

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Performance Report for Grants and Cooperative Agreements

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the  
Advanced Nursing Education**

**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 **ANE** grant program:
  - **To support the enhancement of advanced nursing education and practice.**
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 light blue horizontal bar containing the text "Add Training Program" with a red asterisk to its left. Underneath this bar, there is a label "Select Type of Training Program Offered" followed by a dropdown menu that currently displays "Select One". A small instruction in parentheses below the label reads "(Click the 'Load Program Details' button after selecting your training program)".

**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	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-1a
5	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-2
6	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-1
7	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-2
8	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-3
9	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN
10	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1

<b>Order</b>	<b>Type of Form</b>	<b>Parent Form</b>	<b>Form ID</b>
11	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2
12	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3
13	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1
14	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1a
15	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-2
16	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1a
17	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1b
18	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2a
19	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2b
20	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-4a
21	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-4b
22	Performance Data Form	Continuing Education Activities-CE Subforms	CE-1
23	Performance Data Form	Continuing Education Activities-CE Subforms	CE-2

## Training Program - Setup

### Training Program Setup - Selecting Type of Training Program



**Warning:** A new entry in the Training Program Setup form is only needed training programs other than those previously reported were supported through the grant during the annual reporting period. If no new programs were supported through the grant during the annual reporting period, skip to the last step for this subform.

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

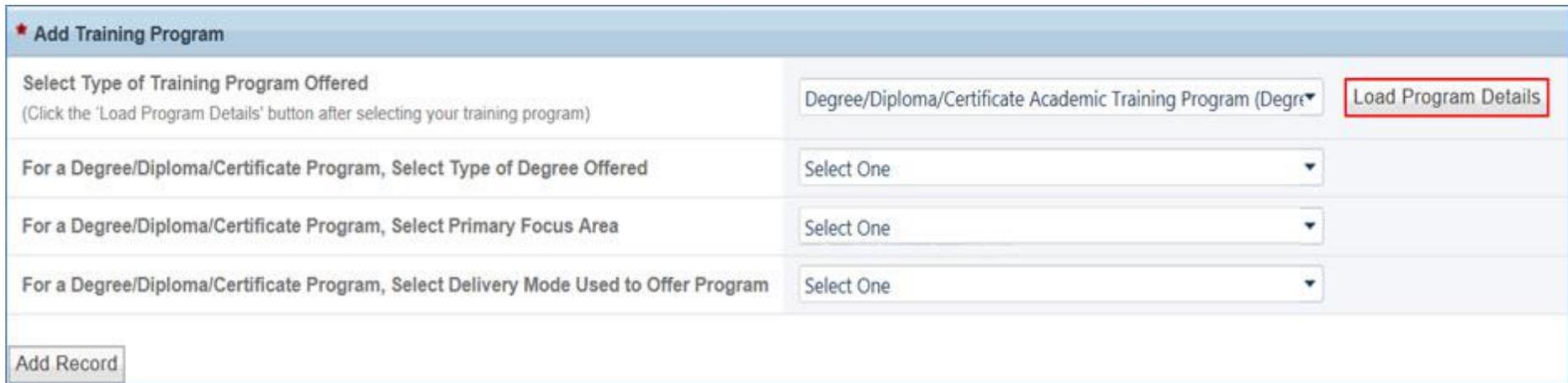
**Select Type of Training Program Offered:** The Training Program Setup form will configure all subforms specific to various types of training programs. To begin completing the setup form, select the type(s) of training program(s) supported through the grant during the annual reporting period by clicking 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)



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

## Training Program Setup - Loading Program Details



The screenshot shows a web form titled "Add Training Program". The form has a light blue header with a red asterisk icon. Below the header, there are four rows of input fields. The first row is "Select Type of Training Program Offered" with a subtext "(Click the 'Load Program Details' button after selecting your training program)". The dropdown menu is set to "Degree/Diploma/Certificate Academic Training Program (Degree)". The "Load Program Details" button is highlighted with a red border. The second row is "For a Degree/Diploma/Certificate Program, Select Type of Degree Offered" with a dropdown set to "Select One". The third row is "For a Degree/Diploma/Certificate Program, Select Primary Focus Area" with a dropdown set to "Select One". The fourth row is "For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program" with a dropdown set to "Select One". At the bottom left, there is an "Add Record" button.

**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

\* 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 (Deg) Load Program Details

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

For a Degree/Diploma/Certificate Program, Select Primary Focus Area Select One

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 degree-bearing programs, use the following instructions:

**For a Degree/Diploma/Certificate Program, Select Type of Degree Offered:** To complete your entry, select the type of degree program supported through the grant during the annual reporting period by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered” and choosing **one** of the following options:

- DNAP
- DNSc / DNS
- MS
- MSN/MHA
- Post-Masters Certificate
- DNP
- EdD
- MSN
- MSN/MPH
- DNP/MPH
- MN
- MSN/MBA
- PhD

**For a Degree/Diploma/Certificate Program, Select Primary Focus Area:** Next, select the degree program's primary focus area by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Primary Focus Area” and choosing **one** of the following options:

- Nursing - Advanced Practice Nursing
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women’s health
- Nursing - Aggregate/Systems/Organizational
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health

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- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Other advanced nurse specialists
- Nursing - Nurse Administrator
- Nursing - Nurse Midwife
- Nursing - PhD - Leadership
- Nursing - CNS - Womens Health and Pediatrics
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Pediatrics
- Nursing - Nurse Anesthetist
- Nursing - Nurse Researchers/Scientists
- Nursing - Public Health Nurse
- Nursing - Community Public Health
- Nursing - NP - Adult
- Nursing - NP - APH/Family
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - NP - Women's health
- Nursing - Nurse Educator
- Nursing - Nursing Informatics
- Other - Midwife

**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 under and choosing **one** of the options listed below.

Next, click on the "Add Record" button to save your entry. **Repeat this process to capture the degree programs of all students who received a BHW-funded financial award during annual reporting period.**

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

## 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   MS   Nursing - NP - Adult gerontology   Campus-based program	Select one	X Delete
2	Prior Record	Degree/Diploma   MS   Nursing - NP - Family   Campus-based program	Select one	X Delete
3	Prior Record	Degree/Diploma   DNP   Nursing - NP - Family   Campus-based program	Inactive Active	X Delete

**Figure 6. 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 programs supported with grant funds during the annual reporting period were captured accurately.

**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.

**Select Training Activity Status in the Current Reporting Period:** Select the Training Activity Status of all reported training programs. If you are reporting on a program, please choose 'Active.'

- Active
- Inactive



**Note: No action is needed for prior records, if they remain Active.** If a prior record training program no longer has active enrollees (no students are enrolled and all students have already graduated), 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 programs. 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.



**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

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

**Figure 7. Selecting Faculty Development Activities**

The Faculty Development Setup form will configure all subforms specific to faculty development activities. To complete the Faculty Development Setup form, select the type(s) of faculty development activities coordinated or supported through the grant during the annual reporting period by choosing **all that apply** under Block 1.



**Warning:** Options for the Faculty Setup form will be automatically selected if you have previously reported one or more training programs or activities through the FD-1a or FD-2a subforms. You may uncheck “Faculty Development Activity” if you have nothing to report. You may uncheck “Structured Faculty Development Training Program” only if you have no training programs still in progress. Please refer to the Faculty Development—FD Subforms page (initial instructions page immediately following CDE forms) for instructions on how to update the status of each previously reported structured faculty development program



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



*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, Column 4 will appear as read-only and is not editable. If the delivery mode for a degree program previously reported has changed, this requires a new entry in the Training Program Setup form.

No. Record Status	Type of Training Program (1) Block 1	Type of Degree Offered (2) Block 1j	Primary Focus Area (3) Block 1k	Select Delivery Mode Used to Offer Program (4) Block 1k.1	Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2
1	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	MSN	Nursing - NP - Adult gerontology	Campus-based prog*	Academic departme*
2	New Record Degree/Diploma   DNSc / DNS   Nursing - NP - Family Psychiatric/Mental Health	DNSc / DNS	Nursing - NP - Family Psychiatric/Mental Health	<input checked="" type="checkbox"/> Academic department - within the institution <input type="checkbox"/> Academic department - outside the institution	

**Figure 8. PC-1 - Selecting Type(s) of Partners/Consortia**

**Select Type(s) of Partners/Consortia Used to Offer this Training:** Select Type(s) of Partners/Consortia Used to Offer this Training: Complete Column 6 (Block 2) by selecting all of the type(s) of partnerships or consortia established for the purpose of offering each degree program during the current reporting period.

- 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 - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- 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
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- 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

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- 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
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

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- No partners/consortia used
- 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.**



Note: If you select the option "Other" please use the comment field to indicate the type of partnership used (include the certificate program name in your comment).

**PC-1 - Selecting Type(s) of Community-based Collaborator(s)**

No.	Record Status	Type of Training Program (1) Block 1	Type of Degree Offered (2) Block 1j 1k	Primary Focus Area (3) Block 1k	Delivery Mode Used to Offer Program (4) Block 1k.1	Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2	Select Type of Community-based Collaborator(s) (6b)
1	10	Degree/Diploma   Certificate - CHW   Student - Nurse Anesthetist   Campus-based program	650	835	15	Academic department - ou▼	Area Health Education Cen▼

**Figure 9. PC-1 - Selecting Type(s) of Community-based Collaborator(s)**

**Select Type of Community-based Collaborator(s):** Select Type of Community-based Collaborator(s): Select the type(s) of community-based collaborators used or established for the purpose of offering each program by clicking on the drop-down menu and choosing all that apply from the following options:

- Area Health Education Center
- Community Mental Health Center
- Federally - qualified health center or look - alike
- Rural Health Clinic
- Community Health Center
- Critical Access Hospital
- Other Community-Based Organization
- N/A



Click Save and Validate.

## **Legislative Requirements & Demographic Variables—LR and DV Subforms**

### **LR and DV - Introduction**



**Warning: You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each type of training program supported through the grant during the annual reporting period.**

## LR-1a: Trainees by Training Category

### LR-1 - Entering Enrollees Count



Warning: For the LR and DV forms, enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

No. Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition	
		Enter # of Enrollees (2) Block 1	Enter # of Graduates (5) Block 4	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a
1 Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 10. LR-1 - Entering Enrollees Count

**Trainees by Training Category: Enter # of Enrollees:** Enter the aggregate number of enrollees in the textbox in Column 2 (Block 1).



*Note: Do not count individuals who permanently left a training program before graduation during the reporting period in Column 6 (Block 5). These individuals will be captured separately in Column 7 (Block 6).*

**LR-1 - Entering Graduates Count**

No. Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition		
		Enter # of Enrollees (2) Block 1	Enter # of Graduates (5) Block 4	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a	
		1	Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	<input type="text"/>	<input type="text"/>

**Figure 11. LR-1 - Entering Graduates Count**

**Trainees by Training Category: Enter # of Graduates:** Enter the aggregate number of graduates or program completers in the textbox in Column 5 (Block 4).



*Note: Do not count individuals who permanently left a training program before graduation during the reporting period in Column 5 (Block 4). These individuals will be captured separately in Column 7 (Block 6).*

## LR-1 - Entering Attrition Information



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

No. Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition		
		Enter # of Enrollees (2)	Enter # of Graduates (5)	Enter # of Individuals who left the Program before Completion (7)	Enter # of URM who left the Program before Completion (8)	
		Block 1	Block 4	Block 6	Block 6a	
1	Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 12. LR-1 - Entering Attrition Information**

**Attrition: Enter # of Individuals who left the Program before Completion:** Enter the total number of individuals who permanently left the training program before completion (and were being supported by the grant in some manner) by clicking the textbox in Block 6.

