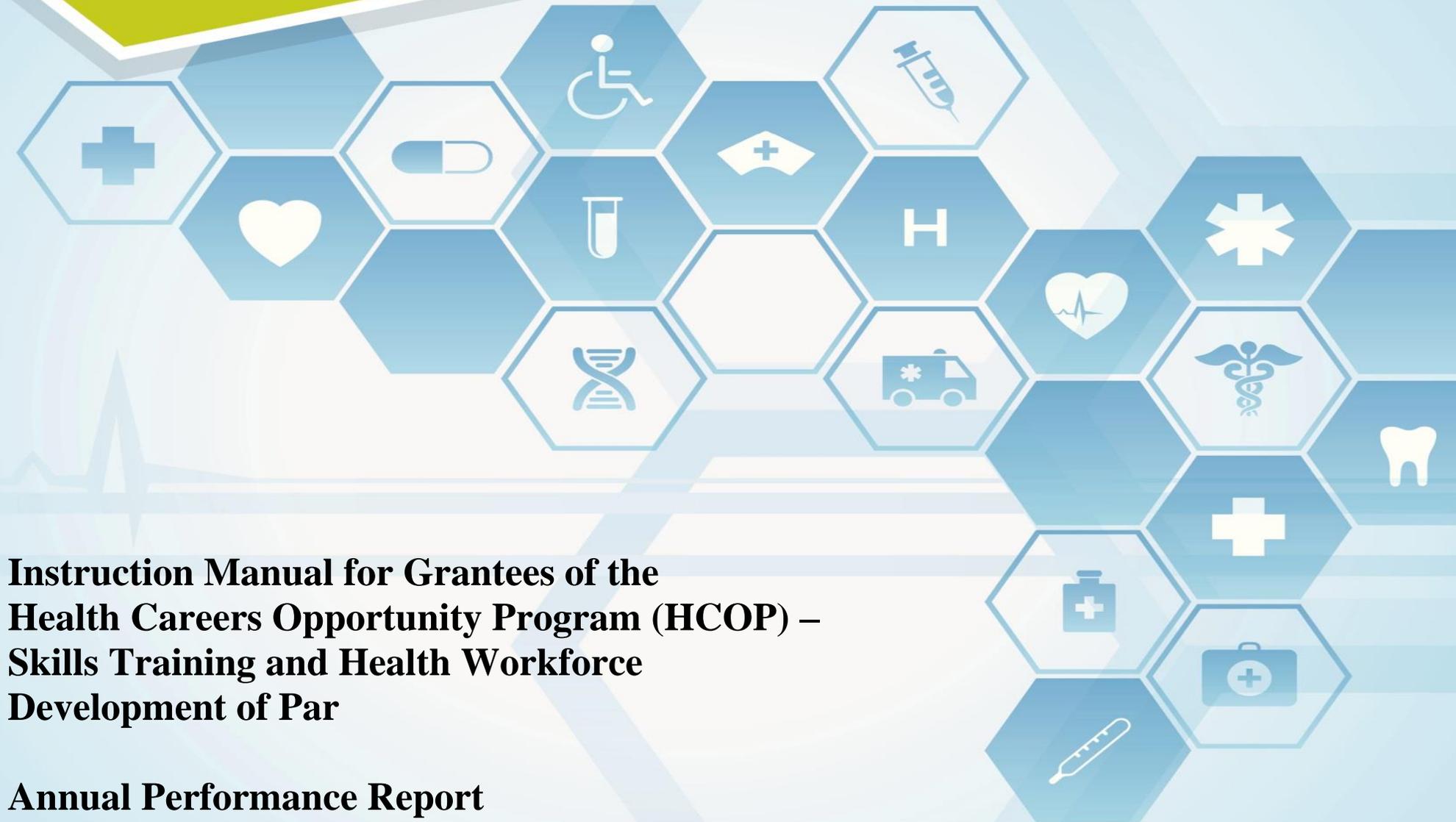


ACADEMIC YEAR 2015-2016



**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.

Please note the following:

1. All required performance measures are linked to the following legislative purpose(s) of the **HCOP-STHWDP** grant program:
 1. **Enhance existing health paraprofessional training programs to include content, curricula and community-based field placements in rural and underserved settings.**
 2. **Support accepted students to complete an existing certificate training program in a health paraprofessional field.**
 3. **Create more slots in the health paraprofessional training program(s) to expand the number of students trained.**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2015 - June 30, 2016** (referred to as **Annual Performance Report**)
3. **The PRGCA is due no later than August 01, 2016.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.
4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

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

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

National Center for Health Workforce Analysis

Performance Metrics and Evaluation Branch

Getting Started

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

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

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

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

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



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

Figure 1. Screenshot of View Prior Period Data Link

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

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

Figure 2. Example of Performance Measures Data Table

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

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

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

Getting Started: Browser Settings



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

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

Getting Started: Helpful Resources and Recommendations

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

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

Order of Required Forms

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

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

| Order | Type of Form | Parent Form | Form ID |
|-------|-----------------------|---|---------|
| | | | |
| 11 | Performance Data Form | Experiential Characteristics-EXP Subforms | EXP-1 |
| 12 | Performance Data Form | Experiential Characteristics-EXP Subforms | EXP-2 |
| 13 | Performance Data Form | Experiential Characteristics-EXP Subforms | EXP-3 |
| 14 | Performance Data Form | Course Development and Enhancement-CDE Subforms | CDE-1 |
| 15 | Performance Data Form | Course Development and Enhancement-CDE Subforms | CDE-1a |
| 16 | Performance Data Form | Course Development and Enhancement-CDE Subforms | CDE-2 |

Training Program - Setup

Training Program Setup - Selecting Type of Training Program

Purpose: The Training Program Setup form will configure all subforms specific to various types of training programs.

The screenshot shows a web form titled "Add Training Program". It contains several fields and a button. The first field is "Select Type of Training Program Offered" with a subtext "(Click the 'Load Program Details' button after selecting your training program)". A dropdown menu is open for this field, showing three options: "Select One", "Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)", and "Load Program Details". Below this are three more fields: "For a Degree/Diploma/Certificate Program, Select Type of Degree Offered", "For a Degree/Diploma/Certificate Program, Select Primary Focus Area", and "For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program". At the bottom left is an "Add Record" button.

Figure 3. 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)

Training Program Setup - Loading Program Details

[View Prior Period Data](#)

Fields with * are required

*** Add Training Program**

| | | |
|--|---|-----------------------------|
| Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program) | loma/Certificate Academic Training Program (Degree/Diploma) ▼ | Load Program Details |
| For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity | ▼ | |
| For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity | | |
| For a Degree/Diploma/Certificate Program, Select Type of Degree Offered | ▼ | |
| For a Degree/Diploma/Certificate Program, Select Primary Focus Area | ▼ | |

Figure 4. Training Program Setup - Loading Program Details

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



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

Training Program Setup - Adding Degree/Diploma Program

*** Add Training Program**

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

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

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

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

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

Add Record

Figure 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 - Dental Assistant
- Student - Certificate - EKG Technician
- Student - Certificate - Expanded Duty Dental Assistant
- Student - Certificate - Health
- 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
- 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

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- 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

- Reimbursement Specialist
- Student - Certificate - Other
 - Student - Certificate - Patient Navigator
 - Student - Certificate - Physical Therapy Assistant
 - Student - Certificate - Respiratory Technician

- Nurse
- Student - Certificate - Medication Nursing Assistant
 - Student - Certificate - Outreach Worker
 - Student - Certificate - Pharmacy Technician
 - Student - Certificate - Promotora
 - Student - Certificate - Sterile Processing Technician

Select Delivery Mode Used to Offer Program:

1. 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.
 2. Next, click on the "Add Record" button to save your entry.
 3. Repeat this process to capture the certificate programs supported through the grant during the reporting period.
- Campus-based program
 - Distance learning program
 - Hybrid program



Warning: The option "Certificate-Student-Other" should only be selected if your certificate program does not align with any of the provided options. Before selecting "Certificate-Student-Other" contact your Government Project Officer to confirm that this is the correct option for your training program.

