

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the
Geriatrics Workforce Enhancement
Program(GWEP)**

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 **GWEP** grant program:
 - **To establish and operate geriatric education centers that will implement initiatives to develop a health care workforce that maximizes patient and family engagement and improved health outcomes for older adults by integrating geriatrics with primary care.**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2015 - June 30, 2016** (referred to as **Annual Performance Report**)
3. **The PRGCA is due no later than August 01, 2016.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.
4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

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

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

National Center for Health Workforce Analysis

Performance Metrics and Evaluation Branch

Getting Started

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

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

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

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

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



The screenshot shows a web interface with a link labeled "View Prior Period Data" at the top left, enclosed in a red rectangular box. Below this link is a light blue header bar with the text "Add Training Program" and a red asterisk. Underneath the header bar, there is a label "Select Type of Training Program Offered" followed by a dropdown menu. Below the label is a smaller instruction: "(Click the 'Load Program Details' button after selecting your training program)". The dropdown menu currently displays "Select One".

Figure 1. Screenshot of View Prior Period Data Link

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

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

Figure 2. Example of Performance Measures Data Table

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

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

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

Getting Started: Browser Settings



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

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

Getting Started: Helpful Resources and Recommendations

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

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

Order of Required Forms

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

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

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

Order	Type of Form	Parent Form	Form ID
26	Performance Data Form	Continuing Education Activities-CE Subforms	CE-2

Training Program - Setup

Training Program Setup - Selecting Type of Training Program

Purpose: The Training Program Setup form will configure all subsequent subforms based on the training programs that were used in the current reporting period.



The screenshot shows a web form titled "Add Training Program". Below the title is a label "Select Type of Training Program Offered" with a subtext "(Click the 'Load Program Details' button after selecting your training program)". A dropdown menu is open, showing the selected option "Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)". To the right of the dropdown is a button labeled "Load Program Details".

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

Select Type of Training Program Offered: For each training program, select the type of training program offered through the grant during the current reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choose from following options:

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)
- Fellowship program
- Practicum/Field Placement program

Training Program Setup - Adding Degree/Diploma Program



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

* Add Training Program

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

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

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

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

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

Add Record

Figure 4. Training Program Setup - Adding Degree/Diploma Program

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: Select the type of degree program offered during the reporting period by clicking on the drop-down menu next and choosing **one** of the following options:

- BS
- Certificate - CNA
- Certificate - ENT
- Certificate - Pharmacy Aid
- MS
- PhD
- BSN
- Certificate - CNM
- Certificate - Interprofessional
- DNP
- MSN
- PHN
- Certificate - CHW
- Certificate - CNS
- Certificate - Other
- MA
- NP
- PMHN

For a Degree/Diploma/Certificate Program, Select Primary Focus Area: Select the primary focus area of the degree program offered during the reporting period by clicking on the drop-down menu and choosing **one** of the following options:

- Medicine - Family Medicine
- Medicine - Other
- Student - Certificate - CHW
- Student - Certificate - CNA
- Student - Certificate - ENT
- Student - Certificate - Other

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- Student - Certificate - Pharmacy Aid
- Student - CNS - Geropsychiatric
- Student - CNS - Women's health
- Student - Medical School
- Student - NP - Adult
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Palliative Care
- Student - Nurse Anesthetist
- Student - Nurse
Researchers/Scientists

- Student - CNS - Adult gerontology
- Student - CNS - Palliative Care
- Student - Graduate - Nursing
Doctorate
- Student - Midwife (non-nurse)
- Student - NP - Adult gerontology
- Student - NP - Family
- Student - NP - Medical Ethics
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics

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- Student - CNS - Family
- Student - CNS - Psychiatric/Mental health
- Student - Graduate - Nursing Masters
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental
health
- Student - NP - Family Psychiatric/Mental
Health
- Student - NP - Other advanced nurse
specialists
- Student - Nurse Administrator
- Student - Nurse Midwife

Select Delivery Mode Used to Offer Program:

1. Select the primary delivery mode used to offer the degree program during the reporting period 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 this process to capture each degree program supported with grant funds during the reporting period.
- Campus-based program
 - Distance learning program
 - Hybrid program

Training Program Setup - Adding Fellowship Program

* Add Training Program

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

Fellowship Program

Load Program Details

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

Select One

Add Record

Figure 5. Training Program Setup - Adding Fellowship 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 fellows by clicking on the drop-down menu and choosing one of the options below:
2. Click on the "Add Record" button.
3. Repeat as necessary to ensure that all new fellowship training programs are present.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Oral Surgery Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Occupational Medicine
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Other
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Ethics
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Palliative Care
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Psychiatry

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)

Residency program Load Program Details

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

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

Add Record

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

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

Select the primary profession and discipline of individuals who participated in a field placement program by clicking on the drop-down menu and choosing one of the options listed below. Click on the "Add Record" button to save your entry.

- Medicine - Family Medicine
- Other - Allied Health
- Other - Radiologic Technology
- Other - Speech Therapy
- Student - Graduate - Nursing Doctorate
- Student - Midwife (non-nurse)
- Student - NP - Adult gerontology
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Palliative Care
- Student - Nurse Anesthetist
- Student - Nursing Informatics
- Medicine - Internal Medicine
- Other - Other
- Other - Registered Dietician
- Student - Chiropractic
- Student - Graduate - Nursing Masters
- Student - NP - Acute care adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Other - Allied Health
- Medicine - Other
- Other - Physical Therapy
- Other - Respiratory Therapy
- Student - Community health nursing
- Student - Graduate - Social Work
- Student - NP - Adult
- Student - NP - Family
- Student - NP - Medical Ethics
- Student - Nurse Administrator
- Student - Nurse midwife
- Student - Other - Physical Therapy

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- Student - Other - Radiologic Technology
- Student - Other - Speech Therapy

- Student - Other - Registered Dietician
- Student - Physician Assistant

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- Student - Other - Respiratory Therapy
- Student - Public Health Nurse



Note: The Other-Other option should only be used by grantees without an active training program.

Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Fellowship Dentistry - General Dentistry	Select one	Delete
2	Prior Record	Fellowship Medicine - Internal Medicine/Family Medicine	Select one Inactive Active	Delete

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 current annual reporting period (i.e., **June 30, 2016**) by choosing one of the options below:

- Active
- Inactive



*Note: **Active**- A training program that was offered during the annual reporting period. If you are reporting activity for a program*



*Note: **Inactive**- A training program that was NOT offered during the annual reporting period. Selecting 'Inactive' indicates that the training program is completed, you are no longer administering it, and you have no active INDGEN records associated with this program. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records) will be made inactive.*



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

Faculty Development – Setup

Selecting Faculty Development Activities

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

Faculty Development Activities	Select
Faculty Instruction	<input checked="" type="checkbox"/>
Structured Faculty Development Training Program	<input checked="" type="checkbox"/>
No faculty-related activities conducted	<input 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 current annual reporting period. Options on the Faculty Setup form will be automatically pre-selected if you have previously reported one or more training programs or activities through the FD-1a, FD-2a, or FD-4a subforms.



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



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

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

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

No. Record	Status	Type of Training Program (1) Block 1	Type of Degree Offered (2) Block 1j	Primary Focus Area (3) Block 1k	Select Delivery Mode Used to Offer Program (4) Block 1k.1	Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2
1	Prior Record	Degree/Diploma MSN Nursing - NP - Family	MSN	Nursing - NP - Family	Hybrid program	

Figure 9. PC-1 - 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 established for the purpose of offering each degree program during the current reporting period.

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - CMS
- Federal Government - IHS
- Federal Government - Other HRSA Program
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nurse Managed Health Clinics

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- No partners/consortia used
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization

- Health policy center
- Local Government
- Nonprofit organization
- Other
- Professional Associations
- State Governmental Programs

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- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government



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

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

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

Figure 10. PC-1 - Selecting Type(s) of Community-based Collaborator(s)

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

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



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

PC-1 - Entering Enrollment Information



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

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 11. PC-1 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: In Block 3, enter the total number of students who participated in each degree program during the reporting period. Count all students who participated in the degree 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 degree 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 degree program during the reporting period but were not underrepresented minorities.



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



Note: Students who permanently left their degree program before graduation (i.e. attrition) will be counted separately in Column 12 (Block 9).



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

Example: The John Doe School of Public Health had 18 graduate-level public health students enrolled in the MPH program with a focus area in Epidemiology. Among the 18 graduate-level public health students enrolled in this program, 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-1 - Entering Graduate Information



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

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 12. PC-1 - 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 graduated from their degree program during the reporting period. Count all students who graduated, 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 graduated from their degree program during the reporting period and were underrepresented minorities.



Note: Block 8 is a subset of Block 3; Block 8a is a subset of Block 8.



Note: Students who permanently left their practicum/field placement before graduation (i.e. attrition) will be counted separately in Column 12 (Block 9).



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

Example: The John Doe School of Public Health had 18 graduate-level public health students enrolled in the MPH program with a focus area in Epidemiology. Among the graduate-level public health students who enrolled in the degree program, 3 graduated during the reporting period. Of those who graduated, 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-1 - Entering Attrition Information



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

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 13. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: In Column 12 (Block 9), enter the total number of students who permanently left their degree programs before completion during the reporting period. Count all students who permanently left their degree programs 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 13 (Block 9a), enter the number of students who permanently left their degree 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 Public Health had 18 graduate-level public health students enrolled in the MPH program with a focus area in Epidemiology. Among the graduate-level public health students who enrolled in degree programs, 2 left the degree program before completion. Neither student was an underrepresented minority.

- *In Column 12 (Block 9), the reporting official would enter 2.*
- *In Column 13 (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.

PC-6: Program Characteristics – Fellowship Programs

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

No. Record	Type of Training Program (1) Block 1	Primary Discipline of Individuals Trained (2) Block 1I	Select Type(s) of Partners/Consortia Used to Offer this Training (3) Block 2
1	Prior Record	Fellowship Medicine - Geriatrics	<input type="checkbox"/> Federal Government - SAMHSA <input type="checkbox"/> Federal Government - IHS

Figure 14. PC-6 - 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 fellowship programs to fellows during the annual reporting period.

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - CMS
- Federal Government - IHS
- Federal Government - Other HRSA Program
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nurse Managed Health Clinics

Health Resources and Services Administration
Bureau of Health Workforce

- No partners/consortia used
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization

- Health policy center
- Local Government
- Nonprofit organization
- Other
- Professional Associations
- State Governmental Programs

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- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government



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

PC-6 - Selecting Type(s) of Community-based Collaborator(s)

No. Record	Status	Type of Training Program (1) Block 1	Primary Discipline of Individuals Trained (2) Block 1I	Select Type(s) of Partners/Consortia Used to Offer this Training (3) Block 2	Select Type of Community-based Collaborator(s) (3a)
1	10	Fellowship Medicine - Internal Medicine	275	<input type="text"/>	<input type="text"/>

Figure 15. PC-6 - Selecting Type(s) of Community-based Collaborator(s)

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

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

PC-6 - Entering Enrollment Information



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

Enter Total # Enrolled (whether funded by BHW or not)		
Total (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 16. PC-6 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: In Column 4 (Block 3), enter the total number of fellows who participated in each program during the current reporting period. Count all fellows who participated, regardless of whether or not the fellow 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 fellows who participated in the program during the current 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 fellows from disadvantaged backgrounds who participated in the program during the current reporting period but were not underrepresented minorities.