**Attrition: Enter # of URM who left the Program before Completion:** Enter the number of underrepresented minorities who permanently left the training program before completion during the reporting in the textbox under Block 6a.



*Note: Counts reported in Column 8 (Block 6a) are a subset of those reported in Column 7 (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

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

 **Warning:** For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

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 Graduates (6) Blocks 37-42	Enter # of Enrollees (8) Blocks 7-12	Enter # of Graduates (11) Blocks 43-48
1	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	60 and Over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 13. LR-2 - Entering Enrollees Count by Age and Gender

**Sex: Male: Enter # of Enrollees:** Enter the number of male students, by age group, enrolled in each degree program during the annual reporting period in the textbox under Column 3.

**Sex: Female: Enter # of Enrollees:** Enter the number of female students, by age group, enrolled in each degree program during the annual reporting period in the textbox under Column 8.

 **Warning:** For each training program, the sum of enrollees must be equal to the sum of enrollees entered in LR-1.



*Note: Enter "0" if there were no males or females in a specific age group who participated in the degree programs listed in this subform.*



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

## LR-2 - Entering Graduates Count by Age and Gender



Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female	
			Enter # of Enrollees (3)	Enter # of Graduates (6)	Enter # of Enrollees (8)	Enter # of Graduates (11)
			Blocks 1-6	Blocks 37-42	Blocks 7-12	Blocks 43-48
1	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	60 and Over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 14. LR-2 - Entering Graduates Count by Age and Gender

**Sex: Male: Enter # of Graduates:** To complete the LR-2 subform, enter the number of male students, by age group, who graduated from each degree program during the annual reporting period in the textbox under Column 6.

**Sex: Female: Enter # of Graduates:** Enter the number of female students, by age group, who graduated from each degree program during the annual reporting period in the textbox under Column 11.



Warning: For each training program, the sum of graduates must be equal to the sum of graduates entered in LR-1.



Note: Enter "0" if there were no males or females in a specific age group who completed the training programs listed in this 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.**

## DV-1: Trainees by Racial & Ethnic Background

### DV-1 - Entering Enrollees Count by Race and Ethnicity



Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino	
			Enter # of Enrollees (3)	Enter # of Graduates (6)	Enter # of Enrollees (8)	Enter # of Graduates (11)
			Blocks 1-7	Blocks 22-28	Blocks 36-42	Blocks 57-63
1	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	More than one Race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Race Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 15. DV-1 - Entering Enrollees Count by Race and Ethnicity

**Ethnicity: Hispanic/Latino: Enter # of Enrollees:** For each training program, enter the aggregate number of Hispanic/Latino enrollees from each race category in Column 3. If there were no Hispanic/Latino enrollees in a specific race category, enter a zero (“0”) in the appropriate textbox.

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Enrollees:** For each training program, enter the aggregate number of Non-Hispanic/Non-Latino enrollees from each race category in Column 8. If there were no Non-Hispanic/Non-Latino in a specific race category, enter a zero (“0”) in the appropriate textbox.



Warning: The sum of enrollees must be equal to the sum of enrollees entered in LR-1.



*Note: Enter "0" if there were no individuals of a specific racial and ethnic group who participated in the training programs listed in this subform.*



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

### DV-1 - Entering Graduates Count by Race and Ethnicity



Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		
			Enter # of Enrollees (3)	Enter # of Graduates (6)	Enter # of Enrollees (8)	Enter # of Graduates (11)	
			Blocks 1-7	Blocks 22-28	Blocks 36-42	Blocks 57-63	
1	Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	More than one Race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record	Degree/Diploma   MSN   Nursing - NP - Adult gerontology	Race Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 16. DV-1 - Entering Graduates Count by Race and Ethnicity

**Ethnicity: Hispanic/Latino: Enter # of Graduates:** For each training program, enter the aggregate number of Hispanic/Latino graduates from each race category in Column 6. If there were no Hispanic/Latino graduates in a specific race category, enter a zero (“0”) in the appropriate textbox.

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Graduates:** For each training program, enter the aggregate number of Non-Hispanic/Non-Latino graduates from each race category in Column 11. If there were no Non-Hispanic/Non-Latino graduates in a specific race category, enter a zero (“0”) in the appropriate textbox.



**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.

 **Warning:** For the LR and DV forms, enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

No. Record Status	Type of Training Program (1)	Enrollees		Graduates	
		Enter Total # from Disadvantaged Background (2)	Enter # from Disadvantaged Background who are not URM (3)	Enter Total # from Disadvantaged Background (8)	Enter # from Disadvantaged Background who are not URM (9)
		Block 1	Block 2	Block 7	Block 8
1 Prior Record	Degree/Diploma   DNP   Nursing - Public Health Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 17. DV-2 - Entering Enrollees Count from Disadvantaged Background

**Enrollees: Enter Total # from Disadvantaged Background:** For each training program, enter the aggregate number of enrollees from disadvantaged backgrounds in the textbox in Column 2 (Block 1).

**Enrollees: Enter # from Disadvantaged Background who are not URM:** For each training program, enter the aggregate number of enrollees from disadvantaged backgrounds who were NOT URM trainees in the textbox in Column 3 (Block 2).



*Note: Enter "0" in Block 1 if there were no individuals from disadvantaged backgrounds who participated in the degree programs listed in this subform.*



*Note: Counts reported in Column 3 (Block 2) ARE a subset of counts reported in Column 2 (Block 1).*



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



*Reference: Refer to the glossary for a definition of disadvantaged background and underrepresented minority.*

## DV-2 - Entering Graduates Count from Disadvantaged Background

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



Warning: For the LR and DV forms, enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

No. Record Status	Type of Training Program (1)	Enrollees		Graduates	
		Enter Total # from Disadvantaged Background (2) Block 1	Enter # from Disadvantaged Background who are not URM (3) Block 2	Enter Total # from Disadvantaged Background (8) Block 7	Enter # from Disadvantaged Background who are not URM (9) Block 8
1 Prior Record	Degree/Diploma   DNP   Nursing - Public Health Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 18. DV-2 - Entering Graduates Count from Disadvantaged Background

**Graduates: Enter Total # from Disadvantaged Background:** For each training program, enter the aggregate number of graduates from disadvantaged backgrounds in the textbox in Column 8 (Block 7).

**Graduates: Enter # from Disadvantaged Background who are not URM:** For each training program, enter the aggregate number of enrollees from disadvantaged backgrounds who were NOT URM trainees in the textbox in Column 3 (Block 2).



*Note: Enter "0" if there were no individuals from disadvantaged backgrounds who participated in the training programs listed in this subform.*



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



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



*Reference: Refer to the glossary for a definition of disadvantaged background and underrepresented minority.*



**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



Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

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 Graduates from a Rural Background (5) Block 4
1	Prior Record	Degree/Diploma   DNP   Nursing - Public Health Nurse	<input type="text"/>	<input type="text"/>

Figure 19. DV-3 - Entering Enrollees Count from Rural Residential Background

**Trainees from Rural Residential Background: Enter # of Enrollees from a Rural Background:** For each training program, enter the aggregate number of enrollees from rural residential backgrounds in the textbox in Column 2 (Block 1).



*Note: Enter "0" if there were no individuals from a rural residential background who participated in the degree programs listed in this subform.*



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



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

### DV-3 - Entering Graduates Count from Rural Residential Background



Warning: For the LR and DV forms, Enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

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 Graduates from a Rural Background (5) Block 4
1	Prior Record	Degree/Diploma   DNP   Nursing - Public Health Nurse	<input type="text"/>	<input type="text"/>

**Figure 20. DV-3 - Entering Graduates Count from Rural Residential Background**

**Trainees from Rural Residential Background: Enter # of Graduates from a Rural Background:** For each training program, enter the aggregate number of graduates from rural residential backgrounds in the textbox in Column 5 (Block 4).



*Note: Enter "0" if there were no individuals from a rural residential background who completed the training programs listed in this subform.*



*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 Characteristics—INDGEN Subforms

### INDGEN - Introduction



**Warning: The INDGEN subforms have been enhanced from the most recent reporting period to reduce overall burden. Please read these instructions carefully.**

Notice to Grantees about Individual-level Data:

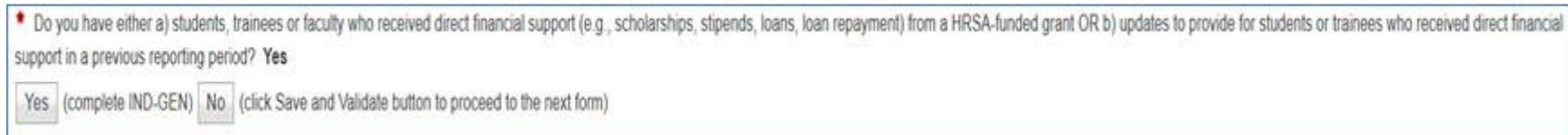
1. You must complete an IND-GEN subform for each individual who received a BHW-funded financial award during the current reporting period.
2. The IND-GEN subform will automatically calculate and display read-only columns labeled "Academic Year Total" and "Cumulative BHW Financial Award Total."
3. Records of individuals who were reported as having completed their training program in the previous reporting period will transfer from the IND-GEN subform to the INDGEN-PY subform in the current reporting period.

To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals previously reported on IND-GEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry. To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals previously reported on IND-GEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.

## IND-GEN: Individual Characteristics

### IND-GEN - Setup

To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals previously reported on IND-GEN, 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

(complete IND-GEN)  (click Save and Validate button to proceed to the next form)

Figure 21. IND-GEN - Setup



**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 likely have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.

**IND-GEN - Selecting Type of Training Program**

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
Other				

**Figure 22. IND-GEN - Selecting Type of Training Program**

**Type of Training Program:** Select each individual's training program by clicking on the drop-down menu and choosing one of the available options.



Note: The options available in this dropdown menu will prepopulate with programs entered and saved in the Training Program Setup Form.



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



Note: The type of training program entitled "Other" does not apply to the this program.

**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
Other	<input style="border: 2px solid red;" type="text"/>			

**Figure 23. IND-GEN - Entering Trainee Unique ID**

**Trainee Unique ID:** Enter a seven (7) alphanumeric unique identifier for each individual in the textbox in Column 2 (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 updates for each individual and one-year follow-up data for trainees.



