum is a type of experiential training activity. (See "Experiential training").

Primary care is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary care setting is a facility that is staffed with professionals who provide primary care. (See "Primary Care")

Profession & discipline is a phrase that identifies a general occupation (profession) and, where applicable, a type of specialty within that occupation (discipline).

Program completer is an individual who has completed all requirements for a non-degree bearing training program or training activity. (See "Graduate" for individuals who complete all requirements of a degree-bearing training program)

Publication is a written material that has been submitted to and accepted by a publishing authority as part of a collection of related work.

Race is an individual's self-identified affiliation with one (1) or more of the following origins:

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Residency is a training program that provides an individual or group of individuals (known as "residents") with advanced clinical training in a specialty area.

Residential background is/are the type/s of location/s an individual has established residence in.

Rural is a geographical area that is not part of a Metropolitan Statistical Area (MSA). *Note: To determine if a specific geographical area is considered rural, go to [HRSA's Office of Rural Health Policy](#).*

Structured training program is a series of curriculum-based training activities that are provided to an individual or groups of individuals over a specific amount of time.

Trainee is an individual who participates in a training program or training activity.

Underrepresented Minority (URM) is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. **Note: For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented:**

- Black or African American
- Hispanic (all races)
- Native Hawaiian or Other Pacific Islander

- American Indian or Alaska Native

Unstructured faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Unstructured faculty development activities can include conferences, workshops, or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization.

Unstructured training activity is generally a stand-alone single training activity that is not part of a curriculum.

Veteran is any person who served in one (1) of the seven (7) uniformed services of the United States. The seven uniform services include: the United States Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration Commissioned Officers Corps.

Vulnerable populations are groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, and other risk factors associated with sex and gender.

Appendix B: FAQs

General FAQs:

Q1: When is the due date for the performance report?

A1: Performance reports are due by **August 01, 2016** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by your due date may place your grant in a non-compliant status.

Q2: What dates does the performance report cover?

A2: The performance report submitted by grantees should cover all activities conducted through the grant for the period **July 01, 2015 - June 30, 2016**.

Q3: Is it possible to change data entered incorrectly in a prior reporting period?

A3: No. Data entered in a previous reporting period cannot be edited. It is important that grantees endeavor to provide the most accurate data during each reporting period.

FAQs about the Program Characteristics (PC) forms:

Q4: Do I need to set up my training program again if it is being reused in the current reporting period?

A4: No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

Q5: What are the status options for the different types of programs?

A5: Structured and Unstructured Training programs use program status options of "Ongoing" or "Complete." All other types of training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, and residencies) use the status options of "Active" and "Inactive."

Q6: In the PC forms, do we count all trainees in our program regardless of the year of study; include full-time/part-time trainees, etc.?

A6: Yes, as long as trainees are enrolled or participating in the training program identified under Block 1.

Q7: Are we required to provide this information only on the trainees in the programs we received funding for?

A7: The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

FAQs about the LR-1 through DV-3 forms:

Q8: In prior reports, the LR-1, LR-2 and DV tables reported unduplicated counts. In this current reporting format, will we be reporting duplicated counts for those tables?

A8: The new format requires grantees to provide counts by training program. While we understand that an individual may participate in multiple programs offered by grantees, this new approach will allow us to better understand each program separately.

Q9: In the LR- and DV- tables, are the counts for graduates and/or program completers a subset of the total trainee number or are they to be reported separately?

A9: On the LR- and DV- forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

Q10: What address should we use to determine if an individual is considered to come from a rural residential background? Do we consider a student's high school address, medical school address or childhood home address?

A10: It depends on the information available. The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

FAQs about the INDGEN form:

Q11: Where do we get the Trainee Unique ID?

A11: Grantees are responsible for developing a unique ID for each individual for which an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide 1-year follow-up updates through the BPMH system.

Q12: What are the characters of the 7 digit unique ID?

A12: Each unique ID must be made up of 7 alphanumeric characters (meaning that, you may use a combination of both letters and numbers).

Q13: Are INDGEN records from the last reporting period stored in the EHB?

A13: It depends. All INDGEN records that were reported during prior reporting periods will be shown in your INDGEN table as 'Prior Records' until (a) the record is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program (i.e., attrition). Any INDGEN record that was marked as having graduated or completed will be transferred into INDGEN-PY for the next reporting period. INDGEN records for individuals who permanently discontinued training will not re-populate in EHB in the next reporting period.

