

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  
Comprehensive Geriatric Education Program**

**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 **CGEP** grant program:
  - **Develop and disseminate curricula related to the treatment of the health problems of elderly individuals;**
  - **Train faculty members in geriatrics;**
  - **Provide continuing education to individuals who provide geriatric care; and**
  - **Establish Traineeships for individuals who are preparing for advanced nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population.**
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 form interface. At the top left, there is a link labeled "View Prior Period Data" which is highlighted with a red rectangular box. Below this link, the text "Fields with \* are required" is visible. Further down, there is a section titled "Add Training Program" with a red asterisk. Underneath this section, there is a label "Select Type of Training Program Offered" followed by a dropdown menu that currently displays "Select One". A small instruction "(Click the 'Load Program Details' button after selecting your training program)" is located below the dropdown menu.

**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	Applicable Grant Purpose(s)
1	Setup Form	Setup Forms	Grant Purpose	
2	Setup Form	Setup Forms	Training Program	CGEP-4
3	Setup Form	Setup Forms	Faculty Development	CGEP-2
4	Performance Data Form	Program Characteristics-PC Subforms	PC-7	CGEP-4
5	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN	CGEP-4
6	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY	CGEP-4
7	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1	CGEP-4
8	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2	CGEP-4
9	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3	CGEP-4
10	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1	CGEP-1

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
11	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1a	CGEP-1
12	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-2	CGEP-1
13	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1a	CGEP-2
14	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1b	CGEP-2
15	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2a	CGEP-2
16	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2b	CGEP-2
17	Performance Data Form	Continuing Education Activities-CE Subforms	CE-1	CGEP-3
18	Performance Data Form	Continuing Education Activities-CE Subforms	CE-2	CGEP-3

## Grant Purpose – Setup

### Selecting Grant Purpose(s)



**Warning:** Selections made in this form will affect the types of subforms and/or drop-down menu options that will appear throughout the BPMH system.

Grant Purpose	Select
CGEP-1: Develop and disseminate curricula relating to the treatment of the health problems of elderly individuals	<input checked="" type="checkbox"/>
CGEP-2: Train faculty members in geriatrics	<input checked="" type="checkbox"/>
CGEP-3: Provide continuing education to individuals who provide geriatric care	<input type="checkbox"/>
CGEP-4: Establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population	<input checked="" type="checkbox"/>

**Figure 3. Selecting Grant Purpose(s)**

To configure the BPMH system, please complete the Grant Purpose Setup form by selecting the specific type(s) of activities that were supported with grant funds during the reporting period (**July 01, 2015 - June 30, 2016**). Some options in the Grant Purpose form will be automatically selected based on information provided in a previous reporting period.



**Warning:** Unselecting a grant purpose will cause related forms and data to be deleted. If you need to unselect a grant purpose, contact your project officer first to ensure you do not unnecessarily lose any data.



**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.

# Training Program - Setup

## Training Program Setup - Selecting Type of Training Program

**Purpose:** The Training Program Setup form will configure all subsequent subforms specific to structured programs, unstructured programs, and practica/field placements (depending on your grant).



The screenshot shows a web form titled "Add Training Program". It contains a dropdown menu labeled "Select Type of Training Program Offered" with the instruction "(Click the 'Load Program Details' button after selecting your training program)". The dropdown menu is open, showing "Internship Program" as the selected option. Below the dropdown is a "Load Program Details" button. There is also a section for "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained" with a "Select One" dropdown menu. At the bottom left is an "Add Record" button.

**Figure 4. Training Program Setup - Selecting Type of Training Program**

**Select Type of Training Program Offered:** Select the type(s) of training program(s) supported through the grant during the reporting period by clicking on the drop-down menu and choosing one of the options from the list below:

- Practicum/Field Placement program

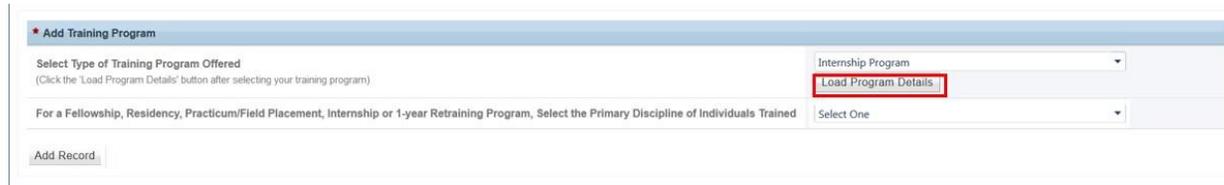


*Note: For the purposes of performance reporting, traineeships supported through the CGEP program are categorized as a field placement programs.*



*Note: Previously reported training programs (i.e., prior records) will prepopulate in the "Saved Records" table. If you have no NEW training programs to add, proceed to the instructions in the final step of this form ("Selecting Training Activity Status").*

## Training Program Setup - Loading Program Details



The screenshot shows a web form titled "Add Training Program". It contains two main sections. The first section is labeled "Select Type of Training Program Offered" and includes a sub-instruction: "(Click the 'Load Program Details' button after selecting your training program)". This section has a dropdown menu currently set to "Internship Program" and a button labeled "Load Program Details" which is highlighted with a red rectangular box. The second section is labeled "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained" and has a dropdown menu currently set to "Select One". At the bottom left of the form is a button labeled "Add Record".

**Figure 5. Training Program Setup - Loading Program Details**

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

## Training Program Setup - Adding Field Placement/Practicum Program

\* Add Training Program

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

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

Add Record

**Figure 6. Training Program Setup - Adding Field Placement/Practicum Program**

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

1. Select the primary profession and discipline of individuals participating in field placements by clicking on the drop-down menu and choosing one of the options below.
2. Click on the "Add Record" button to save your entry.
3. Repeat the steps above to capture all practica/field placement programs offered during the reporting period.

- Student - CNS - Adult gerontology
- Student - CNS - Psychiatric/Mental health
- Student - Graduate - Nursing Doctorate
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - Nurse Administrator
- Student - Nurse midwife
- Student - Public Health Nurse
- Student - CNS - Family
- Student - CNS - Women's health
- Student - Graduate - Nursing Masters
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Other advanced nurse specialists
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - CNS - Geropsychiatric
- Student - Community health nursing
- Student - Midwife (non - nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics

## Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)
1	Prior Record	Practicum/Field Placement   Student - NP - Acute care adult gerontology	Select one

Comments

Figure 7. Training Program Setup - Selecting Training Activity Status

**Select Training Activity Status in the Current Reporting Period:** Select the status of each training program at the end of the reporting period (i.e., **June 30, 2016**) by choosing one of the options listed below.

- Active
- Inactive



*Note: For Practica/Field Placement Programs:*

- **Active:** A training program that was offered during the reporting period. If you are reporting any activity for a program, select Active.
- **Inactive:** A training program that was NOT offered during the reporting period. Selecting 'Inactive' indicates that the training program is completed and was not offered in the reporting period. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP or CE 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 Form

## Selecting Faculty Development Activities

**Purpose:** The Faculty Development Setup form will configure all subforms specific to faculty development.

Faculty Development Activities	
Structured Faculty Development Training Program	<input checked="" type="checkbox"/>
Faculty Development Activity	<input checked="" type="checkbox"/>

**Figure 8. Selecting Faculty Development Activities**

Select the type(s) of faculty development activities supported with grant funds during the reporting period. Options on the Faculty Setup form will be automatically pre-selected if you have previously reported one or more faculty development programs or activities.



**Warning:** You may uncheck “Faculty Development Activity” (i.e., Unstructured Faculty Development) if you have nothing to report.



**Warning:** You may uncheck “Structured Faculty Development Training Program” only if you have no ongoing training programs carrying over from prior reporting periods.