Training Program Setup - Selecting Training Activity Status

| No. | Record Status | Training Program (1) | Select Training Activity Status in the Current Reporting Period (2) | Option(s) |
|-----|---------------|---|--|-----------|
| 1 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Select one | Delete |
| 2 | New Record | Degree/Diploma Certificate Student - Certificate - Health and Wellness Advocate Distance learning program | Select one Active Inactive | Delete |

Figure 6. 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, 2016**) 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

| No. Record Status | Type of Training Program (1) Block 1 | Type of Degree Offered (2) Block 1j | Primary Focus Area (3) Block 1k | Delivery Mode Used to Offer Program (4) Block 1k.1 | Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2 | Select Type(s) of Partners/Consortia Used for Job Placement Activities (6a) |
|-------------------|---|-------------------------------------|---|--|---|---|
| 1 New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Certificate | Student - Certificate - Patient Navigator | Campus-based program | <input type="checkbox"/> Academic department - outside the institution <input type="checkbox"/> Academic department - within the institution | |

Figure 7. 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
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Appalachian Regional Commission
- Centers of Excellence
- Community Health Center (CHC)
- 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

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- 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
- Nursing home
- Primary Care Association
- Professional Associations
- Senior Center
- Tribal College or University
- U.S. Mexico Border Health Commission

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

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- 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
- Long-term care facility
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- 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.

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.

| Enter Total # Enrolled (whether funded by BHW or not) | | | Enter Total # Graduated/Completed (whether funded by BHW or not) | | Enter Total # Who left the Program Before Completion (whether funded by BHW or not) | |
|---|------------------------|---|--|-------------------------|---|-------------------------|
| Total (7) Block 3 | URM (8) Block 3a | Disadvantaged Background and not URM (9) Block 3b | Total (10) Block 8 | URM (11) Block 8a | Total (12) Block 9 | URM (13) Block 9a |
| 200 | 35 | 25 | 50 | 10 | 2 | 0 |

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.

| Enter Total # Enrolled (whether funded by BHW or not) | | | Enter Total # Graduated/Completed (whether funded by BHW or not) | | Enter Total # Who left the Program Before Completion (whether funded by BHW or not) | |
|---|---------------------|--|--|----------------------|---|----------------------|
| Total (7) Block 3 | URM (8) Block 3a | Disadvantaged Background and not URM (9) Block 3b | Total (10) Block 8 | URM (11) Block 8a | Total (12) Block 9 | URM (13) Block 9a |
| 200 | 35 | 25 | 50 | 10 | 2 | 0 |

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 # Enrolled (whether funded by BHW or not) | | | Enter Total # Graduated/Completed (whether funded by BHW or not) | | Enter Total # Who left the Program Before Completion (whether funded by BHW or not) | |
|---|------------------------|---|--|-------------------------|---|-------------------------|
| Total (7) Block 3 | URM (8) Block 3a | Disadvantaged Background and not URM (9) Block 3b | Total (10) Block 8 | URM (11) Block 8a | Total (12) Block 9 | URM (13) Block 9a |
| 200 | 35 | 25 | 50 | 10 | 2 | 0 |

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.



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-1 - SelectingType(s) of Partners/ Consortia Used for Job Placement Activities

| No. | Record Status | Type of Training Program (1) Block 1 | Type of Degree Offered (2) Block 1j | Primary Focus Area (3) Block 1k | Delivery Mode Used to Offer Program (4) Block 1k.1 | Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2 | Select Type(s) of Partners/Consortia Used for Job Placement Activities (6a) | Enter Total (7) Block 2 |
|-----|---------------|---|--|---|---|---|---|----------------------------|
| 1 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Certificate | Student - Certificate - Patient Navigator | Campus-based program | | <input type="checkbox"/> Alzheimer's Disease Resource Centers <input type="checkbox"/> Ambulatory practice sites | |

Figure 11. PC-1 - SelectingType(s) of Partners/ Consortia Used for Job Placement Activities

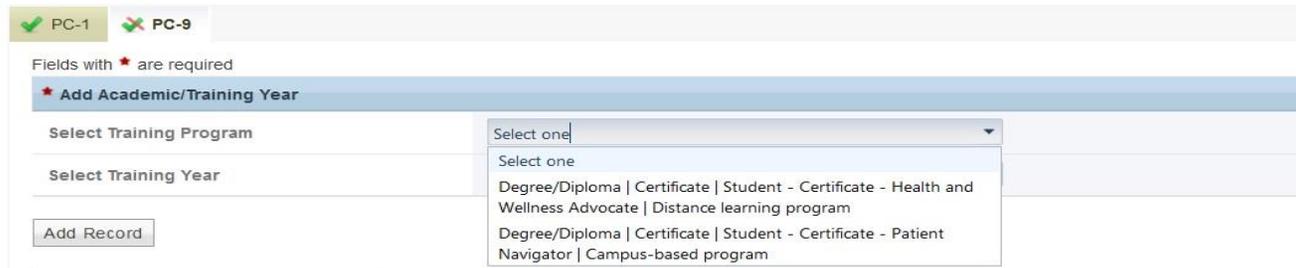
Select Type(s) of Partners/ Consortia Used for Job Placement Activities: Select the type(s) of partnerships or consortia used for job placement activities during the reporting period by clicking on the drop-down menu in Column 6a and choosing all that apply from the following options:

Warning: N/A cannot be selected in combination with any other option.

PC-9: Program Characteristics –Positions Description

PC-9 - Selecting Type of Training Program

Purpose: The PC-9 form collects information about the total number of new positions added for the certificate program by training year.



The screenshot shows a web-based form for PC-9. At the top, there are two tabs: 'PC-1' (active) and 'PC-9'. Below the tabs, a message states 'Fields with * are required'. A blue bar contains a red asterisk and the text 'Add Academic/Training Year'. The form has two main input fields: 'Select Training Program' and 'Select Training Year'. The 'Select Training Program' field is currently open, showing a dropdown menu with the following options: 'Select one', 'Degree/Diploma | Certificate | Student - Certificate - Health and Wellness Advocate | Distance learning program', 'Degree/Diploma | Certificate | Student - Certificate - Patient Navigator | Campus-based program', and 'Add Record'.

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

PC-1 PC-9

Fields with * are required

* Add Academic/Training Year

Select Training Program Degree/Diploma | Certificate | Student - Certificate - Health and V

Select Training Year

Certificate Program Year 1

Add Record

Figure 13. PC-9 - Selecting Training Year

Training Year:

1. 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.
 2. Click on the "Add Record" button to save your entry.
 3. 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

| No. | Record Status | Type of Training Program (1) Block 1 | Training Year (2) | Enter Total # of Positions Expanded using BHW Funds (6) Block 7 | Option(s) |
|-----|---------------|---|----------------------------|---|--|
| 1 | New Record | Degree/Diploma Certificate Student - Certificate - Health and Wellness Advocate Distance learning program | Certificate Program Year 1 | <input type="text"/> |  Delete ▼ |

Figure 14. PC-9 - Entering Total # of Positions Expanded using BHW Funds

Enter Total # of Positions Expanded 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).

| No. Record Status | Type of Training Program (1) | Trainees by Training Category | | Attrition | | Select Training Activity Status in the Current Reporting Period (16) |
|-------------------|---|----------------------------------|----------------------------------|---|--|--|
| | | Enter # of Enrollees (2) Block 1 | Enter # of Graduates (5) Block 4 | Enter # of Individuals who left the Program before Completion (7) Block 6 | Enter # of URM who left the Program before Completion (8) Block 6a | |
| 1 New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 2 New Record | Degree/Diploma Certificate Student - Certificate - Health and Wellness Advocate Distance learning program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |

Figure 15. LR-1 - Entering Enrollees Count

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



Note: Do not count individuals who permanently left a training program before graduation during the reporting period Column 6 (Block 5). 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).

| No. Record Status | Type of Training Program (1) | Trainees by Training Category | | Attrition | | Select Training Activity Status in the Current Reporting Period (16) |
|-------------------|---|----------------------------------|----------------------------------|---|--|--|
| | | Enter # of Enrollees (2) Block 1 | Enter # of Graduates (5) Block 4 | Enter # of Individuals who left the Program before Completion (7) Block 6 | Enter # of URM who left the Program before Completion (8) Block 6a | |
| 1 New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 2 New Record | Degree/Diploma Certificate Student - Certificate - Health and Wellness Advocate Distance learning program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |

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.

| No. Record Status | Type of Training Program (1) | Trainees by Training Category | | Attrition | | Select Training Activity Status in the Current Reporting Period (16) |
|-------------------|---|-------------------------------|--------------------------|---|---|--|
| | | Enter # of Enrollees (2) | Enter # of Graduates (5) | Enter # of Individuals who left the Program before Completion (7) | Enter # of URM who left the Program before Completion (8) | |
| | | Block 1 | Block 4 | Block 6 | Block 6a | |
| 1 New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 2 New Record | Degree/Diploma Certificate Student - Certificate - Health and Wellness Advocate Distance learning program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |

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 & Sex

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).

| No. Record Status | Type of Training Program (1) | Age Group of Trainees (2) | Sex: Male | | Sex: Female | | Sex: Not Reported | | Select Training Activity Status in the Current Reporting Period (18) | |
|-------------------|------------------------------|---|--|--|---|---|---------------------------|---------------------------|--|--------|
| | | | Enter # of Enrollees (3) Blocks 1-6 | Enter # of Graduates (6) Blocks 37-42 | Enter # of Enrollees (8) Blocks 7-12 | Enter # of Graduates (11) Blocks 43-48 | Enter # of Enrollees (13) | Enter # of Graduates (16) | | |
| 1 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | 19 and Under | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 2 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | 20 - 29 years | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 3 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | 30 - 39 years | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 4 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | 40 - 49 years | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |

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

Sex: 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.

Sex: 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.



Warning: For each certificate program, the sum total of enrollees across Columns 3 and 8 must be equal to the sum total 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).

| No. Record Status | Type of Training Program (1) | Age Group of Trainees (2) | Sex: Male | | Sex: Female | | Sex: Not Reported | | Select Training Activity Status in the Current Reporting Period (18) | |
|-------------------|------------------------------|---|--|--|---|---|---------------------------|---------------------------|--|--------|
| | | | Enter # of Enrollees (3) Blocks 1-6 | Enter # of Graduates (6) Blocks 37-42 | Enter # of Enrollees (8) Blocks 7-12 | Enter # of Graduates (11) Blocks 43-48 | Enter # of Enrollees (13) | Enter # of Graduates (16) | | |
| 1 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | 19 and Under | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 2 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | 20 - 29 years | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 3 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | 30 - 39 years | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 4 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | 40 - 49 years | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |

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

Sex: Male: Enter # of Graduates: For each certificate program, enter the aggregate number of male graduates from each age category in Column 7. If there were no male graduates in a specific age category, enter a zero (“0”) in the appropriate textbox.

Sex: Female: Enter # of Graduates: For each certificate program, enter the aggregate number of female graduates from each age category in Column 12. If there were no female graduates in a specific age category, enter a zero (“0”) in the appropriate textbox.



Warning: For each certificate program, the sum total of graduates across Columns 6 and 11 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-1: Trainees by Racial & Ethnic Background

DV-1 - Entering Enrollees Count by Race and Ethnicity



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

| No. | Record Status | Type of Training Program (1) | Race Category (2) | Ethnicity: Hispanic/Latino | | Ethnicity: Non-Hispanic/Non-Latino | | Ethnicity: Not Reported | | Select Training Activity Status in the Current Reporting Period (18) |
|-----|---------------|---|-------------------------------------|--|--|--|---|---------------------------|---------------------------|--|
| | | | | Enter # of Enrollees (3) Blocks 1-7 | Enter # of Graduates (6) Blocks 22-28 | Enter # of Enrollees (8) Blocks 36-42 | Enter # of Graduates (11) Blocks 57-63 | Enter # of Enrollees (13) | Enter # of Graduates (16) | |
| 1 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | American Indian or Alaska Native | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 2 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Asian | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 3 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Black or African American | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 4 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Native Hawaiian or Pacific Islander | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 5 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | White | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 6 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | More than one Race | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 7 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Race Not Reported | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |

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 in a specific race category, enter a zero (“0”) in the appropriate textbox.



Warning: The total number of enrollees across Columns 3 and 8 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).

| No. Record Status | Type of Training Program (1) | Race Category (2) | Ethnicity: Hispanic/Latino | | Ethnicity: Non-Hispanic/Non-Latino | | Ethnicity: Not Reported | | Select Training Activity Status in the Current Reporting Period (18) | |
|-------------------|------------------------------|---|--|--|--|---|---------------------------|---------------------------|--|--------|
| | | | Enter # of Enrollees (3) Blocks 1-7 | Enter # of Graduates (6) Blocks 22-28 | Enter # of Enrollees (8) Blocks 36-42 | Enter # of Graduates (11) Blocks 57-63 | Enter # of Enrollees (13) | Enter # of Graduates (16) | | |
| 1 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | American Indian or Alaska Native | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 2 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Asian | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 3 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Black or African American | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 4 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Native Hawaiian or Pacific Islander | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 5 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | White | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 6 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | More than one Race | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |
| 7 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | Race Not Reported | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Active |

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.



Warning: For each certificate program, the sum total of graduates across Columns 6 and 11 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).

| No. | Record Status | Type of Training Program (1) | Enrollees | | |
|-----|---------------|---|--|---|--|
| | | | Enter Total # from Disadvantaged Background (2) Block 1 | Enter Total # Where Background is Not Reported (2a) | Enter # from Disadvantaged Background who are not URM (3) Block 2 |
| 1 | New Record | Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | New Record | Degree/Diploma Certificate Student - Certificate - Health and Wellness Advocate Distance learning program | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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).

| Graduates | | |
|--|---|--|
| Enter Total # from Disadvantaged Background (8) Block 7 | Enter Total # Where Background is Not Reported (8a) | Enter # from Disadvantaged Background who are not URM (9) Block 8 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 graduate 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 Block 8 are a subset of counts reported in Block 7.



