

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the
Geriatric Training for Physicians, Dentists,
Mental, and Behavioral Health Providers**

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 **GTPD** grant program:
 - **To provide training in geriatrics and exposure to the physical and mental disabilities of elderly individuals through a variety of service rotations, such as geriatric consultation services, acute care services, dental services, geriatric behavioral or mental health units, day and home care programs, rehabilitation services, extended care facilities, geriatric ambulatory care and comprehensive evaluation units, and community care programs for elderly mentally retarded individuals.**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2015 - June 30, 2016** (referred to as **Annual Performance Report**)
3. **The PRGCA is due no later than August 01, 2016.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.
4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

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

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

National Center for Health Workforce Analysis

Performance Metrics and Evaluation Branch

Getting Started

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

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

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

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

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



The screenshot shows a web form interface. At the top left, there is a link labeled "View Prior Period Data" which is highlighted with a red rectangular box. Below this link, the text "Fields with * are required" is visible. Further down, there is a section titled "Add Training Program" with a red asterisk. Underneath this section, there is a label "Select Type of Training Program Offered" followed by a dropdown menu. Below the label, there is a note in parentheses: "(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



Column Number
Block Number

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-5
4	Performance Data Form	Program Characteristics-PC Subforms	PC-6
5	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN
6	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY
7	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1
8	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2
9	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3
10	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-4a

Order	Type of Form	Parent Form	Form ID
11	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-4b

Training Program - Setup

Training Program Setup - Selecting Type of Training Program

Purpose: Training Program Setup form will configure all subsequent subforms specific to structured and unstructured programs (depending on your grant).

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	X Delete ▼
2	Prior Record	Fellowship Medicine - Internal Medicine/Family Medicine	Select one Inactive Active	X Delete ▼

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

Select Type of Training Program Offered: Select the type of training program offered through the grant during the current annual reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing one of the below listed options.

- Fellowship program
- One-year retraining program (1 yr. Retraining)



Warning: If you have no new training programs to add, proceed to the manual section entitled “Training Program Setup: Final Steps.”

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 4. 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 - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Physical Medicine and Rehabilitation
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Other
- Medicine - Preventive
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Otolaryngology
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology

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- Medicine - Preventive
Medicine/Internal Medicine
- Medicine - Preventive
Medicine/Public Health
- Medicine - Urology
- Medicine - Psychiatry

Training Program Setup - Adding 1 year Retraining Program

* Add Training Program

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

One-year retraining program (1 yr. Retraining) ▾
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 1 year Retraining 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 the one-year retraining program 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 one-year retraining 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 - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Physical Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Other
- Medicine - Preventive Medicine/Aerospace 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 - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Otolaryngology
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics

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Bureau of Health Workforce
and Rehabilitation

- Medicine - Preventive
Medicine/Internal Medicine
- Medicine - Preventive
Medicine/Public Health
- Medicine - Urology

Medicine/Occupational Medicine

- Medicine - Psychiatry

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- Medicine - Radiation Oncology

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	X Delete ▼
2	Prior Record	Fellowship Medicine - Internal Medicine/Family Medicine	Select one Inactive Active	X Delete ▼

Figure 6. 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 current annual reporting period. If you are reporting activity for a program*



*Note: **Inactive**- A training program that was NOT offered during the current 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

 **Warning:** For GTPD grantees, the FD-4 subforms are used to report instructional activities *offered by GTPD Fellows*.
Purpose: The Faculty Development Setup form will configure all subforms specific to faculty development.

Faculty Development Activities	Select
Faculty Instruction	<input checked="" type="checkbox"/>

Figure 7. Selecting Faculty Development Activities

Select the type(s) of faculty development activities supported with grant funds during the annual reporting period.

 **Warning:** Options for the Faculty Setup form will be automatically selected if you have previously reported one or more faculty instruction programs or activities through the FD-4 subforms. You may uncheck “Faculty Instruction” if you have nothing to report.

 **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-5: Program Characteristics – One Year Retraining Programs

PC-5 - Selecting Type(s) of Partners/Consortia

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)
1	New Record 1 yr. Retraining Medicine - Family Medicine	Medicine - Family Medicine	<input type="checkbox"/> Federal Government - CDC <input type="checkbox"/> Federal Government - SAMHSA

Figure 8. PC-5 - 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 one-year retraining programs to fellows during the annual reporting period.