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



Note: Fellows who permanently left their fellowship before completion (i.e. attrition) will be counted separately in Column 9 (Block 9).



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

Example: The John Doe School of Medicine had 18 Family Medicine physicians participate in a fellowship program during the current annual reporting period. Among the 18 Family Medicine physicians who participated, 9 were underrepresented minorities. In addition, 3 Family Medicine physicians were from disadvantaged backgrounds, but were not underrepresented 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-6 - Entering Graduate Information



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

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 17. PC-6 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: In Column 7 (Block 8), enter the total number of fellows who completed all fellowship requirements during the current reporting period. Count all fellows who completed the program, regardless of whether or not the fellow 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 fellows who completed all fellowship requirements during the current reporting period and were underrepresented minorities.



Note: Block 8 is a subset of Block 3; Block 8a is a subset of Block 8.



Note: Fellows who permanently left their fellowship before completion (i.e. attrition) will be counted separately in Column 9 (Block 9).



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

Example: The John Doe School of Medicine had 18 Family Medicine physicians participate in fellowship programs during the current annual reporting period. Among the Family Medicine physicians who participated in fellowship programs, 3 completed all program requirements. Of those

who completed, 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-6 - 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 18. PC-6 - 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 fellows who permanently left their before completion during the current reporting period . Count all fellows who permanently left their fellowships regardless of whether or not the fellow 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 fellows who permanently left their fellowships before completion during the current 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 Medicine had 18 Family Medicine physicians participate in fellowship programs during the current annual reporting period. Among the Family Medicine physicians who participated in fellowship programs, 2 left the program before completion. Neither

Family Medicine physician 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.

PC-7: Program Characteristics – Practica and Field Placements

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

No. Record	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 19. 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 established for the purpose of offering each practicum/field placement (traineeship) program during the current reporting period. Choose all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - CMS
- Federal Government - IHS
- Federal Government - Other HRSA Program
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nurse Managed Health Clinics

Health Resources and Services Administration
Bureau of Health Workforce

- No partners/consortia used
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization

- Health policy center
- Local Government
- Nonprofit organization
- Other
- Professional Associations
- State Governmental Programs

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- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government



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

PC-7 - Selecting Type(s) of Community-based Collaborator(s)

No. Record	Type of Training Program (1)	Primary Discipline of Individuals Trained (2)	Select Type(s) of Partners/Consortia Used to Offer this Training (3)	Select Type of Community-based Collaborator(s) (3a)
1	Block 1 Practicum/Field Placement Medicine - Occupational Medicine	305 Block 1I	<input type="text"/>	<input type="text"/>

Figure 20. PC-7 - Selecting Type(s) of Community-based Collaborator(s)

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

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

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

PC-7 - Entering Enrollment Information

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

Figure 21. 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 current 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 current 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 current reporting period but were not underrepresented minorities.



Warning: Students who permanently left their practicum/field placement before completion (i.e. attrition) will be 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 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

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 22. 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 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 field placements, 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 23. 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.

Legislative Requirements & Demographic Variables—LR and DV Subforms

LR and DV - Introduction



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

LR-1a: Trainees by Training Category

LR-1 - Entering Ongoing Trainees Count

Type of Training Program (1)	Trainees by Training Category		Attrition	
	Trainees by Training Category: Enter # of Ongoing Trainees (1a)	Enter # of Program Completers (6)	Enter # of Individuals who left the Program before Completion (7)	Enter # of URM who left the Program before Completion (8)
		Block 5	Block 6	Block 6a
Degree/Diploma MS Student - NP - Family Campus-based program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 24. LR-1 - Entering Ongoing Trainees Count

Trainees by Training Category: Enter # of Ongoing Trainees: Enter the number of ongoing trainees enrolled in each training program in the textbox under Column 1a.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).

LR-1 - Entering Program Completers Count

Type of Training Program (1)	Trainees by Training Category		Attrition	
	Trainees by Training Category: Enter # of Ongoing Trainees (1a)	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a
Degree/Diploma MS Student - NP - Family Campus-based program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 25. LR-1 - Entering Program Completers Count

Trainees by Training Category: Enter # of Program Completers: Enter the number of students who completed each training program during the reporting period in the textbox under Block 5.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).



Note: Do not count individuals who permanently left their training program before completion during the annual reporting period in the textbox under Block 4. These individuals will be captured separately in Block 6.

LR-1 - Entering Attrition Information

Type of Training Program (1)	Trainees by Training Category		Attrition	
	Trainees by Training Category: Enter # of Ongoing Trainees (1a)	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a
Degree/Diploma MS Student - NP - Family Campus-based program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 26. LR-1 - Entering Attrition Information

Attrition: Enter # of Individuals who left the Program before Completion: Enter the number of individuals who permanently left each training program before completion during the current reporting period in the textbox under Block 6.

Attrition: Enter # of URM who left the Program before Completion: Of the individuals reported in Block 6, enter the number of underrepresented minorities who permanently left each training program before completion during the current reporting period in the textbox under Block 6a.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).



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



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

LR-2: Trainees by Age & Sex

LR-2 - Entering Ongoing Trainees Count by Age and Gender

Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female		Sex: Not Reported	
		Enter # of Ongoing Trainees (2a)	Enter # of Program Completers (7) Blocks 49-54	Enter # of Ongoing Trainees (7a)	Enter # of Program Completers (12) Blocks 55-60	Enter # of Ongoing Trainees (12a)	Enter # of Program Completers (17)
Degree/Diploma Certificate - CHW Student - Nurse Anesthetist Campus-based program	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 27. LR-2 - Entering Ongoing Trainees Count by Age and Gender

Sex: Male: Enter # of Ongoing Trainees: Enter the number of male ongoing trainees enrolled in each training program in the textbox under Column 2a.

Sex: Female: Enter # of Ongoing Trainees: Enter the number of female ongoing trainees enrolled in each training program in the textbox under Column 7a.

Sex: Not Reported: Enter # of Ongoing Trainees: Enter the number of sex not reported ongoing trainees enrolled in each training program in the textbox under Column 12a.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).

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

Type of Training Program	Age Group of Trainees	Sex: Male		Sex: Female		Sex: Not Reported	
		Enter # of Ongoing Trainees (2a)	Enter # of Program Completers (7) Blocks 49-54	Enter # of Ongoing Trainees (7a)	Enter # of Program Completers (12) Blocks 55-60	Enter # of Ongoing Trainees (12a)	Enter # of Program Completers (17)
Degree/Diploma Certificate - CHW Student - Nurse Anesthetist Campus-based program	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 28. LR-2 - Entering Program Completers Count by Age and Gender

Sex: Male: Enter # of Program Completers: Enter the number of male students, by age group, who completed each training program during the annual reporting period in the textboxes under Blocks 49 through 54 (Column #7).

Sex: Female: Enter # of Program Completers: Enter the number of female students, by age group, who completed each training program during the annual reporting period in the textboxes under Blocks 55 through 60 (Column #12).

Sex: Not Reported: Enter # of Program Completers: Enter the number of sex not reported completers from each collaborative training program in the textbox under Column 17.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).



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



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

DV-1: Trainees by Racial & Ethnic Background

DV-1 - Entering Ongoing Trainees Count by Race and Ethnicity

Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		Ethnicity: Not Reported	
		Enter # of Ongoing Trainees (2a)	Enter # of Program Completers (7) Blocks 29-35	Enter # of Ongoing Trainees (7a)	Enter # of Program Completers (12) Blocks 64-70	Enter # of Ongoing Trainees (12a)	Enter # of Program Completers (17)
Degree/Diploma							
Certificate - CHW							
Student - Nurse	10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anesthetist							
Campus-based program							

Figure 29. DV-1 - Entering Ongoing Trainees Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Ongoing Trainees: Enter the number of Hispanic ongoing trainees enrolled in each training program in the textbox under Column 2a.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Ongoing Trainees: Enter the number of Non-Hispanic ongoing trainees enrolled in each training program in the textbox under Column 7a.

Ethnicity: Not Reported: Enter # of Ongoing Trainees: Enter the number of Ethnicity Not Reported ongoing trainees enrolled in each training program in the textbox under Column 12a.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).

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

Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		Ethnicity: Not Reported	
		Enter # of Ongoing Trainees (2a)	Enter # of Program Completers (7) Blocks 29-35	Enter # of Ongoing Trainees (7a)	Enter # of Program Completers (12) Blocks 64-70	Enter # of Ongoing Trainees (12a)	Enter # of Program Completers (17)
		Degree/Diploma Certificate - CHW Student - Nurse Anesthetist Campus-based program	10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 30. DV-1 - Entering Program Completers Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Program Completers: Enter the number of Hispanic/Latino students by race who completed each training program during the annual reporting period in the textboxes under Blocks 29 through 35 (Column #7).

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Program Completers: Enter the number of Non-Hispanic/Non-Latino students by race who completed each training program during the annual reporting period in the textboxes under Blocks 64 through 70 (Column #12).

Ethnicity: Not Reported: Enter # of Program Completers: Enter the number of Ethnicity Not Reported completers from each training program in the textbox under Column 17.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).



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



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

DV-2: Trainees from a Disadvantaged Background

DV-2 - Entering Ongoing Trainees Count from Disadvantaged Background

Type of Training Program (1)	Ongoing Trainees			Program Completers		
	Enter Total # from Disadvantaged Background (13)	Enter Total # Where Background is Not Reported (13a)	Enter # from Disadvantaged Background who are not URM (14)	Enter Total # from Disadvantaged Background (10) Block 9	Enter Total # Where Background is Not Reported (10a)	Enter # from Disadvantaged Background who are not URM (11) Block 10
Degree/Diploma Certificate - CHW Student - Nurse Anesthetist Campus-based program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 31. DV-2 - Entering Ongoing Trainees Count from Disadvantaged Background

Ongoing Trainees: Enter Total # from Disadvantaged Background: Enter the number of ongoing trainees from a disadvantaged background enrolled in each training program in the textbox under Column 13.

Ongoing Trainees Enter Total # Where Background is Not Reported: Enter the number of ongoing trainees where background is not reported enrolled in each training program in the textbox under Column 13a.

Ongoing Trainees: Enter # from Disadvantaged Background who are not URM: Enter the number of ongoing trainees from a disadvantaged background who are not underrepresented minorities enrolled in each training program in the textbox under Column 14.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).