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



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

DV-3: Trainees from a Rural Background

DV-3 - Entering Enrollees Count from Rural Residential Background



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

| No. Record Status | Type of Training Program (1) | Trainees from Rural Residential Background | | | |
|-------------------|---|--|--|--|--|
| | | Enter # of Enrollees from a Rural Background (2) Block 1 | Enter # of Enrollees Where Background is Not Reported (2a) | Enter # of Graduates from a Rural Background (5) Block 4 | Enter # of Graduates Where Background is Not Reported (5a) |
| 1 | New Record Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | New Record Degree/Diploma Certificate Student - Certificate - Health and Wellness Advocate Distance learning program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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).

| No. Record Status | Type of Training Program (1) | Trainees from Rural Residential Background | | | |
|-------------------|---|---|--|---|--|
| | | Enter # of Enrollees from a Rural Background (2) Block 1 | Enter # of Enrollees Where Background is Not Reported (2a) | Enter # of Graduates from a Rural Background (5) Block 4 | Enter # of Graduates Where Background is Not Reported (5a) |
| 1 | New Record Degree/Diploma Certificate Student - Certificate - Patient Navigator Campus-based program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | New Record Degree/Diploma Certificate Student - Certificate - Health and Wellness Advocate Distance learning program | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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:

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

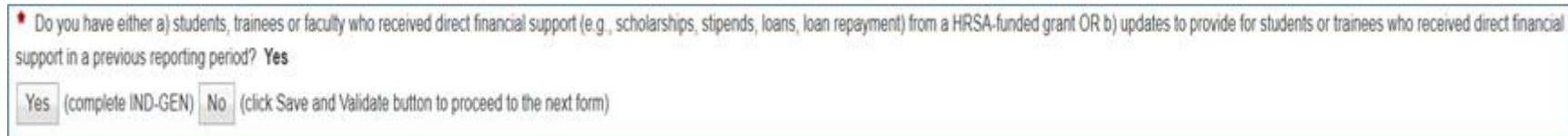


Note: For subsequent reporting periods, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each record. ***Please note that all other fields must be updated every reporting period until the individual completes or permanently leaves the program.***

IND-GEN: Individual Characteristics

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.



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

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

Figure 26. IND-GEN - Setup



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

IND-GEN - Selecting Type of Training Program

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

Figure 27. 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.

IND-GEN - Entering Trainee Unique ID

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

Figure 28. IND-GEN - Entering Trainee Unique ID

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

| Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select I E |
|--------------------------|-------------------|---|----------------|
| (1) | (2) Block 1 | (3) Block 2 | (4) Block 3 |
| | | <div style="border: 1px solid black; padding: 5px;"> Select one Certificate Student (campus - based only) Certificate Student (distance learning only) Certificate Student (hybrid) </div> | |

Figure 29. 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

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

Figure 30. 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

IND-GEN - Selecting Individual's Sex

| Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status | Select Individual's Sex |
|--|--|---|
| (3) Block 2 | (4) Block 3 | (5) Block 4 |
| | | <input type="text" value="Select one"/> |
| | | Male |
| | | Female |
| | | Not Reported |

Figure 31. IND-GEN - Selecting Individual's Sex

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

- Female
- Male
- Not Reported

IND-GEN - Selecting Individual's Age

| Type of Training Program | Trainee Unique ID | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race |
|--------------------------|-------------------|-------------------------|-------------------------------|--------------------------|
| (1) | (2) Block 1 | (6) Block 5 | (7) Block 6 | (8) Block 7 |
| Select one | | 26 27 | | |

Figure 32. IND-GEN - Selecting Individual's Age

Select Individual's Age: Enter each individual's age at the end of the reporting period in the textbox under Block 5.

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Health Resources and Services Administration
Bureau of Health Workforce

Annual Performance Report
Academic Year 2015-2016

- 72
- 73
- 74
- 75
- Not Reported

IND-GEN - Selecting Individual's Ethnicity

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

Figure 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

IND-GEN - Selecting Individual's Race

| Type of Training Program | Trainee Unique ID | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race |
|--------------------------|-------------------|-------------------------|-------------------------------|--|
| (1) | (2) Block 1 | (6) Block 5 | (7) Block 6 | (8) Block 7 |
| Select one | | 14 | | <div style="border: 1px solid gray; padding: 2px;"> Select one ▼ <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Nativ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American </div> |
| | | | | |
| | | | | |

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.

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

| Type of Training Program | Trainee Unique ID | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background | Select Individual's Veteran Status |
|--------------------------|-------------------|--|--|------------------------------------|
| (1) | (2) Block 1 | (9) Block 8 | (10) Block 9 | (11) Block 10 |
| Select one | | Select one Yes | | |

Figure 35. 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



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

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

| Type of Training Program | Trainee Unique ID | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background |
|--------------------------|-------------------|--|--|
| (1) | (2) Block 1 | (9) Block 8 | (10) Block 9 |
| Select one | | | Select one |
| | | | Yes |

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



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

IND-GEN - Selecting Individual's Veteran Status

| Type of Training Program | Trainee Unique ID | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background | Select Individual's Veteran Status |
|--------------------------|-------------------|--|--|--|
| (1) | (2) Block 1 | (9) Block 8 | (10) Block 9 | (11) Block 10 |
| Select one | | | | Select one Active Duty Military Reservist Veteran - Prior Service |
| | | | | |
| | | | | |

Figure 37. 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



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

IND-GEN - Entering BHW-Funded Financial Award Information



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

| Type of Training Program | Trainee Unique ID | Select Whether Individual Received BHW Financial Award? | Stipend |
|--------------------------|-------------------|---|------------------|
| (1) | (2) Block 1 | (12) Block 11 | (13) Block 11 |
| | | | |
| | | | |

Figure 38. IND-GEN - Entering BHW-Funded Financial Award Information

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, select "No" under Block 11 and 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

| Type of Training Program | Trainee Unique ID | Enter # of Academic Years the Individual has Received BHW Funding |
|--------------------------|-------------------|--|
| (1) | (2) Block 1 | (22) Block 12 |
| | | <div style="border: 1px solid black; padding: 2px;"> ▼ </div> |
| | | Select one |
| | | 1 |
| | | 2 |
| | | 3 |

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 1/2 an academic year, please round up. For example, if a student has received a financial award for 1 1/2 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 Academic Years the Individual has Received BHW Funding | Enter % of Training Costs Covered through BHW-funded Financial Award | Select Individual's Academic or Training Year | Select Individual's Primary Discipline | Training in a Primary Care Setting | |
|---|--|---|--|---|--------------------------|
| | | | | Select Whether Individual Received Training | Enter # of Contact Hours |
| (22) Block 12 | (25a) | (26) Block 15 | (27) Block 16 | (28) Block 17 | (29) Block 17a |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.*

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

| Type of Training Program | Trainee Unique ID | Select Individual's Academic or Training Year |
|--------------------------|-------------------|---|
| (1) | (2) Block 1 | (26) Block 15 |
| | | <input type="text" value="Select one"/> |
| | | Certificate Program Year 1 N/A |

Figure 41. IND-GEN - Selecting Individual's Academic or Training Year

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.

IND-GEN - Selecting Individual's Primary Discipline

| Type of Training Program | Trainee Unique ID | Select Individual's Primary Discipline | Training |
|--------------------------|-------------------|--|---|
| | | | Select Whether Individual Received Training |
| (1) | (2) Block 1 | (27) Block 16 | (28) Block 17 |
| | | <input type="text" value="Select one"/> | |
| | | <ul style="list-style-type: none"> Student - Certificate - Care Coordinator Student - Certificate - Certified Professional Coder | |

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
- 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

- Student - Certificate - Radiology
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.

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

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 Block 17 and choosing one of the following options:

- Yes
- No
- N/A

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

- If the student received clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the reporting period in the textbox under Block 17a.
- If the student did not receive clinical or experiential training in a primary care setting, leave the textbox under Block 17a blank.

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



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

| Trainee Unique ID | Training in a Medically Underserved Area | | Training in a Rural Area | |
|-------------------|---|--------------------------|---|--------------------------|
| | Select Whether Individual Received Training | Enter # of Contact Hours | Select Whether Individual Received Training | Enter # of Contact Hours |
| (2) Block 1 | (31) Block 18 | (32) Block 18a | (33) Block 19 | (34) Block 19a |
| | Select one Yes No | | | |

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 Block 18 and choosing one of the following options:

- Yes
- No
- N/A

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

- If the student received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the reporting period in the textbox under Block 18a.
- If the student did not receive clinical or experiential training in a MUC, leave the textbox under Block 18a blank.