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

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- Nonprofit organization (faith - based)
- Nursing home
- Professional Associations
- State Government
- Other
- Quality improvement organization
- Tribal Organization
- Nurse managed health clinic
- Private/For - profit organization
- Senior Center



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

PC-5 - 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 9. PC-5 - 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 one-year retraining program during the current annual reporting period. Count all fellows who participated in the one-year retraining program, regardless of whether or not the fellow directly received a BHW-funded financial award (i.e., stipend).

Enter Total # Enrolled (whether funded by BHW or not): URM: In Column 5 (Block 3a), enter the number of fellows who participated in the one-year retraining program during the current annual 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 one-year retraining program during the current annual reporting period but were not underrepresented minorities.



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



Note: Fellows who permanently left their one-year retraining program before completion (i.e. attrition) will be counted separately in Column 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 one-year retraining 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-5 - Entering Graduate Information

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

Figure 10. PC-5 - 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 each one-year retraining program requirements during the current annual reporting period. Count all fellows who completed the one-year retraining program, regardless of whether or not the fellow directly received a BHW-funded financial award (i.e., stipend).

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: In Column 8 (Block 8a), enter the number of fellows who completed each one-year retraining program requirements during the current annual 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 one-year retraining 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 one-year retraining programs during the current annual reporting period. Among the Family Medicine physicians who participated in one-year retraining 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-5 - Entering Attrition Information

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"/>
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Figure 11. PC-5 - 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 one-year retraining program before completion during the current annual reporting period. Count all fellows who permanently left their one-year retraining program regardless of whether or not the fellow directly received a BHW-funded financial award (i.e., stipend).

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 one-year retraining program before completion during the current annual 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 one-year retraining programs during the current annual reporting period. Among the Family Medicine physicians who participated in one-year retraining 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-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 - Geriatrics	Fellowship Medicine - Geriatrics	<input type="checkbox"/> Federal Government - SAMHSA <input type="checkbox"/> Federal Government - IHS

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

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- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Professional Associations
- State Government
- based)
- Other
- Quality improvement organization
- Tribal Organization
- No partners/consortia used
- Nurse managed health clinic
- Private/For - profit organization
- Senior Center



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

PC-6 - Entering Enrollment Information



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

Enter Total # Enrolled (whether funded by BHW or not)		
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 13. 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 fellowship program during the current annual reporting period. Count all fellows who participated in the fellowship program, regardless of whether or not the fellow directly received a BHW-funded financial award (i.e., stipend).

Enter Total # Enrolled (whether funded by BHW or not): URM: In Column 5 (Block 3a), enter the number of fellows who participated in the fellowship program during the current annual 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 fellowship program during the current annual 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 14. 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 annual reporting period. Count all fellows who completed the fellowship program, regardless of whether or not the fellow directly received a BHW-funded financial award (i.e., stipend).

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 annual 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 15. 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 fellowship before completion during the current annual reporting period. Count all fellows who permanently left their fellowships regardless of whether or not the fellow directly received a BHW-funded financial award (i.e., stipend).

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 annual 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.

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.

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.

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

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

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

Figure 16. 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

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

Figure 17. IND-GEN - Selecting Type of Training Program

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



Warning: The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" does not apply to this grant program.

IND-GEN - Entering Trainee Unique ID

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

Figure 18. IND-GEN - Entering Trainee Unique ID

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



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

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

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

Figure 19. IND-GEN - Selecting Individual's Training or Awardee Category

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

- 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	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one		Select one	<input type="text" value="Select one"/> 	
			Select one Full-time Part-time	

Figure 20. 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
- Inactive

IND-GEN - Selecting Individual's Sex

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

Figure 21. IND-GEN - Selecting Individual's Sex

Select Individual's Sex: Select each individual's biological sex by clicking on the drop-down menu in Column 5 (Block 4) and choosing one of the following options:

- Female
- Male
- Not Reported



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

IND-GEN - Selecting Individual's Age

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

Figure 22. IND-GEN - Selecting Individual's Age

Select Individual's Age: For all records (new and prior), select each individual's age at the end of the current annual reporting period (i.e., as of **June 30, 2016**) in the dropdown box under Column 6 (Block 5).