DV-2 - Entering Program Completers Count from Disadvantaged Background

Type of Training Program (1)	Ongoing Trainees			Program Completers		
	Enter Total # from Disadvantaged Background (13)	Enter Total # Where Background is Not Reported (13a)	Enter # from Disadvantaged Background who are not URM (14)	Enter Total # from Disadvantaged Background (10) Block 9	Enter Total # Where Background is Not Reported (10a)	Enter # from Disadvantaged Background who are not URM (11) Block 10
Degree/Diploma Certificate - CHW Student - Nurse Anesthetist Campus-based program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 32. DV-2 - Entering Program Completers Count from Disadvantaged Background

Program Completers: Enter Total # from Disadvantaged Background: Enter the **total** number of students from disadvantaged backgrounds that completed each training program during the annual reporting period in the textbox under Block 9.

Program Completers: Enter Total # Where Background is Not Reported: Enter Total number of students where background is Not Reported in each training program.

Program Completers: Enter # from Disadvantaged Background who are not URM: Next, enter the number of students from a disadvantaged background that completed each training program and are **not underrepresented minorities** in the textbox under Block 10.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).



Note: Enter "0" in Block 9 if there were no individuals from disadvantaged backgrounds who completed the training programs listed in this subform.



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



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



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

DV-3: Trainees from a Rural Background

DV-3 - Entering Ongoing Trainees Count from Rural Residential Background

Type of Training Program (1)	Enter # of Ongoing Trainees from a Rural Background (8)	Enter # of Ongoing Trainees Where Background is Not Reported (8a)	Enter # of Program Completers from a Rural Background (6) Block 5	Enter # of Program Completers Where Background is Not Reported (6a)
Degree/Diploma Certificate - CHW Student - Nurse Anesthetist Campus-based program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 33. DV-3 - Entering Ongoing Trainees Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Ongoing Trainees from a Rural Background: Enter the number of ongoing trainees from a rural background enrolled in each training program in the textbox under Column 8.

Trainees from Rural Residential Background: Enter # of Ongoing Trainees Where Background is Not Reported: Enter the number of ongoing trainees where rural background is not reported enrolled in each training program in the textbox under Column 8a.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).

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

Type of Training Program (1)	Enter # of Ongoing Trainees from a Rural Background (8)	Enter # of Ongoing Trainees Where Background is Not Reported (8a)	Enter # of Program Completers from a Rural Background (6) Block 5	Enter # of Program Completers Where Background is Not Reported (6a)
Degree/Diploma Certificate - CHW Student - Nurse Anesthetist Campus-based program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 34. DV-3 - Entering Program Completers Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Program Completers from a Rural Background: Enter the number of students from a rural residential background who completed each training program during the annual reporting period in the textbox under Block 5.

Trainees from Rural Residential Background: Enter # of Program Completers Where Background is Not Reported: Enter the number of program completers in each training program where rural background is not reported in the textbox under Column 6a.



Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).



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



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



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

Individual-level Data—INDGEN Subforms

INDGEN - Introduction



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

Notice to Grantees about Individual-level Data:

1. You must complete an IND-GEN 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.



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

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 residents who received a BHW-funded financial award during the current reporting period; or to provide updates for residents 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 35. IND-GEN - Setup



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

IND-GEN - Selecting Type of Training Program

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

Figure 36. 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**" should be selected for faculty members who received direct financial support for participating in faculty development programs or activities.

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
(1)	(2) Block 1	(3) Block 2	(4) Block 3

Figure 37. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric **unique identifier** for each individual in the textbox in Column 2 (Block 1).



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

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

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

Figure 38. IND-GEN - Selecting Individual's Training or Awardee Category

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

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

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
(1)	(2) Block 1	(3) Block 2	(4) Block 3

Figure 39. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's **current enrollment or employment status** by clicking on the drop-down menu in Column 4 (Block 3) and choosing **one** of the following options:

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

IND-GEN - Selecting Individual's Sex

Type of Training Program	Trainee Unique ID	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
(1)	(2) Block 1	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9

Figure 40. 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

IND-GEN - Selecting Individual's Age

Type of Training Program	Trainee Unique ID	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
(1)	(2) Block 1	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9

Figure 41. IND-GEN - Selecting Individual's Age

Select Individual's Age: Select each individual's **age at the end of the current reporting period** (i.e., as of **June 30, 2016**) in the dropdown menu under Column 6 (Block 5).

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Health Resources and Services Administration
Bureau of Health Workforce

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- 75
- Not Reported

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IND-GEN - Selecting Individual's Ethnicity

Type of Training Program	Trainee Unique ID	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
(1)	(2) Block 1	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9

Figure 42. 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

IND-GEN - Selecting Individual's Race

Type of Training Program	Trainee Unique ID	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
(1)	(2) Block 1	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9

Figure 43. 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.

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

Type of Training Program	Trainee Unique ID	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
(1)	(2) Block 1	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9

Figure 44. 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

Type of Training Program	Trainee Unique ID	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
(1)	(2) Block 1	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9

Figure 45. 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



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

IND-GEN - Selecting Individual's Veteran Status

Type of Training Program	Trainee Unique ID	Select Individual's Veteran Status
(1)	(2) Block 1	(11) Block 10

Figure 46. 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



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

IND-GEN - Entering BHW-Funded Financial Award Information



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

Type of Training Program	Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)			
			Direct Financial Support	Current Reporting Period Total	Academic Year Total	Cumulative BHW To
(1)	(2) Block 1	(12) Block 11	(20a) Block 11	(21a) Block 11	(21b) Block 11	(21c) Block 11
Select one						

Figure 47. 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 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): Direct Financial Support:

- If the individual did receive a BHW-funded financial award, select “Yes” in Column 12 (Block 11) and enter the total amount of BHW direct financial support provided during the current reporting period in the textbox in Column 20a.
- 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 20a.



Note: The amount reported under the column labeled "Direct Financial Support" should be the total monies from the grant provided to an individual during the current reporting period for the purposes of participating in the training program that was selected under the column labeled "Type of Training Program." Do not include dollars that came from other sources of funding. If an individual participated in more than one (1) program and received direct financial support for each program, multiple entries on IND-GEN are required to capture participation and funding amounts for each program separately.

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

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(1)	(2) Block 1	(22) Block 12	(26) Block 15	(27) Block 16
Select one				

Figure 48. 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 direct financial support for 1 ½ years, please enter 2 in Column 22 (Block 12).



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

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

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(1)	(2) Block 1	(22) Block 12	(26) Block 15	(27) Block 16
Select one				

Figure 49. 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:

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

Figure 50. IND-GEN - Selecting Individual's Primary Discipline

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Ethics
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Palliative Care
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Psychiatry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Occupational Medicine
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Occupational Medicine
- Other - Allied Health
- Other - Registered Dietician
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Other
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Public Health
- Other - Physical Therapy
- Other - Respiratory Therapy
- Student - Certificate - CHW
- Student - Certificate - Pharmacy Aid

Health Resources and Services Administration
Bureau of Health Workforce

- Other - Radiologic technology
- Other - Speech Pathology
- Student - Certificate - CNA
- Student - CNS - Adult gerontology
- Student - CNS - Palliative Care
- Student - Community Health Nursing
- Student - Graduate - Social Work
- Student - NP - Adult
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Palliative Care
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Other - Allied Health
- Student - Other - Registered Dietician
- Student - Public Health Nurse

- Other - Speech Therapy
- Student - Certificate - ENT
- Student - CNS - Family
- Student - CNS - Psychiatric/Mental health
- Student - Graduate - Nursing Doctorate
- Student - Midwife (non-nurse)
- Student - NP - Adult gerontology
- Student - NP - Family
- Student - NP - Medical Ethics
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Other - Physical Therapy
- Student - Other - Respiratory Therapy

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- Student - CNS - Geropsychiatric
- Student - CNS - Women's health
- Student - Graduate - Nursing Masters
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse midwife
- Student - Other
- Student - Other - Radiologic Technology
- Student - Other - Speech Therapy

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.

Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Training in a Primary Care Setting	
			Select Whether Individual Received Training (28) Block 17	Enter # of Contact Hours (29) Block 17a

Figure 51. 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 reporting period by clicking on the drop-down menu in Column 28 (Block 17) and choosing **one** of the following options:

- Yes
- No

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

- **If the individual received clinical or experiential training in a primary care setting, enter the total number of hours** spent in this type of setting during the 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).**

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



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

Type of Training Program	Trainee Unique ID	Training in a Medically Underserved Area	
		Select Whether Individual Received Training	Enter # of Contact Hours
(1)	(2) Block 1	(31) Block 18	(32) Block 18a

Figure 52. 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 reporting period by clicking on the drop-down menu in Column 31 (Block 18) and choosing one of **the** following options:

- Yes
- No

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 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).

IND-GEN - Entering Training Information in a Rural Area



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

Type of Training Program	Trainee Unique ID	Training in a Rural Area	
		Select Whether Individual Received Training	Enter # of Contact Hours
(1)	(2) Block 1	(33) Block 19	(34) Block 19a

Figure 53. 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 reporting period by clicking on the drop-down menu in Column 33 (Block 19) and choosing **one** of the following options:

- Yes
- No

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 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).

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

Record Status	Type of Training Program	Trainee Unique ID	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
	(1)	(2) Block 1	(36) Block 21	(37) Block 22	(38) Block 22a	(39) Block 22b

Figure 54. IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion: Select whether each individual **permanently left their training program before completion** during the current reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing one of the following options:

- Yes
- No

IND-GEN - Entering Graduation/Completion Information



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

Record Status	Type of Training Program	Trainee Unique ID	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
	(1)	(2) Block 1	(36) Block 21	(37) Block 22	(38) Block 22a	(39) Block 22b

Figure 55. IND-GEN - Entering Graduation/Completion Information

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

- Yes
- No

Select Degree Earned:

1. If a individual graduated from their degree program during the reporting period, select the type of degree earned by clicking on the drop-down menu in Column 38 (Block 22a) and choosing one of the options from the list below.
2. If the individual did not graduate, select "N/A" under Block 22a.

- Certificate - CHW
- Certificate - CNA
- Certificate - CNM

- Certificate - CNS
- Certificate - Pharmacy Aid
- MS
- PhD
- N/A
- Certificate - ENT
- DNP
- MSN
- PHN
- Certificate - Other
- MA
- NP
- PMHN

Select Individual's Post-Graduation/Completion Intentions:

1. **Select the individual's training or employment intentions** by clicking on the drop-down menu in Column 39 (Block 22b) and choosing **all that apply** from the options listed below.
2. If an individual **did not complete from their training program** during the current reporting period, **select “N/A”** in Columns 37 and 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
 - Not Reported
 - Individual intends to become employed or pursue further training in a primary care setting
 - None of the above
 - N/A



Warning: For Block 22b, None of the above, not reported, and N/A cannot be selected in combination with any other option.