*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-7: Program Characteristics – Practica and Field Placements

### PC-7 - Selecting Type(s) of Partners/Consortia

No. Record Status	Type of Training Program (1) Block 1	Primary Discipline of Individuals Trained (2) Block 11	Select Type(s) of Partners/Consortia Used to Offer this Training (3) Block 2
1 Prior Record	Practicum/Field Placement   Student - NP - Adult gerontology	Student - NP - Adult gerontology	3 items checked

Figure 9. PC-7 - Selecting Type(s) of Partners/Consortia

**Select Type(s) of Partners/Consortia Used to Offer this Training:** Complete Column 3 (Block 2) by selecting all of the type(s) of partnerships or consortia used or established for the purpose of offering each practicum/field placement program during the reporting period. Choose 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 - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC) Other community health center (i.e. free clinic)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith

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- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Private/For - profit organization
- Senior Center
- Veterans Affairs Healthcare (e.g. VA hospital)
- Professional Associations
- State Government

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- based)
- Other
  - Quality improvement organization
  - Tribal Organization



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

**PC-7 - Entering Enrollment Information**



**Warning:** For the PC-7 Form, Program Completers are included in the overall Enrollee count (i.e., Block 8 completers are a subset of Block 3 enrollees).

Enter Total # Enrolled (whether funded by BHW or not)		
Total (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b

**Figure 10. PC-7 - Entering Enrollment Information**

**Enter Total # Enrolled (whether funded by BHW or not): Total:** In Column 4 (Block 3), enter the total number of students who participated in each practicum/field placement program during the reporting period. Count all students who participated in the practicum/field placement program, regardless of whether or not the student directly received a BHW-funded financial award.

**Enter Total # Enrolled (whether funded by BHW or not): URM:** In Column 5 (Block 3a), enter the number of students who participated in the practicum/field placement program during the reporting period and were underrepresented minorities.

**Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM:** In Column 6 (Block 3b), enter the number of students from disadvantaged backgrounds who participated in the practicum/field placement program during the reporting period but were not underrepresented minorities.



**Warning: Students who permanently left their practicum/field placement before completion (i.e. attrition) are counted separately in Column 9 (Block 9).**



*Note: Blocks 3a and 3b are subsets of Block 3.*



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

*Example: The John Doe School of Nursing had 18 NP students in Adult Gerontology students participate in practicum/field placement programs during the current annual reporting period. Among the 18 NP students in Adult Gerontology students who participated, 9 students were underrepresented minorities. In addition, 3 students were from disadvantaged backgrounds, but were not under-represented minorities.*

- *In Column 4 (Block 3), the reporting official would enter 18.*
- *In Column 5 (Block 3a), the reporting official would enter 9.*
- *In Column 6 (Block 3b), the reporting official would enter 3.*

## PC-7 - Entering Graduate Information



**Warning:** For the PC-7 Form, Program Completers are included in the overall Enrollee count (i.e., Block 8 completers are a subset of Block 3 enrollees).

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total (7) Block 8	URM (8) Block 8a
<input type="text"/>	<input type="text"/>

Figure 11. PC-7 - Entering Graduate Information

**Enter Total # Graduated/Completed (whether funded by BHW or not): Total:** In Column 7 (Block 8), enter the total number of students who completed all practicum/field placement requirements during the reporting period. Count all students who completed the practicum/field placement program, regardless of whether or not the student directly received a BHW-funded financial award.

**Enter Total # Graduated/Completed (whether funded by BHW or not): URM:** In Column 8 (Block 8a), enter the number of students who completed all practicum/field placement requirements during the reporting period and were underrepresented minorities.



**Warning:** Students who permanently left their practicum/field placement before completion (i.e. attrition) are counted separately in Column 9 (Block 9).



*Note: Block 8a (URM) is a subset of Block 8 (program completion count).*



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

*Example: The John Doe School of Nursing had 18 NP students in Adult Gerontology participate in practicum/field placement (traineeship) programs during the reporting period. Among the NP students in Adult Gerontology students who participated in practicum/field placement programs, 3 completed all requirements. Of those who completed traineeships, none were underrepresented minorities.*

- *In Column 7 (Block 8), the reporting official would enter 3.*
- *In Column 8 (Block 8a), the reporting official would enter 0.*

## PC-7 - Entering Attrition Information



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

Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (9) Block 9	URM (10) Block 9a
<input type="text"/>	<input type="text"/>

**Figure 12. PC-7 - Entering Attrition Information**

**Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total:** In Column 9 (Block 9), enter the total number of students who permanently left their practicum/field placement programs before completion during the reporting period. Count all students who permanently left their practicum/field placement regardless of whether or not the student directly received a BHW-funded financial award.

**Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM:** In Column 10 (Block 9a), enter the number of students who permanently left their practicum/field placement programs before completion during the reporting period and were underrepresented minorities.



*Note: Block 9a is a subset of Block 9. The total entered in Block 9 is exclusive of the total number of enrollees (Block 3).*



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

*Example: The John Doe School of Nursing had 18 NP students in Adult Gerontology students participate in practicum/field placement programs during the current annual reporting period. Among the NP students in Adult Gerontology students who participated in practicum/field placement programs, 2 left their programs before completion. Neither student was an underrepresented minority.*

- *In Column 9 (Block 9), the reporting official would enter 2.*
- *In Column 10 (Block 9a), the reporting official would enter 0.*



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

## Individual-level Data: INDGEN Subforms

### INDGEN - Introduction

#### Notice to Grantees about Individual-level Data:

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

## IND-GEN: Individual Characteristics

### IND-GEN - Setup



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

To begin providing individual-level data for students or faculty who received BHW-funded financial awards during the current annual 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 13. IND-GEN - Setup**

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

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

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

**Figure 14. IND-GEN - Selecting Type of Training Program**

**Type of Training Program:** Select each new individual's training program by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing one of the available options. The options available in this menu will prepopulate with programs entered and saved in the Training Program Setup Form.



*Note: The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" should only be selected for faculty who received a BHW-funded financial award during the annual reporting period.*

**IND-GEN - Entering Trainee Unique ID**

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

**Figure 15. 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 annual updates for each individual and one-year follow-up data for students.

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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category
(1)	(2) Block 1	(3) Block 2
Select one		Select one

**Figure 16. 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 one of the following options.

- Enrollee (campus-based only)
- Enrollee (distance learning only)
- Enrollee (hybrid)
- Faculty



*Note: For students (enrollees), select type of trainee based on the delivery mode used to offer the training program associated with each individual.*

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

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

Figure 17. 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 (Block3) and choosing one of the following options.

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



*Note: For students, select enrollment status based on the individual's participation in their degree program.*

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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one		Select one		<input type="text" value="Select one"/>
				Select one Male Female

Figure 18. 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



*Note: If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

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

Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race
(6) Block 5	(7) Block 6	(8) Block 7
<div style="border: 1px solid red; padding: 2px;">                     26                      27                 </div>		

**Figure 19. IND-GEN - Selecting Individual's Age**

**Select Individual's Age:** Enter each individual's age at the end of the reporting period (i.e., as of **July 01, 2015 - June 30, 2016**) in the textbox under Column 6 (Block 5).

- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
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- 25
- 26
- 27
- 28
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- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71

- 72
- 73
- 74
- 75
- Not Reported



*Note: If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

## IND-GEN - Selecting Individual's Ethnicity

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

**Figure 20. 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



*Note: If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

## IND-GEN - Selecting Individual's Race

Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race
(6) Block 5	(7) Block 6	(8) Block 7
		<input type="text"/>

**Figure 21. 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 (1) 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.**

*If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

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

Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(2) Block 1	(9) Block 8	(10) Block 9	(11) Block 10
	<input type="text"/>		

Figure 22. 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



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

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

Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background
(2) Block 1	(9) Block 8	(10) Block 9
		<input type="text"/>

Figure 23. 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



*Note: If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*



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

## IND-GEN - Selecting Individual's Veteran Status

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

Figure 24. 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



*Note: If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*



*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?	Traineeship
(1)	(2) Block 1	(12) Block 11	(14) Block 11

**Figure 25. IND-GEN - Entering BHW-Funded Financial Award Information**

**Select Whether Individual Received BHW Financial Award?:** Select whether each individual received a BHW-funded financial award during the current annual 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): Traineeship:

- If an individual received a BHW-funded traineeship, select “Yes” in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current annual reporting period in the textbox in Column 14.
- 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 14.