- 12
- 13
- 14
- 15
- 16
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- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71

- 72
- 73
- 74
- 75
- Not Reported



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

IND-GEN - Selecting Individual's Ethnicity

Type of Training Program	Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity
(1)	(2) Block 1	(6) Block 5	(7) Block 6
Select one		14	<div style="border: 1px solid red; padding: 2px;">Select one Hispanic/Latino Non-Hispanic/Non-Latino</div>

Figure 23. IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity: Select each individual's ethnicity by clicking on the drop-down menu in Column 7 (Block 6) and choosing one of the following options:

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



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

IND-GEN - Selecting Individual's Race

Type of Training Program	Trainee Unique ID	Select Individual's Age Group	Select Individual's Ethnicity	Select Individual's Race
(1)	(2) Block 1	(6) Block 5	(7) Block 6	(8) Block 7
Select one		14		<input type="text" value=""/>

Figure 24. 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.



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

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

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

Figure 25. IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background: Select whether each individual is from a rural residential background by clicking on the drop-down menu in Column 9 (Block 8) and choosing one of the following options:

- Yes
- No
- Not Reported



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

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

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

Figure 26. IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background: Select whether each individual is from a disadvantaged background by clicking on the drop-down menu in Column 10 (Block 9) and choosing one of the following options:

- Yes
- No
- Not Reported



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



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

IND-GEN - Selecting Individual's Veteran Status

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

Figure 27. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status: Select each individual's current veteran status by clicking on the drop-down menu in Column 11 (Block 10) and choosing one of the following options:

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



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



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

IND-GEN - Entering BHW-Funded Financial Award Information



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

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

Figure 28. IND-GEN - Entering BHW-Funded Financial Award Information

Select Whether Individual Received BHW Financial Award?: Select whether each individual received a BHW-funded financial award (i.e., stipend) during the current annual reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options:

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Stipend:

- If the individual did receive a BHW-funded financial award, select “Yes” in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current annual reporting period in the textbox in Column 13.
- 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 13.



Note: The amount reported under the column labeled "Stipend" should be the total monies from the grant provided to an individual during the

current annual reporting period for the purposes of participating in the training program that was selected under the column labeled "Type of Training Program". The total amount reported should account for all BHW dollars including those applied to tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations. Do not include dollars that came from other sources of funding. If an individual participated in more than one (1) program and received stipends for each program, multiple entries on IND-GEN are required to capture participation and stipend amounts for each program separately.

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

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding
(1)	(2) Block 1	(22) Block 12

Figure 29. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

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

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



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



Note: If an individual has received money for a partial academic year, please round up to the nearest whole number. For example, if an individual has received a stipend for 1 ½ years, please enter 2 in Column 22 (Block 12).



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

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

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding
(1)	(2) Block 1	(22) Block 12

Figure 30. 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:

- Fellowship Year 1
- Fellowship Year 2

IND-GEN - Selecting Individual's Primary Discipline

Type of Training Program	Trainee Unique ID	Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(1)	(2) Block 1	(26) Block 15	(27) Block 16

Figure 31. IND-GEN - Selecting Individual's Primary Discipline

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

- 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 - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Obstetrics and Gynecology
- Medicine - Other
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Otolaryngology
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology

- Medicine - Urology

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



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

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

Figure 32. IND-GEN - Entering Training Information in a Primary Care Setting

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

- Yes
- No

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

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

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

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

Figure 33. IND-GEN - Entering Training Information in a Medically Underserved Area

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

- Yes
- No

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

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

IND-GEN - Entering Training Information in a Rural Area

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
		<div style="border: 1px solid black; padding: 2px;"> Select one Yes No N/A </div>	

Figure 34. IND-GEN - Entering Training Information in a Rural Area

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

- Yes
- No

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

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

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

Training in a Rural Area		Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program
Select Whether Individual Received Training	Enter # of Contact Hours		
(33) Block 19	(34) Block 19a	(36) Block 21	(37) Block 22
		▼	
		Select one	
		Yes	

Figure 35. 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 annual reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing one of the following options:

- Yes
- No

IND-GEN - Entering Graduation/Completion Information



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

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

Figure 36. IND-GEN - Entering Graduation/Completion Information

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

- Yes
- No

Select Individual's Post-Graduation/Completion Intentions:

1. If an individual did complete their training program during the annual reporting period, select “Yes” in Column 37 (Block 22) and select the individual’s training or employment intentions at the time of completion by clicking on the drop-down menu in Column 39 (Block 22b) and choosing all that apply from the options listed below.
 2. If an individual did not complete their training program during the annual reporting period select “No” in Column 37 (Block 22) and select “N/A” in Column 39 (Block 22b).
- Individual intends to pursue a full-time faculty appointment at the baccalaureate level
 - Individual intends to pursue a full-time faculty appointment at the
 - Individual intends to pursue a full-time faculty appointment at the diploma level
 - None of the above