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 56. 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 a 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: 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 options listed below. If "No" was selected in Column 13, select 'N/A' in Column 14 (Block 23a).

- 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 rural setting
- Not Reported
- Individual is currently employed or is pursuing further training in a primary care 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: For Column 14, “None of the above” 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.

EXP-1: Training Site Setup

EXP-1 - Entering Site Name

Fields with * are required

* Add Site

Enter the Site's Name

Add Record

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

Figure 57. 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 sites 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 58. 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 a red star icon and the text 'Add Site'. Below this is a text input field labeled 'Enter the Site's Name'. A button labeled 'Add Record' is positioned to the left of a table. The table has five 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 first column, '10' in the second, 'Test Site1' in the third, 'Yes' in a dropdown menu in the fourth, and 'Select one' in a dropdown menu in the fifth. The 'Select one' dropdown is highlighted with a red border.

Figure 59. EXP-1 - Selecting Type of Site Used

Select Type of Site Used: Select the type of sites used during the current 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 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 - based organization
- Critical Access Hospital
- Emergency Room
- FQHC or look - alike
- Geriatric consultation services
- 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
- Hospice
- Indian Health Service (IHS) site

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organization

- Long - term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- School - based clinic
- State Government Office or Agency
- Tribal Health Department

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

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

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

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

Figure 60. 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 during the current reporting period was located in designated settings by clicking on the drop-down menu in Column 4 (Block 2) and choosing all that apply from the following options.

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



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

EXP-1 - Entering Site's geographical Data

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 61. EXP-1 - Entering Site's geographical Data

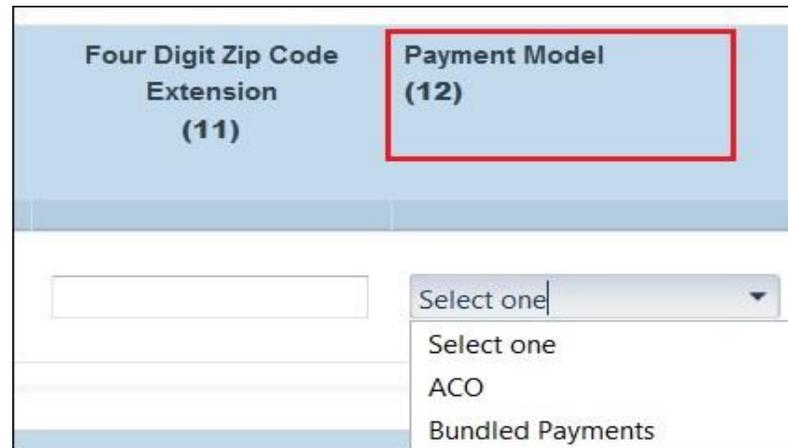
City: Enter the name of the city where each training site is located by clicking on the textbox under Column 8.

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.

EXP-1 - Entering Site's Payment Model



The screenshot shows a form with two columns. The left column is labeled 'Four Digit Zip Code Extension (11)' and has an empty text input field. The right column is labeled 'Payment Model (12)' and has a dropdown menu. The dropdown menu is open, showing the text 'Select one' and a list of options: 'Select one', 'ACO', and 'Bundled Payments'. A red box highlights the 'Payment Model (12)' header.

Figure 62. EXP-1 - Entering Site's Payment Model

Payment Model: Select the payment model(s) used by each training site by clicking on the dropdown menu below Column 12 and selecting all that apply:

- ACO
- CHIP
- Medicare
- Other Public
- Self - Pay
- VA
- Bundled Payments
- Dual Eligible (Medicaid & Medicare)
- Military TRICARE
- Patient Centered Medical Home
- Sliding Scale
- Workman's Comp
- Charity Care
- Medicaid
- Other Private Insurance
- PPO
- Uninsured
- N/A



Note: 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.

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
Record Status	(1)	(2) Block 1	(3) Block 1a
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 63. 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 one of the available options (programs that were marked on the Training Program Setup Form as “active” in the current annual reporting period).

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

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

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



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



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

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

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

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- Professional Associations
- Senior Center
- Tribal Organization

- Physical therapy/Rehabilitation center
- Quality improvement organization
- State Governmental Programs

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- Nursing home
- Private/For - profit organization
- Rural Health Clinic
- Tribal Government



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

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

The screenshot shows a form with several columns: 'City', 'State', 'Zip Code', 'Four Digit Zip Code Extension', and 'Payment Model'. The first column is a dropdown menu labeled 'Select Type(s) of Vulnerable Population Served at this Site'. Below the dropdown, there are checkboxes for 'Adolescents' and 'Children'. The form is divided into blocks, with 'Block 4' highlighted in the first column.

Figure 67. 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 students
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Undocumented Immigrants
- Veterans
- Children
- Health Insurance Marketplace eligible Individuals
- 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
- Chronically ill
- 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



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



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

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

EXP-3 - Selecting Training Program and Site Name



Warning: EXP-2 must be completed, saved, and validated before beginning EXP-3.

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

Figure 68. EXP-3 - 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 one of the available training program options (marked on the Training Program Setup Form as “active” in the current reporting period).

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



Note: EXP-3 will initially appear blank.

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

Figure 69. EXP-3 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained: Select the profession and discipline of trainees trained at each site during the reporting period (including interdisciplinary and interprofessional trainees who participated in team-based care) by clicking on the drop-down menu under Block 3 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 - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Occupational Medicine
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Other
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Ethics
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Palliative Care
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Psychiatry
- Nursing - Certified Nurse Midwife (CNM)
- Nursing - CNS - Family

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Medicine/Occupational Medicine

- Nursing - Alternative/ Complementary Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Home Health Aide
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Psychiatric/Mental health
- Nursing - Nurse anesthetist
- Nursing - Other
- Nursing - Registered Nurse (RN)
- Other - Audiology
- Other - Direct Service Worker
- Other - First Responder/EMT
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Optometry
- Other - Pharmacy Aid
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Student - Alternative/Complementary Nursing
- Student - Certificate - ENT
- Student - CNS - Family

Medicine/Public Health

- Nursing - Certified Nurse Assistant (CNA)
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Medical Ethics
- Nursing - CNS - Women's health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Medical Ethics
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Patient Care Associate (PCA)
- Nursing - Researcher/Scientist
- Other - Chiropractor
- Other - Facility Administrator
- Other - Geriatric Educator
- Other - Lay Caregiver
- Other - Midwife (non-nurse)
- Other - Patient
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Certificate - CHW
- Student - Certificate - Pharmacy Aid
- Student - CNS - Geropsychiatric
- Student - CNS - Women's health

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- Nursing - CNS - Palliative Care
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Palliative Care
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public Health Nurse (PHN)
- Other - Allied Health
- Other - Community Health Worker (CHW)
- Other - Family Caregiver
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Certificate - CNA
- Student - CNS - Adult gerontology
- Student - CNS - Palliative Care
- Student - Dental Assistant
- Student - Graduate - Marriage and Family Therapy
- Student - Graduate - Other

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- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Professional Counseling
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Palliative Care
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Pharmacy School
- Student - Undergraduate - Other

- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Medical School
- Student - NP - Adult
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Psychiatric/Mental health
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Physician Assistant
- Student - Undergraduate - Public Health

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- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Midwife (non - nurse)
- Student - NP - Adult gerontology
- Student - NP - Family
- Student - NP - Other advanced nurse specialists
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Registered nurse (RN)

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

Enter # Trained in this Profession and Discipline: In Column 4 (Block 3), enter the number of Principal Students in the profession and discipline selected in the previous step that were trained at each site during the current reporting period. Counts provided should be based on individuals reported on INDGEN from HRSA-funded programs.



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

Figure 71. 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: In Column 5 (Block 8), enter the number of all **OTHER** Interprofessional trainees who participated in team-based care alongside the Principal trainee. Counts provided should be based on individuals NOT reported on INDGEN.



Warning: Do not count faculty or non-trainees.

EXP-3 - Adding Individuals Trained Example 1

Example:

Principal Residents ONLY (no interprofessional trainees)

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

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	Residency Family Medicine	North Regional Hospital	Medicine-Family Medicine	24	0
2	Residency Family Medicine	Community Physicians	Medicine-Family Medicine	10	0
3	Residency Family Medicine	Doctor’s Clinic	Medicine-Family Medicine	4	0

Figure 72. EXP-3 - Adding Individuals Trained Example 1

EXP-3 - Adding Individuals Trained Example 2

Example:

Principal AND Interprofessional Trainees

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

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	Residency Family Medicine	North Regional Hospital	Medicine-Family Medicine	24	0
2	Residency Family Medicine	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Residency Family Medicine	North Regional Hospital	Student-Graduate-Psychology	0	3
4	Residency Family Medicine	Community Physicians	Medicine-Family Medicine	14	0
5	Residency Family Medicine	Community Physicians	Student-Pharmacy School	0	4

Figure 73. EXP-3 - Adding Individuals Trained Example 2

EXP-3 - Adding Individuals Trained Example 3

Example:

Principal AND Interprofessional Trainees

In the example on this page, the Family Medicine residency program trained 24 of its own medical residents at North Regional Hospital. As part of Interprofessional team-based care, the Family Medicine residency also trained 10 Family Medicine residents from non-HRSA funded residency programs, 2 Internal Medicine residents and 5 pharmacy students. At a second site, the Family Medicine residency trained 10 of its own medical residents alongside 8 additional Family Medicine residents from different Family Medicine residency programs as well as 4 physical therapy students who were part of interprofessional team-based care.