IND-GEN - Entering Training Information in a Rural Area



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

| Trainee Unique ID | Training in a Rural Area | | Select Whether Individual Left the Program Before Completion |
|-------------------|---|--------------------------|--|
| | Select Whether Individual Received Training | Enter # of Contact Hours | |
| (2) Block 1 | (33) Block 19 | (34) Block 19a | (36) Block 21 |
| | <div style="border: 1px solid black; padding: 2px;"> Select one Yes No </div> | | |

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 Block 19 and choosing one of the following options:

- Yes
- No
- N/A

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

- If the student received clinical or experiential training in a rural area, enter the total number of hours spent in this type of setting during the reporting period in the textbox under Block 19a.
- If the student did not receive clinical or experiential training in a rural area, leave the textbox under Block 19a blank.

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

| Trainee Unique ID | Select Whether Individual Left the Program Before Completion | Select Whether Individual Graduated/Completed the Program | Select Degree Earned |
|-------------------|---|---|----------------------|
| (2) Block 1 | (36) Block 21 | (37) Block 22 | (38) Block 22a |
| | <div style="border: 1px solid black; padding: 2px;"> Select one Yes No </div> | | |

Figure 46. 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 Whether Individual Left the Program Before Completion | Select Reason for Attrition or Inactive Status | Select Whether Individual Graduated/Completed the Program |
|--|--|---|
| (36) Block 21 | (36a) <div style="border: 2px solid red; padding: 5px;"><p>Select one ▼</p><p>Select one</p><p>Academic withdrawal</p><p>Change in major</p><p>Family obligations</p><p>Financial obligations</p><p>Medical leave of absence</p><p>Military/Active duty</p><p>Other</p><p>Transfer to another institution</p><p>Transportation difficulties</p><p>None of the Above</p><p>N/A</p></div> | (37) Block 22 |

Figure 47. 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
- Change in major
- Family obligations
- Financial obligations
- Medical leave of absence
- Military/Active duty
- Other
- Transfer to another institution
- Transportation difficulties
- None of the Above
- N/A

IND-GEN - Entering Graduation/Completion Information



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

| Trainee Unique ID | Select Whether Individual Left the Program Before Completion | Select Whether Individual Graduated/Completed the Program | Select Degree Earned |
|-------------------|--|---|----------------------|
| (2) Block 1 | (36) Block 21 | (37) Block 22 | (38) Block 22a |
| | | <input type="text" value="Select one"/> | |
| | | <ul style="list-style-type: none"> Yes No | |
| | | | |

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 Block 22 and choosing one of the following options:

- Yes
- No

Select Degree Earned:

1. If the student did not graduate from their certificate program, select "N/A" under Block 22a.
2. If the student graduated from their certificate program during the reporting period, select the type of certificate earned through the program by clicking on the drop-down menu under Block 22a and choosing one of the following options:
 - Certificate - Care Coordinator
 - Certificate - Certified Professional Coder
 - Certificate - Community Health Worker
 - Certificate - Dental Assistant
 - Certificate - Dental Technician
 - Certificate - Dialysis Technology/Technician
 - Certificate - EKG Technician
 - Certificate - Emergency Medical

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- Certificate - Expanded Duty Dental Assistant
- Certificate - Health Information Technician
- Certificate - Medical Assistant
- Certificate - Nursing Assistant/Aide
- Certificate - Patient Care/Support Technician
- Certificate - Phlebotomy Technician
- Certificate - Radiology Technician
- N/A

- Technician/Paramedic
- Certificate - Health and Wellness Advocate
- Certificate - Home Health Aide
- Certificate - Medical Billing and Reimbursement Specialist
- Certificate - Other
- Certificate - Patient Navigator
- Certificate - Physical Therapy Assistant
- Certificate - Respiratory Technician

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- Certificate - Emergency Medical Technology - Basic
- Certificate - Health Care Access Associate
- Certificate - Licensed Vocational Nurse
- Certificate - Medication Nursing Assistant
- Certificate - Outreach Worker
- Certificate - Pharmacy Technician
- Certificate - Promotora
- Certificate - Sterile Processing Technician

Select Individual's Post-Graduation/Completion Intentions:

1. If the student did not graduate from their certificate program, select "N/A" under Block 22a.
2. 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

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

Figure 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 employment data are available for each student who received a BHW-funded financial award and graduated from their certificate program one year prior to this report by clicking on the drop-down menu under Block 23 and choosing **one** of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status:

1. If "Yes" was selected in Block 23, choose each former student's current employment location by clicking on the drop-down menu under Block 23a choosing all that apply from the following options:
2. If "No" was selected in Block 23, choose "N/A" in Block 23a.

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Individual applied and has not yet received acceptance to a degree program (associate's level) • Individual applied and was accepted to a degree program (bachelor's level) | <ul style="list-style-type: none"> • Individual applied and has not yet received acceptance to a degree program (bachelor's level) • Individual applied but was not | <ul style="list-style-type: none"> • Individual applied and was accepted to a degree program (associate's level) • Individual applied but was not |
|--|---|---|

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- 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

- 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

- 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 following options:

- No
- Yes
- N/A



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

Experiential Characteristics—EXP Subforms

EXP - Introduction

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

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

2. Order of Subforms:

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

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

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

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.

Fields with * are required

* Add Site

Enter the Site's Name

Add Record

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

Figure 50. EXP-1 - Entering Site Name

Site Name:

- Enter the name of a site used to train student supported by the grant during the reporting period in the textbox next to the row labeled "Enter the Site's Name".
- Click on the "Add Record" button to save your entry.
- Repeat the process as necessary.

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

Fields with * are required

* Add Site

Enter the Site's Name

Add Record

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

Figure 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 a particular site that was previously reported was used during the reporting period by clicking on the drop-down menu located in Column 2 and choosing one of the following options:

- Yes
- No

EXP-1 - Selecting Type of Site Used

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

Figure 52. EXP-1 - Selecting Type of Site Used

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

- Academic institution
- Aerospace operations setting
- Assisted Living Community
- Community Behavioral Health Center
- Day and home care programs (e.g., Home Health)
- Dentist Office
- Federal and State Bureau of Prisons
- 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
- 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

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- Geriatric ambulatory care and comprehensive units
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association or affiliate
- 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
- 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
- State Health Department
- Tribal Organization

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- 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
- U.S. Mexico Border Health Commission

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

Fields with * are required

* Add Site

Enter the Site's Name

Add Record

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

Figure 53. EXP-1 - Selecting Type of Setting Where the Site was Located

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

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

EXP-1 - Entering Site's geographical Data

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

Figure 54. EXP-1 - Entering Site's geographical Data

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

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

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

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



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

EXP-2: Training Site Characteristics

EXP-2 - Selecting Training Program and Site Name

| Record Status | Type of Training Program | Site Name | Select Type of Site Used |
|---------------|---|----------------|--------------------------|
| | (1) | (2) Block 1 | (3) Block 1a |
| | <div style="border: 1px solid black; padding: 2px;"> Select one Degree/Diploma MPH Residency Medicine - Orthopaedic Surgery Fellowship Medicine - Other </div> | | |

Figure 55. EXP-2 - Selecting Training Program and Site Name

Type of Training Program:

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

Site Name:

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



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



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

EXP-2 - Selecting Type of Site Used

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

Figure 56. EXP-2 - Selecting Type of Site Used

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



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

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

| Site Name | Select Type of Site Used | Select Type of Setting Where the Site was Located | Select Type(s) of Partners/Consortia used to Offer Training at this Site |
|-------------------------------|--------------------------|---|--|
| (2) Block 1 | (3) Block 1a | (4) Block 2 | (5) Block 5 |
| University Pediatric Hospital | Academic institution | None of the above | Academic department - outside the institution, Academic department - within the institution, Ambulatory practice sites, Health department - Local, Hospital, Professional Associations, Quality improvement organization |

Figure 57. EXP-2 - Selecting Type of Setting Where the Site was Located

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



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



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



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



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

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

| Select Type of Setting Where the Site was Located | Select Type(s) of Partners/Consortia used to Offer Training at this Site | Select Type(s) of Vulnerable Population Served at this Site |
|---|--|---|
| (4) Block 2 | (5) Block 5 | (7) Block 4 |
| | <input type="checkbox"/> Federal Government - IHS <input type="checkbox"/> Federal Government - NIH | |

Figure 58. EXP-2 - Selecting Type(s) of Partners/Consortia

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

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- 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
- 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
- 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

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- Nursing home
- Primary Care Association
- Professional Associations
- Senior Center
- Tribal College or University
- U.S. Mexico Border Health Commission

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

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- Long-term care facility
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- 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.