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graduate level
• Not Reported

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- N/A

 **Warning: None of the above, Not reported, and N/A cannot be selected in combination with any other option.**

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

Type of Training Program	Trainee Unique ID	Enter the % FTE Individual Spent on the Following Roles			
		Research	Teaching	Administration	Clinical
(1)	(2) Block 1	(40) Block 24a	(41) Block 24b	(42) Block 24c	(43) Block 24d
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 37. IND-GEN - Entering the % FTE Individual Spent in Different Roles

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

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

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

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



Note: The sum of these percentages must be 100%.



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

INDGEN-PY: Individual Prior Year

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

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

Figure 38. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

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

- Yes
- No

Select Individual's Current Training/Employment Status:

1. If current training/employment data are not available, select “No” in Column 13 (Block 23) and select “N/A” in Column 14 (Block 23a).
2. If current training/employment data are available, select “Yes” in Column 13 (Block 23) and select the individual’s current training/employment status by clicking on the drop-down menu in Column 14 (Block 23a) and choosing all that apply from the options listed below.

- Individual has applied to full-time faculty vacancies and has obtained a full-time appointment at the baccalaureate level
- Individual has applied to full-time faculty vacancies and has obtained a full-time appointment at the diploma level
- Individual has applied to full-time faculty vacancies and has obtained a full-time appointment at the graduate level

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- vacancies and has obtained a part-time appointment at the baccalaureate level
- Individual has obtained a full-time faculty appointment
- Individual is currently employed or is pursuing further training in a rural setting

- Individual has applied to full-time faculty vacancies and has obtained a part-time appointment at the diploma level
- Individual is currently employed or is pursuing further training in a medically underserved community
- None of the above

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- Individual has applied to full-time faculty vacancies and has obtained a part-time appointment at the graduate level
- Individual is currently employed or is pursuing further training in a primary care setting
- 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: “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.

Experiential Characteristics—EXP Subforms

EXP - Introduction

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

- The EXP-1 Setup form captures information about the sites used by grantees to provide trainees with clinical or experiential training
- The EXP-2 subform collects additional information about each site that was entered in the EXP-1 Setup form.
- The EXP-3 subform collects information about the profession and discipline of individuals trained at each site that was entered in the EXP-1 Setup form.

2. Order of Subforms:

- EXP subforms **MUST** be completed in order, otherwise drop-down menus will not prepopulate correctly.
- You must complete and ‘Save and Validate’ EXP-1 first before proceeding to EXP-2.
- Likewise, you must complete and then ‘Save and Validate’ EXP-2 before proceeding to EXP-3.

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

- The BPMH system will prepopulate the names each site previously reported in the Saved Records Table within the EXP-1 subform.
- You must indicate whether each previously-reported site was used during the current annual reporting period.
 - **If "Yes" was selected**, the BPMH system will prepopulate certain blocks in the EXP-2 subform and display it as an option in the EXP-3 subform.
 - **If "No" was selected**, the BPMH system will not include the site as an option in the EXP-2 and EXP-3 subforms.



Warning: Complete the EXP-1, EXP-2 and EXP-3 subforms only for sites used to train fellows who appear on the IND-GEN 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 (3)	Select Type of Site Used (4) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1 10	Test Site1 1	Yes	Select one	

Figure 39. EXP-1 - Entering Site Name

Site Name:

1. Enter the name of the site used to train individuals during the reporting period in the textbox.
2. Click the “Add Record” button.
3. Repeat this process as necessary to enter the names of all NEW site used during the reporting period.

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



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

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

Figure 40. EXP-1 - Selecting Whether the Site was Used in the Current Period

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

- Yes
- No



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



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

EXP-1 - Selecting Type of Site Used

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

Figure 41. EXP-1 - Selecting Type of Site Used

Select Type of Site Used: Select the type of sites used to train fellows 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 care programs for elderly mentally challenged individuals
- Day and home care programs (e.g., Home Health)
- Emergency Room
- Federal Government Office or Agency
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community - based organization
- Community Health Center (CHC)
- Dental Services
- Extended care facilities
- FQHC or look - alike
- Geriatric consultation services
- Hospital - academic center
- Hospital - for profit
- Acute care services
- Assisted Living Community
- Community Behavioral Health Center
- Community Mental Health Center
- Dentist Office
- Federal and State Bureau of Prisons
- Geriatric ambulatory care and comprehensive units
- Hospice