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	Residency Family Medicine	North Regional Hospital	Medicine-Family Medicine	24	10
2	Residency Family Medicine	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Residency Family Medicine	North Regional Hospital	Student-Pharmacy School	0	5
4	Residency Family Medicine	Community Physicians	Medicine-Family Medicine	10	8
5	Residency Family Medicine	Community Physicians	Student-Physical Therapy	0	4

Figure 74. EXP-3 - Adding Individuals Trained Example 3



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

CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup

To provide data about courses and other training activities that have been developed or enhanced through the grant or to provide updates about previously reported activities (those that have not yet been implemented), click "Yes" to the initial setup question. Clicking "Yes" will activate the 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**

Figure 75. 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.**

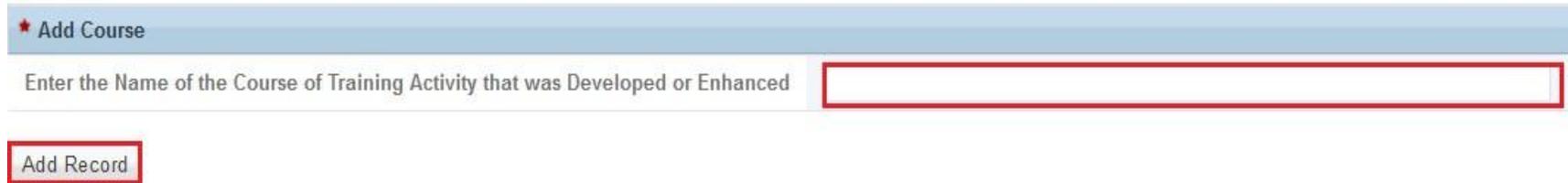


Figure 76. CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity:

1. Enter the name of each NEW course or training activity that was developed or enhanced through the grant at any point during the current annual reporting period.
2. Click the “Add Record” button to save your entry.
3. Repeat this process to separately create each NEW 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 NEW courses or training activities other than those previously reported.**

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

Figure 78. 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



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



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

CDE-1 - Entering Development/Enhancement Status



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

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

Figure 79. 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 and 6 (Block 4a) blank.
- For courses and training activities that were developed but not yet implemented, leave the textboxes in Columns 5 and 6 (Block 4a) blank.
- For developed or enhanced courses and training activities that were implemented, enter the first academic year that each developed/enhanced course or training activity was implemented in Columns 5 and 6 (Block 4a) using the YYYY-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 5 and 6 (Block 4a) blank.
- For courses and training activities that were developed but not yet implemented, leave the textboxes in Columns 5 and 6 (Block 4a) blank.
- For developed or enhanced courses and training activities that were implemented, enter the first academic year that each developed/enhanced course or training activity was implemented in Columns 5 and 6 (Block 4a) using the YYYY-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 80. 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, type "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"/>	<input type="text"/>

Figure 81. 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 82. CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented:

- If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was implemented during the annual reporting period, select the name(s) of the site(s) where the activity took place in the textbox under Column #9. The name(s) of the site(s) where the activity was implemented are prepopulated from the list of clinical sites displayed in the EXP-1 subform.
- For all other records, select "N/A" in the dropdown box under Column #9.



Warning: You may not select "N/A" 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..

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 83. 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 each previously-implemented course or training activity was also offered during the current annual reporting period by clicking on the drop-down menu in Column 9 and choosing one of the following options:

- Yes
- No



Warning: If "No" is selected for Column 9 in the CDE-1a subform, the name of that course or training activity will not display as an option in the CDE-2 subform.

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

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

Medical Orders for Life-Sustaining Treatment

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

Figure 84. CDE-1a - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented: Use the drop-down menu of EXP-1 sites in Column 10 to select all of the names of sites where the course or activity took place for courses/activities marked in Column 2 (Block 2).



Warning: You may not select "N/A" in combination with any other option



Warning: If a previously-implemented course was NOT offered in the current annual reporting period, leave the textbox under Column 9 blank.



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 85. 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 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. Next, 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 individuals trained in each course or workshop offered during the current reporting period.

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

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- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Occupational Medicine
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Occupational Medicine
- Nursing - Alternative/Complementary Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Home Health Aide
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Psychiatric/Mental health
- Nursing - Nurse anesthetist
- Nursing - Other
- Nursing - Registered Nurse (RN)
- Other - Audiology
- Other - Direct Service Worker
- Other - First Responder/EMT
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology

- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Other
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Public Health
- Nursing - Certified Nurse Assistant (CNA)
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Medical Ethics
- Nursing - CNS - Women's health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Medical Ethics
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Patient Care Associate (PCA)
- Nursing - Researcher/Scientist
- Other - Chiropractor
- Other - Facility Administrator
- Other - Geriatric Educator
- Other - Lay Caregiver
- Other - Midwife (non-nurse)

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- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Ethics
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Palliative Care
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Psychiatry
- Nursing - Certified Nurse Midwife (CNM)
- Nursing - CNS - Family
- Nursing - CNS - Palliative Care
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Palliative Care
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public Health Nurse (PHN)
- Other - Allied Health
- Other - Community Health Worker (CHW)
- Other - Family Caregiver
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown
- Public Health - Disease Prevention &

Health Resources and Services Administration
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- Other - Optometry
- Other - Pharmacy Aid
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Student - Alternative/Complementary Nursing
- Student - Certificate - ENT
- Student - CNS - Family
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Professional Counseling
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Palliative Care
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Other - Physical Therapy
- Student - Registered nurse (RN)
- Student - Undergraduate - Public Health

- Other - Patient
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Certificate - CHW
- Student - Certificate - Pharmacy Aid
- Student - CNS - Geropsychiatric
- Student - CNS - Women's health
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Medical School
- Student - NP - Adult
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Psychiatric/Mental health
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Pharmacy School
- Student - Registered Nurse - BSN
- Student - Undergraduate - Social Work

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- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Certificate - CNA
- Student - CNS - Adult gerontology
- Student - CNS - Palliative Care
- Student - Dental Assistant
- Student - Graduate - Marriage and Family Therapy
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Midwife (non-nurse)
- Student - NP - Adult gerontology
- Student - NP - Family
- Student - NP - Other advanced nurse specialists
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Physician Assistant
- Student - Undergraduate - Other



Note: 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 annual reporting period. Trainee counts for faculty development participants are captured separately with the FD-subforms and continuing education participants are reported with the CE subforms.

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. Activity (1) Block 1	Name of Course or Training	Profession and Discipline of Individuals Trained (2) Block 7	Enter # Trained in this Profession and Discipline (3) Block 7
1	Course 1	Student - NP - Acute care pediatric	<input type="text"/>

Figure 86. CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

- Click on the drop-down menu in Column 2 (Block 7) and choose one profession and discipline (this menu will load with the professions/disciplines selected in the previous step).
- Next, enter the number of individuals trained from that profession and discipline in the Column 3.
- Repeat this step as many times as necessary to capture the total number of individuals by profession and discipline who were trained in each course or workshop offered during the annual reporting period.



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

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

FD-1a - Adding Structured Faculty Development Programs

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

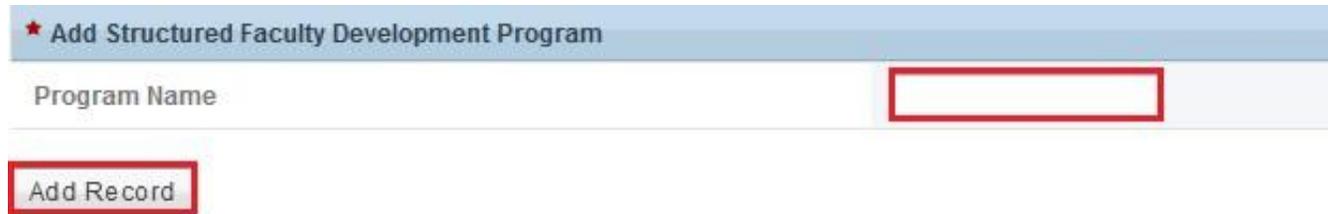


Figure 87. FD-1a - Adding Structured Faculty Development Programs

Program Name:

Review Prior Records (*Ongoing and Complete*):

- Column 1 (Block 1) will prepopulate with data from prior structured training programs used in previous reporting periods.
- Review the programs available. If no additional structured faculty development programs were supported through the grant during the current annual reporting period other than prior records, proceed to FD-1a, Step 1.

Add New Records (*Ongoing and Complete*):

1. Enter the name of each new structured faculty development program coordinated and/or supported through the grant during the current annual reporting period.
2. Select “Add Record”.
3. 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 88. FD-1a - Selecting Program Status

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

- Complete
- Ongoing



*Note: Select 'Ongoing' if the training program did not conclude by **June 30, 2016**.*



*Note: Select 'Complete' if the training program concluded at some point during the annual reporting period (i.e. **July 01, 2015 - June 30, 2016**)*

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 Yes	Select one	Select one	

Figure 89. FD-1a - Entering Program Information for Degree/Non-Degree Programs

Select Whether this was a Degree Bearing Program: Review Prior Records (Ongoing and Complete): Column 2 (Block 2) will prepopulate for prior records with data submitted in previous reporting periods.

Add New Records (Ongoing and Complete): 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: Review Prior Records (Ongoing and Complete): Column 3 (Block 2a) will prepopulate for prior records with data submitted in previous reporting periods.

Add New Records: 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:
If you selected “No” in Column 2 (Block 2), select “N/A” in Column 3 (Block 2a).

- Certificate

- Post-Masters Certificate
- N/A

For Degree-bearing Programs: Select Primary Focus Area: Review Prior Records (*Ongoing and Complete*): Column 4 (Block 2b) will prepopulate for prior records with data submitted in previous reporting periods.

Add New Records (*Ongoing and Complete*):

- If you selected “**No**” in Column 2 (Block 2), select “**N/A**” in Column 4 (Block 2b).
- 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:

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Occupational Medicine
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Occupational Medicine
- Nursing - Alternative/ Complementary Nursing
- Nursing - CNL - Generalist
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Other
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Public Health
- Nursing - Certified Nurse Assistant (CNA)
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Medical Ethics
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Ethics
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Palliative Care
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Psychiatry
- Nursing - Certified Nurse Midwife (CNM)
- Nursing - CNS - Family
- Nursing - CNS - Palliative Care
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental

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- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Home Health Aide
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Psychiatric/Mental health
- Nursing - Nurse Anesthetist
- Nursing - Other
- Nursing - Registered Nurse (RN)
- Other - Audiology
- Other - Direct Service Worker
- Other - First Responder/EMT
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Optometry
- Other - Pharmacy Aid
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other Focus Area
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences

- Nursing - CNS - Women's health
- Nursing - Licensed Practical/Vocational Nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Medical Ethics
- Nursing - NP - Women's health
- Nursing - Nurse Educator
- Nursing - Patient Care Associate (PCA)
- Nursing - Researcher/Scientist
- Other - Chiropractor
- Other - Facility Administrator
- Other - Geriatric Educator
- Other - Lay Caregiver
- Other - Midwife (non-nurse)
- Other - Patient
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- N/A

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- health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Palliative Care
- Nursing - Nurse Administrator
- Nursing - Nurse Informaticist
- Nursing - Public Health Nurse (PHN)
- Other - Allied Health
- Other - Community Health Worker (CHW)
- Other - Family Caregiver
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention

For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours: Review Prior Records (*Ongoing and*

Complete), Column 5 (Block 3) will prepopulate for prior records with data submitted in previous reporting periods.

Add New Records:

If you selected “Yes” in Column 2 (Block 2), enter a zero (“0”) in Column 5, (Block 3).

If you selected “No” in Column 2 (Block 2), enter the length of each non-degree bearing structured faculty development program in clock hours in the textbox in Column 5 (Block 3).

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



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

Enter the % of Time Spent Developing Competencies for the Following Roles			
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 90. FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

Enter the % of Time Spent Developing Competencies for the Following Roles: Clinician:

Review Prior Records (*Ongoing and Complete*): Columns 6(Block 5) will prepopulate for prior records with data submitted in previous reporting periods.

Add New Records (*Ongoing and Complete*): 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:

Review Prior Records (*Ongoing and Complete*): Columns 6(Block 5) will prepopulate for prior records with data submitted in previous reporting periods.