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

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

Figure 59. EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site 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.



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

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

EXP-3 - Selecting Training Program and Site Name

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

Figure 60. EXP-3 - Selecting Training Program and Site Name

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

Site Name:

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

EXP-3 - Selecting Profession and Discipline of Individuals Trained

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

Figure 61. EXP-3 - Selecting Profession and Discipline of Individuals Trained

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- 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
- 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

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- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Optometry
- Other - Podiatry

- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - 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

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- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - 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

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- 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
- 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

- 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 - Health and Wellness Advocate
- Student - Certificate - Home Health Aide
- Student - Certificate - Medical Billing and Reimbursement Specialist
- Student - Certificate - Other

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- Paraprofessional - Emergency Medical Technology – Basic
- Paraprofessional - Health Care Access Associate
- Paraprofessional - Licensed Vocational Nurse
- Paraprofessional - Medication Nursing Assistant
- 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

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- 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 - 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 - 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 - Acute care 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)
- Student - Undergraduate - Public Health

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- 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 - Registered Nurse - BSN



Note: For students in certificate programs, use the student-certificate categories. For advanced trainees (e.g., residents and fellows) use the profession & discipline options (i.e., Dentistry—Pediatric Dentistry; do not use the student options).



Note: Do not list faculty, practicing professionals, staff, and other non-trainees who are also at each training site.

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

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

Figure 62. EXP-3 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

Enter # Trained in this Profession and Discipline: For each row, enter the number of "Principal" trainees in the profession and discipline listed. 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 LR-1.



Note: Do not count faculty or non-trainees.



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

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

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

Figure 63. EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care: Enter the number of all other team-based care students, residents, fellows, and other trainees on separate lines who were also trained at this site in Block 8. These should be individuals who are NOT the students participating in your HRSA-funded certificate programs.



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



Note: Do not count faculty or non-trainees.

EXP-3 - Adding Individuals Trained Example 1

| No. | Type of Training Program | Site Name | Select Profession and Discipline of Individuals Trained | Enter # Trained in this Profession and Discipline | Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u> |
|-----|-------------------------------|-------------------------|---|---|--|
| | (1) | (2) Block 1 | (3) Block 3 | (4) Block 3 | (5) Block 8 |
| 1 | Residency General Dentistry | North Regional Hospital | Dentistry-General Dentistry | 24 | 0 |
| 2 | Residency General Dentistry | North Regional Hospital | Medicine-Family Medicine | 0 | 2 |
| 3 | Residency General Dentistry | North Regional Hospital | Student-Graduate-Psychology | 0 | 3 |
| 4 | Residency General Dentistry | Community Dentists | Dentistry-General Dentistry | 14 | 0 |
| 5 | Residency General Dentistry | Community Dentists | Student-Pharmacy School | 0 | 4 |

Figure 64. EXP-3 - Adding Individuals Trained Example 1

Example of a program where both Principal and Other Interprofessional trainees were trained:

- In the example on this page, a General Dentistry Residency program trained 24 General Dentistry residents at North Regional Hospital. As part of Interprofessional team-based care, the same General Dentistry Residency program also trained 2 Family Medicine residents and 3 graduate students in Psychology.
- At a second site, the General Dentistry Residency program trained 14 of its General Dentistry residents alongside 4 pharmacy students who were part of interprofessional team-based care at the Community Dentists site.

EXP-3 - Adding Individuals Trained Example 2

| No. | Type of Training Program | Site Name | Select Profession and Discipline of Individuals Trained | Enter # Trained in this Profession and Discipline | Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional</u> Team-based care |
|-----|-------------------------------|-------------------------|---|---|--|
| | (1) | (2) Block 1 | (3) Block 3 | (4) Block 3 | (5) Block 8 |
| 1 | Residency General Dentistry | North Regional Hospital | Dentistry-General Dentistry | 24 | 0 |
| 2 | Residency General Dentistry | Community Dentists | Dentistry-General Dentistry | 10 | 0 |
| 3 | Residency General Dentistry | Dentist's Clinic | Dentistry-General Dentistry | 4 | 0 |

Figure 65. EXP-3 - Adding Individuals Trained Example 2

Example with no interprofessional training:

In this example, the dental residents from the General Dentistry residency program did not have interprofessional experiences. The dental residents trained at 3 different clinical training sites. At the first site, there were 24 General Dentistry residents and no interprofessional trainees at North Regional Hospital. At the second site, there were 10 General Dentistry residents and no interprofessional trainees at Community Dentists. At the third site, there were 4 General Dentistry residents and no interprofessional trainees at the Dentist's Clinic.

EXP-3 - Adding Individuals Trained Example 3

| No. | Type of Training Program | Site Name | Select Profession and Discipline of Individuals Trained | Enter # Trained in this Profession and Discipline | Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u> |
|-----|-------------------------------|-------------------------|---|---|--|
| | (1) | (2) Block 1 | (3) Block 3 | (4) Block 3 | (5) Block 8 |
| 1 | Residency General Dentistry | North Regional Hospital | Dentistry-General Dentistry | 24 | 10 |
| 2 | Residency General Dentistry | North Regional Hospital | Medicine-Internal Medicine | 0 | 2 |
| 3 | Residency General Dentistry | North Regional Hospital | Student-Dental School | 0 | 5 |
| 4 | Residency General Dentistry | Community Physicians | Dentistry-General Dentistry | 10 | 8 |
| 5 | Residency General Dentistry | Community Physicians | Student-Pharmacy School | 0 | 4 |

Figure 66. EXP-3 - Adding Individuals Trained Example 3

Example with both Principal and Other interprofessional trainees of the same discipline at the same sites:

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



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

Course Development and Enhancement—CDE Subforms

CDE - Introduction

Purpose: The CDE subforms collect information about curriculum development and enhancement.

- CDE-1: Collects information about newly developed or enhanced courses. Characteristics include development status, delivery mode, class duration, etc.
- CDE-1a: When a Course on CDE-1a has been marked as implemented, it is transferred to the CDE-1a subform in the next reporting period. In all subsequent reports, you will use CDE-1a to indicate whether the previously offered course was offered once again.
- CDE-2: Collects the number of individuals who participated in the CDE courses and training activities (grouped by course and primary discipline).



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

CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup

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

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

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

(complete CDE-1 and CDE-2) (Click Save and Validate to proceed to the next form)

Figure 67. CDE-1 - Setup

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



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

★ Add Course

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

Add Record

Figure 68. CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity:

- Enter the name of each course or training activity that was developed or enhanced through the grant at any point during the entire project period.
- Click the "Add Record" button to save your entry.
- Repeat this process to enter each course or training activity that was developed or enhanced through the grant separately.