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- Geriatric Behavioral or Mental Health Units
- Hospital
- Hospital - federal
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- Senior Centers
- State Health Department
- Tribal Organization

- Indian Health Service (IHS) site
- Local health department
- National health association
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Veterans Affairs Healthcare (e.g., VA Hospital or clinic)

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- Hospital - community
- Hospital - non profit
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association or affiliate
- Other
- Physician Office
- School - based clinic
- State Government Office or Agency
- Tribal Health Department
- 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	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 42. EXP-1 - Selecting Type of Setting Where the Site was Located

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

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



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

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

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

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

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



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

EXP-2: Training Site Characteristics

EXP-2 - Selecting Training Program and Site Name



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

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

Figure 44. EXP-2 - Selecting Training Program and Site Name

Type of Training Program:

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

Site Name:

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



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



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

EXP-2 - Selecting Type of Site Used

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

Figure 45. 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 46. 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 47. 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 fellows at each site during the reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing all that apply from the following options:

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

- State Government
- Tribal Organization



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

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

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

Figure 48. 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 fellows during the current annual reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing all that apply from the following options:

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



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



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

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

EXP-3 - Selecting Training Program and Site Name

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

Figure 49. 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 options (programs on the Training Program Setup Form 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-3 - Selecting Profession and Discipline of Individuals Trained

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

Figure 50. EXP-3 - Selecting Profession and Discipline of Individuals Trained

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

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

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

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

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

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



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



Note: Do not count faculty or non-trainees.

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

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

Figure 52. EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

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



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



Note: Do not count faculty or non-trainees.

EXP-3 - Adding Individuals Trained Example 1

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
Fellowship Medicine— Geriatrics	Site 1	Medicine— Geriatrics	24	0
Fellowship Medicine— Geriatrics	Site 2	Medicine— Geriatrics	10	0
Fellowship Medicine— Geriatrics	Site 3	Medicine— Geriatrics	4	0

Figure 53. Screenshot of EXP-3 based on example 1.

Example 1. Principal Fellows ONLY (no interprofessional trainees)

- In the example on this page, the Geriatrics fellowship program trained 24 of its Geriatric Fellows at Site 1.
- In addition, they trained 10 Geriatric Fellows at Site 2, and 4 Geriatric Fellows at Site 3.
- In this example, no interprofessional trainees are reported.

EXP-3 - Adding Individuals Trained Example 2

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Fellowship Medicine—Geriatrics	Site 1	Medicine—Geriatrics	24	0
2	Fellowship Medicine—Geriatrics	Site 1	Dentistry—General Dentistry	0	4
3	Fellowship Medicine—Geriatrics	Site 2	Medicine — Psychiatry	15	0
4	Fellowship Medicine—Geriatrics	Site 2	Medicine—Neurology	0	5

Figure 54. Screenshot of EXP-3 based on example 2.

Example 2. Principal Fellows AND Interprofessional Trainees

- In the example on this page, the Geriatrics fellowship program trained 24 of its Geriatric Fellows at Site 1. As part of interprofessional team-based care at this site, this program also trained 4 general dentistry fellows from non-HRSA funded programs at Site 1.
- In addition, the Geriatrics fellowship program **ALSO** trained 15 of its Geriatric Fellows as well as 5 Neurology fellows at Site 2. As part of interprofessional team-based care at this site, this program also trained 4 medical students from non-HRSA funded programs at Site 2.

EXP-3 - Adding Individuals Trained Example 3

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Fellowship Medicine - Geriatrics	Site Name 1	Medicine - Geriatrics	24	10
2	Fellowship Medicine - Geriatrics	Site Name 1	Student – Pharmacy School	0	2
3	Fellowship Medicine - Geriatrics	Site Name 2	Medicine - Geriatrics	15	22
4	Fellowship Medicine - Geriatrics	Site Name 2	Medicine – Family Medicine	0	5

Figure 55. Screenshot of EXP-3 based on example 3

Example 3. Principal Fellows AND Interprofessional Trainees in the same discipline

- In the example on this page, the Geriatrics fellowship program trained 24 of its Geriatric Fellows at Site 1. As part of interprofessional team-based care at this site, this program **ALSO** trained 10 **OTHER** Geriatric Fellows as well as 2 pharmacy students from non-HRSA funded programs.
- In addition, the Geriatrics fellowship program **ALSO** trained 15 of its Geriatric Fellows at Site 2. As part of interprofessional team-based care at this site, this program **ALSO** trained 22 **OTHER** Geriatric Fellows as well as 5 medical students from non-HRSA funded programs.