*Note: The amount reported under the column labeled “Traineeship” should be the total monies from the grant provided to an individual during the current annual reporting period for the purposes of participating in the training program that was selected under the column labeled “Type of Training Program.” The total amount reported should account for all BHW dollars including those applied to tuition, fees, and reasonable living*

*expenses, as allowed by federal statutes and regulations. Do not include dollars that came from other sources of funding. If an individual participated in more than one (1) program and received stipends for each program, multiple entries on IND-GEN are required to capture participation and stipend 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 Academic or Training Year	Select Individual's Primary Discipline
(1)	(2) Block 1	(22) Block 12	(26) Block 15	(27) Block 16

**Figure 26. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding**

**Enter # of Academic Years the Individual has Received BHW Funding:** Select the cumulative number of academic years that each individual has received a BHW-funded financial award by clicking on the drop-down menu in Column 22 (Block 12) and choosing one of the following options.

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



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



*Note: If an individual has received money for a partial academic year, please round up to the nearest whole number. For example, if an individual has received a stipend 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 annual reporting period, select "1" under Column 22 (Block 12).*

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

Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(26) Block 15	(27) Block 16
N/A	

Figure 27. IND-GEN - Selecting Individual's Academic or Training Year

**Select Individual's Academic or Training Year:** Select each individual's current training year in the training program by clicking on the drop-down menu under Column 26 (Block 15) and choosing one of the following options.

- Faculty
- Graduate Year 1
- Graduate Year 2
- Graduate Year 3
- Graduate Year 4
- Graduate Year 5
- Graduate Year 6
- Graduate Year 7
- N/A

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

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

**Figure 28. IND-GEN - Selecting Individual's Primary Discipline**

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

- Student - CNS - Adult gerontology
- Student - CNS - Psychiatric/Mental health
- Student - Graduate - Nursing Doctorate
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - Nurse Administrator
- Student - Nurse midwife
- Student - Public Health Nurse
- Student - CNS - Family
- Student - CNS - Women's health
- Student - Graduate - Nursing Masters
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Other advanced nurse specialists
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - CNS - Geropsychiatric
- Student - Community Health Nursing
- Student - Midwife (non-nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics

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



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

Training in a Primary Care Setting	
Select Whether Individual Received Training	Enter # of Contact Hours
(28) Block 17	(29) Block 17a
<input type="text" value="Select one"/>	<input type="text"/>
<input type="text" value="Yes"/>	<input type="text"/>
<input type="text" value="No"/>	<input type="text"/>
<input type="text" value="N/A"/>	<input type="text"/>

**Figure 29. IND-GEN - Entering Training Information in a Primary Care Setting**

**Training in a Primary Care Setting: Select Whether Individual Received Training:** Select whether each individual received clinical or experiential training in a primary care setting during the current annual reporting period by clicking on the drop-down menu in Column 28 (Block 17) and choosing one of the following options.

- Yes
- No
- N/A

**Training in a Primary Care Setting: Enter # of Contact Hours:**

- If the individual did receive clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Column 29 (Block 17a).
- If the individual did NOT receive clinical or experiential training in a primary care setting, leave the textbox blank under Column 29 (Block 17a).



**Warning: For Faculty, select "N/A" in the drop-down menu under Block 17 and leave Block 17a blank.**

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



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

Training in a Medically Underserved Area	
Select Whether Individual Received Training	Enter # of Contact Hours
(31) Block 18	(32) Block 18a
<input type="text" value="Select one"/>	<input type="text"/>
Yes	
No	
N/A	

**Figure 30. IND-GEN - Entering Training Information in a Medically Underserved Area**

**Training in a Medically Underserved Area: Select Whether Individual Received Training:** Select whether each individual received clinical or experiential training in a medically-underserved community (MUC) during the current annual reporting period by clicking on the drop-down menu in Column 31 (Block 18) and choosing one of the following options.

- Yes
- No
- N/A

**Training in a Medically Underserved Area: Enter # of Contact Hours:**

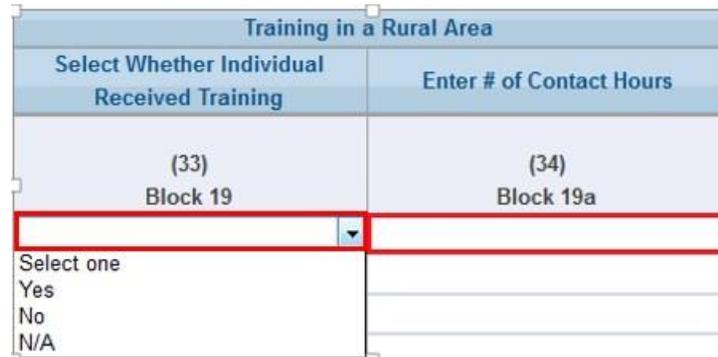
- If the individual did receive clinical or experiential training in a medically-underserved community, enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Column 32 (Block 18a)
- If the individual did NOT receive clinical or experiential training in a medically-underserved community, leave the textbox blank under Column 32 (Block 18a).



**Warning: For Faculty, select "N/A" in the drop-down menu under Block 18 and leave Block 18a blank.**

## IND-GEN - Entering Training Information in a Rural Area

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



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

Figure 31. IND-GEN - Entering Training Information in a Rural Area

**Training in a Rural Area: Select Whether Individual Received Training:** Select whether each individual received clinical or experiential training in a rural area during the current annual reporting period by clicking on the drop-down menu in Column 33 (Block 19) and choosing one of the following options.

- Yes
- No
- N/A

### Training in a Rural Area: Enter # of Contact Hours:

- If the individual did receive clinical or experiential training in a rural area, enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Column 34 (Block 19a).
- If the individual did NOT receive clinical or experiential training in a rural area, leave the textbox blank under Column 34 (Block 19a).

 **Warning:** For Faculty, select "N/A" in the drop-down menu under Block 19 and leave Block 19a blank.

## IND-GEN - Selecting Individual's Field Placement Setting

Type of Training Program	Trainee Unique ID	Training in a Rural Area		Select Individual's Field Placement Setting	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program
		Select Whether Individual Received Training	Enter # of Contact Hours			
(1)	(2) Block 1	(33) Block 19	(34) Block 19a	(35) Block 20	(36) Block 21	(37) Block 22
Practicum/Field Placement   Student 0031781 NP - Adult gerontology		No		Ambulatory practice sites	No	No
Practicum/Field Placement   Student 0031777 NP - Adult gerontology		No		Hospital-non profit	No	No
Practicum/Field Placement   Student 0031780 NP - Adult gerontology		No		Ambulatory practice sites	No	No
Practicum/Field Placement   Student 0031779 NP - Adult gerontology		Yes	120	Hospital-community	No	No
				<input type="text" value="Select one"/>		
				Academic institution		
				Acute care services		
				Aerospace operations setting		
				Ambulatory practice sites		
				Community Health Center (CHC)		
				Other community health center (e.g., free clinic)		
				Community Behavioral Health Center		
				Community care programs for elderly mentally challenged individuals		
				Community-based organization		

**Figure 32. IND-GEN - Selecting Individual's Field Placement Setting**

**Select Individual's Field Placement Setting:** Select the type of site where each student was placed during the reporting period by clicking on the drop-down menu in Column 35 (Block 20) and choosing one of the following options:

- Academic institution
- Aerospace operations setting
- Community - based care programs for elderly mentally challenged individuals
- Community Mental Health Center
- Dentist Office
- Federal Government Office or Agency
- Geriatric Behavioral or Mental Health Units
- Hospital
- International nonprofit/nongovernmental
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Community-based organization
- Emergency Room
- FQHC or look-alike
- Geriatric consultation services
- Independent Living Facility
- Local Government Office or Agency
- Acute care services
- Assisted Living Community
- Community Health Center (CHC)
- Day and home care programs (e.g., Home Health)
- Federal and State Bureau of Prisons
- Geriatric ambulatory care and comprehensive units

Health Resources and Services Administration  
Bureau of Health Workforce

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
- State Government Office or Agency
- Tribal Health Department
- N/A

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

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- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association or affiliate
- Other
- Physician Office
- School-based clinic
- Surgery Clinic
- Veterans Affairs Hospital or clinic



**Warning: For Faculty, select "N/A" in the drop-down menu in Column 35 (Block 20).**

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

Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Individual's Post-Graduation/Completion Intentions
(36) Block 21	(37) Block 22	(39) Block 22b
<input type="text" value="Select one"/> Yes		

Figure 33. 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 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



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

Select Whether Individual Graduated/Completed the Program	Select Individual's Post-Graduation/Completion Intentions
(37) Block 22	(39) Block 22b
<input type="text"/>	<input type="text"/>

**Figure 34. IND-GEN - Entering Graduation/Completion Information**

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

- Yes
- No

### Select Individual's Post-Graduation/Completion Intentions:

1. If an individual did complete their traineeship during the annual reporting period, select “Yes” in Column 37 (Block 22) and select the individual’s training or employment intentions at the time of completion by clicking on the drop-down menu in Column 39 (Block 22b) and choosing all that apply from the following options.
  2. If an individual did not complete their training program during the annual reporting period select “No” in Column 37 (Block 22) and select “N/A” in Column 39 (Block 22b).
- Individual intends to become employed or pursue further training in a medically underserved community
  - Individual intends to become employed or pursue further training in a rural setting
  - Individual intends to become employed or pursue further training in a primary care setting
  - None of the above

- Not Reported

- N/A



**Warning: For Faculty, select "N/A" in the drop-down menu under Block 22b**



**Warning: None of the above, Not reported, and N/A cannot be selected 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.**

## INDGEN-PY: Individual Prior Year

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

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

Figure 35. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

**Select whether status/employment data are available for the individual 1-year post graduation/completion:** Select whether current training/employment data are available for each individual who received a BHW-funded financial award and completed their training program one year prior to this reporting period by clicking on the drop-down menu in Column 13 (Block 23) and choosing one of the following options:

- Yes
- No

#### Select Individual's Current Training/Employment Status:

1. If "No" was selected in Block 23, choose "N/A" in Block 23a.
2. If current training/employment data are available, select "Yes" in Column 13 (Block 23) and select the individual's current training/employment status by clicking on the drop-down menu in Column 14 (Block 23a) and choosing all that apply from the following options.
  - Individual is currently employed or is pursuing further training in a medically underserved community
  - Individual is currently employed or is pursuing further training in a primary care setting
  - Individual is currently employed or is pursuing further training in a rural setting
  - None of the above

- N/A

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

- No
- Yes
- N/A



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

# Training Site and Training Experience 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
- The EXP-2 subform collects general information about each site that was entered in the EXP-1 Setup form.
- The EXP-3 subform collects information about the profession and discipline of individuals trained 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 prepopulate 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 annual reporting period.
  - **If "Yes" was selected**, the BPMH system will prepopulate certain blocks in the EXP-2 subform and display it as an option in the EXP-3 subform.
  - **If "No" was selected**, the BPMH system will not include the site as an option in the EXP-2 and EXP-3 subforms.



**Warning: Complete the EXP-1, EXP-2 and EXP-3 subforms only for sites used to train students 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	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 36. EXP-1 - Entering Site Name

#### Site Name:

1. Enter the name of the site used to train individuals during the reporting period in the textbox.
2. Click the “Add Record” button.
3. Repeat this process as necessary to enter the names of all NEW site used during the 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	<input type="text" value="Yes"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 37. 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 dropdown menus on the EXP-2 and EXP-3 subforms.

## EXP-1 - Selecting Type of Site Used

The screenshot shows a web form for 'EXP-1'. At the top, there are three tabs: 'EXP-1' (active, green checkmark), 'EXP-2' (inactive, red X), and 'EXP-3' (inactive, red X). Below the tabs, a message states 'Fields with \* are required'. A blue header bar contains the text '\* Add Site'. Underneath is a text input field labeled 'Enter the Site's Name'. Below that is a button labeled 'Add Record'. The main part of the form is a table with the following columns: 'No. Record Status', 'Site Name (1) Block (2)', 'Select Whether the Site was Used in the Current Reporting Period (3)', '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' column, '10' in the 'Status' column, 'Test Site1' in the 'Site Name' column, '1' 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 38. EXP-1 - Selecting Type of Site Used**

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

- Academic institution
- Aerospace operations setting
- Community - based care programs for elderly mentally challenged individuals
- Community Health Center (CHC)
- Day and home care programs (e.g., Home Health)
- Federal and State Bureau of Prisons
- Geriatric ambulatory care and comprehensive units
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community - based organization
- Community Mental Health Center
- Dentist Office
- Federal Government Office or Agency
- Geriatric Behavioral or Mental Health Units
- Acute care services
- Assisted Living Community
- Community care programs for elderly mentally challenged individuals
- Critical Access Hospital
- Emergency Room
- FQHC or look - alike
- Geriatric consultation services
- Independent Living Facility
- Local Government Office or Agency

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- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association or affiliate
- Other
- Physician Office
- Rural Health Clinic
- State Health Department
- Tribal Organization

- Hospital
- International nonprofit/nongovernmental 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
- Surgery Clinic
- Veterans Affairs Hospital or clinic

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

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

Fields with \* are required

\* Add Site

Enter the Site's Name

Add Record

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

**Figure 39. EXP-1 - Selecting Type of Setting Where the Site was Located**

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

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

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

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

Figure 40. EXP-1 - Entering Site's geographical Data

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

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

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

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



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

## EXP-2: Training Site Characteristics

### EXP-2 - Selecting Training Program and Site Name

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

Type of Training Program	Site Name	Select Type of Site Used
(1)	(2) Block 1	(3) Block 1a
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 41. EXP-2 - Selecting Training Program and Site Name

#### Type of Training Program:

- Select a training program by clicking on the drop-down menu in Column 1 and choosing a practicum/field placement program. The options available will be programs marked as "Active" on the Training Program Setup Form.

#### Site Name:

- Pair the selected training program with a training site by clicking on the drop-down menu in Column 2 (Block 1) and choosing one a site name. The options available will be sites that were marked as "Used" in the current reporting period on EXP-1.
- Repeat this process until all used Training Program/Site combinations are present.

 *Note: If the same site was used for multiple training programs, then multiple rows are required in the EXP-2 subform.*

 *Note: If the same program used multiple training sites, then multiple rows are required in the EXP-2 subform.*

**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 42. 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 43. 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.



*Reference:* To determine whether a site is located in a medically underserved community, please visit HRSA’s Office of Shortage Designation at <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>



*Reference:* To determine whether a site is located in a rural area, please visit HRSA’s Office of Rural Health Policy at <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx>

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

Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(4) Block 2	(5) Block 5	(7) Block 4
	▼	

**Figure 44. 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 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 - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC) Other community health center (i.e. free clinic)
- Educational institution (Grades K - 12)
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Private/For - profit organization
- Senior Center
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- FQHC or look - alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Professional Associations

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- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Quality improvement organization
- Tribal Organization
- Veterans Affairs Healthcare (e.g. VA hospital)
- State Government



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

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

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

**Figure 45. 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

Type of Training Program	Site Name
(1)	(2) Block 1

Figure 46. EXP-3 - Selecting Training Program and Site Name

**Type of Training Program:** Select a training program by clicking on the dropdown menu in Column 1 and choosing a practicum/field placement program. The options available will be the programs marked as "Active" on the Training Program Setup form.