*Note:* This column will prepopulate for prior records with data submitted in the previous reporting period. 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
Other		<input type="text" value="Select one Faculty"/>		

**Figure 24. IND-GEN - Selecting Individual's Training or Awardee Category**

**Select Individual's Training or Awardee Category:** Select each individual's training category by clicking on the drop-down menu in Column 3 (Block 2) and choosing the following option:

- Faculty



*Note: This column will prepopulate for prior records with data submitted in the previous reporting period. 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
Other			<div style="border: 1px solid black; padding: 2px;">                     Select one                      Full-time                      Part-time                 </div>	

**Figure 25. IND-GEN - Selecting Individual's Enrollment/Employment Status**

**Select Individual's Enrollment / Employment Status:** Select each individual's current enrollment or employment status by clicking on the drop-down menu in Column 4 (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
Other				Other
				Select one
				Male
				Female

**Figure 26. IND-GEN - Selecting Individual's Sex**

**Select Individual's Sex:** Select each individual's sex by clicking on the drop-down menu in Column 5 (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 column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

**IND-GEN - Selecting Individual's Age**

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
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5
Other					Select one 12 13

**Figure 27. IND-GEN - Selecting Individual's Age**

**Select Individual's Age:** Select each individual's age at the end of the current reporting period in the dropdown 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 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 Veteran Status
(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Other		<div style="border: 1px solid black; padding: 2px;">                     Select one                      Hispanic/Latino                 </div>				

**Figure 28. IND-GEN - Selecting Individual's Ethnicity**

**Select Individual's Ethnicity:** Select each individual's ethnicity by clicking on the drop-down menu in Column 7 (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 column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

### IND-GEN - Selecting Individual's Race

Type of Training Program	Trainee Unique ID	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 Veteran Status
(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Other			<input type="checkbox"/> American Indian or Alaska			

**Figure 29. 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 column will prepopulate for prior records with data submitted in the previous reporting period. 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 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 Veteran Status
(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Other				<div style="border: 1px solid black; padding: 2px;">                     Select one                      Yes                      No                 </div>		

**Figure 30. 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 in Column 9 (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 column will prepopulate for prior records with data submitted in the previous reporting period. 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 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 Veteran Status
(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Other					<div style="border: 1px solid black; padding: 2px;">                     Select one                      Yes                      No                 </div>	

**Figure 31. 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 in Column 10 (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 column will prepopulate for prior records with data submitted in the previous reporting period. 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 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 Veteran Status
(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Other						<div style="border: 1px solid black; padding: 2px;"> <div style="background-color: #e0e0e0; padding: 2px;">Select one</div> <div style="padding: 2px;">Active Duty Military</div> <div style="padding: 2px;">Reservist</div> </div>

**Figure 32. IND-GEN - Selecting Individual's Veteran Status**

**Select Individual's Veteran Status:** Select each individual's current veteran status by clicking on the drop-down menu in Column 11 (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 column will prepopulate for prior records with data submitted in the previous reporting period. 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 (BHW funds only)			
			Stipend	Current Reporting Period Total	Academic Year Total	Cumulative BHW Financial Award Total
(1)	(2) Block 1	(12) Block 11	(13) Block 11	(21a) Block 11	(21b) Block 11	(21c) Block 11

**Figure 33. 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 (i.e., salary and benefits) during the current reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options:

- Yes
- No

**Enter Individual's Financial Award Amount (BHW funds only): Stipend:** If the individual did receive a BHW-funded financial award, select “Yes” in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 12a.

If the individual did not receive a BHW-funded financial award, select “No” in Column 12 (Block 11) and enter "0" in the textbox in Column 12a.



**Warning:** All NEW records should be for individuals who did receive direct financial support ("Yes" for Column 12). The NO response should only be selected for prior records of trainees who did not receive support in the current reporting period.



**Note:** The amount reported under the column labeled "Salary and benefits" should be the total monies from the grant provided to an individual

during the current reporting period for the purposes of participating in the training program that was selected under the column labeled "Type of Training Program." Do not include dollars that came from other sources of funding. If an individual participated in more than one (1) program and received salary and benefits for each program, multiple entries on IND-GEN are required to capture participation and funding amounts for each program separately.

### 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 Primary Discipline
(1)	(2) Block 1	(22) Block 12	(27) Block 16
		<div style="border: 1px solid black; padding: 2px;">           Select one            0            1         </div>	

Figure 34. 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 in which each individual has received a BHW-funded financial award by clicking on the drop-down menu in Column 22 (Block 12) and choosing one of the following options:

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



Warning: All new records should select at least one academic year of funding.



*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 a partial academic year, please round up to the nearest whole number. For example, if an individual has received direct financial support for 1 ½ years, please enter 2 in Column 22 (Block 12).*



*Note: If an individual received a BHW-funded financial award for the first time during the current reporting period, select "1" under Column 22 (Block 12).*

## IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program
(27) Block 16	(36) Block 21	(37) Block 22
Nursing - Aggregate/Syst		
Other - Facility Administrator		
Other - First Responder/EMT		
Other - Health Education Specialist		

**Figure 35. IND-GEN - Selecting Individual's Primary Discipline**

**Select Individual's Primary Discipline:** Select individual's profession and discipline by clicking on the drop-down menu in Column 27 (Block 16) and choosing the available options.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical

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- Rehabilitation
- Medicine - Preventive
- Medicine/Aerospace Medicine
- Medicine - Preventive
- Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing -  
Aggregate/Systems/Organizational
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- 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 - Allied Health
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control &

- Medicine/Family Medicine
- Medicine - Preventive
- Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery -  
Integrated
- Nursing - Alternative/Complementary  
Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and  
pediatrics
- 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 - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health  
Information Technology
- Other - Midwife (non - nurse)
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Respiratory Therapy
- Other - Veterinary Medicine
- Public Health - Disease Prevention &

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- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal  
Medicine
- Medicine - Preventive Medicine/Public  
Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Advanced Practice Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental  
health
- Nursing - Community health nursing
- 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 (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry
- Other - Podiatry
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease  
Control

- Health Promotion
- Public Health - Health Policy & Management
  - Public Health - Social & Behavioral Sciences



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

### 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
(36) Block 21	(37) Block 22
<input type="text"/>	<input type="text"/>
Select one	
Yes	
No	

Figure 36. 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 training program before completion during the current reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing one of the following options:

- Yes
- No

## IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program
(36) Block 21	(37) Block 22
	<input type="text"/>
	Select one
	Yes
	No

Figure 37. IND-GEN - Entering Graduation/Completion Information

**Select Whether Individual Graduated/Completed the Program:** Select whether each individual completed from their training program during the current reporting period by clicking on the drop-down menu in Column 37 (Block 22) and choosing one of the following options:

- Yes
- No

### IND-GEN - Entering the % FTE Individual Spent in Different Roles

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

Enter the % FTE Individual Spent on the Following Roles				Enter # of Articles Published in Peer-Reviewed Journals
Research	Teaching	Administration	Clinical	
(40) Block 24a	(41) Block 24b	(42) Block 24c	(43) Block 24d	(44) Block 25
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Figure 38. IND-GEN - Entering the % FTE Individual Spent in Different Roles

**Enter the % FTE Individual Spent on the Following Roles: Research:** Enter the **percentage of time** each individual spent in 'Research' during the current reporting period in Column 40 (Block 24a).

**Enter the % FTE Individual Spent on the Following Roles: Teaching:** Enter the **percentage of time** each individual spent in 'Teaching' during the current reporting period in Column 41 (Block 24b).

**Enter the % FTE Individual Spent on the Following Roles: Administration:** Enter the **percentage of time** each individual spent in 'Administration' during the current reporting period in Column 42 (Block 24c).

**Enter the % FTE Individual Spent on the Following Roles: Clinical:** Enter the **percentage of time** each individual spent in 'Clinical' during the current reporting period in Column 43 (Block 24d).



Note: Percentages across Columns 40-43 must sum to 100%.

**IND-GEN - Entering # of Articles Published**

Enter the % FTE Individual Spent on the Following Roles				Enter # of Articles Published in Peer-Reviewed Journals
Research	Teaching	Administration	Clinical	
(40) Block 24a	(41) Block 24b	(42) Block 24c	(43) Block 24d	(44) Block 25

**Figure 39. IND-GEN - Entering # of Articles Published**

**Enter # of Articles Published in Peer-Reviewed Journals:** Enter the number of articles published by each individual in peer-reviewed journals during the current reporting period in the textbox under Column 44.



**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

1. Purpose: The EXP subforms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.

The EXP-1 Setup form captures information about the names of sites used by grantees to provide trainees with clinical or experiential training, and collects general information about each training site used during the reporting period.

The EXP-2 subform collects information on partnerships established, and vulnerable populations served, at each training site during the reporting period.

The EXP-3 subform collects information about the profession/discipline of individuals, and interprofessional training experiences, at each site that was entered in the EXP-1 Setup form.

2. Order of Subforms:

EXP subforms MUST be completed in order, otherwise drop-down menus will not prepopulate correctly.

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.

3. Pre-population of Prior Records (training sites) reported previously:

The BPMH system will pre-populate the names each site previously reported in the Saved Records Table within the EXP-1 subform.

You must indicate whether each previously-reported site was used during the current reporting period.

If "Yes" was selected, the BPMH system will pre-populate 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.



Warning: Complete the EXP-1, EXP-2, and EXP-3 subforms only for sites used to train individuals who appear on the INDGEN subform.

## EXP-1: Training Site Setup

### EXP-1 - Entering Site Name

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 (2)	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 40. EXP-1 - Entering Site Name

**Site Name:** 1. Enter the name of the site used to train individuals during the current reporting period in the textbox next to the row labeled "Enter the Site's Name."

2. Click the "Add Record" button.

3. Repeat this process as necessary to enter the names of all NEW sites used during the current reporting period.

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

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	

Figure 41. EXP-1 - Selecting Whether the Site was Used in the Current Period

**Select Whether the Site was Used in the Current Reporting Period:** Select whether each site was used during the reporting period by clicking on the drop-down menu in Column 2 and choosing one of the following options:

- Yes
- No



**Warning:** For NEW sites, you must select "Yes" in Column 2.



**Note:** If "No" is selected in Column 2, then the training site will not populate in the drop-down menus on the EXP-2 and EXP-3 subforms.

## EXP-1 - Selecting Type of Site Used

The screenshot shows a web-based form for 'EXP-1 - Selecting Type of Site Used'. At the top, there are three tabs: 'EXP-1' (active, green), 'EXP-2' (inactive, grey), and 'EXP-3' (inactive, grey). Below the tabs, a message states 'Fields with \* are required'. A blue bar contains a red star icon and the text 'Add Site'. Below this is a text input field labeled 'Enter the Site's Name'. A button labeled 'Add Record' is positioned below the input field. 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 'No. Record Status' column, '10' in the 'Site Name' column, 'Test Site1' in the 'Block (2)' column, 'Yes' in the 'Select Whether' column, 'Select one' in the 'Select Type of Site Used' column (highlighted with a red border), and an empty dropdown in the 'Select Type of Setting' column.

**Figure 42. EXP-1 - Selecting Type of Site Used**

**Select Type of Site Used:** Select the type of site used to train individuals during the current reporting period by clicking on the drop- down menu in Column 3 (Block 1a) and choosing one of the following options:

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

Health Resources and Services Administration  
Bureau of Health Workforce

- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Senior Centers
- State Health Department
- Tribal Organization

- National health association
- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Veterans Affairs Healthcare (e.g., VA Hospital or clinic)

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- organization
- Long - term Care Facility
- 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 Health Department

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

No. Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period (3)	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 43. 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 individuals during the current reporting period was located in a designated setting by clicking on the drop-down menu in Column 4 (Block 2) and choosing all that apply from the following options:

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



Warning: “None of the above” cannot be selected in combination with any other option.

### EXP-1 - Entering Site's geographical Data

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

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 44. 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. If outside the U.S. enter "N/A."

**State:** Enter the two-letter abbreviation for the state where each training site is located by clicking on the textbox below Column 9. If outside the U.S. enter "N/A."

**Zip Code:** Enter the zip code (5 digits) where each training site is located by clicking on the textbox under Column 10. If outside the U.S. enter "N/A."

**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. If outside the U.S. enter "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.**

## 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.

Type of Training Program	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	Select Type(s) of Vulnerable Population Served at this Site
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4

Figure 45. EXP-2 - Selecting Training Program and Site Name

**Type of Training Program:** Select the training program associated with each clinical site by clicking on the drop-down menu under "Type of Training Program" and choosing one of the available options. The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.

**Site Name:** Pair the selected training program with a site name by clicking on the drop-down menu in Column 2 (Block 1) and choosing one of the available options (sites that were marked in EXP-1 as "used" in the current reporting period).



**Note:** Repeat this process until all used Training Program/Site combinations are present.

- If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.
- If the same program used multiple training sites, then multiple entries are required in the EXP-2 subform.