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

Faculty Development, Instruction, and Recruitment—FD Subforms

FD - Introduction

You must select whether an instructional activity reported previously was offered by GTPD fellows during the annual reporting period.

- If an instructional activity reported previously was also offered during the current annual reporting period, all other blocks in the FD-4a subform must be completed.
- If an instructional activity reported previously was not offered during the current annual reporting period, complete only Block 1a in the FD-4a subform.

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

Add Record

Figure 56. FD-4a - Adding Faculty Instructional Activities

Name of the Course or Workshop Offered by the Faculty:

- Enter the name of each new instruction activity *offered by GTPD fellows* and coordinated or supported through the grant during the current annual reporting period
- Select “Add Record”
- Repeat this process as necessary to enter each new instruction activity.

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
1	New Record	Faculty Instruction Course 1	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>

Figure 57. 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 GTPD fellows* during the annual 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
1 New Record	Faculty Instruction Course 1	Select one	Select one

Figure 58. FD-4a - Selecting Content Area

Select the Content Area Of the Course or Workshop: Select the content area of each instructional activity *offered by GTPD fellows* 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
- Alzheimer's disease/dementia
- Asian Americans
- Behavioral assessment and consultation in primary care
- Bioterrorism/preparedness
- Cancer
- Clinical Practice Information
- Communications
- Community collaboration
- Computer - based instructions
- Cultural competence in nursing
- Delirium
- Diabetes
- Drug - resistant diseases
- Emergency preparedness
- Epidemiology
- Advocacy/health policy
- Alternative/complementary medicine
- Ambulatory care
- Asthma
- Behavioral health
- Border Health
- Chronic Disease
- Clinical preventive services
- Community - Based Care
- Community health nursing
- Consumers' rights
- Cultural Competencies
- Dementia
- Domestic Violence
- E - Learning technology
- Emergency training
- Ethics and confidentiality
- Evidence Based Medicine
- African - Americans
- Alzheimer's disease
- American Indian/Alaska Natives
- Basic restorative skills
- Behavioral interventions for primary care
- Border health activities
- Chronic disease management
- Communication Skills
- Community - based continuity of care
- Community needs assessment
- Crisis intervention
- Data collection and analysis
- Depression
- Domestic Violence/Interpersonal violence
- Elder abuse
- Environmental health
- Ethics/bioethics
- Evidence Based Medicine/Practice
- Financial planning and management

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- Evidence - Based Practices
- Experiences
- Focus groups
- Genomics
- Geriatrics
- Health care and older adults
- Health literacy
- Health Reform/Health Insurance Marketplaces
- Hepatitis
- HIV/AIDS and other infectious diseases
- Homeless
- Improving communication skills
- Informatics
- Interactive simulated case studies
- Interprofessional Education
- Leadership Training
- Long - Term Care
- Mannequin - based and patient simulators
- Medication basics
- Mental health
- Minority Health
- Needs - specific training
- Nursing leadership and management
- Obesity
- Other simulated or virtual methods
- Palliative care
- Perioperative care
- Physical activity/active lifestyles
- Primary care
- Program evaluation
- Project management

- Extended care
- Food borne Disease
- Geriatric education for direct care providers
- Gerontological nursing
- Health Disparities
- Health promotion
- Healthy aging
- Hispanics
- Home health
- Homelessness
- Infection control
- Information Technology
- Interdisciplinary training
- Interprofessional integrated models of care
- Leadership/Management
- Long - term care nursing
- Maternal and child health
- Medications/drugs
- Mental health and older adults
- Minority health issues
- Negotiations
- Nutrition
- Oral health
- Pain management
- Pastoral/Spiritual Care
- Personal care skills
- Prescription drug abuse
- Professional development
- Program management
- Public health infrastructure
- Public health science
- Rehabilitation

