Academic Year 2016-2017

Instruction Manual for Grantees of the Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Par

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.

1. All required performance measures are linked to the following legislative purpose(s) of the HCOP grant program:

   The purpose of the FY 2014 Area Health Education Centers (AHEC) Program – Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Paraprofessionals grant program is to train and expand the paraprofessional health workforce to meet the employment needs of the community with a particular focus on primary care and team-based care; and to promote employment and a career ladder for those trained through career coaching and placement partnership with the community.

2. Data submitted by grantees of the program must cover all activities that took place between July 01, 2016 - June 30, 2017 (Referred to as Annual Performance Report).

3. The PRGCA is due no later than July 31, 2017. 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 PRGCAs submitted by grantees. In the case that revisions are needed, you will be granted the ability to re-enter 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.

5. We appreciate your feedback and assistance during this process. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center. All requests for technical assistance will be coordinated through the Call Center and responded to promptly: Call Center Phone Number: 877-G04-HRSA (877-464-4722) or Call Center Online Assistance Form: click here.
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 Workforces (BHW) (OMB # 0915-0061; Expiration Date: 06/30/2019). 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 that 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 column 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 to prepopulate specific columns 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.

![Figure 1. Screenshot of View Prior Period Data Link](image-url)
Getting Started - How Performance Measure Data Fields Are Identified in the Forms

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.

1. **Column Numbers:** 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.

2. **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.

![Figure 2. Example of Performance Measures Data Table](image-url)
Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

1. 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.

2. 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.

3. 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.

4. 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.

5. 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](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:
   1. View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
   2. Glossary- Current definitions of key terms
   3. Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
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)
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. **Government Project Officers:** Contact your Government Project Officer if you need further assistance on the content of your report.
10. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center. 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: **Call Center Phone Number: 877-Go4-HRSA/877-464-4772** or Call Center Online Assistance Form [click here](https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos).
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.

<table>
<thead>
<tr>
<th>Order</th>
<th>Type of Form</th>
<th>Parent Form</th>
<th>Form ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Setup Form</td>
<td>Setup Forms</td>
<td>Training Program</td>
</tr>
<tr>
<td>2</td>
<td>Performance Data Form</td>
<td>Program Characteristics-PC Subforms</td>
<td>PC-1</td>
</tr>
<tr>
<td>3</td>
<td>Performance Data Form</td>
<td>Program Characteristics-PC Subforms</td>
<td>PC-9</td>
</tr>
<tr>
<td>4</td>
<td>Performance Data Form</td>
<td>Legislative Requirements &amp; Demographic Variables-LR and DV Subforms</td>
<td>LR-1a</td>
</tr>
<tr>
<td>5</td>
<td>Performance Data Form</td>
<td>Legislative Requirements &amp; Demographic Variables-LR and DV Subforms</td>
<td>LR-2</td>
</tr>
<tr>
<td>6</td>
<td>Performance Data Form</td>
<td>Legislative Requirements &amp; Demographic Variables-LR and DV Subforms</td>
<td>DV-1</td>
</tr>
<tr>
<td>7</td>
<td>Performance Data Form</td>
<td>Legislative Requirements &amp; Demographic Variables-LR and DV Subforms</td>
<td>DV-2</td>
</tr>
<tr>
<td>8</td>
<td>Performance Data Form</td>
<td>Legislative Requirements &amp; Demographic Variables-LR and DV Subforms</td>
<td>DV-3</td>
</tr>
<tr>
<td>9</td>
<td>Performance Data Form</td>
<td>Individual Characteristics-INDGEN Subforms</td>
<td>IND-GEN</td>
</tr>
<tr>
<td>Order</td>
<td>Type of Form</td>
<td>Parent Form</td>
<td>Form ID</td>
</tr>
<tr>
<td>-------</td>
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<td>-------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>10</td>
<td>Performance Data Form</td>
<td>Individual Characteristics-INDGEN Subforms</td>
<td>INDGEN-PY</td>
</tr>
<tr>
<td>11</td>
<td>Performance Data Form</td>
<td>Experiential Characteristics-EXP Subforms</td>
<td>EXP-1</td>
</tr>
<tr>
<td>12</td>
<td>Performance Data Form</td>
<td>Experiential Characteristics-EXP Subforms</td>
<td>EXP-2</td>
</tr>
<tr>
<td>13</td>
<td>Performance Data Form</td>
<td>Course Development and Enhancement-CDE Subforms</td>
<td>CDE-1</td>
</tr>
<tr>
<td>14</td>
<td>Performance Data Form</td>
<td>Course Development and Enhancement-CDE Subforms</td>
<td>CDE-2</td>
</tr>
</tbody>
</table>
Training Program - Setup

Training Program Setup - Selecting Type of Training Program

Select Type of Training Program Offered:

Select the type(s) of training program(s) supported through the grant during the reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing one of the following options:

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

Note: The Training Program Setup form will configure all subforms specific to various types of training programs.
Click on the “Load Program Details” button to activate the remaining drop-down menus in this setup form.

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

<table>
<thead>
<tr>
<th>Add Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>For a Degree/Diploma/Certificate Program, Select Type of Degree Offered</td>
</tr>
<tr>
<td>For a Degree/Diploma/Certificate Program, Select Primary Focus Area</td>
</tr>
<tr>
<td>Select Delivery Mode Used to Offer Program</td>
</tr>
</tbody>
</table>

**Add Record**

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

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: Indicate that the training program is a certificate program by clicking on the drop-down menu and choosing one of the following options:
- Certificate

For a Degree/Diploma/Certificate Program, Select Primary Focus Area: Select the certificate program's primary focus area by clicking on the drop-down menu and choosing one of the following options:
- Student - Certificate - Care Coordinator
- Student - Certificate - Community Health Worker
- Student - Certificate - Dialysis Technology/Technician
- Student - Certificate - Emergency Medical Technology – Basic
- Student - Certificate - Health Care Access Associate
- Student - Certificate - Licensed Vocational Nurse
- Student - Certificate - Medication Nursing Assistant
- Student - Certificate - Outreach Worker
- Student - Certificate - Certified Professional Coder
- Student - Certificate - Dental Assistant
- Student - Certificate - EKG Technician
- Student - Certificate - Expanded Duty Dental Assistant
- Student - Certificate - Health Information Technician
- Student - Certificate - Medical Assistant
- Student - Certificate - Nursing Assistant/ Aide
- Student - Certificate - CHW - Behavioral Health
- Student - Certificate - Dental Technician
- Student - Certificate - Emergency Medical Technician/Paramedic
- Student - Certificate - Health and Wellness Advocate
- Student - Certificate - Home Health Aide
- Student - Certificate - Medical Billing and Reimbursement Specialist
- Student - Certificate - Other
- Student - Certificate - Patient Navigator
- Student - Certificate - Physical Therapy Assistant
Health Resources and Services Administration
Bureau of Health Workforce

- Student - Certificate - Pharmacy Technician
- Student - Certificate - Promotora
- Student - Certificate - Sterile Processing Technician
- Student - Certificate - Patient Care/Support Technician
- Student - Certificate - Phlebotomy Technician
- Student - Certificate - Radiology Technician
- Student - Certificate - Respiratory Technician

Select Delivery Mode Used to Offer Program:

Select the primary mode used to deliver each certificate program during the reporting period by clicking on the drop-down menu under and choosing one of the options below. Next, click on the "Add Record" button to save your entry. Repeat this process to capture the certificate programs supported through the grant during the reporting period.

- Campus-based program
- Distance learning program
- Hybrid program
Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period: Select the status of each certificate program at the end of the current reporting period (i.e., June 30, 2017) by choosing one of the options below:

- Active
- Inactive

Warning: All NEW certificate programs must be marked as "Active" in the reporting period. Do not enter a certificate training programs as a new record if it has not been offered yet.

Note: If you are reporting any activity for a program, please select "Active".

To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

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

Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships or consortia used or established for the purpose of offering each certificate program during the reporting period by clicking on the drop-down menu under Column 6 (Block 2) and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- American Job Center
- Area Health Education Centers
- Community College
- Delta Regional Authority
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Labor union
- No partners/consortia used
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Appalachian Regional Commission
- Centers of Excellence
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - State
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Area Agencies on Aging
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health Careers Opportunity Program
- Health department - Tribal
- Hospital

Figure 7. PC-1 - Selecting Type(s) of Partners/Consortia
• Nursing home
• Primary Care Association
• Professional Associations
• Senior Center
• Tribal College or University
• U.S. Mexico Border Health Commission

• Hospice
• Local Government
• Nonprofit organization
• Other
• Primary Care Organization
• Quality improvement organization
• State Government
• Tribal Government

Warning: You may not select "No partners/consortia used" in combination with any other option.
PC-1 - Entering Enrollment Information

⚠️ Warning: For PC-1 enrollment, graduation, and attrition totals, include all students in the certificate programs regardless of whether they received a BHW-funded financial award or not.

<table>
<thead>
<tr>
<th>Enter Total # Enrolled (whether funded by BHW or not)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>(7) Block 3</td>
</tr>
</tbody>
</table>

**Figure 8. PC-1 - Entering Enrollment Information**

**Enter Total # Enrolled (whether funded by BHW or not): Total:** In Column 7 (Block 3), enter the total number of students enrolled in each certificate program listed during the reporting period. This count should include enrollees who went on to graduate during the reporting period, but should NOT include students who permanently discontinued (they will be entered in Column 12).