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

*Example:*

*Example: The John Doe School of Nursing saved two 2 entries in the Training Program Setup form. Under "Type of Training Program", the reporting official at the John Doe School of Nursing would see the following options:*

- *Degree/Diploma program / MSN / Nursing—NP—Adult gerontology*
- *Degree/Diploma program / MSN / Nursing—NP—Geropsychiatric*

**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 46. 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 47. 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 associated site settings with a particular site name, return to EXP-1.



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

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

Type of Training Program	Site Name	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	Select Type(s) of Vulnerable Population Served at this Site
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4
				<input type="checkbox"/> Academic department <input type="checkbox"/> Academic department	

**Figure 48. 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 or consortia used or established for the purpose of training individuals at each site during the current reporting period by clicking on the drop-down menu in Column 5 (Block 5) 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 - Veterans Affairs
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- Federally - qualified health center or look - alike
- Geriatric consultation services
- Health department - Tribal
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- 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 department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- 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 Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization

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- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Rural Health Clinic
- Tribal Government
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- Senior Center
- Tribal Organization
- State Governmental Programs



**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 49. 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 used to train individuals during the reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing all that apply from the following options:

- Adolescents
- College Residents
- 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:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1)	(2) Block 1	(3) Block 3	(4) Block 3
<input type="text"/>	<input type="text"/>		

Figure 50. 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:** Next, select a clinical site name by clicking on the drop-down menu under Column 2 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 Column 2 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	Enter # Trained in this Profession and Discipline
(1)	(2) Block 1	(3) Block 3	(4) Block 3
		<div style="border: 1px solid black; padding: 2px;">           Select one  <span style="background-color: #0070C0; color: white; padding: 2px;">Student - CNL - Generalist</span>            Student - CNS - Adult gerontology            Student - CNS - Family         </div>	

Figure 51. EXP-3 - Selecting Profession and Discipline of Individuals Trained

**Select Profession and Discipline of Individuals Trained:** Select Profession and Discipline of Individuals Trained:

1. 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.
2. 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).
3. Each reported profession/discipline must be reported on a separate line even if they trained at the same site under the same program.

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Behavioral Health - Clinical Psychology</li> <li>• Behavioral Health - Marriage and Family Therapy</li> <li>• Behavioral Health - Pastoral/Spiritual Care</li> <li>• Dentistry - Dental Hygiene</li> <li>• Dentistry - Oral Surgery Dentistry</li> <li>• Dentistry - Pathology Dentistry</li> <li>• Dentistry - Prosthodontic Dentistry</li> <li>• Home Health Aide</li> <li>• Medicine - Anesthesiology</li> <li>• Medicine - Emergency Medicine</li> </ul> | <ul style="list-style-type: none"> <li>• Behavioral Health - Clinical Social Work</li> <li>• Behavioral Health - Other Psychology, Social Work, or Substance Abuse/Addictions Counseling</li> <li>• Behavioral Health - Psychology</li> <li>• Dentistry - Endodontic Dentistry</li> <li>• Dentistry - Orthodontic Dentistry</li> <li>• Dentistry - Pediatric Dentistry</li> <li>• Dentistry - Public Health Dentistry</li> <li>• Medicine - Aerospace Medicine</li> <li>• Medicine - Colon and Rectal Surgery</li> <li>• Medicine - Family Medicine</li> <li>• Medicine - Geriatrics</li> </ul> | <ul style="list-style-type: none"> <li>• Behavioral Health - Counseling Psychology</li> <li>• Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling</li> <li>• Dentistry - Dental Assistant</li> <li>• Dentistry - General Dentistry</li> <li>• Dentistry - Other</li> <li>• Dentistry - Periodontic Dentistry</li> <li>• Dentistry - Radiology Dentistry</li> <li>• Medicine - Allergy and Immunology</li> <li>• Medicine - Dermatology</li> <li>• Medicine - General Preventive</li> </ul> |
|---|---|---|

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- 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/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- 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 - Audiology

- 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/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- 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 (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Nutritionist
- Other - Optometry

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- Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- 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 - Allied Health
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver

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- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Office/Support Staff
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Registered Dietician
- Other - Speech Pathology
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Nursing - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing
- Student - Dental School
- Student - EMT
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Law School
- Student - Medical School
- Student - NP - Acute care adult

- Other - Physical Therapy
- Other - Radiologic technology
- Other - Research
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - Nursing - Nurse midwife
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental Assistant
- Student - Dietician
- Student - Graduate - Allied Health
- Student - Graduate - Nursing
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Assistant
- Student - Nutrition
- Student - Pharmacy

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- Other - Midwife
- Other - Occupational Therapy
- Other - Other
- Other - Podiatry
- Other - Recreational Therapy
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - Nursing - Registered nurse (RN)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women's health and pediatrics
- Student - Dental Hygiene
- Student - Diploma/Certificate
- Student - Graduate - Behavioral Health
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - Home Health Aide
- Student - Medical Assistant
- Student - Midwife (non - nurse)
- Student - NP - Adult

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- gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Nursing Pre-licensure
- Student - Optometry
- Student - PhD - Leadership
- Student - Podiatry School
- Student - Public Health
- Student - Registered Nurse - BSN
- Student - Undergraduate - Allied Health
- Student - Undergraduate - Public Health

- Student - Physical Therapy
- Student - Population Health
- Student - Public Health Nurse
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

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- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Nursing Informatics
- Student - Occupational Therapy
- Student - Pharmacy School
- Student - Physician Assistant
- Student - Post - high school / Pre - college
- Student - Registered nurse (RN)
- Student - Speech Therapy
- Student - Undergraduate - Other
- Student - Undergraduate - Radiological Technician

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

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1)	(2) Block 1	(3) Block 3	(4) Block 3

**Figure 52. EXP-3 - Entering # Trained in the Profession and Discipline**

**Enter # Trained in this Profession and Discipline:** Enter # Trained in this Profession and Discipline: For each row, enter the number of "Principal" trainees in the profession/discipline listed.

 *Note: Counts provided in the textbox under Column 4 should be based on individuals reported on LR-1.*

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

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
			<input type="text"/>	<input type="text"/>

**Figure 53. 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:** 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.

Note: Do not count faculty, practicing professionals, or support staff.



Note: Counts provided should be based on individuals NOT reported on LR-1.



**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.

## **Course Development and Enhancement—CDE Subforms**

### **CDE - Introduction**

CDE-1: Collects information about newly developed or enhanced courses. Characteristics include development status, delivery mode, class duration, etc.

CDE-1a: When a Course on CDE-1 has been marked as implemented, it is transferred to the CDE-1a subform in the next reporting period. In all subsequent reports, you will use CDE-1a to indicate whether the previously offered course was offered once again.

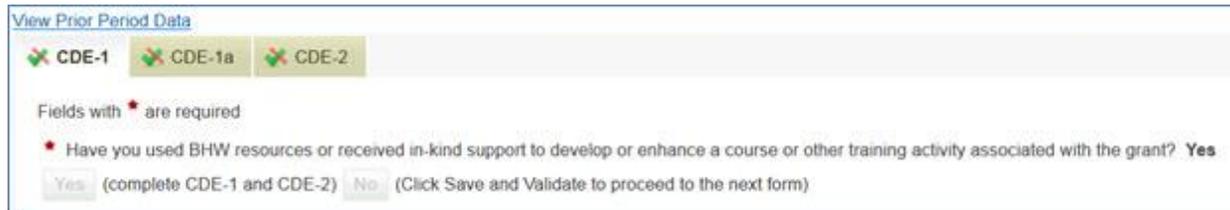
CDE-2: Collects the number of individuals who participated in the CDE courses and training activities (grouped by course and primary discipline).

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: 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.



The screenshot shows a web-based form titled "View Prior Period Data" with a blue link. Below the title are three tabs: "CDE-1", "CDE-1a", and "CDE-2", each with a small red 'x' icon. A message states "Fields with \* are required". A red asterisk is followed by the question: "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". Below the question are two buttons: "Yes (complete CDE-1 and CDE-2)" and "No (Click Save and Validate to proceed to the next form)".

Figure 54. CDE-1 - Setup

## 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.

\* Add Course

Enter the Name of the Course of Training Activity that was Developed or Enhanced

Add Record

**Figure 55. CDE-1 - Entering the Name of Course/Training Activity**

**Name of Course or Training Activity:** 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.

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.

**Complete the CDE-1 Setup form only if grant funds were used to develop or enhance NEW courses or training activities other than those previously reported.**

## CDE-1 - Selecting Type of Course or Training Activity

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	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>

**Figure 56. CDE-1 - Selecting Type of Course or Training Activity**

**Select Type of Course or Training Activity:** Select the type of course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Column 2 (Block 2) and choosing one of the following options:

- Academic course
- Continuing Education courses
- Field placement/practicum
- Training/Workshop for health professions students, fellows or residents
- Clinical rotation
- Faculty development programs or activities
- Grand rounds

## 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 Newly developed	Select one

Figure 57. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

**Select whether Course or Training Activity was Newly Developed or Enhanced:** 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 Column 3 and choosing one of the following options:

- Enhanced
- Newly developed



*Note: Select 'Newly Developed' for courses or training activities that were not in existence and were developed in their entirety through the grant.*



*Note: Select 'Enhanced' for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.*

## CDE-1 - Entering Development/Enhancement Status



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

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 58. CDE-1 - Entering Development/Enhancement Status**

**Select Status of Development or Enhancements:** Select each course or training activity's current status by clicking on the drop-down menu under Column 4 and choosing one of the following 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 portion of the academic in which each course or training activity that was first implemented in the textbox under Column 5 (Block 4a) using the YYYY format.

For records marked as "Under Development" or "Developed, not yet implemented", enter N/A under Column 5.

**For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: To Year:** For records marked as "Implemented" in Block 4, enter the second portion of the academic in which each course or training activity that was first implemented in the

textbox under Column 6 (Block 4a) using the YYYY format.

For records marked as "Under Development" or "Developed, not yet implemented", enter N/A under Column 6.

### 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 59. CDE-1 - Entering Curriculum

**Enter the Curriculum the Course or Training Activity is Associated With:** Enter the Curriculum the Course or Training Activity is Associated With: Enter the name of the curriculum associated with each course or training activity that was developed or enhanced through the grant in the textbox in Column 7 (Block 5).



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

## 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 60. CDE-1 - Selecting Delivery Mode

**Select Delivery Mode Used to Offer this Course or Training Activity:** 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
- Clinical Rotation
- Distance learning (Online, Webinar)
- Experiential/Field-based
- Hybrid

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

### 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"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 61. CDE-1 - Selecting EXP-1 Site Name Where Implemented

**Enter Site Name from EXP-1 Where Implemented:** 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 reporting period, enter the name(s) of the site(s) where the activity took place in the textbox under Column 9. The name(s) of the site(s) where the activity was implemented must come from the list of clinical sites displayed in the EXP-1 subform.