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- (including budgeting)
- Genetics
 - Geriatric medicine
 - Grant writing
 - Health information technology
 - Health Promotion and disease prevention
 - Heart disease
 - HIV/AIDS
 - Home health care
 - Hypertension
 - Influenza
 - Injury prevention
 - Interpersonal skills
 - Interprofessional team training
 - Lesbian/Gay/Bisexual/Transgender individuals
 - Managed Care
 - Medical economics
 - Meeting facilitation
 - Migrant health initiatives
 - Native Hawaiian/Pacific Islander
 - Nursing care for vulnerable populations
 - Nutrition/healthy eating
 - Other
 - Palliative and end of life care
 - Patient safety (medical errors)
 - Pharmacology
 - Prevention/Primary care
 - Program design
 - Program planning
 - Public health law
 - Quality Improvement
 - Rehabilitation Therapies
 - Secondary care Technology

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- Public health policy development
 - Quality improvement and patient safety
 - Research
 - Sexual health
 - Social marketing
 - Suicide
 - Teledentistry
 - Tertiary care
 - Transitional care
 - Urban health
 - Veterans Health
 - Women's health
 - Workforce development
- Rural Health
 - Sexually transmitted infections
 - Stroke
 - Survey design
 - Telehealth
 - Tobacco cessation
 - Trauma
 - Urgent care
 - Violence
 - Women's health issues
 - Wound care

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- Skills - based training (including coalition building)
- Substance Abuse
- Sustainability
- Telemedicine/telehealth
- Training
- Tuberculosis
- Veteran Related
- Virtual simulation
- Worker and patient safety

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
1	New Record	Faculty Instruction Course 1	Select one	Select one	<input style="border: 2px solid red;" type="text"/>

Figure 59. FD-4a - Entering Course/Workshop Length

Enter the Length of the Course or Workshop in Clock Hours: Enter the duration, in clock hours, of each instructional activity *offered by GTPD fellows* 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	Select the Delivery Mode Used to Offer the Course or Workshop (5) Block 22
1 New Record	Faculty Instruction Course 1	Select one	Select one			Select one

Figure 60. 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 NEW instructional activity was *offered by GTPD fellows* 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	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	New Record Faculty Instruction Course 1	Select one	Select one			Select one Classroom-based

Figure 61. FD-4a - Selecting Delivery Mode

Select the Delivery Mode Used to Offer the Course or Workshop: Select the delivery mode *used by GTPD fellows* 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 62. 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 (available options will be those marked as “offered” in the FD-4a subform).

Profession and Discipline of Individuals Trained:

1. Select the profession(s) and discipline(s) of all individuals trained in each **GTPD Fellow-led instructional activity** during the current annual reporting period by choosing all that apply from the options listed below.
2. 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 - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Behavioral Health - Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry

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- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Chiropractor
- Other - Facility Administrator
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Pharmacy
- Other - Respiratory Therapy

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- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse educator
- Nursing - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Office/Support Staff
- Other - Podiatry
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Chiropractic School
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Women's health
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - K - 8 (primary)
- Student - Medical School
- Student - NP - Acute care pediatric
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non - nurse)
- Other - Optometry
- Other - Profession Not Listed
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - 9 - 12 (secondary)
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non - nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Student - Certified Nursing Assistant
- Student - Alternative/Complementary Nursing
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Optometry
- Student - Physician Assistant
- Student - Public Health Nurse
- Student - Speech Therapy
- Student - Undergraduate - Other
- Student - Undergraduate - Radiological Technician

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- Student - NP - Adult
Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Pharmacy School
- Student - Podiatry School
- Student - Registered nurse (RN)
- Student - Undergraduate - Allied Health
- Student - Undergraduate - Public Health
- Student - Unknown
- Student - Nurse Midwife
- Student - Occupational Therapy
- Student - Physical Therapy
- Student - Post - high school / Pre - college
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

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

No.	Name of the Course or Workshop Offered by the Faculty	Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Option(s)
(1)	Block 17	Block 21	Block 21	
1	Faculty Instruction Course 1	Student - Post - high school / Pre - college	<input type="text"/>	Delete

Figure 63. 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 reporting period in the textbox in Column 3 (Block 21). Repeat this step as many times as necessary to capture the total number individuals trained.



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

Printing Your Performance Report

The screenshot displays the 'Performance Report' interface. On the left sidebar, the 'Review' link is highlighted with a red box. The main content area shows a 'Resources' section with a 'Print All Forms' button also highlighted with a red box. Below this, there is a table with columns for 'Section', 'Type', and 'Options'. The table lists various performance report sections and their corresponding HTML types, each with a 'View' link in the 'Options' column.