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

### EXP-3 - Selecting Profession and Discipline of Individuals Trained

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained
(1)	(2) Block 1	(3) Block 3

Figure 47. EXP-3 - Selecting Profession and Discipline of Individuals Trained

**Select Profession and Discipline of Individuals Trained:** Select the profession(s) and discipline(s) of individuals trained for each training program/site during the reporting period. Select all applicable disciplines for both “Principal” (HRSA-funded) trainees and “Other Interprofessional” trainees (non-HRSA who participated in team-based care with the principal trainees) by clicking on the drop-down menu in Column 3 (Block 3) and selecting from the following options:

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery 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
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- 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

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

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- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- Student - Midwife (non - nurse)
- Student - NP - Adult
- 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 - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Registered Nurse - BSN
- Control
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Physical Therapy
- Student - Public Health Nurse
- Student - Undergraduate - Other
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- 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 Informatics
- Student - Physician Assistant
- Student - Registered nurse (RN)
- Student - Undergraduate - Public Health

**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	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

**Figure 48. EXP-3 - Entering # Trained in the Profession and Discipline**

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



*Note: Counts provided for "Principal" trainees in Column 4 (Block 3) should be based on individuals reported on INDGEN.*



*Note: Do not count faculty or non-trainees.*

**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

**Figure 49. EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care**

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



*Note: Counts provided should be based on individuals NOT reported on INDGEN.*



*Note: Do not count faculty or non-trainees.*

**EXP-3 - Adding Individuals Trained Example 1**

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 1	Student-NP-Adult Gerontology	24	0
2	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 2	Student-NP-Adult Gerontology	10	0
3	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 3	Student-NP-Adult Gerontology	4	0

**Figure 50. EXP-3 - Adding Individuals Trained Example 1**

**Example 1. Principal Trainees ONLY (no interprofessional trainees)**

- In the example on this page, the NP Adult Gerontology practicum/field placement program trained 24 of its NP students in Adult Gerontology at Site 1.
- In addition, they trained 10 NP students in Adult Gerontology at Site 2, and 4 NP students in Adult Gerontology at Site 3.
- In this example, no interprofessional trainees are reported.

### EXP-3 - Adding Individuals Trained Example 2

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 1	Student-NP-Adult Gerontology	24	0
2	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 1	Student-Pharmacy School	0	4
3	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 2	Student-NP-Adult Gerontology	15	0
4	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 2	Student-Medical School	0	4

**Figure 51. EXP-3 - Adding Individuals Trained Example 2**

#### Example 2. Principal AND Interprofessional Trainees

- In the example on this page, the NP Adult Gerontology practicum/field placement program trained 24 of its NP students in Adult Gerontology at Site 1. As part of interprofessional team-based care at this site, this program also trained 4 pharmacy students from non-HRSA funded programs at Site 1.
- In addition, the NP Adult Gerontology practicum/field placement program ALSO trained 15 of its NP students in Adult Gerontology at Site 2. As part of interprofessional team-based care at this site, this program also trained 4 medical students from non-HRSA funded programs at Site 2.

### EXP-3 - Adding Individuals Trained Example 3

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 1	Student-NP-Adult Gerontology	24	10
2	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 1	Student-Pharmacy School	0	2
3	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 2	Student-NP-Adult Gerontology	15	22
4	Practicum/Field Placement   Student-NP-Adult Gerontology	Site 2	Student-Medical School	0	5

Figure 52. EXP-3 - Adding Individuals Trained Example 3

#### Example 3. Principal AND Interprofessional Trainees

- In the example on this page, the NP Adult Gerontology practicum/field placement program trained 24 of its NP students in Adult Gerontology at Site 1. As part of interprofessional team-based care at this site, this program **ALSO** trained 10 **OTHER** NP students in Adult Gerontology as well as 2 pharmacy students from non-HRSA funded programs.
- In addition, the NP Adult Gerontology practicum/field placement program **ALSO** trained 15 of its NP students in Adult Gerontology at Site 2. As part of interprofessional team-based care at this site, this program **ALSO** trained 22 **OTHER** NP students in Adult Gerontology as well as 5 medical students from non-HRSA funded programs.



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

## Course Development & Enhancement Activities: CDE Subforms

### CDE - Introduction

Please read the following instructions carefully to ensure the CDE-1, CDE-1a, and CDE-2 subforms are completed accurately.

- **For courses or other training activities that were reported previously and marked as "Under Development" or "Developed, but Not Yet Implemented":** The BPMH system will prepopulate certain Blocks in the CDE-1 subform. **Please note that all other Blocks must be updated on an annual basis until the course or training activity is marked as "Implemented."**
- **For courses or other training activities that were reported previously and marked as "Implemented":** The BPMH system will transfer these records to the CDE-1a subform. The only action required in this subform is to select whether the course or training activity previously implemented was also offered during the annual reporting period.



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

## CDE-1: Course Development and Enhancement - Course Information

### CDE-1 - Setup

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

[View Prior Period Data](#)

 CDE-1  CDE-1a  CDE-2

Fields with \* are required

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

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

Figure 53. CDE-1 - Setup



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

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

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



**Figure 54. 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.
- Click the "Add Record" button to save your entry.
- Repeat this process to enter the title of each course or training activity that was developed or enhanced through the grant.

 **Warning: Complete the CDE-1 Setup form only if grant funds were used to develop or enhance courses or training activities other than those previously reported. To update information on previously reported courses, proceed to CDE-1a.**

 **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-1 - Selecting Type of Course or Training Activity

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

Figure 55. 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 in 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)	Select Type of Course or Training Activity (2)	Select whether Course or Training Activity was Newly Developed or Enhanced (3)	Select Status of Development or Enhancements (4)
Block 1	Block 2	Block 3	Block 4

Course 1	Select one	Select one	Select one
----------	------------	------------	------------

Figure 56. 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 in Column 1 (Block 1) was newly developed or enhanced by clicking on the drop-down menu in Column 3 (Block 3) and choosing one of the following options.

- Enhanced
- Newly developed

## CDE-1 - Entering Development/Enhancement Status



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

**Figure 57. 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 in Column 4 (Block 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 courses and training activities under development leave the textboxes in Columns 5 (Block 4a) blank.
- For courses and training activities that were developed but not yet implemented, leave the textboxes in Columns 5 (Block 4a) blank
- For developed or enhanced courses and training activities that were implemented, enter the first portion of the academic year in which each developed/enhanced course or training activity was implemented in Columns 5 (Block 4a) using the YYYY format.

**For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: To Year:**

- For courses and training activities under development leave the textboxes in Columns 6 (Block 4a) blank.
- For courses and training activities that were developed but not yet implemented, leave the textboxes in Columns 6 (Block 4a) blank.
- For developed or enhanced courses and training activities that were implemented, enter the second portion of the academic year in which each developed/enhanced course or training activity was implemented in Columns 6 (Block 4a) using the YYYY format.

### 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 58. CDE-1 - Entering Curriculum

**Enter the Curriculum the Course or Training Activity is Associated With:** Type 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 	<input type="text"/>

Figure 59. 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 in Column 8 (Block 6) and choosing one of the following options.

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

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

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

Figure 60. CDE-1 - Selecting EXP-1 Site Name Where Implemented

### Enter Site Name from EXP-1 Where Implemented:

- If the course or training activity was a clinical rotation, field placement/practicum or grand round AND the activity was offered during the reporting period, select the name(s) of the site(s) where the activity took place in the textbox under Column #9.
- For all other records, enter "N/A" in the textbox under Column #9.