For all other records, enter "N/A" in the textbox 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



Figure 62. 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 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

Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)	Enter Site Name from EXP-1 Where Implemented (10)
<input type="text" value="Select one"/>	<input type="text"/>

Figure 63. CDE-1a - Selecting EXP-1 Site Name Where Implemented

**Enter Site Name from EXP-1 Where Implemented:** Select the name(s) of the EXP-1 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, enter "N/A" in the textbox 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 - Adding Courses and Profession/Disciplines

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

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

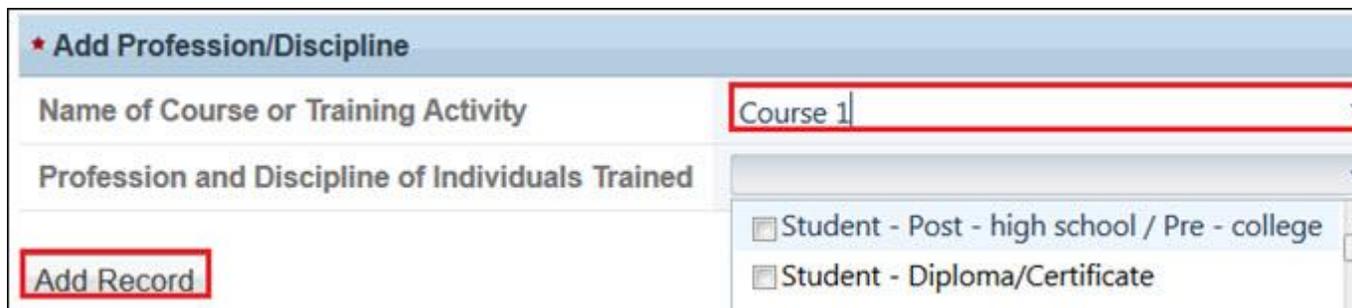


Figure 64. CDE-2 - Adding Courses and Profession/Disciplines

**Name of Course or Training Activity:** To begin completing the CDE-2 subform for **academic courses or workshops for health professions students offered 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" and choosing one of the available options.

**Profession and Discipline of Individuals Trained:** 1. Select the profession(s) and discipline(s) of individuals trained through each course or workshop offered during the reporting period by choosing all that apply from the options listed below.

2. Click on the "Add Record" button to save your entry.

3. Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity implemented during the reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry

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- Dentistry - Orthodontic Dentistry
- 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 - Generalist
- 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 - Chiropractor
- Other - Education Assessment and Evaluation Specialists
- Other - Health Education Specialist
- Other - Lay and Family Caregiver

- Dentistry - Periodontic Dentistry
- 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 - 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 - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Assistant

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- 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 - 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 - First Responder/EMT
- Other - Health Systems Management
- Other - Midwife
- Other - Office/Support Staff
- Other - Pharmacy
- Other - Respiratory Therapy
- Other - Allied Health
- Other - Speech Therapy
- Public Health - Disease Prevention & Health

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- Other - Midwife (non - nurse)
- Other - Optometry
- Other - Podiatry
- Other - Unknown
- Other – Occupational Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Student - Certified Nursing Assistant
- Student - Alternative/Complementary Nursing
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Midwife
- Student - Post - high school / Pre - college
- Student - Undergraduate - Public Health

- Other - Nutritionist
- Other - Perfusion Technology
- Other - Profession Not Listed
- Other - Veterinary Medicine
- Other – Physical Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Chiropractic School
- Student - CNL
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Industrial Engineering
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women’s health
- Student - Pharmacy
- Student - Registered Nurse - BSN

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Promotion

- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Podiatry School
- Student - CNL - Generalist
- 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 - 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 - Nurse Anesthetist
- Student - Physician Assistant
- Student - Undergraduate - Other



Note: Only the names of courses/training activities that were marked as "Implemented" in the CDE-1 subform (for new records) or marked as

"Offered" in the CDE-1a subform (for previous records) will appear as options in the drop-down menu.

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

(1) Name of Course or Training Activity	(2) Profession and Discipline of Individuals Trained	(3) Enter # Trained in this Profession and Discipline
Block 1	Block 7	Block 7
Course 1	Student - Post - high school / Pre - college	<input data-bbox="1564 386 1816 435" type="text"/>

Figure 65. CDE-2 - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** For each row, enter the number of trainees from that profession and discipline in the textbox under Column 3 (Block 7). Repeat this step as many times as necessary to capture the total number of individuals by profession and discipline who were trained in each course or workshop offered during the current reporting period.



**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.

## Faculty Development, Instruction, and Recruitment—FD Subforms

### FD - Introduction

Purpose: The FD-1 subforms collect information about the characteristics and the trainees of structured faculty development programs.

Purpose: The FD-2 subforms collect information about the characteristics and the trainees of faculty development activities.

Purpose: The FD-4 subforms collect information about the characteristics of faculty-instructed courses.



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: The FD-2a and FD-1b subforms will only appear if "Faculty Development Training Activity" was selected in the Faculty Development Setup form.



Warning: The FD-4a and FD-4b subforms will only appear if "Faculty Instruction" was selected in the Faculty Development Setup form.

## 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 66. FD-1a - Adding Structured Faculty Development Programs

**Program Name:** Program Name:

1. Enter the name of each new structured faculty development program coordinated and/or supported through the grant during the current reporting period.
2. Select "Add Record."
3. Repeat this process as necessary to enter each new structured faculty development program that was coordinate and/or supported through the grant during the current 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. You do not need to reenter information about structured faculty development programs previously reported. To provide updates for these programs, skip to the instructions for the next step.

*Warning: If a previously-completed program (prior record) is being offered again with a new cohort, it will need to be re-created as a new record.*

*Example:*

*Example: The John Doe School of Nursing 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 John Doe School of Nursing would have 2 entries—TeamSTEPPS #1 and TeamSTEPPS #2 (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-1a and FD-1b subforms for each of these programs.*

## FD-1a - Selecting Program 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		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	
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"/>	<input type="text"/>

Figure 67. FD-1a - Selecting Program Status

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

- Complete
- Ongoing

 Note: Select "Ongoing" if the training program did not conclude by the end of the current reporting period.

 Note: Select "Complete" if the training program concluded at some point during the reporting period.

## 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	
Program 1	Select one	Select one Yes	Select one	Select one	

**Figure 68. FD-1a - Entering Program Information for Degree/Non-Degree Programs**

**Select Whether this was a Degree Bearing Program:** Select whether each structured faculty development program that was supported through the grant during the current 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:** 1. If you selected "Yes" in Column 2 (Block 2), select the type of degree that participants will earn when completing each program by clicking on the drop-down menu in Column 3 (Block 2a) and choosing one of the options below.

2. If you selected "No" in Column 2 (Block 2), select "N/A" in Column 3 (Block 2a).

- BA
- BS
- BCHS
- BSN
- BPH
- BSW

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

**For Degree-bearing Programs: Select Primary Focus Area:** For Degree-bearing Programs: Select Primary Focus Area:

1. If you selected "No" in Column 2 (Block 2), select "N/A" in Column 4 (Block 2b).
2. If you selected "Yes" in Column 2 (Block 2), select the primary focus area of the degree-bearing structured faculty development program by clicking on the drop-down menu in Column 4 (Block 2b) and choosing one of the options below.

- Nursing - Clinical Research
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Education

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- Nursing - Leadership
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Other advanced nurse specialty
- Nursing - Nurse Administrator
- Nursing - Nurse Midwife
- Nursing - Public Health Nurse
- N/A

- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Pediatrics
- Nursing - Nurse Anesthetist
- Nursing - Nurse Researchers/Scientists
- Other - Midwife

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- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - NP - Women's health
- Nursing - Nurse Educator
- Nursing - Nursing Informatics
- Other Focus Area

**For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours:** For Non-Degree-Bearing Program, Enter Length of Training Program in Clock Hours:

1. If you selected "Yes" in Column 2 (Block 2), enter a zero ("0") in Column 5 (Block 3).
2. If you selected "No" in Column 2 (Block 2), enter the length of each non-degree bearing structured faculty development program in clock hours in the textbox in Column 5 (Block 3).

### 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			
<b>Clinician</b> <b>(6)</b> Block 5	<b>Administrator</b> <b>(7)</b> Block 5	<b>Educator</b> <b>(8)</b> Block 5	<b>Researcher</b> <b>(9)</b> Block 5

**Figure 69. 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 structured faculty development program developing competencies associated with 'Clinician' in Column 6.

**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 the 'Administrator' role in Column 7.

**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 the 'Educator' role in Column 8.

**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 the 'Researcher' role in Column 9.



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

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

**Enter # of Faculty Who Completed the Program:** Enter # of Faculty Who Completed the Program:

If you marked a program as "Complete" in Column 1a, enter the number of faculty who completed each faculty development program during the current reporting period in the textbox in Column 10 (Block 6).

If you selected "Ongoing" in Column 1a, enter a zero ("0") in the textbox in Column 10 (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 71. 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:** Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program: Select whether any faculty who participated in a structured faculty development program and received any type of BHW-funded financial award during the current reporting period by clicking on the drop-down menu in Column 11 (Block 7) and choosing from the following options:

- Yes
- No



**Warning:** You must complete an INDGEN subform for each faculty who received a BHW-funded financial award during the current 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.

\* Add Training Program and Discipline

Program Name: Program 1

Select Profession and Discipline of Faculty Trained

- Dentistry - Endodontic Dentistry
- Dentistry - General Dentistry
- Dentistry - Oral Surgery Dentistry

Add Record

Figure 72. 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:** 1. Select the profession(s)/discipline(s) of all faculty members who participated in each structured faculty development program during the current reporting period by choosing all that apply from the options below.

2. Select "Add Record."

3. Repeat this process to capture the profession/discipline of all faculty members who participated in each structured faculty development program during the current reporting period.

- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology

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- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - Aggregate/Systems/Organizational
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- 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 - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry

- 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 - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- 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 - Public health nurse
- Other - Allied Health

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- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Advanced Practice Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- 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

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- Other - Podiatry
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Other

- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

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- Nursing - Registered Nurse
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non - nurse)
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention



*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	Program 1	Dentistry - Endodontic Dentistry	<input type="text"/>

**Figure 73. FD-1b - Entering # Trained in the Profession and Discipline**

**Enter # Trained in this Profession and Discipline:** Enter # Trained in this Profession and Discipline:

For each structured faculty development program, enter the number of faculty in each profession/discipline who participated in the program during the current reporting period in the textbox in Column 3 (Block 4).

Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each structured faculty development program during the current reporting period.



**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 74. FD-2a - Entering Faculty Development Activities**

**Activity Name:** Enter the name of each new faculty development activity coordinated and/or supported through the grant during the current reporting period in Column 1 (Block 1).

Select "Add Record."

Repeat this process as necessary to enter each new faculty development activity that was coordinated and/or supported through the grant during the current reporting period.

 **Warning:** If a previously-completed faculty development activity (prior record) is being offered again with a new cohort, it will need to be re-created as a new record.

*Example:*

*Example: The John Doe School of Nursing 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 John Doe School of Nursing 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 John Doe School of Nursing 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.

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
Activity 1	<div style="border: 1px solid gray; padding: 2px;">                     Select one ▼                      Select one                      Professional Conference                 </div>	<div style="border: 2px solid red; padding: 2px;">                     Select one ▼                 </div>	<div style="border: 2px solid red; padding: 2px;">                     Select one ▼                 </div>

**Figure 75. FD-2a - Selecting Type of Faculty Development Activity Offered**

**Select Type of Faculty Development Activity Offered:** Select the type of faculty development activity supported and/or coordinated through the grant during the current reporting period by clicking on the drop-down menu under Column 2 (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:** 1. For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8), Select N/A for Column 3 (Block 8a). 2. For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8), select whether these activities are accredited for continuing education credit by clicking on the drop-down menu under Column 3 (Block 8a) and choosing one of the following options:

- Yes

- No
- N/A

**For Courses or Workshops: Select Whether Attendance was to Acquire or Maintain Professional Certification:** 1. For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8), Select N/A for Column 4 (Block 8b).