**Enter Total # Enrolled (whether funded by BHW or not): URM:** In Column 8 (Block 3a), enter the number of students enrolled in each certificate program during the reporting period who were underrepresented minorities. Block 3a is a subset of Block 3.

**Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM:** In Column 9 (Block 3b), enter the number of students enrolled in each certificate program during the reporting period who are from disadvantaged backgrounds and are not underrepresented minorities. Block 3b is a subset of Block 3.

⚠️ Warning: Do not count students who permanently left the certificate program before completion (i.e. attrition). These students will be captured separately in Column 12 (Block 9).
Reference: Refer to the glossary for a definition of disadvantaged background.
PC-1 - Entering Graduate Information

Warning: For PC-1 enrollment, graduation, and attrition totals, include all students in the certificate programs regardless of whether they received a BHW-funded financial award or not.

<table>
<thead>
<tr>
<th>Enter Total # Graduated/Completed (whether funded by BHW or not)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>(10) Block 8</td>
</tr>
<tr>
<td>Block 8</td>
</tr>
</tbody>
</table>

Figure 9. PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: In Column 10 (Block 8), enter the total number of students in each certificate program who graduated during the reporting period. Block 8 is a subset of Block 3.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: In Column 11 (Block 8a), enter the number students in each certificate program who graduated during the reporting period and were underrepresented minorities. Block 8a is a subset of Block 8.
PC-1 - Entering Attrition Information

Warning: For PC-1 enrollment, graduation, and attrition totals, include all students in the certificate programs regardless of whether they received a BHW-funded financial award or not.

| Enter Total # Who left the Program Before Completion (whether funded by BHW or not) |
|----------------------------------|---------------------|
| Total                            | URM                 |
| (12) Block 9                     | (13) Block 9a       |

Figure 10. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: In Column 12 (Block 9), enter the total number of students who permanently left each certificate program before graduation during the reporting period.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: In Column 13 (Block 9a), enter the number of students who permanently left each certificate program before graduation during the reporting period and are underrepresented minorities. Block 9a is a subset of Block 9.
PC-1 - Selecting Type(s) of Partners/Consortia Used for Job Placement Activities

Select Type(s) of Partners/Consortia Used for Job Placement Activities: Select the type(s) of partnerships or consortia used for job placement activities during the reporting period by clicking on the drop-down menu in Column 6a and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- American Job Center
- Area Health Education Centers
- Community College
- Delta Regional Authority
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Federal Government - Veterans Affairs
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health Insurance/Healthcare Provider Group (e.g. PPO/HMO)
- Labor union
- Nonprofit organization
- Other
- Primary Care Organization
- Quality Improvement Organization
- State Government
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Area Agencies on Aging
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health Careers Opportunity Program
- Health department - Tribal
- Hospital
- Long - term care facility
- Nursing Home
- Primary Care Association
- Professional Associations
Health Resources and Services Administration
Bureau of Health Workforce
- Tribal Government
- No partners/consortia used
- Rural Health Clinic
- Technical College
- Tribal Organization

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- Senior Center
- Tribal College or University
- U.S. Mexico Border Health Commission

Warning: 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.
**PC-9: Program Characteristics –Positions Description**

**PC-9 - Selecting Type of Training Program**

<table>
<thead>
<tr>
<th>*Add Academic/Training Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Training Program</td>
</tr>
<tr>
<td>Add Record</td>
</tr>
</tbody>
</table>

**Figure 12. PC-9 - Selecting Type of Training Program**

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

*Note: The options available will be the names of Active certificate programs that were entered and saved in the Training Program Setup Form.*
PC-9 - Selecting Training Year

*Add Academic/Training Year

Select Training Year

Add Record

Figure 13. PC-9 - Selecting Training Year

Training Year:

Select the training year for which positions were expanded within the certificate program by clicking on the drop-down menu and choosing all that apply from the list below. Click on the "Add Record" button to save your entry. Repeat this process to capture all certificate programs that have had positions expanded during the current reporting period.

- Certificate Program Year 1
**PC-9 - Entering Total # of Positions Expanded using BHW Funds**

![Figure 14. PC-9 - Entering Total # of Positions Expanded using BHW Funds](image)

**Enter Total # of PositionsExpanded using BHW Funds:** In Column 6 (Block 7), enter the total number of positions expanded for each certificate program during the reporting period using HRSA grant funding.

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
LR-1a: Trainees by Training Category
LR-1 - Entering Enrollees Count

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

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

Note: Do not count individuals who permanently left a training program before graduation during the reporting period Column 2. These individuals will be captured separately in Column 7 (Block 6).
LR-1 - Entering Graduates Count

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

![Table](Trainees by Training Category)

<table>
<thead>
<tr>
<th>Enter # of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5) Block 4</td>
</tr>
</tbody>
</table>

Figure 16. LR-1 - Entering Graduates Count

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

💡 Note: Do not count individuals who permanently left a training program before graduation during the reporting period in Column 5 (Block 4). These individuals will be captured separately in Column 7 (Block 6).
**LR-1 - Entering Attrition Information**

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

<table>
<thead>
<tr>
<th>Attrition</th>
<th>Enter # of Individuals who left the Program before Completion</th>
<th>Enter # of URM who left the Program before Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 6</td>
<td>(7)</td>
<td>(8)</td>
</tr>
</tbody>
</table>

**Figure 17. LR-1 - Entering Attrition Information**

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

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

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

**To Complete the Form:** Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
LR-2: Trainees by Age & Gender
LR-2 - Entering Enrollees Count by Age and Gender

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

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
<th>Gender: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Enrollees</td>
<td>Enter # of Enrollees</td>
<td>Enter # of Enrollees</td>
</tr>
<tr>
<td>(3) Blocks 1-6</td>
<td>(8) Blocks 7-12</td>
<td>(13)</td>
</tr>
</tbody>
</table>

Figure 18. LR-2 - Entering Enrollees Count by Age and Gender

**Gender: Male: Enter # of Enrollees:** For each certificate program, enter the aggregate number of male enrollees from each age category in Column 3. If there were no male enrollees in a specific age category, enter a zero (“0”) in the appropriate textbox.

**Gender: Female: Enter # of Enrollees:** For each certificate program, enter the aggregate number of female enrollees from each age category in Column 8. If there were no female enrollees in a specific age category, enter a zero (“0”) in the appropriate textbox.

**Gender: Not Reported: Enter # of Enrollees:** For each certificate program, enter the aggregate number of enrollees whose gender was not reported from each age category in Column 13. If there were no enrollees in a specific age category, enter a zero (“0”) in the appropriate textbox.

⚠️ Warning: For each certificate program, the sum of enrollees across Columns 3, 8, and 13 must be equal to the number of enrollees entered in LR-1, Column 2.
LR-2 - Entering Graduates Count by Age and Gender

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

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
<th>Gender: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Graduates</td>
<td>Enter # of Graduates</td>
<td>Enter # of Graduates</td>
</tr>
<tr>
<td>(6) Blocks 37-42</td>
<td>(11) Blocks 43-48</td>
<td>(16)</td>
</tr>
</tbody>
</table>

Figure 19. LR-2 - Entering Graduates Count by Age and Gender

**Gender: Male: Enter # of Graduates:** For each certificate program, enter the aggregate number of male graduates from each age category in Column 6. If there were no male graduates in a specific age category, enter a zero (“0”) in the appropriate textbox.

**Gender: Female: Enter # of Graduates:** For each certificate program, enter the aggregate number of female graduates from each age category in Column 11. If there were no female graduates in a specific age category, enter a zero (“0”) in the appropriate textbox.

**Gender: Not Reported: Enter # of Graduates:** For each certificate program, enter the aggregate number of graduates whose gender was not reported from each age category in Column 16. If there were no graduates in a specific age category, enter a zero (“0”) in the appropriate textbox.

**Warning:** For each certificate program, the sum of graduates across Columns 6, 11, and 16 must be equal to the number of graduates entered in LR-1, Column 4.
To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
DV-1: Trainees by Racial & Ethnic Background
DV-1 - Entering Enrollees Count by Race and Ethnicity

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

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic/Latino</th>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
<th>Ethnicity: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Enrollees</td>
<td>Enter # of Enrollees</td>
<td>Enter # of Enrollees</td>
</tr>
<tr>
<td>(3) Blocks 1-7</td>
<td>(8) Blocks 36-42</td>
<td>(13)</td>
</tr>
</tbody>
</table>

*Figure 20. DV-1 - Entering Enrollees Count by Race and Ethnicity*

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

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

**Ethnicity: Not Reported: Enter # of Enrollees:** For each training program, enter the aggregate number of enrollees whose ethnicity was not reported in Column 13 from each race category. If there were no enrollees in a specific race category, enter a zero (“0”) in the appropriate textbox.

**Warning:** The sum of enrollees across Columns 3, 8, and 13 must be equal to the total number of enrollees entered in LR-1, Column 2.
## DV-1 - Entering Graduates Count by Race and Ethnicity

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

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic/Latino</th>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
<th>Ethnicity: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Graduates</td>
<td>Enter # of Graduates</td>
<td>Enter # of Graduates</td>
</tr>
<tr>
<td>(6) Blocks 22-28</td>
<td>(11) Blocks 57-63</td>
<td>(16)</td>
</tr>
</tbody>
</table>

### Figure 21. DV-1 - Entering Graduates Count by Race and Ethnicity

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

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

**Ethnicity: Not Reported: Enter # of Graduates:** For each training program, enter the aggregate number of graduates whose ethnicity was not reported in Column 16 from each race category. If there were no graduates in a specific race category, enter a zero (“0”) in the appropriate textbox.