*Note: The options available in the dropdown menu in Column 9 will be the list of training sites marked as "used" in the current reporting period from the EXP-1 subform.*



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

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

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

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

Medical Orders for Life-Sustaining Treatment	Faculty development prog	Enhanced	Implemented	2011	2012	Establishing a Center of Ex	Classroom-based	Select one
--	--------------------------	----------	-------------	------	------	-----------------------------	-----------------	------------

**Figure 61. 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:** Select whether a particular course or training activity previously implemented was also 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" and choosing one of the following options:

- Yes
- No



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

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

Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)	Enter Site Name from EXP-1 Where Implemented (10)
				From Year (5) Block 4a	To Year (6) Block 4a				
Medical Orders for Life-Sustaining Treatment	Faculty development prog	Enhanced	Implemented	2011	2012	Establishing a Center	Classroom-based	Select one	

Figure 62. CDE-1a - Selecting EXP-1 Site Name Where Implemented

#### Enter Site Name from EXP-1 Where Implemented:

- If the previously implemented course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round AND the activity was offered during the reporting period, select the name(s) of the site(s) where the activity took place in the textbox under Column 9.
- For all other records, enter "N/A" in the textbox under Column 9.



*Note: The options available in the dropdown menu in Column 9 will be the list of clinical sites marked as "used" in the current reporting period from the EXP-1 subform.*



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

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

### CDE-2 - Adding Courses and Profession/Disciplines



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

**Figure 63. CDE-2 - Adding Courses and Profession/Disciplines**

#### Name of Course or Training Activity:

- Select the name of one course or training activity by clicking on the drop-down menu next to "Name of Course or Training Activity" and choosing one of the available options.
- Only the names of courses or workshops for students 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.

#### Profession and Discipline of Individuals Trained:

1. Select all of 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 below.
  2. Click on the "Add Record" button.
  3. Repeat this process to capture the professions and disciplines of all trainees in each course.
- Behavioral Health - Clinical Psychology
  - Behavioral Health - Marriage and
  - Behavioral Health - Clinical Social Work
  - Behavioral Health - Other Psychology
  - Behavioral Health - Counseling Psychology
  - Behavioral Health - Other Social Work,

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- Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- 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/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 - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology

- Behavioral Health - Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- 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/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics

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- Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology 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/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 and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist

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- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non - nurse)
- Other - Optometry
- Other - Profession Not Listed
- Other - Veterinary Medicine
- Other – Occupational Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Student - Certified Nursing Assistant
- Student - 9 - 12 (secondary)
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non - nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent

- Nursing - Nurse Assistant/Patient Care Associate (PCA)
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Pharmacy
- Other - Respiratory Therapy
- Other – Allied Health
- Other – Physical Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Chiropractic School
- Student - Alternative/Complementary Nursing
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric

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- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Office/Support Staff
- Other - Podiatry
- Other - Unknown
- Other – Home Health Aide
- Other – Speech Therapy
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Podiatry School
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Women’s health
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - K - 8 (primary)
- Student - Medical School
- 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 Informatics

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- Psychiatric/Mental Health
  - Student - NP - Family
- Psychiatric/Mental Health
  - Student - NP - Other advanced nurse specialists
  - Student - Nurse Administrator
  - Student - Nurse Midwife
  - Student - Occupational Therapy
  - Student - Physical Therapy
  - Student - Public Health Nurse
  - Student - Rehabilitation Therapy
  - Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Optometry
- Student - Physician Assistant
- Student - Registered nurse (RN)
- Student - Speech Therapy
- Student - Undergraduate - Other
- Student - Undergraduate - Radiological Technician

- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Registered Nurse - BSN
- Student - Undergraduate - Allied Health
- Student - Undergraduate - Public Health
- Student - Unknown



**Warning: CDE-2 is used to report trainee counts for academic courses, training workshops, grand rounds, clinical rotations, and field placement/practica that were offered during the reporting period. Trainee counts for faculty development participants are captured separately using the FD-subforms and continuing education participants are reported on the CE subforms.**



*Note: Student disciplines are noted by the student identifier (e.g., Student- Medical School)*



*Note: Advanced trainees (fellows, residents, providers, faculty, and practicing professionals) are noted by the professional identifier (e.g., Medicine- Dermatology)*

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



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

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

**Figure 64. CDE-2 - Entering # Trained in the Profession and Discipline**

**Enter # Trained in this Profession and Discipline:** Enter the number of individuals trained from that profession and discipline in the textbox under Column 3 (Block 7).



**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: FD SUBFORMS

### FD - Introduction

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



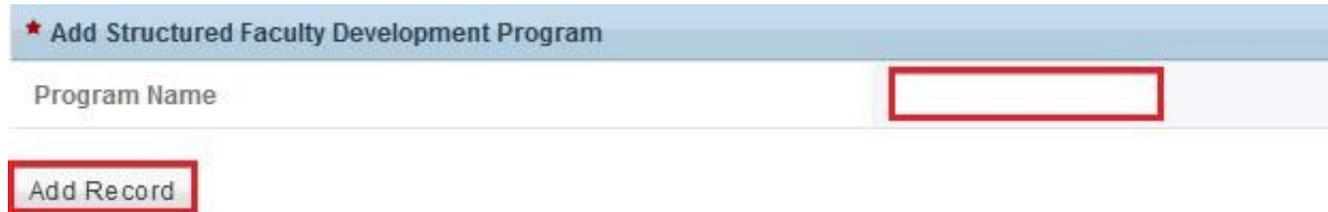
*Note: The FD-1a and FD-1b subforms will only appear if "Structured Faculty Development Training Program" was selected in the Faculty Development Setup form.*



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

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

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



**Figure 65. FD-1a - Adding Structured Faculty Development Programs**

### Program Name:

- Enter the name of each NEW structured faculty development program coordinated and/or supported through the grant during the current annual reporting period.
- Select “Add Record”.
- Repeat this process as necessary to enter each new structured faculty development program that was coordinated and/or supported through the grant during the current annual reporting period.

 **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.**

### FD-1a - Selecting Program Status

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

Figure 66. FD-1a - Selecting Program Status

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

- Complete
- Ongoing

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

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

**Figure 67. FD-1a - Entering Program Information for Degree/Non-Degree Programs**

**Select Whether this was a Degree Bearing Program:** Select whether each faculty development training program that was supported through the grant during the annual 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 “No” in Column 2 (Block 2), select “N/A” in Column 3 (Block 2a).
2. 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.

- Certificate
- DNP
- DNSc
- Master's Degree Not Otherwise Specified
- MS
- MSN
- Post-Masters Certificate
- N/A

### **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 - CNS - Adult gerontology
- Nursing - CNS - Women’s health
- Nursing - NP - Emergency care
- Nursing - NP - Other advanced nurse specialty
- Nursing - Nurse Anesthetist
- Nursing - Nurse Researchers/Scientists
- Nursing - Public Health Nurse
- Nursing - CNS - Family
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Family
- Nursing - NP - Women’s health
- Nursing - Nurse Educator
- Nursing - Nursing Assistant
- Other - Midwife
- Nursing - CNS - Geropsychiatric
- Nursing - NP - Adult gerontology
- Nursing - NP - Geropsychiatric
- Nursing - Nurse Administrator
- Nursing - Nurse Midwife
- Nursing - Nursing Informatics
- N/A

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

- If you selected “No” in Column 2 (Block 2), enter the length of each non-degree bearing structured faculty (Ongoing and Complete) development program in clock hours in the textbox in Column 5 (Block 3).
- If you selected “Yes” in Column 2 (Block 2), enter a zero (“0”) 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			
Clinician (6) Block 5	Administrator (7) Block 5	Educator (8) Block 5	Researcher (9) Block 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 68. 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 (Block 5).