2. For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, 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 Column 4 (Block 8b) and choosing one of the following options:

- Yes
- No
- N/A

**FD-2a - Entering Duration of Training Activity**

Activity Name (1)	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops		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
		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			
Activity 1	Select one ▾	Select one ▾	Select one ▾	<input style="border: 2px solid red;" type="text"/>	Select one ▾	<input type="text"/>

**Figure 76. FD-2a - Entering Duration of Training Activity**

**Enter Duration of Training Activity in Clock Hours:** Enter the duration (in clock hours) of each faculty development activity in the textbox in Column 5 (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. Example: a 15-minute course would entered as  $15/60 = .25$ .*

**FD-2a - Selecting Delivery Mode**

Activity Name (1)	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops		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
		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			
Activity 1	Select one	Select one	Select one		Select one Select one Classroom-based	

**Figure 77. 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 in Column 6 (Block 10) and choosing one of the following options:

- Classroom-based
- Clinical Rotation
- Distance learning (Online, Webinar)
- Hybrid

### FD-2a - Selecting Faculty Role(s)

Activity Name (1)	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops		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
		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			
Activity 1	Select one	Select one	Select one		Select one	<input type="checkbox"/> Administrator <input type="checkbox"/> Clinician

Figure 78. FD-2a - Selecting Faculty Role(s)

**Select the Faculty Role(s) Addressed at Training Activity:** Select the faculty role(s) addressed in each faculty development activity by clicking on the drop-down menu in Column 7 (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.

**Figure 79. 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-2a subform).

**Profession and Discipline of Faculty Trained:** 1. Select the profession(s)/discipline(s) of all faculty who participated in each faculty development activity during the current reporting period by choosing all that apply from the options below.

2. Select "Add Record."

3. Repeat this process to capture the profession/discipline of all faculty who participated in each faculty development activity during the current reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry

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- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - Aggregate/Systems/Organizational
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- 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 - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Community Health Worker

- Dentistry - Radiology Dentistry
- Medicine - Colon and Rectal Surgery
- Medicine - Family 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 - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- 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

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- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Advanced Practice Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- 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 - Registered Nurse
- Other - Chiropractor

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- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry
- Other - Podiatry
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Public health nurse
- Other - Allied Health
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention

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- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non - nurse)
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Respiratory Therapy
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Other



*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

Activity Name (1)	Profession and Discipline of Faculty Trained (2)	Enter # Trained in this Profession and Discipline (3)
	Block 12	Block 12
Activity 1	Dentistry - Endodontic Dentistry	<input data-bbox="1585 397 1848 454" type="text"/>

Figure 80. FD-2b - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** Enter the number of faculty in each profession/discipline who participated in the faculty development activity during the current reporting period in the textbox in Column 3 (Block 12). Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each faculty development activity during the current reporting period.



**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-4a: Faculty Development - Faculty Instruction

### FD-4a - Adding Faculty Instructional Activities



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

#### Notice to Grantees about Forms Pertaining to Faculty Instruction Activities

The FD-4a and FD-4b subforms prepopulate specific information about the names and characteristics of instructional activities offered in previous reporting periods. **Please read the following instructions carefully to ensure the FD-4 subforms are completed accurately.**

#### For instructional activities reported previously:

- The BPMH system will prepopulate certain fields in the FD-4a subform.
- You must select whether each instructional activity reported previously was offered during the current annual reporting period.
- **If an instructional activity reported previously was also offered during the current annual reporting period**, all other Blocks in the FD-4a subform must be completed.
- **If an instructional activity reported previously was not offered during the current annual reporting period**, complete only Block 1a in the FD-4a subform.

\* Add Courses/Workshops

Enter the Name of the Course or Workshop Offered by the Faculty

Add Record

**Figure 81. FD-4a - Adding Faculty Instructional Activities**

- Name of the Course or Workshop Offered by the Faculty:**
1. For new records, enter the name of an instructional activity offered during the current reporting period in the textbox next to "Enter the Name of the Course or Workshop Offered by the Faculty".
  2. Next, click on the "Add Record" button to save your entry.
  3. Repeat this process to capture all instructional activities offered during the current reporting period.



**Warning: Only complete the Setup for new instructional activities. The FD-4a subform will prepopulate the name of instructional activities previously reported. If no new instructional activities were offered other than those previously reported, skip to the next page.**

### FD-4a - Selecting Whether the Course was Offered in the Current Period

Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a)	Select the Content Area Of the Course or Workshop (2) Block 18
Course 1	<input type="text" value="Yes"/> <input type="text" value="Select one"/> <input type="text" value="Yes"/>	<input type="text" value="Select one"/>

Figure 82. FD-4a - Selecting Whether the Course was Offered in the Current Period

**Select Whether the Course/Workshop was Offered in the Current Reporting Period:** Select whether each instructional activity was offered during the current reporting period by clicking on the drop-down menu under Column 1a and choosing **one** of the following options:

- Yes
- No



**Warning:** For new records, you must select "Yes" under Column 1a.



**Warning:** If "Yes" is selected for a prior record, then the remaining Blocks in the FD-4a subform must be completed. If "No" is selected for a prior records, do not complete any other columns in the FD-4 subform.

## FD-4a - Selecting Content Area

Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a)	Select the Content Area Of the Course or Workshop (2) Block 18	Enter the Length of the Course or Workshop in Clock Hours (3) Block 19	Enter # of Times the Course or Workshop was Offered (4) Block 20	Select the Delivery Mode Used to Offer the Course or Workshop (5) Block 22
Course 1	Yes	Select one			Select one

Figure 83. FD-4a - Selecting Content Area

**Select the Content Area Of the Course or Workshop:** Select the content area of each instructional activity offered during the current reporting period by clicking on the drop-down menu under Column 2 and choosing **one** of the following options:

- Acute care
- Alcohol and substance misuse/prevention
- Alzheimer's disease/dementia
- Asian Americans
- Behavioral assessment and consultation in primary care
- Bioterrorism/preparedness
- Cancer
- Clinical Practice Information
- Communications
- Community collaboration
- Computer - based instructions
- Cultural competence in nursing
- Delirium
- Diabetes
- Drug - resistant diseases
- Emergency preparedness
- Epidemiology
- Evidence - Based Practices
- Advocacy/health policy
- Alternative/complementary medicine
- Ambulatory care
- Asthma
- Behavioral health
- Border Health
- Chronic Disease
- Clinical preventive services
- Community - Based Care
- Community health nursing
- Consumers' rights
- Cultural Competencies
- Dementia
- Domestic Violence
- E - Learning technology
- Emergency training
- Ethics and confidentiality
- Evidence Based Medicine
- Extended care
- African - Americans
- Alzheimer's disease
- American Indian/Alaska Natives
- Basic restorative skills
- Behavioral interventions for primary care
- Border health activities
- Chronic disease management
- Communication Skills
- Community - based continuity of care
- Community needs assessment
- Crisis intervention
- Data collection and analysis
- Depression
- Domestic Violence/Interpersonal violence
- Elder abuse
- Environmental health
- Ethics/bioethics
- Evidence Based Medicine/Practice
- Financial planning and management (including budgeting)

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- Experiences
- Focus groups
- Genomics
- Geriatrics
- Health care and older adults
- Health literacy
- Health Reform/Health Insurance Marketplaces
- Hepatitis
- HIV/AIDS and other infectious diseases
- Homeless
- Improving communication skills
- Informatics
- Interactive simulated case studies
- Interprofessional Education
- Leadership Training
- Long - Term Care
- Mannequin - based and patient simulators
- Medication basics
- Mental health
- Minority Health
- Needs - specific training
- Nursing leadership and management
- Obesity
- Other simulated or virtual methods
- Palliative care
- Perioperative care
- Physical activity/active lifestyles
- Primary care
- Program evaluation
- Project management
- Public health policy development
- Food borne Disease
- Geriatric education for direct care providers
- Gerontological nursing
- Health Disparities
- Health promotion
- Healthy aging
- Hispanics
- Home health
- Homelessness
- Infection control
- Information Technology
- Interdisciplinary training
- Interprofessional integrated models of care
- Leadership/Management
- Long - term care nursing
- Maternal and child health
- Medications/drugs
- Mental health and older adults
- Minority health issues
- Negotiations
- Nutrition
- Oral health
- Pain management
- Pastoral/Spiritual Care
- Personal care skills
- Prescription drug abuse
- Professional development
- Program management
- Public health infrastructure
- Public health science
- Rehabilitation
- Rural Health
- Genetics
- Geriatric medicine
- Grant writing
- Health information technology
- Health Promotion and disease prevention
- Heart disease
- HIV/AIDS
- Home health care
- Hypertension
- Influenza
- Injury prevention
- Interpersonal skills
- Interprofessional team training
- Lesbian/Gay/Bisexual/Transgender individuals
- Managed Care
- Medical economics
- Meeting facilitation
- Migrant health initiatives
- Native Hawaiian/Pacific Islander
- Nursing care for vulnerable populations
- Nutrition/healthy eating
- Other
- Palliative and end of life care
- Patient safety (medical errors)
- Pharmacology
- Prevention/Primary care
- Program design
- Program planning
- Public health law
- Quality Improvement
- Rehabilitation Therapies
- Secondary care Technology
- Skills - based training (including coalition)

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- Quality improvement and patient safety
- Research
- Sexual health
- Social marketing
- Suicide
- Teledentistry
- Tertiary care
- Transitional care
- Urban health
- Veterans Health
- Women's health
- Workforce development

- Sexually transmitted infections
- Stroke
- Survey design
- Telehealth
- Tobacco cessation
- Trauma
- Urgent care
- Violence
- Women's health issues
- Wound care

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- building)
- Substance Abuse
  - Sustainability
  - Telemedicine/telehealth
  - Training
  - Tuberculosis
  - Veteran Related
  - Virtual simulation
  - Worker and patient safety



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

**FD-4a - Entering Course/Workshop Length**

Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a)	Select the Content Area Of the Course or Workshop (2) Block 18	Enter the Length of the Course or Workshop in Clock Hours (3) Block 19	Enter # of Times the Course or Workshop was Offered (4) Block 20	Select the Delivery Mode Used to Offer the Course or Workshop (5) Block 22
Course 1	Yes <input type="text"/>	Select one <input type="text"/>	<input style="border: 2px solid red;" type="text"/>	<input type="text"/>	Select one <input type="text"/>

**Figure 84. FD-4a - Entering Course/Workshop Length**

**Enter the Length of the Course or Workshop in Clock Hours:** Enter the duration, in clock hours, of each instructional activity offered during the current reporting period in the textbox under Column 3.

*For courses less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. Example: a 15-minute course would be entered as  $15/60 = .25$ .*



*Note: This Column will prepopulate for prior records with data submitted in the previous reporting period.*

### FD-4a - Entering # of Times the Course or Workshop was Offered

Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a) Block 18	Select the Content Area Of the Course or Workshop (2) Block 19	Enter the Length of the Course or Workshop in Clock Hours (3) Block 20	Enter # of Times the Course or Workshop was Offered (4) Block 21	Select the Delivery Mode Used to Offer the Course or Workshop (5) Block 22
Course 1	Yes	Select one			Select one

Figure 85. FD-4a - Entering # of Times the Course or Workshop was Offered

**Enter # of Times the Course or Workshop was Offered:** Enter the number of times each instructional activity was offered during the current reporting period in the textbox under Column 4.