⚠️ **Warning:** For each certificate program, the sum total of graduates across Columns 6, 11, and 16 must be equal to the sum total of graduates entered in LR-1, Column 4.
To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
DV-2: Trainees from a Disadvantaged Background
DV-2 - Entering Enrollees Count from Disadvantaged Background

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

<table>
<thead>
<tr>
<th>Enrollees</th>
<th>Enter Total # from Disadvantaged Background</th>
<th>Enter # from Disadvantaged Background who are not URM</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Block 1</td>
<td></td>
<td>(3) Block 2</td>
</tr>
</tbody>
</table>

Figure 22. DV-2 - Entering Enrollees Count from Disadvantaged Background

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

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

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

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

Example:
DV-2 - Entering Graduates Count from Disadvantaged Background

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

<table>
<thead>
<tr>
<th>Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Total # from Disadvantaged Background</td>
</tr>
<tr>
<td>Enter # from Disadvantaged Background who are not URM</td>
</tr>
</tbody>
</table>

(8) Block 7  (9) Block 8

Figure 23. DV-2 - Entering Graduates Count from Disadvantaged Background

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

Graduates: Enter # from Disadvantaged Background who are not URM: For each certificate program, enter the aggregate number of graduates from disadvantaged backgrounds who were NOT URM students in the textbox in Column 9 (Block 8).

💡 Note: Counts reported in Column 9 are a subset of counts reported in Column 8.

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

💡 To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
**DV-3: Trainees from a Rural Background**

**DV-3 - Entering Enrollees Count from Rural Residential Background**

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

<table>
<thead>
<tr>
<th>Trainees from Rural Residential Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Enrollees from a Rural Background</td>
</tr>
<tr>
<td>(2) Block 1</td>
</tr>
</tbody>
</table>

*Figure 24. DV-3 - Entering Enrollees Count from Rural Residential Background*

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

Reference: Refer to the glossary for a definition of rural residential background.
DV-3 - Entering Graduates Count from Rural Residential Background

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

![Trainees from Rural Residential Background](image)

**Enter # of Graduates from a Rural Background**

(5)
Block 4

Figure 25. DV-3 - Entering Graduates Count from Rural Residential Background

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

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

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

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

- 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, 2017.
- 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.
- 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 BPMH system.
- Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from IND-GEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.

Note: For subsequent reporting periods, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each record. Please note that all other fields must be updated every reporting period until the individual completes or permanently leaves the program.
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)
- No (click Save and Validate button to proceed to the next form)

**Figure 26. IND-GEN - Setup**

To begin providing individual-level data for students who received BHW-funded financial awards during the reporting period or to provide updates for students 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.

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

**Type of Training Program**: Select the training program associated with each individual by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing one of the available options.

*Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.*
Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each student in the textbox under Block 1.

⚠️ Warning: It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide updates and 1-year follow-up data for each student.
IND-GEN - Selecting Individual's Training or Awardee Category

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

- Certificate Student (campus-based only)
- Certificate Student (distance learning only)
- Certificate Student (hybrid)
IND-GEN - Selecting Individual's Enrollment/Employment Status

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

- Full-time
- On leave of absence
- Part-time
- Inactive
IND-GEN - Selecting Individual's Gender

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

- Female
- Male
- Not Reported

**Warning:** The "Not Reported" option is only available for new records.
**IND-GEN - Entering Year of Birth**

**Enter Year of Birth**: Enter each individual’s year of birth in Column 6a.

- 1917
- 1918
- 1919
- 1920
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- 1925
- 1926
- 1927
- 1928
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- 1982
Health Resources and Services Administration
Bureau of Health Workforce

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- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
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- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- Not Reported

⚠️ Warning: The "Not Reported" option is only available for new records.
**IND-GEN - Selecting Individual's Ethnicity**

**Figure 33. IND-GEN - Selecting Individual's Ethnicity**

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

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

**Warning:** The "Not Reported" option is only available for new records.
Figure 34. IND-GEN - Selecting Individual's Race

Select Individual's Race: Select each individual’s race by clicking on the drop-down menu under Block 7 and choosing all that apply from the following options:

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

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

⚠️ Warning: The "Not Reported" option is only available for new records.
**IND-GEN - Selecting if Individual is from a Rural Residential Background**

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

- Yes
- No
- Not Reported

**Warning:** The "Not Reported" option is only available for new records.

*Reference:* Refer to the glossary for a definition of rural setting.
IND-GEN - Selecting if Individual is from a Disadvantaged Background

![Select Whether Individual is from a Disadvantaged Background](image)

Figure 36. IND-GEN - Selecting if Individual is from a Disadvantaged Background

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

- Yes
- No
- Not Reported

⚠️ Warning: The "Not Reported" option is only available for new records.

Reference: Refer to the glossary for a definition of disadvantaged background.
Health Resources and Services Administration
Bureau of Health Workforce

IND-GEN - Selecting Individual's Veteran Status

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

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

⚠️ Warning: The "Not Reported" option is only available for new records.

Reference: Refer to the glossary for a definition of the various types of veteran statuses.
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select Whether Individual Received BHW Financial Award?:

Select whether each student received a BHW-funded financial award during the reporting period by clicking on the drop-down menu under Column 12 and choosing one of the following options:

- Yes
- No

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

If the individual received a BHW financial award, enter the total amount of BHW dollars provided during the reporting period in Column 13 (Stipend). If the individual did not receive a financial award, enter a zero (“0”) in Column 13.

Note: Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, conference...
expenses, tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations.
IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Enter # of Academic Years the Individual has Received BHW Funding

(22)
Block 12

Figure 39. 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 BHW-funded financial awards by clicking on the drop-down menu under Block 12 and choosing one of the following options:

- 1
- 2
- 3

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 ½ an academic year, please round up. For example, if a student has received a financial award for 1 ½ years, please enter 2.

Note: If a student received a BHW-funded financial award for the first time during the reporting period, select "1" under Block 12.
IND-GEN - Entering % of Training Costs Covered through BHW-funded Financial Award

**Enter % of Training Costs Covered through BHW-funded Financial Award**

(25a)

**Figure 40. IND-GEN - Entering % of Training Costs Covered through BHW-funded Financial Award**

**Enter % of Training Costs Covered through BHW-funded Financial Award**: In Column 25a, enter the percentage of each student's training costs that were covered through the BHW funded financial award (stipend amount entered in Block 13).

⚠️ **Warning**: Enter numerical data only. Special characters (including "%" or ",") will generate errors in the system.

💡 **Note**: Please enter this as a percentage of 100% (e.g., 50.00), rather than as a proportion of 1.00 (e.g., 0.5).

💡 **Note**: Percentages can be reported to two decimal places.
**Select Individual's Academic or Training Year**: Select each student's current training year by clicking on the drop-down menu under Block 15 and choosing one of the following options:

- Certificate Program Year 1
- N/A

*Note: The N/A option applies only to faculty or inactive students.*
Figure 42. IND-GEN - Selecting Individual's Primary Discipline

**Select Individual's Primary Discipline:** Select each individual's primary profession and discipline by clicking on the drop-down menu under Block 16 and choosing one of the following options:

- Student - Certificate - Care Coordinator
- Student - Certificate - Dental Assistant
- Student - Certificate - EKG Technician
- Student - Certificate - Expanded Duty Dental Assistant
- Student - Certificate - Health Information Technician
- Student - Certificate - Medical Assistant
- Student - Certificate - Nursing Assistant/ Aide
- Student - Certificate - Patient Care/Support Technician
- Student - Certificate - Phlebotomy Technician
- Student - Certificate - Certified Professional Coder
- Student - Certificate - Dental Technician
- Student - Certificate - Emergency Medical Technician/Paramedic
- Student - Certificate - Health and Wellness Advocate
- Student - Certificate - Home Health Aide
- Student - Certificate - Medical Billing and Reimbursement Specialist
- Student - Certificate - Other
- Student - Certificate - Patient Navigator
- Student - Certificate - Physical Therapy Assistant
- Student - Certificate - Respiratory Technician
- Student - Certificate - Community Health Worker
- Student - Certificate - Dialysis Technology/Technician
- Student - Certificate - Emergency Medical Technology - Basic
- Student - Certificate - Health Care Access Associate
- Student - Certificate - Licensed Vocational Nurse
- Student - Certificate - Medication Nursing Assistant
- Student - Certificate - Outreach Worker
- Student - Certificate - Pharmacy Technician
- Student - Certificate - Promotora
- Student - Certificate - Sterile Processing Technician
Note: The option "Student-Certificate-Other" should only be selected if none of the other options can appropriately describe the student's primary discipline. If you do select the "Student-Certificate-Other" option, please report the student's primary discipline in a comment field (include the unique ID number in the comment).
### 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.