Add New Records (*Ongoing and Complete*): Enter the percentage of time spent in each structured faculty development program developing competencies associated with administrator Column 7(Block 5).

Enter the % of Time Spent Developing Competencies for the Following Roles: Educator:

Review Prior Records (*Ongoing and Complete*): Columns 6(Block 5) will prepopulate for prior records with data submitted in previous reporting periods.

Add New Records (*Ongoing and Complete*): Enter the percentage of time spent in each structured faculty development program developing competencies associated with Educator Column 8(Block 5).

Enter the % of Time Spent Developing Competencies for the Following Roles: Researcher:

Review Prior Records (*Ongoing and Complete*): Columns 6(Block 5) will prepopulate for prior records with data submitted in previous reporting periods.

Add New Records (*Ongoing and Complete*): Enter the percentage of time spent in each structured faculty development program developing competencies associated with Researcher Column 9(Block 5).



Note: 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	Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program (11) Block 7
<input type="text"/>	

Figure 91. FD-1a - Entering # of Faculty Who Completed the Program

Enter # of Faculty Who Completed the Program: All Records (*New and Prior*):

- 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

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

Figure 92. 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: Review Prior Records (*Ongoing and Complete*): Column 11 (Block 7) will prepopulate for prior records with data submitted in previous reporting periods.

Add New Records (*Ongoing and Complete*): 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 from 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 reporting period for participating in a structured faculty development program.



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

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

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



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

Figure 93. FD-1b - Adding Profession and Discipline for Structured Programs

Program Name:

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

Profession and Discipline of Faculty Trained: 2. Select the profession(s) and discipline(s) of all faculty members who participated in each structured faculty development program during the annual reporting period by choosing **all that apply** from the following options.

3. Select **“Add Record”**

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.

Choose **all** that apply:

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

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- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Occupational Medicine
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Occupational Medicine
- Nursing - Alternative/ Complementary Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Home Health Aide
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Psychiatric/Mental health
- Nursing - Nurse anesthetist
- Nursing - Other
- Nursing - Registered Nurse (RN)
- Other - Audiology
- Other - Direct Service Worker
- Other - First Responder/EMT
- Other - Health Informatics/Health
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Other
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Public Health
- Nursing - Certified Nurse Assistant (CNA)
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Medical Ethics
- Nursing - CNS - Women's health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Medical Ethics
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Patient Care Associate (PCA)
- Nursing - Researcher/Scientist
- Other - Chiropractor
- Other - Facility Administrator
- Other - Geriatric Educator
- Other - Lay Caregiver
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Ethics
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Palliative Care
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Psychiatry
- Nursing - Certified Nurse Midwife (CNM)
- Nursing - CNS - Family
- Nursing - CNS - Palliative Care
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Palliative Care
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public Health Nurse (PHN)
- Other - Allied Health
- Other - Community Health Worker (CHW)
- Other - Family Caregiver
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown

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Information Technology

- Other - Medical Laboratory Technology
- Other - Optometry
- Other - Pharmacy Aid
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health Control
- Public Health - Infectious Disease Control

- Other - Midwife (non-nurse)
- Other - Patient
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention

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

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

Enter # Trained in this Profession and Discipline:

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



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

FD-2a: Faculty Development - Faculty Development Activities

FD-2a - Entering Faculty Development Activities



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

★ Add Faculty Development Activities

Activity Name

Add Record

Figure 95. 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 annual reporting period in Column 1 (Block 1)
- Select **“Add Record”**
- **Repeat this process** as necessary to enter each new faculty development activity.

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	Select one Professional Conference	Select one	Select one

Figure 96. 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

- 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 ▼	<input type="text"/>

Figure 97. FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours: All Records (*Ongoing and Complete*), Enter the duration (in clock hours) of each unstructured faculty development activity in the textbox in Column 5 (Block 9).



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

FD-2a - Selecting Delivery Mode

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

Figure 98. 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 99. FD-2a - Selecting Faculty Role(s)

Select the Faculty Role(s) Addressed at Training Activity: Select the **faculty role(s) addressed** in each faculty development activity by clicking on the drop-down menu in Column 7 (Block 11) and choosing **all that apply** from the following options:

- Administrator
- Clinician
- Educator
- Researcher



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

FD-2b: Faculty Development - Faculty Trained By Profession/Discipline

FD-2b - Adding Profession and Discipline for Activities



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

* Add Activity Name and Discipline

Activity Name Select one

Select Profession and Discipline of Faculty Trained

Dentistry - Endodontic

Dentistry

Add Record

Figure 100. FD-2b - Adding Profession and Discipline for Activities

Activity Name: Select an activity name by clicking on the drop-down menu next to "Activity Name" and choosing one of the available options (available options will be those entered and saved in the FD-2a subform).

Profession and Discipline of Faculty Trained:

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

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

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- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Occupational Medicine
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Occupational Medicine
- Nursing - Alternative/ Complementary Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Home Health Aide
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Psychiatric/Mental health
- Nursing - Nurse anesthetist
- Nursing - Other
- Nursing - Registered Nurse (RN)
- Other - Audiology
- Other - Direct Service Worker
- Other - First Responder/EMT
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology

- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Other
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Public Health
- Nursing - Certified Nurse Assistant (CNA)
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Medical Ethics
- Nursing - CNS - Women's health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Medical Ethics
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Patient Care Associate (PCA)
- Nursing - Researcher/Scientist
- Other - Chiropractor
- Other - Facility Administrator
- Other - Geriatric Educator
- Other - Lay Caregiver
- Other - Midwife (non-nurse)
- Other - Patient
- Other - Physical Therapy

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- Medicine - Ethics
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Palliative Care
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Psychiatry
- Nursing - Certified Nurse Midwife (CNM)
- Nursing - CNS - Family
- Nursing - CNS - Palliative Care
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Palliative Care
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public Health Nurse (PHN)
- Other - Allied Health
- Other - Community Health Worker (CHW)
- Other - Family Caregiver
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management

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- Other - Optometry
- Other - Pharmacy Aid
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control

- Other - Radiologic technology
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention

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- Public Health - Social & Behavioral Sciences

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

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

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

Enter # Trained in this Profession and Discipline:

- For each unstructured faculty development activity, **enter the number of faculty in each profession/discipline** who participated in the program in Column 3 (Block 12).
- **Repeat this step** as many times as necessary.



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

FD-4a: Faculty Development - Faculty Instruction

FD-4a - Adding Faculty Instructional Activities



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

★ Add Courses/Workshops

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

Figure 102. FD-4a - Adding Faculty Instructional Activities

Name of the Course or Workshop Offered by the Faculty: Enter the name of each new faculty instruction activity coordinated and/or supported through the grant during the current annual reporting period.

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

No.	Record Status	Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a)	Select the Content Area Of the Course or Workshop (2) Block 18	Enter the Length of the Course or Workshop in Clock Hours (3) Block 19	Enter # of Times the Course or Workshop was Offered (4) Block 20	Select the Delivery Mode Used to Offer the Course or Workshop (5) Block 22
1	Prior Record	Winning! Taking your Presentation to the Next Level. From Abstract Submission to Magic at the Podium		Communication Skills	4	1	Classroom-based

Figure 103. FD-4a - Selecting Whether the Course was Offered in the Current Period

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

- Yes
- No

FD-4a - Selecting Content Area

No. Record Status	Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a)	Select the Content Area Of the Course or Workshop (2) Block 18	Enter the Length of the Course or Workshop in Clock Hours (3) Block 19	Enter # of Times the Course or Workshop was Offered (4) Block 20	Select the Delivery Mode Used to Offer the Course or Workshop (5) Block 22
1 Prior Record	Winning! Taking your Presentation to the Next Level. From Abstract Submission to Magic at the Podium	Select one	Communication Skills	4	1	Classroom-based

Figure 104. FD-4a - Selecting Content Area

Select the Content Area Of the Course or Workshop: Select the content area of each instructional activity offered by faculty during the current annual reporting period by clicking on the drop-down menu in Column 2 (Block 18) and choosing one of the following options:

- Acute care
- Alcohol and substance misuse/prevention
- Ambulatory care
- Asian Americans
- Behavioral health
- Border Health
- Chronic Disease
- Clinical preventive services
- Cultural Competencies
- Depression
- Drug - resistant diseases
- Emergency preparedness
- Extended care
- Frailty
- Geriatrics
- Health Disparities
- Health Promotion and disease prevention
- Heart disease
- HIV/AIDS
- Hospice Care
- Advocacy/health policy
- Alternative/complementary medicine
- American Indian/Alaska Natives
- Asthma
- Behavioral interventions for primary care
- Cancer
- Chronic disease management
- Communication Skills
- Delirium
- Diabetes
- E - Learning technology
- Ethics and confidentiality
- Falls
- Geriatric education for direct care providers
- Gerontological nursing
- Health information technology
- Health Reform/Health Insurance Marketplaces
- African - Americans
- Alzheimer's disease
- Arthritis
- Behavioral assessment and consultation in primary care
- Bioterrorism/preparedness
- Cardiovascular Disease
- Clinical Practice Information
- Community - Based Care
- Dementia
- Domestic Violence/Interpersonal violence
- Elder abuse
- Evidence Based Medicine/Practice
- Financial planning and management (including budgeting)
- Geriatric medicine
- Health care and older adults
- Health literacy
- Healthy aging

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- Infection control
- Interactive simulated case studies
- Interprofessional Education
- Lesbian/Gay/Bisexual/Transgender individuals
- Mannequin - based and patient simulators
- Medications/drugs
- Migrant health initiatives
- Native Hawaiian/Pacific Islander
- Oral health
- Pain management
- Patient safety (medical errors)
- Pharmacology
- Prescription drug abuse
- Program evaluation
- Quality improvement and patient safety
- Renal Disease
- Sexual health
- Substance Abuse
- Telemedicine/telehealth
- Transitional care
- Urban health
- Veterans Health
- Women's health

- Hepatitis
- Home health
- Hypertension
- Influenza
- Interdisciplinary training
- Interprofessional integrated models of care
- Long - Term Care
- Medical ethics
- Mental health
- Minority Health
- Nutrition/healthy eating
- Other
- Palliative care
- Perioperative care
- Physical activity/active lifestyles
- Prevention/Primary care
- Pulmonary Disease
- Rehabilitation
- Rural Health
- Sexually transmitted infections
- Suicide
- Tertiary care
- Trauma
- Urgent care
- Violence
- Wound care

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- Hispanics
- Homelessness
- Incontinence
- Injury prevention
- Interpersonal skills
- Interprofessional team training
- Malnutrition
- Medication basics
- Mental health and older adults
- Multiple Chronic Diseases
- Obesity
- Other simulated or virtual methods
- Pastoral/Spiritual Care
- Personal care skills
- Polypharmacy
- Primary care
- Quality Improvement
- Rehabilitation Therapies
- Sensory Loss
- Stroke
- Sustainability
- Tobacco cessation
- Tuberculosis
- Veteran Related
- Virtual simulation

FD-4a - Entering Course/Workshop Length

No.	Record Status	Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a)	Select the Content Area Of the Course or Workshop (2) Block 18	Enter the Length of the Course or Workshop in Clock Hours (3) Block 19	Enter # of Times the Course or Workshop was Offered (4) Block 20
1	Prior Record	Winning! Taking your Presentation to the Next Level: From Abstract Submission to Magic at the Podium	Select one	Communication Skills	4	1

Figure 105. FD-4a - Entering Course/Workshop Length

Enter the Length of the Course or Workshop in Clock Hours: Enter the duration, in clock hours, of each NEW instructional activity offered by faculty members during the current annual reporting period in the textbox in Column 3 (Block 19).