CDE-1 - Selecting Type of Course or Training Activity

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

Figure 69. 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 Block 2 and choosing one of the following options:

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

CDE-1 - Selecting whether Course was Newly Developed or Enhanced

| Name of Course or Training Activity (1) Block 1 | Select Type of Course or Training Activity (2) Block 2 | Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3 | Select Status of Development or Enhancements (4) Block 4 |
|---|--|--|--|
| Course 1 | Select one | Select one Select one Newly developed Enhanced | Select one |

Figure 70. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced: Select whether each course or training activity identified under Block 1 was newly developed or was enhanced by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Enhanced
- Newly developed



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



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

CDE-1 - Entering Development/Enhancement Status



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

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

Figure 71. CDE-1 - Entering Development/Enhancement Status

Select Status of Development or Enhancements: Select each course or training activity's current status by clicking on the drop-down menu under Block 4 and choosing **one** of the following options:

- Developed, not yet implemented
- Implemented
- Under development

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

- For records marked as "Implemented" in Block 4, enter the first portion of the academic in which each course or training activity that was first implemented in the textbox under Column 5 (Block 4a) using the YYYY format.
- For records marked as "Under Development" or "Developed, not yet implemented", enter N/A under Block 4a.

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

- For records marked as "Implemented" in Block 4, enter the second portion of the academic in which each course or training activity that was first implemented in the textbox under Column 6 (Block 4a) using the YYYY format.
- For records marked as "Under Development" or "Developed, not yet implemented", enter N/A under Block 4a.

CDE-1 - Entering Curriculum

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

Figure 72. CDE-1 - Entering Curriculum

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



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

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

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

Figure 74. CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented:

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



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

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



Warning: Because this is the first PRGAC for the G06 grantees, the CDE-1a should remain blank. Proceed to CDE-2 by selecting the **Save and Validate** button.

Select Whether the Course or Training Activity was Offered in the Current Reporting Period: To begin completing the CDE-1a subform, select whether a particular course or training activity previously implemented was offered during the reporting period by clicking on the drop-down menu under the column labeled "Select Whether Course or Training Activity was Offered During Current Reporting Period" (Column #9) and choosing one of the following options:

- Yes
- No



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

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



Warning: Because this is the first PRGAC for the G06 grantees, the CDE-1a should remain blank. Proceed to CDE-2 by selecting the **Save and Validate** button.

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

Figure 75. CDE-1a - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented:

- If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was offered during the reporting period, select the name(s) of the site(s) where the activity took place from the drop-down under Column #10. This drop-down menu is populated with the active site names from EXP-1.
- For all other records, enter "N/A" in the textbox under Column #10.



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

CDE-2 - Adding Courses and Profession/Disciplines

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

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

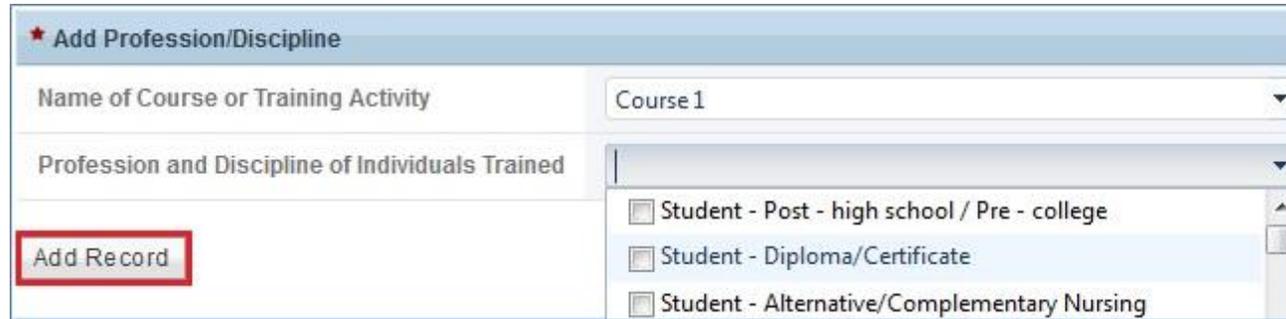


Figure 76. CDE-2 - Adding Courses and Profession/Disciplines

Name of Course or Training Activity: To begin completing the CDE-2 subform for academic courses, training workshops, grand rounds, clinical rotations and field placement/practica that were implemented during the reporting period, select the name of a course by clicking on the drop-down menu next to "Name of Course or Training Activity" (Block 1) and choosing one of the available options.

Profession and Discipline of Individuals Trained:

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

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

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- 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
- 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
- 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
- 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
- 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
- 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

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- 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
- 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
- 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
- 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
- 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
- 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

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- 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 - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- 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 - 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 - Acute care 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)
- 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
- 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 - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Undergraduate - Public Health



Note: Only the names of courses/training activities that were marked as "Implemented" in the CDE-1 subform (for new records) or marked as "Offered" in the CDE-1a subform (for previous records) will appear as options in the drop-down menu.

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

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

Figure 77. CDE-2 - Entering # Trained in the Profession and Discipline

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



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

Printing Your Performance Report

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

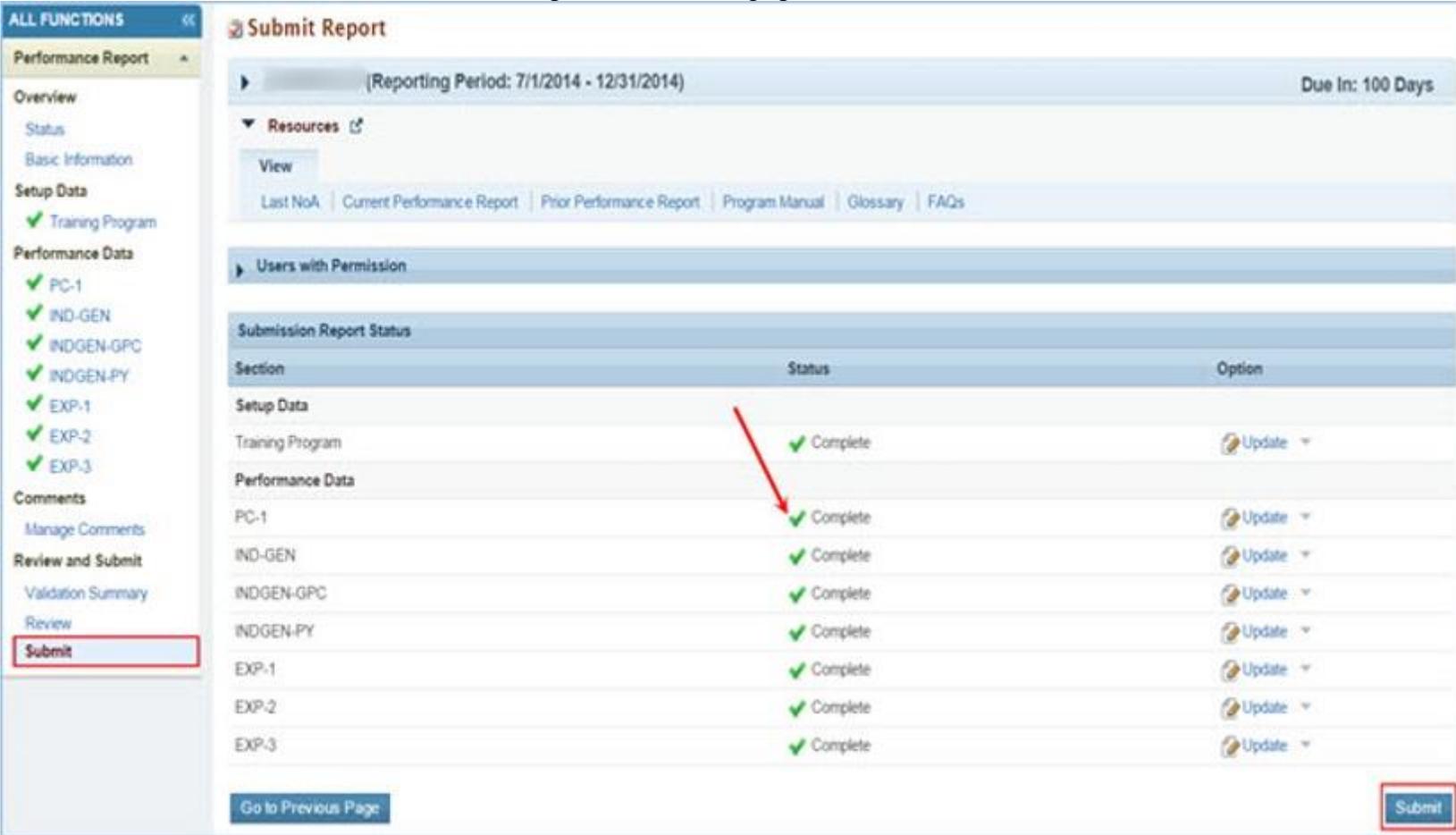
| Section | Type | Options |
|--------------------------------------|------|---------|
| View: Semi-Annual Performance Report | | |
| Training Program | HTML | View ▼ |
| PC | HTML | View ▼ |
| IND-GEN | HTML | View ▼ |
| INDGEN-GPC | HTML | View ▼ |
| INDGEN-PY | HTML | View ▼ |
| EXP | HTML | View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