<table>
<thead>
<tr>
<th>Training in a Primary Care Setting</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select Whether Individual Received Training</strong></td>
<td><strong>Enter # of Contact Hours</strong></td>
</tr>
<tr>
<td>(28) Block 17</td>
<td>(29) Block 17a</td>
</tr>
</tbody>
</table>

**Figure 43. IND-GEN - Entering Training Information in a Primary Care Setting**

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

- Yes
- No
- N/A

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

In Column 29, enter the total number of hours the student spent training in primary care settings. If the student did not receive training in a primary care setting, leave Column 29 blank.
### Training in a Medically Underserved Area

<table>
<thead>
<tr>
<th>Training in a Medically Underserved Area</th>
<th>Enter # of Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Whether Individual Received Training</td>
<td>(32) Block 18a</td>
</tr>
<tr>
<td>(31) Block 18</td>
<td></td>
</tr>
</tbody>
</table>

#### Figure 44. IND-GEN - Entering Training Information in a Medically Underserved Area

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

- Yes
- No
- N/A

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

In Column 32, enter the total number of hours the student spent training in medically underserved communities. If the student did not receive training in a medically underserved community, leave Column 32 blank.
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

<table>
<thead>
<tr>
<th>Training in a Rural Area</th>
<th>Select Whether Individual Received Training</th>
<th>Enter # of Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(33) Block 19</td>
<td>(34) Block 19a</td>
</tr>
</tbody>
</table>

Figure 45. IND-GEN - Entering Training Information in a Rural Area

**Training in a Rural Area: Select Whether Individual Received Training:** Select whether each student received clinical or experiential training in a rural area during the reporting period by clicking on the drop-down menu under Column 33 and choosing one of the following options:

- Yes
- No
- N/A

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

In Column 34, enter the total number of hours the student spent training in rural area. If the student did not receive training in a rural area, leave Column 34 blank.
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 certificate program before completion during the reporting period by clicking on the drop-down menu under Block 21 and choosing one of the following options:

- Yes
- No
IND-GEN — Selecting Reason for Attrition or Inactive Status

Select Reason for Attrition or Inactive Status: Select the primary reason each individual discontinued participation by clicking on the drop-down menu under Column 36a and choosing one of the following options:

- Academic withdrawal
- Family obligations
- Medical leave of absence
- Other
- Transportation difficulties
- N/A
- Change in major
- Financial obligations
- Military/Active duty
- Transfer to another institution
- None of the Above

Figure 47. IND-GEN — Selecting Reason for Attrition or Inactive Status
IND-GEN - Entering Graduation/Completion Information

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

<table>
<thead>
<tr>
<th>Select Whether Individual Graduated/Completed the Program</th>
<th>Select Degree Earned</th>
<th>Select Individual's Post-Graduation/Completion Intentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(37) Block 22</td>
<td>(38) Block 22a</td>
<td>(39) Block 22b</td>
</tr>
</tbody>
</table>

**Figure 48. IND-GEN - Entering Graduation/Completion Information**

**Select Whether Individual Graduated/Completed the Program:** Select whether each student graduated from their certificate program during the reporting period by clicking on the drop-down menu under Column 37 and choosing one of the following options:

- Yes
- No

**Select Degree Earned:**
Select the type of certificate earned through the program by clicking on the drop-down menu under Column 38 and choosing one of the options below. If the student did not graduate from their certificate program, select "N/A" under Column 38.

- Certificate - Care Coordinator
- Certificate - Dental Assistant
- Certificate - EKG Technician
- Certificate - Expanded Duty Dental Assistant
- Certificate - Health Information Technician
- Certificate - Certified Professional Coder
- Certificate - Dental Technician
- Certificate - Emergency Medical Technician/Paramedic
- Certificate - Health and Wellness Advocate
- Certificate - Home Health Aide
- Certificate - Community Health Worker
- Certificate - Dialysis Technology/Technician
- Certificate - Emergency Medical Technology - Basic
- Certificate - Health Care Access Associate
- Certificate - Licensed Vocational Nurse

Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Par
Select Individual's Post-Graduation/Completion Intentions:

- If the student did not graduate from their certificate program, select "N/A" under Block 22a.
- If the student graduated from their certificate program during the reporting period, select the student's post-graduation training or employment intentions by clicking on the drop-down menu under Block 22b and choosing all that apply from the following options:
  - Individual intends to apply to a degree program (associate's level)
  - Individual intends to become employed or pursue further training in a medically underserved community
  - Individual intends to become employed or pursue further training in a rural setting
  - None of the above
  - N/A
  - Individual intends to apply to a degree program (bachelor's level)
  - Individual intends to become employed or pursue further training in a primary care setting
  - Individual intends to become employed or pursue further training toward a career serving military personnel, veterans, and their families
  - Not Reported

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
INDGEN-PY: Individual Prior Year
INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

<table>
<thead>
<tr>
<th>Select whether status/employment data are available for the individual 1-year post graduation/completion</th>
<th>Select Individual's Current Training/Employment Status</th>
<th>Select Whether Your Organization Hired this Individual</th>
<th>Select Whether a Partner Organization Hired this Individual</th>
<th>Select Employment Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>(13) Block 23</td>
<td>(14) Block 23a</td>
<td>(16)</td>
<td>(17)</td>
<td>(18)</td>
</tr>
</tbody>
</table>

**Figure 49. 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 and choosing one of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status:

Select the individual’s current training/employment status by clicking on the drop-down menu in Column 14 choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- Individual applied and has not yet received acceptance to a degree program (associate's level)
- Individual applied and has not yet received acceptance to a degree program (bachelor's level)
- Individual applied and was accepted to a degree program (associate's level)
Health Resources and Services Administration
Bureau of Health Workforce

- Individual applied and was accepted to a degree program (bachelor's level)
- Individual is currently employed or is pursuing further training in a medically underserved community
- Individual is currently employed or is pursuing further training toward a career serving military personnel veterans and their families
- Individual applied but was not accepted to a degree program (associate's level)
- Individual is currently employed or is pursuing further training in a primary care setting
- None of the above
- Individual applied but was not accepted to a degree program (bachelor's level)
- Individual is currently employed or is pursuing further training in a rural 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 options below. If employment data are not available for the individual, select “N/A.”

- No
- Yes
- N/A

Select Whether a Partner Organization Hired this Individual:

Select whether a partner organization hired this individual following training program completion by clicking on the drop-down menu under Column 17 and choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- Yes
- No
- N/A

Select Employment Location:

Select the type of employment location where the individual was hired following training program completion by clicking on the drop-down menu under Column 18 and choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- No
- Yes
- N/A
- N/A
Health Resources and Services Administration
Bureau of Health Workforce

- Academic Institution
- Critical Access Hospital
- Rural Health Clinic
- N/A
- Area Health Education Center
- FQHC or Look-Alike
- Other Clinical Training Site

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 forms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.

   - The EXP-1 form collects information about the different clinical sites used to provide your trainees with experiential training.
   - The EXP-2 subform collects information about the profession and discipline of individuals trained at each site used during the current reporting period.

2. **Order of Forms:**

   - The EXP forms MUST be completed in order, otherwise drop-down menus will not populate correctly.
   - You must complete and click ‘Save and Validate’ in EXP-1 before proceeding to EXP-2.

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

   - The BPMH system will prepopulate saved information for each previously-used site (i.e., prior record) in the EXP-1 data table.
   - You must indicate whether each previously-used site was used again during the current reporting period.

---

**Warning:** Complete the EXP-1 and EXP-2 subforms only for sites used to train individuals who appear on the INDGEN subform.
**EXP-1: Training Site Setup**

**EXP-1 - Entering Site Name**

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

![Figure 50. EXP-1 - Entering Site Name](#)

<table>
<thead>
<tr>
<th>*Add Site</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the Site's Name</td>
<td></td>
</tr>
<tr>
<td><strong>Add Record</strong></td>
<td></td>
</tr>
</tbody>
</table>

Site Name:

Enter the name of any new sites used to train individuals during the current reporting period in the row labeled, “Enter the Site’s Name.” Next, click the “Add Record” button. New sites will be listed at the bottom of the data table, beneath all previously used sites (i.e., prior records). Repeat this process as necessary to enter the names of each NEW site used during the current reporting period.

⚠️ **Warning:** Complete the EXP forms only for sites used to train individuals who appear on the INDGEN subform.
### EXP-1 - Selecting Whether the Site was Used in the Current Period

<table>
<thead>
<tr>
<th>Select Whether the Site was Used in the Current Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
</tr>
</tbody>
</table>

**Figure 51. 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.
Select Type of Site Used:

Select the type of sites used to train individuals during the current reporting period by clicking on the drop-down menu under Column 3 and choosing from one of the following options:

- Academic institution
- Aerospace operations setting
- Assisted Living Community
- Community Behavioral Health Center
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Federal and State Bureau of Prisons
- Geriatric ambulatory care and comprehensive units
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association or affiliate
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community - based care programs for elderly mentally challenged individuals
- Community Health Center (CHC)
- Delta Regional Authority
- Emergency Room
- Federal Government Office or Agency
- Geriatric Behavioral or Mental Health Units
- Hospital
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Primary Care Association
- Residential Living Facility
- Senior Centers
- Acute care services
- Appalachian Regional Commission
- Community - based organization
- Community Mental Health Center
- Dental Services
- Extended care facilities
- FQHC or look - alike
- Geriatric consultation services
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Primary Care Organization
- Rural Health Clinic
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- Surgery Clinic
Health Resources and Services Administration  
Bureau of Health Workforce  

- Other  
- Physician Office  
- Program of All Inclusive Care for the Elderly  
- School - based clinic  
- State Government Office or Agency  
- Tribal Health Department  
- Veterans Affairs Hospital or clinic  
- State Health Department  
- Tribal Organization  
- U.S. Mexico Border Health Commission  

**Note:** If you select "Other" in Column 3, provide an explanation in the comments field and reference the site name.
EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Select whether each site used to train individuals during the current reporting period was located in designated settings by clicking on the drop-down menu under Column 4 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.