Q14: Last year we created individual participant codes (Unique IDs) to be included in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant, or create a new code for that participant? Are those codes needed this year?

A14: The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same unique ID-training program combination cannot be present in more than one location (INDGEN/INDGEN-PY).

Q15: What if an individual already listed on INDGEN did not receive a financial award during the six month reporting period?

A15: If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Block 11. The record will remain on INDGEN until this individual is marked as a graduate/program completer or a drop-out of the training program.

Q16: Is there an option to report Ethnicity as unknown?

A16: No. While there is an option for "Not Reported" on the INDGEN form, grantees are expected to collect race and ethnicity data on each individual for whom an INDGEN entry is required. If the option of "Not Reported" is selected for an individual's race, ethnicity or any other of the core demographic variables, it is expected that the grantee will collect this information and provide an update by the next reporting period.

Q17: Is reporting the underrepresented Asian distinction no longer included? The loss of the Asian Underrepresented category is a real loss to describing the diversity of our enrollees and their under-representation in medicine – any suggestions on how we can still express this diversity within our report?

A17: The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to

collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

Q18: Can we use our institutions definitions/standards for disadvantaged background?

A18: The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

Q19: Do we report full time faculty who receive salary support for teaching or administrative responsibilities?

A19: It depends on whether a specific faculty member is part of the project. For project staff (including faculty), this information is not required as it is captured in your grant's budget documents.

Q20: Do conference registration fees count as financial support?

A20: Yes, but only for non-project staff.

Q21: How do we find out an individual's family income?

A21: The institution's financial aid office should have that information, as part of the required application for financial aid.

Q22: For veteran status, are we asking only for the student or trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?

A22: Only the trainee's status should be reported.

Q23: How is the academic year funding total calculated?

A23: The academic year total is automatically calculated in EHB as the sum of funding during the academic year. When you enter, save, and validate the funding amount for the current reporting period, the academic year total will automatically populate.

Q24: How is the cumulative funding total calculated?

A24: The cumulative funding total is automatically re-calculated each annual reporting period in EHB. This is the total of each annual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use starting with Academic Year 2012-2013.

FAQs about the INDGEN-PY form:

Q25: How do I use the INDGEN-PY form?

A25: One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status.

FAQs about the Experiential Training (EXP) forms:

Q26: What training sites do I need to report on this form? Is it all of the sites our program uses?

A26: Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Q27: Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

A27: You should list the specific clinics and offices within the hospital that provide training to supported trainees for the EXP forms.

Q28: Do I need to list a site more than once on EXP-2?

A28: You may need to list a site multiple times on the EXP-2 form. For sites that provide training to students, trainees and faculty from different training programs, it should be listed on the form for each training program the grant sponsors.

Q29: How can I report Interprofessional team-based care at the training sites?

A29: Interprofessional team-based care reporting is a three-step process on the EXP-3 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including the profession of the principal-HRSA sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who were trained at the site, alongside the principal trainees, but were not enrolled in the HRSA-sponsored program.

FAQs about the Curriculum Development and Enhancement (CDE) forms:

Q30: What if courses are created with a variety of funding sources?

A30: Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

Q31: Why do only some of the courses I entered last time appear in the CDE-1 form this time?

A:31 Only courses that were marked as ‘Under Development’ or ‘Developed but Not Yet Implemented’ will pre-populate the CDE-1 table. Courses marked as ‘Implemented’ will pre-populate the new CDE-1a table.

Q32: For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A32: For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

FAQs about the Faculty Development (FD) forms:

Q33: What is the difference between a structured faculty development program and an unstructured faculty development activity?

A33: Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration, and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds.

FAQs about the Continuing Education (CE) forms:

Q34: For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A34: For the purposes of the CE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

FAQs about Technical Support & Assistance:

Q35: Who do we contact if we need technical assistance entering data in EHB?

A35: Grantees should contact HRSA's Call Center for any type of questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

Q36: Where will grantees be able to locate the instruction manuals for the performance reports?

A36: Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Q37: Is there a way to look at the data forms required for my program without logging into EHB?

A37: Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Q38: Are reports from prior years stored in the EHBs?

A38: Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

- a) Clicking the 'view prior period data' link within a form or under your Resources tab;
- b) Going into your grant folder and searching for previously completed reports; or
- c) Clicking on the "submissions" link in the left side navigation menu.

Q39: Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

A39: Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes their specific training program or permanently leaves before completion.