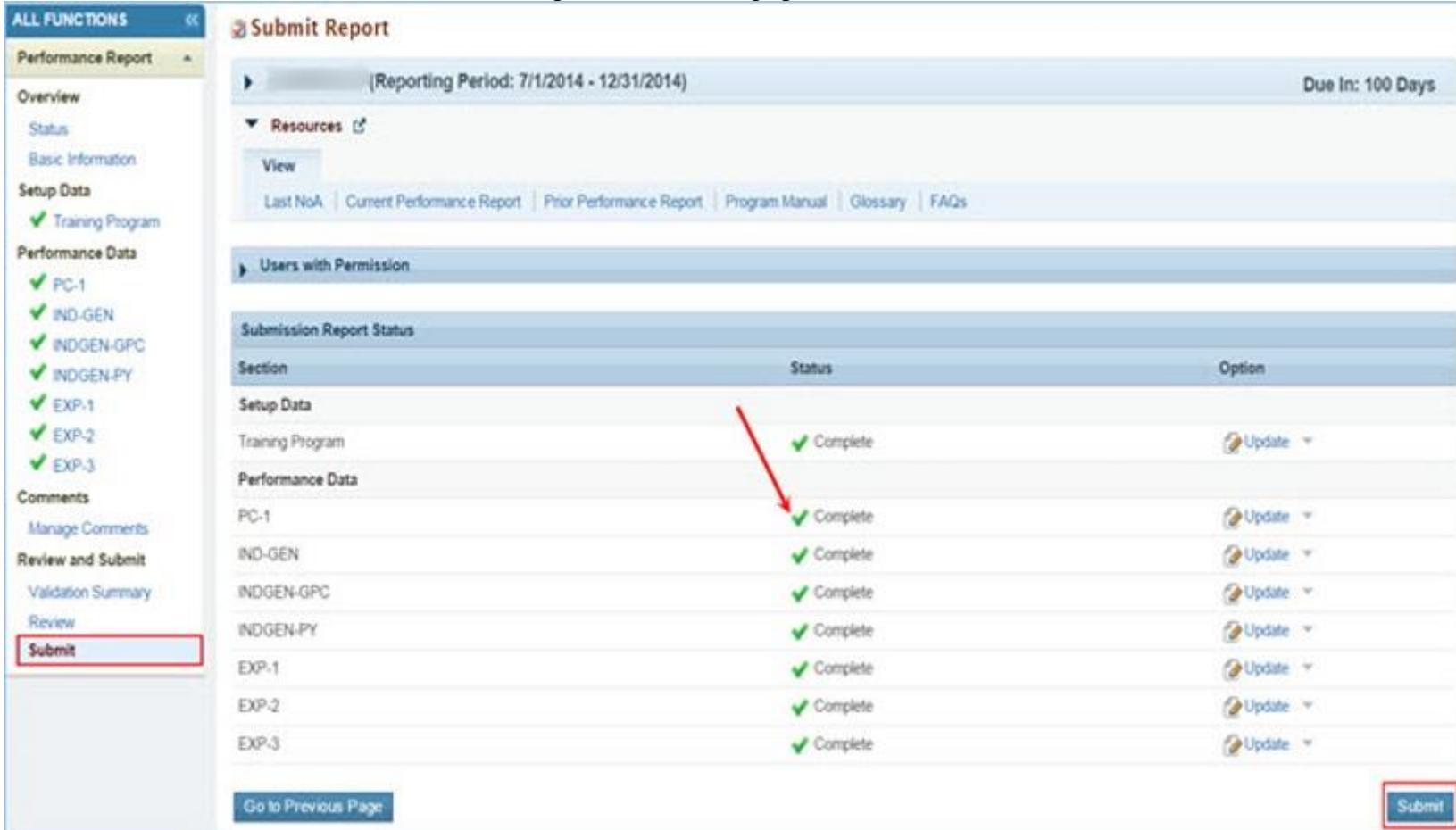
Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View ▾
PC	HTML	View ▾
IND-GEN	HTML	View ▾
INDGEN-GPC	HTML	View ▾
INDGEN-PY	HTML	View ▾
EXP	HTML	View ▾
Comments and Certification	HTML	View ▾

Figure 64. 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 'Submit Report' header with a reporting period of 7/1/2014 - 12/31/2014 and a 'Due In: 100 Days' indicator. Below this is a table titled 'Submission Report Status' with columns for 'Section', 'Status', and 'Option'. A red arrow points to the 'Complete' status of the 'PC-1' row. A 'Submit' button is also highlighted in red at the bottom right.

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

Figure 65. 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 66. 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 67. 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.