### FD-4a - Selecting Delivery Mode

Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a) Block 18	Select the Content Area Of the Course or Workshop (2) Block 19	Enter the Length of the Course or Workshop in Clock Hours (3) Block 20	Enter # of Times the Course or Workshop was Offered (4) Block 21	Select the Delivery Mode Used to Offer the Course or Workshop (5) Block 22
Course 1	Yes <input type="checkbox"/>	Select one <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select one"/> <input type="text" value="Select one"/> <input type="text" value="Classroom-based"/>

Figure 86. FD-4a - Selecting Delivery Mode

**Select the Delivery Mode Used to Offer the Course or Workshop:** Select the delivery mode used to offer each instructional activity offered during the current reporting period by clicking on the drop-down menu under Column 5 and choosing **one** of the following options:

- Archived/Self-paced distance learning
- Clinical Rotation
- Hybrid
- Real-time/Live distance learning
- Classroom-based
- Distance learning (Online, Webinar)
- Other



**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-4b: Faculty Development - Faculty Trained by Profession/Discipline

### FD-4b - Adding Profession and Discipline for Faculty Instructional Activities



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

The screenshot shows a web form titled "Add Profession/Discipline". The form has a blue header bar with a red asterisk. Below the header, there are two main input fields. The first field is "Name of the Course or Workshop Offered by the Faculty" with a dropdown menu showing "Course 1". The second field is "Profession and Discipline of Individuals Trained" with a dropdown menu showing "Student - K - 8 (primary)" and "Student - Post -". A red box highlights the "Add Record" button at the bottom left.

Figure 87. FD-4b - Adding Profession and Discipline for Faculty Instructional Activities

**Name of the Course or Workshop Offered by the Faculty:** To add information about the profession and discipline of individuals trained through each instructional activity offered during the current reporting period, select an instructional activity by clicking on the drop-down menu next to "Name of the Course of Workshop Offered by the Faculty" and choosing **one** of the available options.

#### Profession and Discipline of Individuals Trained:

1. Select profession(s) and discipline(s) of all individuals trained in each instructional activity offered during the current reporting period by choosing **all that apply** from the options listed below.
2. Next, click on the "Add Record" button to save your entry.
3. **Repeat this process as necessary to identify the profession and discipline of all individuals trained in each instructional activity offered during the current reporting period.**

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Behavioral Health - Psychology
- Dentistry - Endodontic Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant

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- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Advanced Practice Nursing
- Nursing - Clinical Nurse Specialist (CNS)
- Nursing - Community health nursing

- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - Aggregate/Systems/Organizational
- Nursing - CNL - Generalist
- Nursing - Home Health Aide
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Office/Support Staff
- Other - Podiatry
- Other - Occupational Therapy
- Physician Assistant
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric

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- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Colon and Rectal Surgery
- Medicine - Family 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 - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Women's health and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - Nurse practitioner
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non - nurse)
- Other - Optometry

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- Nursing - Nurse administrator
- Nursing - Other (e.g., CNA, PCA)
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Pharmacy
- Other – Allied Health
- Other – Speech Therapy
- Student - Alternative/Complementary Nursing
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - K - 8 (primary)
- Student - Midwife
- Student - NP - Adult gerontology
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Physician Assistant
- Student - Undergraduate - Other
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care adult gerontology
- Student - NP - Emergency care
- Student - NP - Neonatal
- Student - NP - Psychiatric/Mental health
- Student - Nurse Midwife
- Student - Post - high school / Pre - college
- Student - Undergraduate - Public Health

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- Other - Respiratory Therapy
- Other – Physical Therapy
- Public Health
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Family
- Student - NP - Other advanced nurse specialists
- Student - NP - Women’s health
- Student - Nursing - Doctorate
- Student - Registered nurse (RN)

### FD-4b - Entering # Trained in the Profession and Discipline

Name of the Course or Workshop Offered by the Faculty	Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1)	(2)	(3)
Block 17	Block 21	Block 21
Course 1	Student - K - 8 (primary)	<input type="text"/>

Figure 88. FD-4b - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** Enter the number of individuals trained in each profession and discipline under Column 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.

## Continuing Education Activities—CE Subforms

### CE - Introduction

The CE-1 and CE-2 subforms have been enhanced to prepopulate specific information about the names and characteristics of continuing education courses reported previously. Please read the following instructions carefully to ensure the CE-1 and CE-2 subforms are completed accurately.

For continuing education courses reported previously:

1. The BPMH system will prepopulate the following Columns in the CE-1 subform.

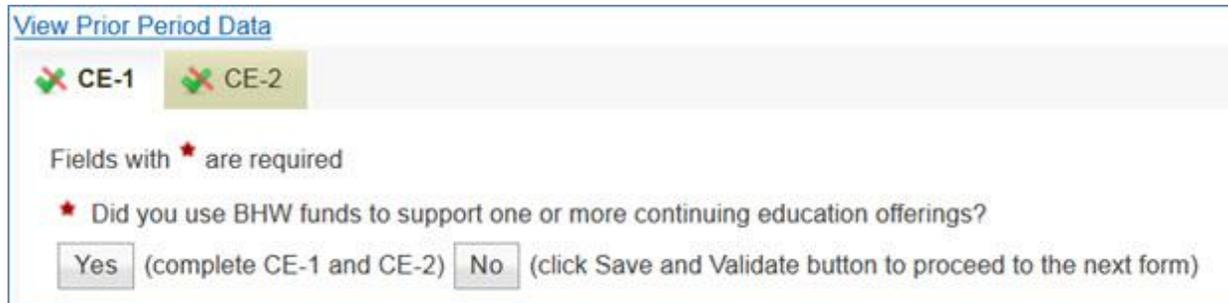
- Name of Course
- Accreditation Status
- Duration
- Primary Topic Addressed

2. You must select whether a course reported previously was offered during this reporting period.
3. If a course reported previously was offered in during this reporting period, all other Columns in the CE-1 form must be completed.
4. If a course reported previously was not offered during this reporting period, you do not have to complete any other Blocks in the CE-1 subform. In addition, the course name will not appear as an option in the CE-2 subform.

## CE-1: Continuing Education - Course Characteristics and Content

### CE-1 - Setup

To begin providing information about continuing education courses offered during this reporting period or to provide updates on courses previously offered, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.



The screenshot shows a web interface for the CE-1 Setup. At the top left, there is a link labeled "View Prior Period Data". Below this, there are two tabs: "CE-1" and "CE-2". The "CE-2" tab is currently selected and highlighted in green. Below the tabs, there is a message: "Fields with \* are required". A red asterisk is followed by the question: "Did you use BHW funds to support one or more continuing education offerings?". At the bottom of the form, there are two buttons: "Yes" and "No". The "Yes" button is highlighted in grey and has the text "(complete CE-1 and CE-2)" next to it. The "No" button is also highlighted in grey and has the text "(click Save and Validate button to proceed to the next form)" next to it.

Figure 89. CE-1 - Setup

**CE-1 - Entering Course Title**

Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours	Enter # of Times Course was Offered
(1) Block 1	(1a)	(2) Block 2	(3) Block 3	(4) Block 4
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Figure 90. CE-1 - Entering Course Title

**Course Title:** To begin completing the CE-1 subform for new records, enter the name of each course offered under Column 1 of the CE-1 subform.



**Warning:** Course titles are limited to 200 characters.



*Note:* To view data submitted in the previous reporting period, 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 the previous reporting period.

**CE-1 - Selecting Whether Course is Approved for Continuing Education Credit**

Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours	Enter # of Times Course was Offered
(1) Block 1	(1a)	(2) Block 2	(3) Block 3	(4) Block 4
		▼		
		Select one		
		Yes		

**Figure 91. CE-1 - Selecting Whether Course is Approved for Continuing Education Credit**

**Select Whether Course is Approved for Continuing Education Credit:** Select whether each course is accredited for continuing education credit by clicking on the drop-down menu under Column 2 and choosing one of the following options:

- Yes
- No

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

 *Reference: Refer to the glossary for a definition of continuing education course accreditation.*

**CE-1 - Entering Course Duration**

Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours	Enter # of Times Course was Offered
(1) Block 1	(1a)	(2) Block 2	(3) Block 3	(4) Block 4

**Figure 92. CE-1 - Entering Course Duration**

**Enter the Duration of the Course in Clock Hours:** Enter the duration, in clock hours, of each course offering in the textbox under Column 3.



*Note: For courses less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. Example: a 15-minute course would entered as  $15/60 = .25$ .*



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

**CE-1 - Entering # of Times Course was Offered**

Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours	Enter # of Times Course was Offered
(1) Block 1	(1a)	(2) Block 2	(3) Block 3	(4) Block 4

**Figure 93. CE-1 - Entering # of Times Course was Offered**

**Enter # of Times Course was Offered:** Enter the total number of times the course was offered during the reporting period in the textbox under Column 4.



*Note: For distance learning courses offered on an ongoing basis, enter "9999".*

**CE-1 - Selecting Delivery Mode**

Course Title	Select Delivery Mode Used to Offer Course	Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course	Select Whether Employment Location Data are Available for Individuals Trained
(1) Block 1	(5) Block 5	(6) Block 6	(8) Block 9
	Distance learning (O - Select one Classroom-based		

**Figure 94. CE-1 - Selecting Delivery Mode**

**Select Delivery Mode Used to Offer Course:** Select the primary delivery mode used to offer each course during the reporting period by clicking on the drop-down menu under Column 5 and choosing one of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Hybrid

### CE-1 - Selecting Type(s) of Partnership(s)

Course Title	Select Delivery Mode Used to Offer Course	Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course	Select Whether Employment Location Data are Available for Individuals Trained
(1) Block 1	(5) Block 5	(6) Block 6	(8) Block 9
		<input type="checkbox"/> Academic departn <input type="checkbox"/> Academic departn	

Figure 95. CE-1 - Selecting Type(s) of Partnership(s)

**Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course:** Select the type(s) of partnerships or consortia established for the purposes of delivering each course by clicking on the drop-down menu under Column 6 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 - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- 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
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Federal Government - Veterans Affairs
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital

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- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing Home
- Private/For - profit organization
- Senior Center
- Tribal Organization

- Hospice
- Long - Term Care Facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Governmental Programs

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- No partners/consortia used
- 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.**

### CE-1 - Entering Employment Location Data for Individuals Trained

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

Select Whether Employment Location Data are Available for Individuals Trained	Enter # of Individuals Trained by Employment Location (not mutually exclusive)		
	Primary Care Setting	Medically Underserved Community	Rural Area
(8) Block 9	(9) Block 9a	(10) Block 9b	(11) Block 9c
<input type="button" value="Select one"/> <input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 96. CE-1 - Entering Employment Location Data for Individuals Trained

**Select Whether Employment Location Data are Available for Individuals Trained:** Select whether employment location data are available for trainees who participated in each course during the current reporting period by clicking on the drop-down menu under Column 8 and choosing one of the following options:

- Yes
- No

**Enter # of Individuals Trained by Employment Location (not mutually exclusive): Primary Care Setting:** If "Yes" was selected in the drop-down under Column 8, please provide the following information:

In Column 9, enter the total number of participants who are employed in a primary care setting.

If none of the participants are employed in this setting, enter "0" in Column 9.

**Enter # of Individuals Trained by Employment Location (not mutually exclusive): Medically Underserved Community:** If "Yes" was selected in the drop-down under Column 8, please provide the following information:

In Column 10, enter the total number of participants who are employed in a medically underserved community.  
If none of the participants are employed in this setting, enter "0" in Column 10.

**Enter # of Individuals Trained by Employment Location (not mutually exclusive): Rural Area:** If "Yes" was selected in the drop-down under Column 8, please provide the following information:

In Column 11, enter the total number of participants who are employed in a rural area.  
If none of the participants are employed in this setting, enter "0" in Column 11.