**Enter the % of Time Spent Developing Competencies for the Following Roles: Administrator:** Enter the percentage of time spent in each structured faculty development program developing competencies associated with Administrator in Column 7 (Block 5).

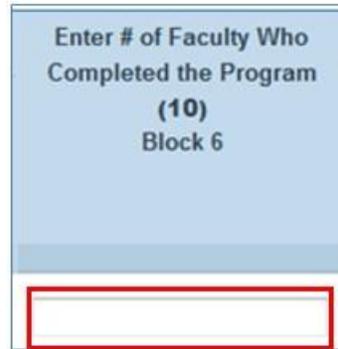
**Enter the % of Time Spent Developing Competencies for the Following Roles: Educator:** Enter the percentage of time spent in each structured faculty development program developing competencies associated with Educator in Column 8 (Block 5).

**Enter the % of Time Spent Developing Competencies for the Following Roles: Researcher:** Enter the percentage of time spent in each structured faculty development program developing competencies associated with Researcher in Column 9 (Block 5).



**Warning:** Percentages of time spent across the faculty four roles must total 100%.

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



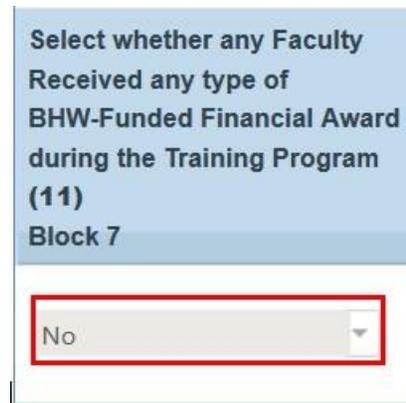
Enter # of Faculty Who Completed the Program  
(10)  
Block 6

Figure 69. FD-1a - Entering # 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 structured faculty development program during the current annual 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



The screenshot shows a form field with a blue header containing the text: "Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program (11) Block 7". Below the header is a drop-down menu with a red border, currently displaying the option "No".

Figure 70. 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 who participated in a training program received any type of BHW-funded financial award during the current annual reporting period by clicking on the drop-down menu in Column 11 (Block 7) and choosing one of the following options.

- Yes
- No



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



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

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



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

**Figure 71. 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 all of the profession(s) and discipline(s) of faculty members who participated in each structured faculty development program during the current annual reporting period by choosing all that apply from the options below.
2. Select "Add Record"
3. Repeat this process to capture the profession and discipline of all faculty members who participated in each structured faculty development program during the current annual reporting period.

- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Women's health
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - Nurse anesthetist
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - Community health nursing
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - Nurse administrator

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- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Community Health Worker
- Other - Profession Not Listed

- Nursing - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Direct Service Worker

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- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Allied Health
- Other - Midwife (non - nurse)

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

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

Figure 72. FD-1b - Entering # Trained in the Profession and Discipline

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

- Enter the number of faculty members in each profession/discipline who participated in the structured faculty development program during the current annual reporting period in the textbox in Column 3 (Block 4).
- Repeat this step as necessary to capture the total number of faculty members by profession and discipline who participated in each structured program



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

## FD-2a: Faculty Development - Faculty Development Activities

### FD-2a - Entering Faculty Development Activities



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

★ Add Faculty Development Activities

Activity Name

Add Record

**Figure 73. 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.

## FD-2a - Selecting Type of Faculty Development Activity Offered



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

No. (1)	Activity Name	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops	
			Select Whether Activity is Accredited for Continuing Education Credit (3) Block 8a	Select Whether Attendance was to Acquire or Maintain Professional Certification (4) Block 8b
1	Activity 1	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>
		<input type="text" value="Select one"/> Professional Conference		

**Figure 74. 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

Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
<input type="text"/>	Select one	

Figure 75. 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 that lasted less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60 (e.g., a 15-minute course would entered as  $15/60 = .25$ ).*

## FD-2a - Selecting Delivery Mode

Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
<input type="text"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 76. 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.

- Archived/Self-paced distance learning
- Clinical Rotation
- Other
- Classroom-based
- Hybrid
- Real-time/Live distance learning

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

Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
<input type="text"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 77. FD-2a - Selecting Faculty Role(s)

**Select the Faculty Role(s) Addressed at Training Activity:** Select the faculty role(s) addressed by 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 78. 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 (those activities entered and saved in the FD-2a subform).

#### **Profession and Discipline of Faculty Trained:**

1. Select all of the profession(s) and discipline(s) of faculty members who participated in each faculty development activity during the annual reporting period by choosing all that apply from the options below.
2. Select "Add Record"
3. Repeat this process as necessary.

- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Women's health
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - Community health nursing
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other (e.g., CNA, PCA)
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - Nurse administrator

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- Nursing - Registered Nurse
- Other - Community Health Worker
- Other - Profession Not Listed

- Nursing - Researcher/Scientist
- Other - Direct Service Worker

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- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Allied Health
- Other - Midwife (non - nurse)

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

No.	Activity Name (1)	Profession and Discipline of Faculty Trained (2) Block 12	Enter # Trained in this Profession and Discipline (3) Block 12
1	Activity 1	Dentistry - General Dentistry	<input type="text"/>

**Figure 79. FD-2b - Entering # Trained in the Profession and Discipline**

**Enter # Trained in this Profession and Discipline:** For each faculty development activity, enter the number of faculty members in each profession/discipline who participated in the program in the textbox in Column 3 (Block 12).



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

# **Continuing Education Activities: CE Subforms**

## **CE - Introduction**

### **Attention Users:**

- For continuing education courses reported previously, the BPMH system will no longer prepopulate data into the CE-1 subform.
- Each reporting period, the CE-1 form will appear blank.
- The **ONLY** courses or activities to be entered are those that were offered during the reporting period.
- To refer to information submitted in the previous reporting period, click on the "View Prior Data" link.

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

## CE-1 - Setup

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

[View Prior Period Data](#)

CE-1  CE-2

Fields with \* are required

\* Did you use BHW funds to support one or more continuing education offerings?

Yes (complete CE-1 and CE-2)  No (click Save and Validate button to proceed to the next form)

**Figure 80. CE-1 - Setup**

### CE-1 - Entering Course Title

Record Status	Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit
	(1) Block 1	(1a)	(2) Block 2

**Figure 81. CE-1 - Entering Course Title**

**Course Title:** Enter the name of each course offered during the current annual reporting period by typing the name in the textbox in Column 1 (Block 1).



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

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

Record Status	Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit
	(1) Block 1	(1a)	(2) Block 2
			<input type="text"/>
			Select one
			Yes
			No

Figure 82. CE-1 - Selecting Whether Course is Approved for Continuing Education Credit

**Select Whether Course is Approved for Continuing Education Credit:** Select whether each course was approved for continuing education credit by clicking on the drop-down menu in Column 2 (Block 2) and choosing one of the following options.

- Yes
- No



*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
(1) Block 1	(1a)	(2) Block 2	(3) Block 3

**Figure 83. CE-1 - Entering Course Duration**

**Enter the Duration of the Course in Clock Hours:** Enter the duration, in clock hours, of each course or training activity offered during the reporting period in the textbox under Column 3 (Block 3).



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



*Note: For instructional activities offered via distance learning, enter the **intended duration** of each activity in Column 3 (Block 3).*

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

**Enter # of Times Course was Offered:** Enter the total number of times the course or training activity was offered during the reporting period in the textbox in Column 4 (Block 4).