Note: For courses 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 this Block.*

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

No.	Record Status	Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a)	Select the Content Area Of the Course or Workshop (2) Block 18	Enter the Length of the Course or Workshop in Clock Hours (3) Block 19	Enter # of Times the Course or Workshop was Offered (4) Block 20
1	Prior Record	Winning! Taking your Presentation to the Next Level: From Abstract Submission to Magic at the Podium	Select one	Communication Skills	4	1

Figure 106. FD-4a - Entering # of Times the Course or Workshop was Offered

Enter # of Times the Course or Workshop was Offered: Enter the number of times each instructional activity was offered by faculty during the current annual reporting period in the textbox in Column 4 (Block 20).

 *Note: For instructional activities offered via **distance learning** (reported in Column 5), **enter 999**.*

FD-4a - Selecting Delivery Mode

No.	Record Status	Name of the Course or Workshop Offered by the Faculty (1) Block 17	Select Whether the Course/Workshop was Offered in the Current Reporting Period (1a)	Select the Content Area Of the Course or Workshop (2) Block 18	Enter the Length of the Course or Workshop in Clock Hours (3) Block 19	Enter # of Times the Course or Workshop was Offered (4) Block 20	Select the Delivery Mode Used to Offer the Course or Workshop (5) Block 22
1	Prior Record	Winning! Taking your Presentation to the Next Level: From Abstract Submission to Magic at the Podium	Select one	Communication Skills	4	1	Classroom-based

Figure 107. FD-4a - Selecting Delivery Mode

Select the Delivery Mode Used to Offer the Course or Workshop: Select the delivery mode used by faculty to offer each instructional activity during the current annual reporting period by clicking on the drop-down menu in Column 5 (Block 22) and choosing one of the following options:

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



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

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

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



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

Figure 108. FD-4b - Adding Profession and Discipline for Faculty Instructional Activities

Name of the Course or Workshop Offered by the Faculty: Select a course name by clicking on the drop-down menu next to "Course or Workshop Offered by the Faculty" and choosing one of the available options.

Profession and Discipline of Individuals Trained:

1. Select the profession(s) and discipline(s) all individuals trained in each instructional activity during the current annual reporting period by choosing all that apply from the options below.
2. Next, select "Add Record."
3. Repeat this process to capture the profession and discipline of all participants for each instructional activity.

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

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- Dentistry - Radiology Dentistry
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Occupational Medicine
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Occupational Medicine
- Nursing - Alternative/Complementary Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Home Health Aide
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Psychiatric/Mental health
- Nursing - Nurse anesthetist
- Nursing - Other
- Nursing - Registered Nurse (RN)
- Other - Audiology
- Other - Direct Service Worker
- Other - First Responder/EMT
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Optometry
- Other - Pharmacy Aid
- Other - Profession Not Listed
- Other - Respiratory Therapy

- Medicine - Emergency Medicine
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Other
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Public Health
- Nursing - Certified Nurse Assistant (CNA)
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Medical Ethics
- Nursing - CNS - Women's health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Medical Ethics
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Patient Care Associate (PCA)
- Nursing - Researcher/Scientist
- Other - Chiropractor
- Other - Facility Administrator
- Other - Geriatric Educator
- Other - Lay Caregiver
- Other - Midwife (non-nurse)
- Other - Patient
- Other - Physical Therapy
- Other - Radiologic technology

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- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Palliative Care
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Psychiatry
- Nursing - Certified Nurse Midwife (CNM)
- Nursing - CNS - Family
- Nursing - CNS - Palliative Care
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Palliative Care
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public Health Nurse (PHN)
- Other - Allied Health
- Other - Community Health Worker (CHW)
- Other - Family Caregiver
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management

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- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Student - Alternative/Complementary Nursing
- Student - Certificate - ENT
- Student - CNS - Family
- Student - CNS - Psychiatric/Mental health
- Student - Dental Assistant
- Student - Graduate - Marriage and Family Therapy
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Midwife (non-nurse)
- Student - NP - Adult gerontology
- Student - NP - Family
- Student - NP - Medical Ethics
- Student - NP - Psychiatric/Mental health
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Physician Assistant
- Student - Undergraduate - Other

- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Certificate - CHW
- Student - Certificate - Pharmacy Aid
- Student - CNS - Geropsychiatric
- Student - CNS - Women's health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Professional Counseling
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Registered nurse (RN)
- Student - Undergraduate - Public Health

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- Public Health - Social & Behavioral Sciences
- Student - Certificate - CNA
- Student - CNS - Adult gerontology
- Student - CNS - Palliative Care
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Medical School
- Student - NP - Adult
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Palliative Care
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Pharmacy School
- Student - Registered Nurse - BSN

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

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

Figure 109. FD-4b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of individuals from each profession/discipline that were trained in each instructional activity offered by faculty during the current annual reporting period in the textbox in Column 3 (Block 21).



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-1: Continuing Education - Course Characteristics and Content

CE-1 - Setup

To provide data about continuing education courses offered during the annual reporting period or to provide updates about courses reported previously, 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?

(complete CE-1 and CE-2) (click Save and Validate button to proceed to the next form)

Figure 110. CE-1 - Setup

CE-1 - Entering Course Title

Record Status	Course Title	Select Type of Course or Training Activity	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	(1b)	(2) Block 2	(3) Block 3	(4) Block 4
	<input type="text"/>				

Figure 111. CE-1 - Entering Course Title

Course Title: Enter the name of each course offered during the current 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 Type of Course or Training Activity

Record Status	Course Title	Select Type of Course or Training Activity	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	(1b)	(2) Block 2	(3) Block 3	(4) Block 4

Figure 112. CE-1 – Selecting Type of Course or Training Activity

Select Type of Course or Training Activity: Select the type of course or training activity by clicking on the drop-down menu and choosing one of the following options:

- Other
- Structured Continuing Education Course
- Unstructured Training Activity



Note: For unstructured activities providing training to patients, family caregivers, and lay caregivers, select "Unstructured Training Activity"

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

Record Status	Course Title	Select Type of Course or Training Activity	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	(1b)	(2) Block 2	(3) Block 3	(4) Block 4

Figure 113. 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

Record Status	Course Title	Select Type of Course or Training Activity	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	(1b)	(2) Block 2	(3) Block 3	(4) Block 4

Figure 114. CE-1 - Entering Course Duration

Enter the Duration of the Course in Clock Hours: Enter the duration, in clock hours, of each course offered during the current 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

Record Status	Course Title	Select Type of Course or Training Activity	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	(1b)	(2) Block 2	(3) Block 3	(4) Block 4

Figure 115. CE-1 - Entering # of Times Course was Offered

Enter # of Times Course was Offered: Enter the total number of times the course was offered during the annual 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 116. 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	<input type="checkbox"/> Academic institution <input type="checkbox"/> Educational institution (G

Figure 117. 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 Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Federal Government - Veterans Affairs
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Area Health Education Center
- Critical Access Hospital
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - Other HRSA Program
- Federal Government-CMS
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Day and home care programs (i.e. Home Health)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other
- Federal Government - SAMHSA
- FQHC or look-alike
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used

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- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization
- Other
- Professional Associations
- Senior Center
- Tribal Organization

- Hospice
- Long - Term Care Facility
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- State Governmental Programs

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- Nursing Home
- Private/For - profit organization
- Rural Health Clinic
- Tribal Government



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

CE-1 - Entering Employment Location Data for Individuals Trained



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

Course Title Block 1	Select Delivery Mode Used to Offer Course Block 5	Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course Block 6	Select Whether Employment Location Data are Available for Individuals Trained Block 9	Enter # of Individuals Trained by Employment Location (not mutually exclusive)		
				Primary Care Setting Block 9a	Medically Underserved Community Block 9b	Rural Area Block 9c
	Select one		Select one Yes No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 118. 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, In Column 9 (Block 9a), enter the number of individuals who are employed in a primary care setting
- If No, Then Type “N/A” for Columns 9, 10, and 11 (Blocks 9a, 9b, and 9c).

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

- If Yes, In Column 10 (Block 9b), enter the number of individuals who are employed in a medically-underserved community
- If No, Then Type “N/A” for Columns 9, 10, and 11 (Blocks 9a, 9b, and 9c).

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

- If Yes, In Column 11 (Block 9c), enter the number of individuals who are employed in a primary care setting
- If No, Then Type “N/A” for Columns 9, 10, and 11 (Blocks 9a, 9b, and 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

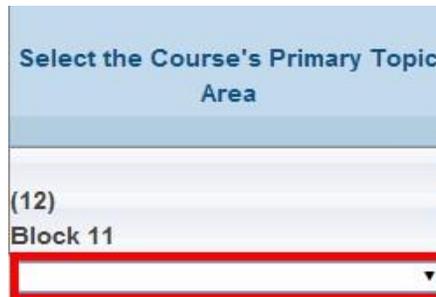


Figure 119. CE-1 - Selecting Primary Topic Area

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
- Alcohol and substance misuse/prevention
- Ambulatory Care
- Asian Americans
- Behavioral health
- Border Health
- Chronic Disease
- Clinical preventive services
- Cultural competencies
- Depression
- Drug - resistant diseases
- Emergency preparedness
- Extended care
- Frailty
- Geriatrics
- Health Disparities
- Health promotion and disease prevention
- Heart disease
- HIV/AIDS
- Advocacy/health policy
- Alternative/complementary medicine
- American Indian/Alaska Natives
- Asthma
- Behavioral interventions for primary care
- Cancer
- Chronic disease management
- Communication Skills
- Delirium
- Diabetes
- E - Learning technology
- Ethics and confidentiality
- Falls
- Geriatric education for direct care providers
- Gerontological nursing
- Health information technology
- Health Reform/Health Insurance
- African - Americans
- Alzheimer's disease
- Arthritis
- Behavioral assessment and consultation in primary care
- Bioterrorism/preparedness
- Cardiovascular Disease
- Clinical Practice Information
- Community - based care
- Dementia
- Domestic Violence/Interpersonal violence
- Elder abuse
- Evidence Based Medicine/Practice
- Financial planning and management (including budgeting)
- Geriatric medicine
- Health care and older adults
- Health literacy