*Note: Individuals can be counted multiple times if their place of employment is located in more than one type of designated setting. As a result, counts provided under Columns 9, 10 and 11 are not meant to be mutually exclusive.*

### CE-1 - Selecting Primary Topic Area

Select Whether Employment Location Data are Available for Individuals Trained	Enter # of Individuals Trained by Employment Location (not mutually exclusive)			Select the Course's Primary Topic Area
	Primary Care Setting	Medically Underserved Community	Rural Area	
(8) Block 9	(9) Block 9a	(10) Block 9b	(11) Block 9c	(12) Block 11
				Select one -

**Figure 97. CE-1 - Selecting Primary Topic Area**

**Select the Course's Primary Topic Area:** Select the primary topic area addressed in each course by clicking on the drop-down menu under Column 12 and choosing one of the following options:

- Acute care
- Advocacy/health policy
- Alternative/complementary medicine
- American Indian/Alaska Natives
- Asthma
- Behavioral health
- Border Health
- Cardiovascular Disease
- Clinical Practice Information
- Community - based care
- Community health nursing
- Consumers' rights
- Data collection and analysis
- Depression
- Domestic Violence/Interpersonal violence
- Elder abuse
- Adolescent Health
- African - Americans
- Alzheimer's disease
- Arthritis
- Basic restorative skills
- Behavioral interventions for primary care
- Border health activities
- Chronic Disease
- Clinical preventive services
- Community - based continuity of care
- Community needs assessment
- Crisis intervention
- Delirium
- Diabetes
- Drug - resistant diseases
- Emergency preparedness
- Epidemiology
- Evidence - Based Practices / Care
- Advanced 3D Graphics
- Alcohol and substance misuse/prevention
- Ambulatory Care
- Asian Americans
- Behavioral assessment and consultation in primary care
- Bioterrorism/preparedness
- Cancer
- Chronic disease management
- Communication Skills
- Community collaboration
- Computer - based instructions
- Cultural competence in health care
- Dementia
- Domestic Violence
- E - Learning technology
- Emergency training

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- Environmental health
- Ethics/bioethics
- Experiences
- Falls
- Food borne Disease
- Genomics
- Geriatrics
- Health care and older adults
- Health literacy
- Healthy aging
- Hispanics
- Home health
- Hypertension
- Infant health
- Information Technology
- Interdisciplinary training
- Interprofessional integrated models of care
- Leadership/Management
- Malnutrition
- Maternal and child health
- Medication basics
- Mental health
- Minority Health
- Needs - specific training
- Nursing leadership and management
- Obesity
- Other simulated or virtual methods
- Palliative care
- Pediatric Mental health
- Pharmacology
- Prescription drug abuse
- Professional development
- Extended care
- Financial planning and management (including budgeting)
- Frailty
- Geriatric education for direct care providers
- Gerontological nursing
- Health Disparities
- Health promotion and disease prevention
- Heart disease
- HIV/AIDS
- Homeless
- Improving communication skills
- Infection control
- Injury prevention
- Interpersonal skills
- Interprofessional team based training
- Lesbian/Gay/Bisexual/Transgender individuals
- Managed care
- Medical documentation using electronic health record
- Medications/drugs
- Mental health and older adults
- Multiple Chronic Diseases
- Negotiations
- Nursing preceptors
- Oral health
- Pain management
- Pastoral/Spiritual Care
- Perioperative care
- Physical activity/active lifestyles
- Prevention/Primary care
- Program design
- Program planning

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- Ethics and confidentiality
- Evidence Based Medicine/Practice
- Faculty Training
- Focus groups
- Genetics
- Geriatric medicine
- Grant writing
- Health information technology
- Health Reform/Health Insurance Marketplaces
- Hepatitis
- HIV/AIDS and other infectious diseases
- Hospice Care
- Incontinence
- Influenza
- Interactive simulated case studies
- Interprofessional education
- Leadership training
- Long - Term Care
- Mannequin - based and patient simulators
- Medical economics
- Meeting facilitation
- Migrant health initiatives
- Native Hawaiian/Pacific Islander
- Nursing care for vulnerable populations
- Nutrition/diet
- Other
- Palliative and end of life care
- Patient safety (medical errors)
- Personal care skills
- Polypharmacy

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- Program management
- Public health infrastructure
- Public health science
- Quality improvement and patient safety
- Renal disease
- Secondary care Technology
- Sexually transmitted infections
- Social marketing
- Suicide
- Teledentistry
- Tobacco cessation
- Trauma
- Urgent care
- Violence
- Worker and patient safety
- Youth development
- Public health law
- Pulmonary Disease
- Rehabilitation
- Research
- Sensory Loss
- Simulated or virtual methods of training
- Stroke
- Survey design
- Telemedicine/telehealth
- Training
- Tuberculosis
- Veteran Related
- Virtual simulation
- Workforce development

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- Primary care
- Program evaluation
- Project management
- Public health policy development
- Quality Improvement
- Rehabilitation Therapies
- Rural health
- Sexual health
- Skills - based training (including coalition building)
- Substance Abuse
- Sustainability
- Tertiary care
- Transitional care
- Urban health
- Veterans Health
- Women's health
- Wound care



**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.**

## CE-2: Continuing Education - Individuals Trained by Profession/Discipline

### CE-2 - Selecting Profession and Discipline of Individuals Trained

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

Course Title	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1) Block 1	(2) Block 8	(3) Block 8
Select one	<input type="text"/>	
	Select one Behavioral Health - Clinical Psychology Behavioral Health - Clinical Social Work	

Figure 98. CE-2 - Selecting Profession and Discipline of Individuals Trained

**Course Title:** Enter the course title in the textbox under Column 1.

**Select Profession and Discipline of Individuals Trained:** Select the profession and discipline of trainees who participated in each course by clicking on the drop-down menu under Column 2 and choosing one of the following options:

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medical Interpreter
- Medicine - Colon and Rectal Surgery

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- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Advanced Practice Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- Nursing - NP - Acute care adult
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - Aggregate/Systems/Organizational
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- 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 - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry
- Medicine - Family 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 - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- 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 - Public health nurse
- Other - Allied Health
- Other - Direct Service Worker

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- gerontology
  - Nursing - NP - Adult
- gerontology
  - Nursing - NP - Emergency care
  - Nursing - NP - Geropsychiatric
  - Nursing - NP - Women's health
  - Nursing - Nurse educator
  - Nursing - Other
  - Nursing - Registered Nurse
  - Other - Chiropractor
  - Other - Facility Administrator
  - Other - Health Informatics/Health Information Technology
    - Other - Midwife (non-nurse)
    - Other - Office/Support Staff
    - Other - Physical Therapy
    - Other - Speech Therapy
    - Public Health - Biostatistics
    - Public Health - Epidemiology
    - Public Health - Injury Control & Prevention

- Other - Podiatry
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Other

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- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

**CE-2 - Entering # Trained in the Profession and Discipline**

Course Title	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1) Block 1	(2) Block 8	(3) Block 8
Select one	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>
	Select one Behavioral Health - Clinical Psychology Behavioral Health - Clinical Social Work	

**Figure 99. CE-2 - Entering # Trained in the Profession and Discipline**

**Enter # Trained in this Profession and Discipline:** Enter the number of trainees in each profession and discipline in the textbox in Column 3. Repeat this process to capture the total number of trainees by profession and discipline who participated in each CE course during the current reporting period.



**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.

## Printing Your Performance Report

The screenshot displays the Performance Report interface. On the left sidebar, the 'Review' link is highlighted with a red box. The main content area shows a 'Resources' section with a 'Print All Forms' button also highlighted with a red box. Below this, there is a table with columns for Section, Type, and Options. The table lists various sections such as Training Program, PC, IND-GEN, INDGEN-GPC, INDGEN-PY, EXP, and Comments and Certification, all with a Type of HTML and a View option.

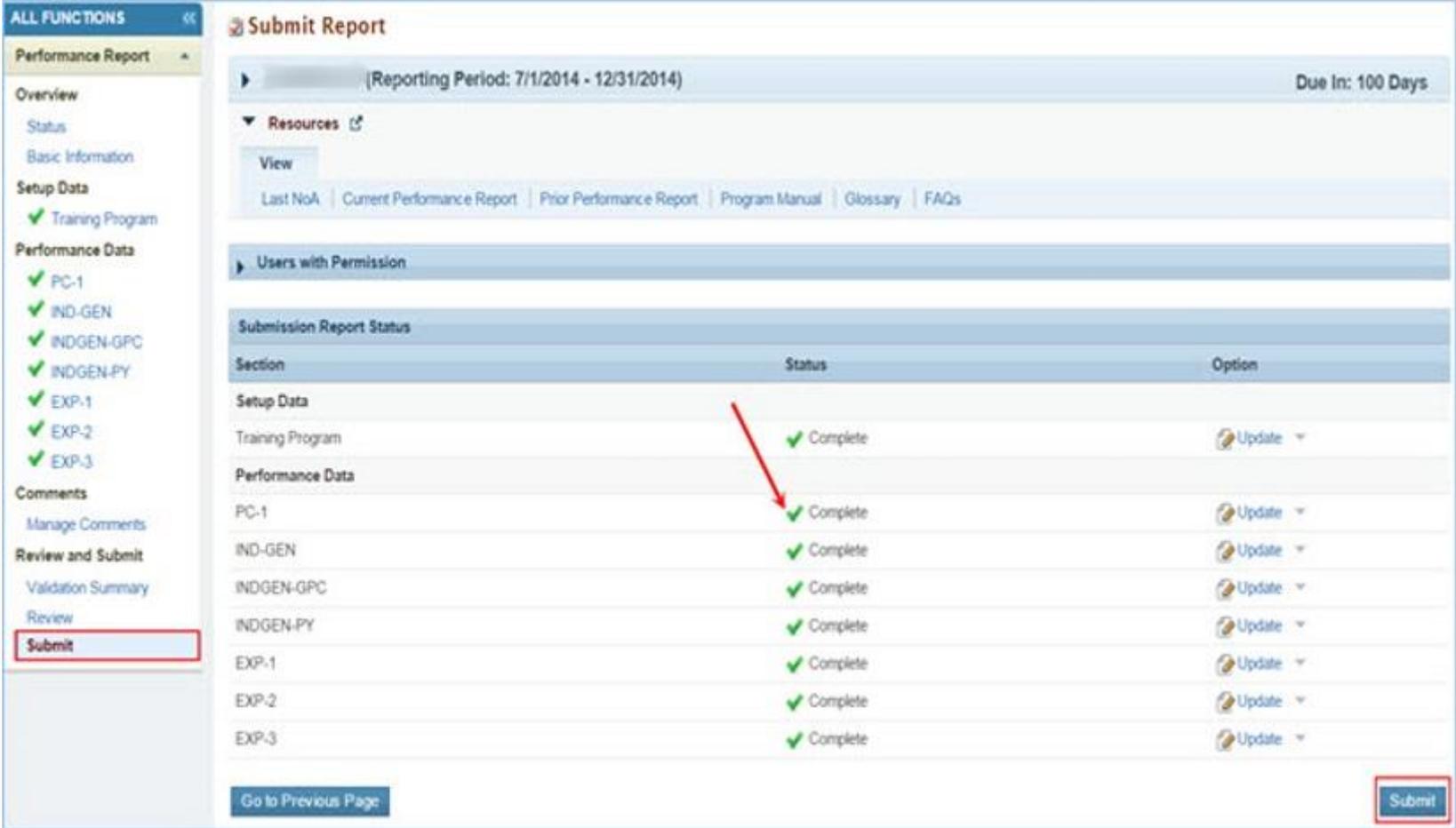
Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View
PC	HTML	View
IND-GEN	HTML	View
INDGEN-GPC	HTML	View
INDGEN-PY	HTML	View
EXP	HTML	View
Comments and Certification	HTML	View

**Figure 100. 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. The main content area shows a 'Submit Report' header with a reporting period of 7/1/2014 - 12/31/2014 and a 'Due In: 100 Days' indicator. Below this is 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 located at the bottom right of the page.

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 101. 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 102. 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 103. 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.