*Note: For instructional activities offered via **distance learning** on an ongoing basis, **enter 999**.*

### 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
(1) Block 1	(5) Block 5	(6) Block 6
	Distance learning (Online, V	
	Select one	
	Classroom-based	

Figure 85. CE-1 - Selecting Delivery Mode

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

- Archived/Self-paced Distance Learning
- Classroom-based
- Hybrid
- Other
- Real-time/Live distance learning

### 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
(1) Block 1	(5) Block 5	(6) Block 6
	Select one	<div style="border: 2px solid red; padding: 2px;"> <input type="text" value="Select one"/> </div> <ul style="list-style-type: none"> <li><input type="checkbox"/> Academic institution</li> <li><input type="checkbox"/> Educational institution (G</li> </ul>

**Figure 86. 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 offering each course during the annual reporting period by clicking on the drop-down menu in Column 6 (Block 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 - AHRQ
- 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
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC) Other community health center (i.e. free clinic)
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing Home
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long - Term Care Facility
- Nonprofit organization (non - faith based)

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Group (e.g.; PPO/HMO)

- Hospital
  - No partners/consortia used
  - Nurse Managed Health Clinics
  - Private/For - profit organization
  - Senior Center
  - Veterans Affairs Healthcare (e.g. VA hospital)
- Professional Associations
  - State Governmental Programs
  - N/A

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- Other
- Quality improvement organization
- Tribal Organization



**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="text"/> Select one Yes No	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 87. 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 annual reporting period by clicking on the drop-down menu under Block 9 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 Block 9, enter the number of individuals who are employed in a primary care setting in Column 9 (Block 9a)
- If "No" was selected in the drop-down menu under Block 9, enter "N/A" in Blocks 9a.

**Enter # of Individuals Trained by Employment Location (not mutually exclusive): Medically Underserved Community:**

- If "Yes" was selected in the drop-down under Block 9, enter the number of individuals who are employed in a medically-underserved community in Column 10 (Block 9b).
- If "No" was selected in the drop-down menu under Block 9, enter "N/A" in Blocks 9b

**Enter # of Individuals Trained by Employment Location (not mutually exclusive): Rural Area:**

- If "Yes" was selected in the drop-down under Block 9, enter the total number of participants who are employed in a rural area in Column 11 (Block 9c).
- If "No" was selected in the drop-down menu under Block 9, enter "N/A" in Blocks 9c.



*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 Blocks 9a, 9b and 9c are not meant to be mutually exclusive.*

## CE-1 - Selecting Primary Topic Area

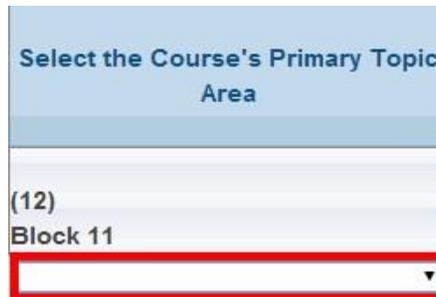


Figure 88. CE-1 - Selecting Primary Topic Area

**Select the Course's Primary Topic Area:** Select the primary topic area addressed in each course offered during the annual reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options.

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

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- Focus groups
- Genomics
- Gerontological nursing
- Health Disparities
- Health promotion and disease prevention
- Heart disease
- HIV/AIDS
- Hypertension
- Informatics
- Interactive simulated case studies
- Interprofessional education
- Leadership training
- Long - Term Care
- Mannequin - based and patient simulators
- 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
- Sexually transmitted infections
- Stroke
- Food borne Disease
- Geriatric education for direct care providers
- Grant writing
- Health information technology
- Health Reform/Health Insurance Marketplaces
- Hepatitis
- Home health
- Infection control
- Information Technology
- Interdisciplinary training
- Interprofessional integrated models of care
- Leadership/Management
- Long - term care nursing
- 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
- Genetics
- Geriatrics
- Health care and older adults
- Health literacy
- Healthy aging
- Hispanics
- Homelessness
- Influenza
- Injury prevention
- Interpersonal skills
- Interprofessional team training
- Lesbian/Gay/Bisexual/Transgender individuals
- Managed care
- 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
- Quality improvement and patient safety
- Research
- Sexual health
- Social marketing
- Suicide
- Teledentistry

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- Survey design
- Telehealth
- Tobacco cessation
- Trauma
- Urgent care
- Violence
- Worker and patient safety
- Skills - based training
- Substance Abuse
- Sustainability
- Telemedicine/telehealth
- Training
- Tuberculosis
- Veteran Related
- Virtual simulation
- Workforce development
- 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

Follow the directions below to enter the number of trainees by professions/discipline who were trained in each CE course or training activity.

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

**Figure 89. CE-2 - Selecting Profession and Discipline of Individuals Trained**

**Course Title:** Select a course title by clicking on the drop-down menu under Block 1 and choosing one of the available courses/activities. The options will populate from the course titles entered in CE-1 Block 1.

**Select Profession and Discipline of Individuals Trained:** Select a profession/discipline of individuals trained in the course during the reporting period by clicking on the drop-down menu in Column 2 (Block 8) 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
- Dentistry - Public Health Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General 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 - Prosthodontic Dentistry
- Medical Interpreter
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Neurological Surgery

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- Medicine - Geriatrics
  - Medicine - Internal Medicine/Family Medicine
  - Medicine - Neurology
  - Medicine - Occupational Medicine
  - Medicine - Other
  - Medicine - Physical Medicine and Rehabilitation
  - 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 - 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
- Medicine - Integrative Medicine
  - Medicine - Medical Genetics
  - Medicine - Nuclear Medicine
  - Medicine - Ophthalmology
  - Medicine - Otolaryngology
  - Medicine - Plastic Surgery
  - 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 Psychiatric/Mental Health
  - Nursing - NP - Pediatrics
  - Nursing - Nurse anesthetist
  - Nursing - Nurse midwife
  - Nursing - Public health nurse
  - Other - Allied Health
  - Other - Direct Service Worker
  - Other - Health Education
- Medicine - Obstetrics and Gynecology
  - Medicine - Orthopaedic Surgery
  - Medicine - Pathology - Anatomical and Clinical
  - Medicine - Plastic Surgery - Integrated
  - 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 - 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 - Respiratory Therapy
  - Other - Veterinary Medicine
  - Public Health - Disease Prevention & Health Promotion
  - Public Health - Health Policy & Management

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- Other - Podiatry
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control

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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- 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

Figure 90. 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 (Block 8).



**To Complete the Form:** Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

## Printing Your Performance Report

The screenshot shows the Performance Report interface for the reporting period of 7/1/2014 - 12/31/2014. The left sidebar contains a navigation menu with sections: Overview, Status, Basic Information, Setup Data (with a checkmark for Training Program), Performance Data (with checkmarks for PC-1, IND-GEN, INDGEN-GPC, INDGEN-PY, EXP-1, EXP-2, and EXP-3), Comments, and Review and Submit. The 'Review' link under 'Review and Submit' is highlighted with a red box. The main content area shows a 'Resources' section with a 'View' button and links for 'Last NoA', 'Current Performance Report', 'Prior Performance Report', 'Program Manual', 'Glossary', and 'FAQs'. Below this is a 'Print All Forms' button, also highlighted with a red box, and a 'Table of Contents' link. A pagination bar shows 'Page size: 15' and a 'Go' button. A table with columns 'Section', 'Type', and 'Options' is displayed, showing a 'View: Semi-Annual Performance Report' section with rows for Training Program, PC, IND-GEN, INDGEN-GPC, INDGEN-PY, EXP, and Comments and Certification, all with 'HTML' type and 'View' options.

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 91. 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', 'Overview', 'Setup Data', 'Performance Data', 'Comments', and 'Review and Submit'. The 'Submit' link is highlighted in the 'Review and Submit' section. 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 'Resources' section with links for 'Last NoA', 'Current Performance Report', 'Prior Performance Report', 'Program Manual', 'Glossary', and 'FAQs'. A 'Users with Permission' section is also visible. The central part of the page features a 'Submission Report Status' table with columns for 'Section', 'Status', and 'Option'. A red arrow points to the 'Complete' status of the 'PC-1' row. At the bottom, there are 'Go to Previous Page' and 'Submit' buttons.

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 92. 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 93. 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 94. 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.