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

Note: To determine whether a site is located in a rural area, please visit HRSA’s Office of Rural Health Policy at http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx
Select Type(s) of Partners/Consortia used to Offer Training at this Site

(5)

Figure 54. EXP-1 - Selecting Type(s) of Partners/Consortia

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

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- American Job Center
- Area Health Education Centers
- Community College
- Delta Regional Authority
- Federal Government - Department of Defense/Military
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health insurance/Healthcare Provider Group (e.g.: PPO/HMO)
- Labor union
- No partners/consortia used
- Nursing home
- Primary Care Association
- Professional Associations
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Appalachian Regional Commission
- Centers of Excellence
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - Other HRSA Program
- Federal Government - FDA
- Federal Government - Other FQHC or look - alike
- Geriatric consultation services
- Health department - State
- Hospice
- Local Government
- Nonprofit organization
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Area Agencies on Aging
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and comprehensive units
- Health Careers Opportunity Program
- Health department - Tribal
- Hospital
- Long-term care facility
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
Health Resources and Services Administration
Bureau of Health Workforce

- Senior Center
- Tribal College or University
- U.S. Mexico Border Health Commission
- Other
- Primary Care Organization
- Quality improvement organization
- State Government
- Tribal Government
- Private/For-profit organization
- Rural Health Clinic
- Technical College
- Tribal Organization

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

Note: If you select "Other" in Column 5, provide an explanation in the comments field and reference the site name.
Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site during the reporting period by clicking on the drop-down menu under Block 4 and choosing all that apply from the following options:

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

⚠️ Warning: You may not select "None of the above" in combination with any other option.
EXP-1 - Entering Site's geographical Data

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Four Digit Zip Code Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8)</td>
<td>(9)</td>
<td>(10)</td>
<td>(11)</td>
</tr>
</tbody>
</table>

Figure 56. 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.

Note: Four-digit zip code extension information can be accessed at https://tools.usps.com/go/ZipLookupAction_input. Do not enter invalid responses or placeholder entries. If you need assistance when entering the address information for your training sites, contact your Government Project Officer for guidance.

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: Experiential Characteristics - Trainees by Profession/Discipline

EXP-2 - Selecting Training Program and Site Name

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

<table>
<thead>
<tr>
<th>Type of Training Program</th>
<th>Site Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2) Block 1</td>
</tr>
</tbody>
</table>

Figure 57. EXP-2 - Selecting Training Program and Site Name

Type of Training Program:

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

Site Name:

Next, pair the selected training program with a training site by clicking on the drop-down menu in Column 2 and choosing a site name. The options available will be sites that were marked as "Used" in the current reporting period on EXP-1.

💡 Note: The EXP-2 form will initially appear blank.
**Select Profession and Discipline of Individuals Trained**

Select profession/discipline of individuals trained for each training program/site combination by clicking on the drop-down menu in Column 3. Be sure to select the disciplines of your principal trainees as well as any “other interprofessional” trainees who participated in team-based care at the clinical site. Repeat as necessary to identify all profession/discipline of all individuals trained at each site.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
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- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women’s health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy

- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women’s health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Paraprofessional - Certified Professional Coder
- Paraprofessional - Dental Technician
- Paraprofessional - Emergency Medical Technician/Paramedic

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- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Veterinary Medicine
- Paraprofessional - Community Health Worker
- Paraprofessional - Dialysis Technology/Technician
- Paraprofessional - Emergency Medical Technology – Basic
- Paraprofessional - Health Care Access Associate
- Paraprofessional - Licensed Vocational Nurse
- Paraprofessional - Medication Nursing Assistant
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- Paraprofessional - Care Coordinator
- Paraprofessional - Dental Assistant
- Paraprofessional - EKG Technician
- Paraprofessional - Expanded Duty Dental Assistant
- Paraprofessional - Health Information Technician
- Paraprofessional - Medical Assistant
- Paraprofessional - Nursing Assistant/ Aide
- Paraprofessional - Patient Care/Support Technician
- Paraprofessional - Phlebotomy Technician
- Paraprofessional - Radiology Technician
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - Certificate - Care Coordinator
- Student - Certificate - Dental Assistant
- Student - Certificate - EKG Technician
- Student - Certificate - Expanded Duty Dental Assistant

- Paraprofessional - Health and Wellness Advocate
- Paraprofessional - Home Health Aide
- Paraprofessional - Medical Billing and Reimbursement Specialist
- Paraprofessional - Other
- Paraprofessional - Patient Navigator
- Paraprofessional - Physical Therapy Assistant
- Paraprofessional - Respiratory Technician
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - Certificate - Certified Professional Coder
- Student - Certificate - Dental Technician
- Student - Certificate - Emergency Medical Technician/Paramedic
- Student - Certificate - Health and Wellness Advocate
- Student - Certificate - Home Health Aide
- Student - Certificate - Medical Billing and Reimbursement Specialist
- Student - Certificate - Other
- Student - Certificate - Patient Navigator
- Student - Certificate - Physical Therapy Assistant
- Student - Certificate - Respiratory Technician
- Student - Certificate - Respiratory Technician

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- Paraprofessional - Outreach Worker
- Paraprofessional - Pharmacy Technician
- Paraprofessional - Promotora
- Paraprofessional - Sterile Processing Technician
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - Certificate - Community Health Worker
- Student - Certificate - Dialysis Technology/Technician
- Student - Certificate - Emergency Medical Technology – Basic
- Student - Certificate - Health Care Access Associate
- Student - Certificate - Licensed Vocational Nurse
- Student - Certificate - Medication Nursing Assistant
- Student - Certificate - Outreach Worker
- Student - Certificate - Pharmacy Technician
- Student - Certificate - Promotora
- Student - Certificate - Sterile Processing Technician
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Marriage and Family Therapy
- Student - Graduate - Other
- Student - Graduate - Psychology
Health Resources and Services Administration
Bureau of Health Workforce

Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Par
Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Par

Note: Principal trainees are the HCOP-Skills students who participated in paraprofessional certificate programs. For your grant program, these are the individuals reported on the INDGEN form. “Other Interprofessional” trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not receive support from or have an association with your HCOP-Skills grant.

Note: Do not list faculty, practicing professionals, staff, and other non-trainees who are also at each training site.
EXP-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline

| (4) |
| Block 3 |

Figure 59. EXP-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

In Column 4, enter the number of training experiences for principal trainees in the profession and discipline selected that were trained at each site during the current reporting period. If a trainee participated more than one rotation, they may be counted more than once. These should be the students enrolled in the Certificate Training Programs.

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

Note: Do not count faculty or non-trainees.
**Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care**

<table>
<thead>
<tr>
<th>Block 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
</tr>
</tbody>
</table>

**Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care:** In Column 5, enter the number of "Other Interprofessional" trainees who participated in team-based care or training alongside the Principal trainees.

- **Note:** “Other Interprofessional” trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not receive support from or have an association with your grant.

- **Note:** Do not count faculty or non-trainees.
Example 1. Principal and Other Interprofessional Trainees (different disciplines): In Example 1, dental residents participated in interprofessional training experiences alongside other trainees.

- At North Regional Hospital, 24 principal dental residents trained alongside “other interprofessional” trainees: 2 family medicine residents and 3 psychology graduate students who were not associated with the HRSA grant (see rows 1-3).
- At the Community Dentists site, 14 principal dental residents trained alongside “other interprofessional” trainees: 4 pharmacy students who were not associated with the HRSA grant (see rows 4 and 5).
**Example 2. Principal Trainees ONLY (no interprofessional trainees):** In Example 2, the principal trainees did not participate in interprofessional experiences, so no interprofessional training is reported. The principal medical students trained at 3 different clinical training sites.

- At North Regional Hospital, there were 24 principal dental residents and no “other interprofessional” trainees (see row 1).
- At Community Dentists, there were 10 principal dental residents and no “other interprofessional” trainees (see row 2).
- At Dentist’s Clinic, there were 4 principal dental residents and no “other interprofessional” trainees (see row 3).

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Site Name</th>
<th>Select Profession and Discipline of Individuals Trained</th>
<th>Enter # Trained in this Profession and Discipline</th>
<th>Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>North Regional Hospital</td>
<td>Dentistry-General Dentistry</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>Community Dentists</td>
<td>Dentistry-General Dentistry</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>Dentist’s Clinic</td>
<td>Dentistry-General Dentistry</td>
<td>4</td>
</tr>
</tbody>
</table>
In Example 3, dental residents participated in interprofessional training experiences alongside other trainees, including other dental residents who were not associated with the HRSA grant.

- At North Regional Hospital, 24 principal dental residents trained alongside “other interprofessional” trainees: 2 internal medicine residents, 5 dental students, and 10 other dental residents who were not associated with the HRSA grant (see rows 1, 2, and 3).

- At Community Physicians, 10 principal dental residents trained alongside “other interprofessional” trainees: 4 pharmacy students and 8 other dental residents who were not associated with the HRSA grant (see rows 4 and 5).
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

![Select 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.

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

CDE - Introduction

1. **Purpose of CDE forms:** The CDE forms are used to collect information about curriculum development and enhancement activities, including development status, delivery mode, course topic, etc. for courses offered during the current reporting period.