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- Hospice Care
- Infection control
- Interactive simulated case studies
- Interprofessional education
- Lesbian/Gay/Bisexual/Transgender individuals
- Mannequin - based and patient simulators
- Medications/drugs
- Migrant health initiatives
- Native Hawaiian/Pacific Islander
- Oral health
- Pain management
- Patient safety (medical errors)
- Pharmacology
- Prescription drug abuse
- Program evaluation
- Quality improvement and patient safety
- Renal disease
- Sexual health
- Substance Abuse
- Telemedicine/telehealth
- Transitional care
- Urban health
- Veterans Health
- Women's health

Marketplaces

- Hepatitis
- Home health
- Hypertension
- Influenza
- Interdisciplinary training
- Interprofessional integrated models of care
- Long - Term Care
- Medical ethics
- Mental health
- Minority Health
- Nutrition/healthy eating
- Other
- Palliative care
- Perioperative care
- Physical activity/active lifestyles
- Prevention/Primary care
- Pulmonary Disease
- Rehabilitation
- Rural health
- Sexually transmitted infections
- Suicide
- Tertiary care
- Trauma
- Urgent care
- Violence
- Wound care

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- Healthy aging
- Hispanics
- Homelessness
- Incontinence
- Injury prevention
- Interpersonal skills
- Interprofessional team training
- Malnutrition
- Medication basics
- Mental health and older adults
- Multiple Chronic Diseases
- Obesity
- Other simulated or virtual methods
- Pastoral/Spiritual Care
- Personal care skills
- Polypharmacy
- Primary care
- Quality Improvement
- Rehabilitation Therapies
- Sensory Loss
- Stroke
- Sustainability
- Tobacco cessation
- Tuberculosis
- Veteran Related
- Virtual simulation

CE-1 - Selecting Whether Supplemental Funding for Alzheimer's Disease-Related Training was used

Course Title	Trained by Employment Location (not mutually exclusive)		Select the Course's Primary Topic Area	Select Whether Supplemental Funding for Alzheimer's Disease-Related Training was used for this Course
	Medically Underserved Community	Rural Area		
(1) Block 1	(10) Block 9b	(11) Block 9c	(12) Block 11	(15) Block 14

Figure 120. CE-1 - Selecting Whether Supplemental Funding for Alzheimer's Disease-Related Training was used

Select Whether Supplemental Funding for Alzheimer's Disease-Related Training was used for this Course: Select whether supplemental funding for Alzheimer's disease-related training was used to offer each course during the annual reporting period by clicking on the drop-down menu under Block 14 and choosing one of the following options:

- Yes
- No



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

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 121. CE-2 - Selecting Profession and Discipline of Individuals Trained

Course Title: Select the title of the course by clicking on the drop-down menu under Block 1 and choosing one of the available options.

Select Profession and Discipline of Individuals Trained: Select the profession and discipline of students or fellows trained at each site during the annual 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 - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Occupational Medicine
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Other
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Public Health
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Ethics
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Palliative Care
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Psychiatry
- Nursing - Certified Nurse Midwife (CNM)
- Nursing - CNS - Family
- Nursing - CNS - Palliative Care

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- Medicine/Occupational Medicine
- Nursing - Alternative/ Complementary Nursing
 - Nursing - CNL - Generalist
 - Nursing - CNS - Geropsychiatric
 - Nursing - CNS - Psychiatric/Mental health
 - Nursing - Home Health Aide
 - Nursing - NP - Adult
 - Nursing - NP - Emergency care
 - Nursing - NP - Geropsychiatric
 - Nursing - NP - Psychiatric/Mental health
 - Nursing - Nurse anesthetist
 - Nursing - Other
 - Nursing - Registered Nurse (RN)
 - Other - Audiology
 - Other - Direct Service Worker
 - Other - First Responder/EMT
 - Other - Health Informatics/Health Information Technology
 - Other - Medical Laboratory Technology
 - Other - Optometry
 - Other - Pharmacy Aid
 - Other - Profession Not Listed
 - Other - Respiratory Therapy
 - Physician Assistant
 - Public Health - Environmental Health
 - Public Health - Infectious Disease Control
- Nursing - Certified Nurse Assistant (CNA)
 - Nursing - CNS - Adult gerontology
 - Nursing - CNS - Medical Ethics
 - Nursing - CNS - Women's health
 - Nursing - Licensed practical/vocational nurse (LPN/LVN)
 - Nursing - NP - Adult gerontology
 - Nursing - NP - Family
 - Nursing - NP - Medical Ethics
 - Nursing - NP - Women's health
 - Nursing - Nurse educator
 - Nursing - Patient Care Associate (PCA)
 - Nursing - Researcher/Scientist
 - Other - Chiropractor
 - Other - Facility Administrator
 - Other - Geriatric Educator
 - Other - Lay Caregiver
 - Other - Midwife (non-nurse)
 - Other - Patient
 - Other - Physical Therapy
 - Other - Radiologic technology
 - Other - Speech Therapy
 - Public Health - Biostatistics
 - Public Health - Epidemiology
 - Public Health - Injury Control & Prevention
- Nursing - Community health nursing
 - Nursing - NP - Acute care adult gerontology
 - Nursing - NP - Adult Psychiatric/Mental health
 - Nursing - NP - Family Psychiatric/Mental Health
 - Nursing - NP - Palliative Care
 - Nursing - Nurse administrator
 - Nursing - Nurse informaticist
 - Nursing - Public Health Nurse (PHN)
 - Other - Allied Health
 - Other - Community Health Worker (CHW)
 - Other - Family Caregiver
 - Other - Health Education Specialist
 - Other - Medical Assistant
 - Other - Occupational Therapy
 - Other - Pharmacy
 - Other - Podiatry
 - Other - Registered Dietician
 - Other - Unknown
 - Public Health - Disease Prevention & Health Promotion
 - Public Health - Health Policy & Management
 - 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 122. 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. On the left sidebar, the 'Review' link is highlighted with a red box. In the main content area, the 'Print All Forms' button is also highlighted with a red box. The interface includes a navigation menu, a reporting period, a resources section, and a table of contents.

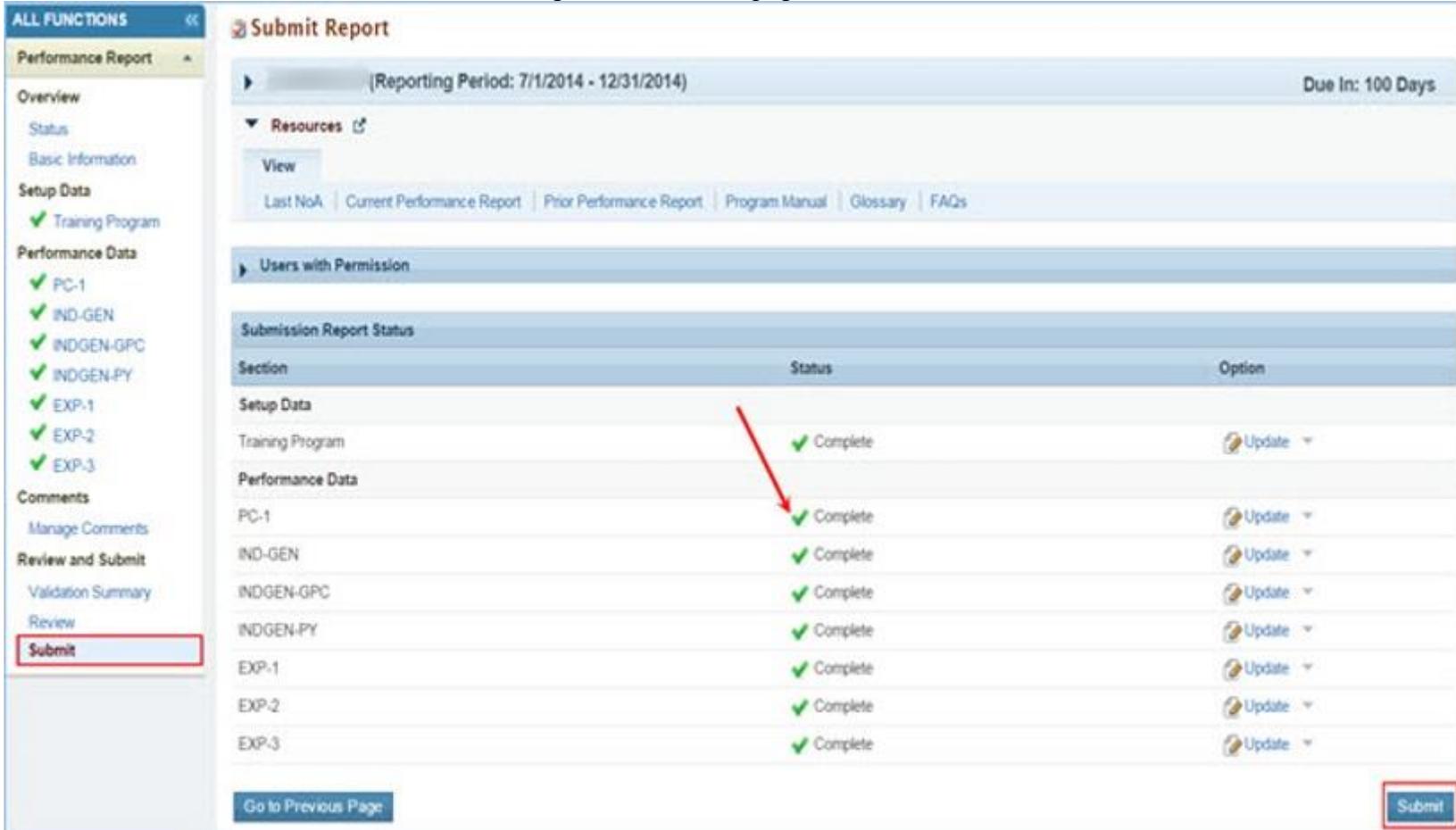
Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View ▼
PC	HTML	View ▼
IND-GEN	HTML	View ▼
INDGEN-GPC	HTML	View ▼
INDGEN-PY	HTML	View ▼
EXP	HTML	View ▼
Comments and Certification	HTML	View ▼

Figure 123. 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 red. The main content area shows a reporting period of 7/1/2014 - 12/31/2014 and a due date of 100 days. Below this is a table titled 'Submission Report Status' with columns for Section, Status, and Option. A red arrow points to the 'Complete' status for the 'PC-1' section. A 'Submit' button is located at the bottom right.

Section	Status	Option
Setup Data		
Training Program	✓ Complete	Update
Performance Data		
PC-1	✓ Complete	Update
IND-GEN	✓ Complete	Update
INDGEN-GPC	✓ Complete	Update
INDGEN-PY	✓ Complete	Update
EXP-1	✓ Complete	Update
EXP-2	✓ Complete	Update
EXP-3	✓ Complete	Update

Figure 124. 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 125. 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 126. 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.