   - CDE-1: Collects information about newly developed or enhanced courses offered during the current reporting period.
   - CDE-2: Collects the number of individuals who participated in the CDE courses and training activities (grouped by course and primary discipline).

2. **Order of Forms:** The CDE forms MUST be completed in order, otherwise drop-down menus will not populate correctly. You must complete and click ‘Save and Validate’ in CDE-1 before proceeding to CDE-2.

3. **Pre-population of Prior Records:** The BPMH system will prepopulate saved information for each previously offered courses (i.e. “Prior Records”) in the CDE-1 data table. For “Prior Records” you must indicate whether the course was offered during the current reporting period.

4. **Creation of New Records:** The BPMH system will allow you to enter information for newly offered courses or training activities (i.e., “New Record”) in the CDE-1 data table. “New Records” will populate below all “Prior Records.” For “New Records” you must indicate whether the course was offered during the current reporting period.

⚠️ **Warning:** CDE-1 must be completed and validated prior to beginning CDE-2. If you reach the CDE-2 form, and no drop-down selections appear, you have not validated both CDE-1 subform.
CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup

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

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

Figure 66. CDE-1 - Setup

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

⚠️ Warning: If you have used the CDE form before, this answer is pre-selected ‘Yes’ for you. You do not need to answer this question again. Please move ahead to the CDE form by using the form list located on the left side of your screen.
CDE-1 - Entering the Name of Course/Training Activity

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

<table>
<thead>
<tr>
<th>*Add Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the Name of the Course of Training Activity that was Developed or Enhanced</td>
</tr>
</tbody>
</table>

Add Record

Figure 67. CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity:

Enter the name of each course or training activity that was developed or enhanced through the grant at any point during the entire project period. All previously reported courses will be saved in the data table from your past performance reports and labeled as “Prior Records.” To report on a NEW course, enter the course name in the “Add Course” box at the top of your screen. Click ‘Add Record’ after each entry and the new courses will appear at the bottom of the data table below, in Column 1. Repeat this process to enter each course or training activity that was developed or enhanced through the grant separately.
CDE-1 - Selecting Type of Course or Training Activity

Figure 68. CDE-1 - Selecting Type of Course or Training Activity

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

- Academic course
- Continuing Education courses
- Field placement/practicum
- Training/Workshop for health professions students fellows or residents
- Clinical rotation
- Faculty development programs or activities
- Grand rounds
CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced:

Select whether each course or training activity was newly developed or was enhanced by clicking on the drop-down menu in Column 3 (Block 3) and choosing one of the following options:

- Enhanced
- Newly developed

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

*Note: Select 'Enhanced' for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.*
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select Status of Development or Enhancements:

Select each course or training activity's current status by clicking on the drop-down menu in Column 4 (Block 4) and choosing one of the following options:

- Developed not yet implemented
- Implemented
- Under development
Select Delivery Mode Used to Offer this Course or Training Activity:

Select the primary mode used to deliver each course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu in Column 8 (Block 6) and choosing one of the following options:

- Classroom-based
- Distance learning (Online Webinar)
- Hybrid
- Clinical Rotation
- Experiential/Field-based
- Simulation-based Training
Select Primary Topic Area:

Select the primary topic area for each course or training activity that was developed or enhanced by clicking on the drop-down menu under Column 11 and choosing one of the following options:

- Behavioral Health - Primary Care Integration
- Behavioral Health - Suicide
- Chronic Disease - Alzheimer/Dementia
- Clinical Training - Community-Based Collaboration
- Clinical Training - Healthcare delivery systems
- Clinical Training - Public Health
- Clinical Training - Skills - Communications Skills
- Clinical Training - Technology - Other
- Infectious Disease - Other
- Population - Minority Health
- Population - Womens Health
- Setting - Primary Care
- Other-Topic Not Listed
- Behavioral Health - Substance Abuse - General
- Behavioral Health - Treatment
- Chronic Disease - Management
- Clinical Training - Cultural Competency/Health Disparities
- Clinical Training - Interprofessional education/team-based training
- Clinical Training - Quality Improvement/Patient Safety
- Clinical Training - Skills - Leadership and Management
- Clinical Training - Unspecified
- Population - Geriatric Health
- Population - Rural Health
- Population - Other
- Setting - Rural
- Behavioral Health - Substance Abuse - Opioids
- Behavioral Health - Other
- Chronic Disease - Other
- Clinical Training - Evidence-based Practice
- Clinical Training - Oral Health
- Clinical Training - Research
- Clinical Training - Technology - Simulation-based training
- Infectious Disease - HIV/AIDS
- Population - Maternal Child Health
- Population - Veterans Health
- Setting - Medically-Underserved Communities
- Setting - Other
CDE-1 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period:

![Select Whether the Course or Training Activity was Offered in the Current Reporting Period](image)

(12)

Figure 73. CDE-1 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period: Select whether the course or training activity that was developed or enhanced has been offered, re-offered or not offered in the current reporting period by clicking on the drop-down menu under Column 12.

- Offered
- Not Offered
- Re-offered

Note: Select "Offered" if this is the first time the course is being offered. If the course has been offered in prior reporting periods, select "Re-offered".

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
CDE-2: Course Development and Enhancement - Trainees by Profession/Discipline
CDE-2 - Adding Courses and Profession/Disciplines

*Add Profession/Discipline

<table>
<thead>
<tr>
<th>Name of Course or Training Activity</th>
<th>Profession and Discipline of Individuals Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add Record

Figure 74. CDE-2 - Adding Courses and Profession/Disciplines

Name of Course or Training Activity: Begin by selecting the name of the course or training activity from the dropdown menu at the top of the screen. Available course names will prepopulate from the CDE-1 form. Only the names of courses that were marked as "Offered" or "Re-offered" from the CDE-1 form will appear as options in the drop-down menu.

Profession and Discipline of Individuals Trained:

Select the profession(s) and discipline(s) of individuals trained through each course offered (or re-offered) during the current reporting period by choosing all that apply from the options listed below. Click on the "Add Record" button to save your entry. Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity during the current reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- 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
- 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
<table>
<thead>
<tr>
<th>Health Resources and Services Administration</th>
<th>Annual Performance Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau of Health Workforce</td>
<td>Academic Year 2016-2017</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dentistry - Prosthodontic Dentistry</td>
<td>• Medicine - Emergency Medicine</td>
</tr>
<tr>
<td>• Medicine - Aerospace Medicine</td>
<td>• Medicine - Geriatrics</td>
</tr>
<tr>
<td>• Medicine - Colon and Rectal Surgery</td>
<td>• Medicine - Internal Medicine/Family Medicine</td>
</tr>
<tr>
<td>• Medicine - Family Medicine</td>
<td>• Medicine - Internal Medicine</td>
</tr>
<tr>
<td>• Medicine - Integrative Medicine</td>
<td>• Medicine - Medical Genetics</td>
</tr>
<tr>
<td>• Medicine - Internal Medicine/Pediatrics</td>
<td>• Medicine - Nuclear Medicine</td>
</tr>
<tr>
<td>• Medicine - Neurology</td>
<td>• Medicine - Ophthalmology</td>
</tr>
<tr>
<td>• Medicine - Occupational Medicine</td>
<td>• Medicine - Otolaryngology</td>
</tr>
<tr>
<td>• Medicine - Other</td>
<td>• Medicine - Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>• Medicine - Pediatrics</td>
<td>• Medicine - Preventive Medicine</td>
</tr>
<tr>
<td>• Medicine - Plastic Surgery - Integrated</td>
<td>• Medicine - Preventive Medicine/Public Health</td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Internal Medicine</td>
<td>• Medicine - Radiology - Diagnostic</td>
</tr>
<tr>
<td>• Medicine - Radiation Oncology</td>
<td>• Medicine - Thoracic Surgery - Integrated</td>
</tr>
<tr>
<td>• Medicine - Thoracic Surgery</td>
<td>• Nursing - CNS - Adult gerontology</td>
</tr>
<tr>
<td>• Medicine - Vascular Surgery - Integrated</td>
<td>• Nursing - CNS - Neonatal</td>
</tr>
<tr>
<td>• Nursing - CNS - Geropsychiatric</td>
<td>• Nursing - CNS - Women’s health</td>
</tr>
<tr>
<td>• Nursing - CNS - Psychiatric/Mental health</td>
<td>• Nursing - NP - Acute care adult gerontology</td>
</tr>
<tr>
<td>• Nursing - Licensed practical/vocational nurse (LPN/LVN)</td>
<td>• Nursing - NP - Adult Psychiatric/Mental health</td>
</tr>
<tr>
<td>• Nursing - NP - Adult gerontology</td>
<td>• Nursing - NP - Family</td>
</tr>
<tr>
<td>• Nursing - NP - Emergency care</td>
<td>• Nursing - NP - Neonatal</td>
</tr>
<tr>
<td>• Nursing - NP - Geropsychiatric</td>
<td>• Nursing - Nurse administrator</td>
</tr>
<tr>
<td>• Nursing - NP - Women’s health</td>
<td>• Nursing - Nurse informaticist</td>
</tr>
<tr>
<td>• Nursing - Nurse educator</td>
<td>• Nursing - Registered Nurse</td>
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<tr>
<td></td>
<td>• Other - Chiropractic</td>
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<tr>
<td></td>
<td>• Other - Facility Administrator</td>
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<tr>
<td></td>
<td>• Other - Health Informatics/Health Information Technology</td>
</tr>
<tr>
<td></td>
<td>• Other - Medical Laboratory Technology</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Other - Anatomical and Clinical</td>
</tr>
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<td></td>
<td>• Medicine - Plastic Surgery</td>
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<td></td>
<td>• Medicine - Preventive Medicine/Family Medicine</td>
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<td></td>
<td>• Medicine - Psychiatry</td>
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<td></td>
<td>• Medicine - Surgery - General</td>
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<td></td>
<td>• Medicine - Urology</td>
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<tr>
<td></td>
<td>• Nursing - CNS - Family</td>
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<tr>
<td></td>
<td>• Nursing - CNS - Pediatrics</td>
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<tr>
<td></td>
<td>• Nursing - Home Health Aide</td>
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<tr>
<td></td>
<td>• Nursing - NP - Acute care pediatric</td>
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<tr>
<td></td>
<td>• Nursing - NP - Child/Adolescent Psychiatric/Mental Health</td>
</tr>
<tr>
<td></td>
<td>• Nursing - NP - Family Psychiatric/Mental Health</td>
</tr>
<tr>
<td></td>
<td>• Nursing - NP - Pediatrics</td>
</tr>
<tr>
<td></td>
<td>• Nursing - Nurse anesthetist</td>
</tr>
<tr>
<td></td>
<td>• Nursing - Nurse midwife</td>
</tr>
<tr>
<td></td>
<td>• Nursing - Researcher/Scientist</td>
</tr>
<tr>
<td></td>
<td>• Other - Community Health Worker</td>
</tr>
<tr>
<td></td>
<td>• Other - First Responder/EMT</td>
</tr>
<tr>
<td></td>
<td>• Other - Lay and Family Caregiver</td>
</tr>
<tr>
<td></td>
<td>• Other - Midwife</td>
</tr>
<tr>
<td></td>
<td>• Other - Office/Support Staff</td>
</tr>
<tr>
<td></td>
<td>• Other - Physical Therapy</td>
</tr>
<tr>
<td></td>
<td>• Other - Radiologic technology</td>
</tr>
</tbody>
</table>

Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Par...
Health Resources and Services Administration
Bureau of Health Workforce

Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Par

- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Paraprofessional - Care Coordinator
- Paraprofessional - Dental Assistant
- Paraprofessional - EKG Technician
- Paraprofessional - Expanded Duty Dental Assistant
- Paraprofessional - Health Information Technician
- Paraprofessional - Medical Assistant
- Paraprofessional - Nursing Assistant/ Aide
- Paraprofessional - Patient Care/Support Technician
- Paraprofessional - Phlebotomy Technician
- Paraprofessional - Radiology Technician
- Physician Assistant

- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Paraprofessional - Certified Professional Coder
- Paraprofessional - Dental Technician
- Paraprofessional - Emergency Medical Technician/Paramedic
- Paraprofessional - Health and Wellness Advocate
- Paraprofessional - Home Health Aide
- Paraprofessional - Medical Billing and Reimbursement Specialist
- Paraprofessional - Other
- Paraprofessional - Patient Navigator
- Paraprofessional - Physical Therapy Assistant
- Paraprofessional - Respiratory Technician
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - Certificate - Certified Professional Coder
- Student - Certificate - Dental Technician
- Student - Certificate - Emergency Medical Technician/Paramedic
- Student - Certificate - Dialysis Technology/Technician
- Student - Certificate - Emergency Medical Technology – Basic
- Student - Certificate - Health Care Access Associate
- Student - Certificate - Licensed Vocational Nurse
- Student - Certificate - Outreach Worker
- Student - Certificate - Pharmacy Technician
- Student - Certificate - Promotora
- Student - Certificate - Sterile Processing Technician
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - Certificate - Community Health Worker
- Student - Certificate - Dental Technician
- Student - Certificate - Emergency Medical Technology – Basic
- Student - Certificate - Health Care Access Associate
- Student - Certificate - Licensed Vocational Nurse
### Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Par

**Health Resources and Services Administration**  
**Bureau of Health Workforce**

- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - Certificate - Care Coordinator
- Student - Certificate - Dental Assistant
- Student - Certificate - EKG Technician
- Student - Certificate - Expanded Duty Dental Assistant
- Student - Certificate - Health Information Technician
- Student - Certificate - Medical Assistant
- Student - Certificate - Nursing Assistant/Aide
- Student - Certificate - Patient Care/Support Technician
- Student - Certificate - Phlebotomy Technician
- Student - Certificate - Radiology Technician
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental School
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Certificate - Health and Wellness Advocate
- Student - Certificate - Home Health Aide
- Student - Certificate - Medical Billing and Reimbursement Specialist
- Student - Certificate - Other
- Student - Certificate - Patient Navigator
- Student - Certificate - Physical Therapy Assistant
- Student - Certificate - Respiratory Technician
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Masters
- Student - Graduate - Professional Counseling
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Psychiatric/Mental health
- Student - Physical Therapy
- Student - Registered nurse (RN)

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**Academic Year 2016-2017**

- Student - Certificate - Medication Nursing Assistant
- Student - Certificate - Outreach Worker
- Student - Certificate - Pharmacy Technician
- Student - Certificate - Promotora
- Student - Certificate - Sterile Processing Technician
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Marriage and Family Therapy
- Student - Graduate - Other
- 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 - NP - Women’s health
- Student - Physician Assistant
- Student - Undergraduate - 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 - Pharmacy School
• Student - Post - high school / Pre-college
• Student - Undergraduate - Public Health

Note: Student disciplines begin with the student prefix (e.g., Student- Medical School). Advanced trainee disciplines (residents and fellows) begin with profession identifiers (e.g., Medicine- Dermatology).

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

Enter # Trained in this Profession and Discipline

(3)
Block 7

Figure 75. CDE-2 - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** For each course, enter the number of participants from the professions/disciplines you have indicated under Column 3. Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity during the current reporting period.

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

Select Type of Course or Training Activity: Following the selection of the Type of Course or Training Activity in CDE-1, the Type of Course or Training Activity will be automatically populated when the save and validate button is selected.

Note: Type of Course or Training Activity is linked to the name of the course or training activity in CDE-1. To change the associated course type with a particular course, return to CDE-1.
CDE-2 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced

(5)
Block 3

Figure 77. CDE-2 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced: Following the selection of whether the Course or Training Activity was Newly Developed or Enhanced in CDE-1, the Newly Developed or Enhanced course or Training Activity will be automatically populated when the save and validate button is selected.

Note: Development status is linked to the name of the course or training activity in CDE-1. To change the associated development status with a particular course, return to CDE-1.
Select Delivery Mode Used to Offer this Course or Training Activity: The delivery mode will be automatically populated as a read-only entry when the save and validate button is selected.

Note: Delivery mode is linked to the name of the course or training activity in CDE-1. To change the associated delivery mode with a particular course, return to CDE-1.
Select Primary Topic Area: Following the selection of the Primary Topic Area in CDE-1, the Primary Topic Area will be automatically populated when the save and validate button is selected.

Note: Primary topic area is linked to the name of the course or training activity in CDE-1. To change the associated primary topic area with a particular course, return to CDE-1.
Select Whether the Course or Training Activity was Offered in the Current Reporting Period: Following the selection of the whether the Course or Training Activity was Offered in the Current Reporting Period in CDE-1, the offering status will be automatically populated when the save and validate button is selected.

Note: Offering status is linked to the name of the course or training activity in CDE-1. To change the associated offering status with a particular course, return to CDE-1.

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

- 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.
- Next, click the ‘Print All Forms’ button below the Resources section of the Review Page.

Figure 81. Screenshot of Printing Your Performance Report
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.

Figure 82. 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](image)

**Figure 83. 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.

**Active Duty Military** is a person who is serving full-time duty in the Armed Forces, Regular or Reserve Corps of the Public Health Service, or National Oceanic and Atmospheric Administration other than active duty for training; or a cadet at the United States Military, Air Force, or Coast Guard Academy; or a midshipman at the United States Naval Academy.

**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. This does not include those who have taken a leave of absence from a training program/training activity.

**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:

- **Career Award**: A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
- **Fellowship**: A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
- **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.
- **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.
- **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.
- **Stipend**: A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
- **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.
**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. Continuing education sessions are offered to existing professionals and do not include students as primary participants.

**Curriculum** is the aggregate content of multiple learning activities offered by an organization in 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-bearing 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** refers to a citizen, national, or a lawful permanent resident of the United States, the Commonwealths of Puerto Rico or the Marianas Islands, the U.S. Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands, or the Federated State of Micronesia who:

1. Comes from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged);
   AND/OR
2. Comes from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged). The Secretary defines a “low income family” for various health professions and nursing programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two or more individuals.

**Enhanced course or other training activity** is a specific type of training activity that was already in existence at the institution or organization and has been modified or restructured as part of the federal award.

**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 are deemed qualified by an organization to provide instruction to others on a specific topic area.

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 may include conferences, workshops, or grand rounds and are not necessarily offered at the grantee institution or organization.

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 or certificate bearing and are not necessarily offered at the grantee institution or organization.

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(l)(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 one 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 the requirements of a degree-bearing training program at an educational institution. (See "Program completer" for individuals who complete all requirements of a non-degree-bearing training program or training activity).

Hybrid degree program is a degree program that requires students to complete academic coursework both on campus and 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) 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:

1. Provide individuals, via grantee organizations, with BHW-funded financial awards to help defray costs associated with health professions training;
2. 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 previously 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 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 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

Reservist is a member of the Armed Forces of the United States Reserve Component, including the Army National Guard of the United States, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard of the United States, the Air Force Reserve, or the Coast Guard Reserve.

Residency is a training program that provides an individual or group of individuals (known as "residents") with advanced clinical training in a specialty area.
Health Resources and Services Administration
Bureau of Health Workforce

Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Par

Residential background is/are the type/s of location/s in which an individual has established residence.

Rural is a geographical area that is not part of a Metropolitan Statistical Area (MSA). Note: To determine whether a 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 group of individuals over a specific period 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 representation 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 underrepresented:

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic (all races)

Unstructured faculty development activity is generally a stand-alone single training activity provided to faculty for the purpose(s) of additional training and/or faculty development. Unstructured faculty development activities may include conferences, workshops, or grand rounds and are not necessarily 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 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.

Veteran - Prior Service is a person who served in an active uniformed service and was discharged or released therefrom under conditions other than dishonorable prior to reaching official retirement status.

Veteran - Retired is a person who served in an active uniformed service; was discharged or released therefrom under conditions other than dishonorable; and is entitled, under statute, to retired, retirement, or retainer pay.
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, or other risk factors associated with sex and gender.
Appendix B: FAQs

General FAQs

When is the due date for the performance report?
Performance reports are due by **July 31, 2017** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by the due date may place your grant in a non-compliant status.

What dates does the performance report cover?
The performance report submitted by grantees should cover all activities conducted through the grant during the current reporting period **July 01, 2016 - June 30, 2017**.

Is it possible to change data entered incorrectly in a prior reporting period?
No. Data entered in a previous reporting period cannot be edited. It is important that grantees provide accurate data during each reporting period.

Where will grantees be able to locate the instruction manuals for the performance reports?
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](http://bhw.hrsa.gov/grants/reporting/index.html).

Is there a way to look at the data forms required for my program without logging into EHB?
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](http://bhw.hrsa.gov/grants/reporting/index.html).

Are reports from prior years stored in the EHBs?
Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:
- Clicking the ‘view prior period data’ link within a form or under your Resources tab;
- Going into your grant folder and searching for previously completed reports; or
- Clicking on the "submissions" link in the left side navigation menu.

Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?
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 his/her specific training program or permanently leaves before completion.

Does this report allow us to submit any attachments?
No, you cannot add attachments to the performance report.

When specific data, such as "N/A" is required after completing a cell, can those cells populate automatically?
No, grantees are required to enter all data themselves due to Section 508 requirements.
FAQs about Technical Support & Assistance

Who do we contact if we need technical assistance entering data in EHB?
Grantees should contact HRSA’s Call Center for any questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

FAQs about the Training Program Setup forms

The wrong program name was entered last year. Going forward, should we list the correct name?
If the grantee changes the program name, all the previous years’ data will be reset (everything entered in the past will not reappear this year). The best course of action is to make a note in the comments field and leave the program name as-is.

FAQs about the Program Characteristics (PC) forms

Do I need to set up my training program again if it is being reused in the current reporting period?
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.

What are the status options for the different types of programs?
Structured and Unstructured Training programs use program status options “Ongoing” or “Complete.” All other training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, residencies) use the status options “Active” or “Inactive.”

In the PC forms, do we count all trainees in our program, regardless of the year of study; do we include full-time/part-time trainees, etc.?
Yes, as long as trainees are enrolled or participating in the training program identified in Column 1.

Are we required to report on trainees at our institution beyond those who are participating in HRSA-funded programs?
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

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?
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.
Which address should we use to determine whether an individual is from a rural residential background?
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

Where do we get the Trainee Unique ID?
Grantees are responsible for developing a unique ID for each individual for whom an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide follow-up data through the BPMH system.

What are the characters of the 7-digit unique ID?
Each unique ID must be made up of 7 alphanumeric characters. Do not include any personally identifiable information in the ID (name, birthdate, SSN, etc.).

Are INDGEN records from the last reporting period stored in the EHB?
Yes; they will appear in the INDGEN table as ‘Prior Records’ until (a) the individual is marked as a graduate/program completer, or (b) the individual permanently discontinues participation in the training program.

Last year we created unique IDs 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?
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 more than once.

What if an individual already listed on INDGEN did not receive a financial award during the reporting period?
If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Column 12. The record will remain on INDGEN until this individual is marked as a graduate/program completer or permanently leaves the training program prior to completion.

Is reporting the underrepresented Asian distinction no longer included?
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.

Can we use our institution’s definitions/standards for disadvantaged background?
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.

Do we report full time faculty who receive salary support for teaching or administrative responsibilities?
If the faculty member is already accounted for in the grant’s personnel log, then do include this individual on the INDGEN table. If the faculty member who received financial support is not listed in the grant personnel log, then he/she should be reported on INDGEN.

Do conference registration fees count as financial support?
Yes, but only for non-project staff.

How do we find out an individual’s family income?
The institution’s financial aid office should have that information, as part of the required application for financial aid.

For veteran status, are we asking only for the trainee’s status, or the trainee’s family status (e.g. dependent of veteran, spouse of veteran, etc.)?
Only the trainee’s status should be reported.

How is the academic year funding total calculated?
Once you have validated the form, the academic year total is automatically calculated in EHB as the sum of funding during the academic year.

How is the cumulative funding total calculated?
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.

Can I cut and paste rows in the INDGEN table?
The cut and paste capability is currently set up at the row level, rather than individual data elements. After a row of data has been copied and pasted, edits will need to be made to individual cells using the dropdowns. Please note that the system does not accept data that has been cut and pasted from sources outside the report itself.

Do we include faculty or preceptors on this form?
If direct funds were given to the individuals AND the individuals were not already included in the grant application, then yes, include them on INDGEN. Otherwise, do not include them.

In INDGEN Column 13, Stipend, should we include salaries?
The individual’s salary (unless it’s paid by the grant) should not be included. However, the BHW funding should be included.

On the prior report we indicated that a trainee graduated when he had not. Because of that, he is not showing up on the current report. Can he be moved back to the INDGEN form?
If the individual moves to the INDGEN-PY form you can locate the record of the mislabeled graduate. Scroll all the way to the right, and use the link called “Move to INDGEN”, which will allow you to reset that record back to the INDGEN table for continued reporting.
I submitted a report last year using the 'not reported' option for trainee demographics. Why am I getting an error this year?
You may only select the 'not reported' option during the first reporting period for each trainee. Demographics are required information and grantees are expected to collect and report the information in all subsequent reports.

FAQs about the INDGEN-PY form

How do I use the INDGEN-PY form?
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

Which training sites do I need to report on this form? Is it all of the sites our program uses?
Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?
You should list the specific clinics and offices within the hospital that provide training to supported trainees.

Do I need to list a site more than once on EXP-2?
For sites that provide training to students, trainees, and faculty from different training programs, the site should be listed on the form for each training program the grant sponsors.

How can I report interprofessional team-based care at the training sites?
Interprofessional team-based care reporting is a three-step process on the EXP-2 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 that 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 participated at the site, alongside the principal trainees, but who were not enrolled in the HRSA-sponsored program.

What training sites do I report on EXP if I don’t have directly-funded individuals in INDGEN?
You should report all training sites used to train individuals touched by your grant funding. If no individuals are reported in INDGEN, consider those you reported on the LR-1 form.

The values I added in EXP-1 aren’t prepopulating in EXP-2. Why can I only see my active prior records?
You must select each program-site combination using the drop down menus in columns 1 and 2. The values you added in EXP-1 will load in the dropdown menu in EXP-2 column 2.

Why do I need to enter the zip code of my training sites?

Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Par
The zip codes allow HRSA to identify sites that are in rural areas, medically underserved communities, and health professions shortage areas. Because the designation of each location may change over time, the zip code allows HRSA to adjust the way it labels a site.

**Where can I find the 4-digit zip code extension?**
You can locate your site's 4-digit zip code extension by visiting the US Postal Service website: https://tools.usps.com/go/ZipLookupAction_input

**FAQs about the Curriculum Development and Enhancement (CDE) forms**

**What if courses are created using a variety of funding sources?**
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.

**For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?**
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.

**In the CDE-1 table, I have entered a course that has been implemented, but when I try to select the site where the course was taught, I receive an error message that based on my responses for columns 2 and 4, this site is not allowed. Shall I use N/A as the site?**
If it is an academic course or training/workshop for health professions students, fellows, or residents, then N/A will need to be used.

**Can I delete a course from last year?**
You will not be able to delete a previously used course. You may indicate that the course from last year was not used again this year.

**FAQs about the Faculty Development (FD) forms**

**What is the difference between a structured faculty development program and an unstructured faculty development activity?**
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.

**What are the definitions for the roles of educator and administrator?**
The educator role deals with instruction and training, course preparation, grading, and generally involves imparting knowledge or skills to others. Administrative responsibilities are support functions, such as committee work.

**FAQs about the Continuing Education (CE) forms**

**For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?**
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.

**In creating and enhancing courses for continuing education, what should the site be?**
Enter N/A for these courses.

**When should I use the ‘Other’ option for type of continuing education?**

The ‘Other’ option is available if there was a CE activity that the grantee does not identify as an unstructured training or structured CE course. We anticipate that few (if any) grantees will need to use this option.