Figure 78. Screenshot of Printing Your Performance Report

1. To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.
2. Next, click the 'Print All Forms' button below the Resources section of the Review Page.

Submitting Your Performance Report

1. To submit your performance report, expand the left side menu of your report and click the 'Submit' link under the 'Review and submit' section. You will be directed to the Submit Report. On the Submit Report page, ensure that the status of all forms is 'Complete' with a green check mark. Click the 'Submit' button on the bottom right corner of this page.



The screenshot displays the 'Submit Report' interface. On the left is a navigation menu with categories like 'Performance Report', 'Overview', 'Setup Data', 'Performance Data', 'Comments', and 'Review and Submit'. The 'Submit' link is highlighted in red. The main content area shows a reporting period of 7/1/2014 - 12/31/2014 and a due date of 100 days. Below this is a table titled 'Submission Report Status' with columns for Section, Status, and Option. A red arrow points to the 'Complete' status for the 'PC-1' section. A 'Submit' button is located at the bottom right.

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

Figure 79. Screenshot of the Submit Report Page

2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the 'Certification' section and click the 'Confirm' button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

Submit Report - Confirm

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Report. Click the 'Confirm' button below to submit the report. If you do (+ View More)

Confirmation:
This is a confirmation page! You MUST Click on the appropriate button to complete your action.

Fields with * are required

*** Certification** [View Report](#)

I Sherer, Sara certify that I am authorized to submit this report to HRSA for grant D40HP28075.

Please check the box to electronically sign the Report.

[Cancel](#) [Confirm](#)

Figure 80. Screenshot of the Submit Report - Confirm Page

Submit Report - Result

Your report is successfully submitted to HRSA. The details for this report is listed below. Please note them down for future reference. For any other questions please (+ View More)

| Report Details | |
|----------------------------|-------------------|
| Report Type | 2015 Final Report |
| Grant Number | UBMHP20202 |
| Submission Tracking Number | BPMFRUB600029227 |

[Return to List](#)

Figure 81. Screenshot of the Submit Report - Confirm Page

Appendix A: Glossary

This glossary contains general definitions for terms that are used throughout the BPMH system. Some terms may be defined in multiple ways by different programs due to their authorizing statutes and/or the nature of training activities offered. If you are unsure about how to define a term that is central to your program, please refer to the authorizing statute, the Funding Opportunity Announcement and/or your Government Project Officer for clarification.

Attrition is the act of permanently leaving a training program or training activity before completion. An individual is counted as having attrited if s/he leaves a training program or training activity for any reason before completing all training requirements.

BHW-funded financial awards are monies from a grant funded by BHW that are provided to an individual by a grantee institution or organization for the purposes of defraying costs associated with participation in a training program or training activity. The types and definitions of BHW-funded financial awards are listed below:

1. **Career Award:** A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
2. **Fellowship:** A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
3. **Scholarship:** A financial award provided to a student enrolled in a degree program at an educational institution for the sole purpose of covering expenses associated with tuition.
4. **Stipend:** A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
5. **Traineeship:** A financial award provided to a student enrolled in an advanced training program at an educational institution for the purposes of defraying costs associated with advanced training in a specific content area.
6. **Loan:** A financial award provided to a student enrolled in a degree program at an educational institution for the purposes of defraying costs associated with that degree program. Loans must be repaid in accordance with terms specified in a promissory note.
7. **Loan Repayment:** A financial award provided to an individual that is conditional on their agreement to provide specific types of services for a specified amount of time. Under this agreement, an individual may have part or all of their student loans paid off so long as they meet all specified requirements.

Campus-based degree program is a degree program that requires students to complete all academic coursework at the college or university campus.

Contact hours are the number of hours that an individual receives training in a specific setting.

Continuing education is a training activity or series of training activities offered to members of the **current** workforce who have already completed a training program in their profession. Generally, continuing education sessions are offered to existing professionals and do not include or target students as primary participants.

Curriculum is the aggregate content of multiple learning activities offered by an organization a specific topic area. Commonly, the term curriculum is used to describe the number and type of academic courses within a degree program. The term can also be used to describe the number and type of learning activities for faculty and other non-degree related training programs.

Didactic training is the process of instruction between a designated faculty and an individual or group of individuals.

Direct financial support program is a type of grant that provides individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with participation in a training program or training activity.

Disadvantaged background is a citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR
- Comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

Enhanced course or other training activity is a specific type of training activity that was in existence at the grantee institution or organization and has been modified or restructured as part of the grant project.

Enrollee is an individual who is actively matriculated or registered in a training program or training activity. For the purposes of performance reporting, the training category of "enrollees" does not include graduates, program completers, fellows or residents.

Ethnicity is the ethnic ancestry or origin of an individual or group of individuals. For the purposes of performance reporting, the Office of Management and Budget requires that ethnicity be classified as "Hispanic or Latino Origin" and "Non-Hispanic or Latino Origin". Individuals identifying as "Hispanic or Latino" are of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Experiential training is the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience.

Faculty is an individual or group of individuals who have been deemed qualified by an organization to provide instruction to others on a specific topic area.

Faculty development program is a series of curriculum-based training activities that are provided to faculty over a specific amount of time for the purposes of additional training and/or faculty development. Structured faculty development programs can be degree-bearing, certificate-bearing and do not necessarily have to be offered at or by the grantee institution or organization.

Faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Faculty development activities can include conferences, workshops or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization. It is the same as an “Unstructured faculty development activity”.

Faculty instruction are those courses, workshops, seminars, grand rounds or other training activities that are led by faculty for the purposes of providing training to other individuals (e.g., students, fellows, residents). Faculty instruction does not refer to training activities undertaken by faculty for the purposes of additional training or faculty development (see Structured Faculty Development Program and/or Unstructured Faculty Development Activity).

Federally Qualified Health Centers (FQHC) are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(1)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

Fellowship is a training program that provides an individual or group of individuals (known as "fellows") with advanced training in a general content area. Fellows generally receive a financial award to help defray costs associated with advanced training (also referred to as a "fellowship").

Full-time refers to the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Graduate is an individual who has completed all requirements for a degree-bearing training program at an educational institution.

Hybrid degree program is a degree program that requires students to complete academic coursework at the campus, as well as through distance learning.

Instructional hours are the duration of a training activity or training program in clock hours.

Infrastructure program is a type of grant designed to enhance the scope, quality, and opportunities for health professions training programs or training activities. Infrastructure programs do not provide individuals with any type of BHW-funded financial awards.

Internship is a type of training activity that can either be a(n): a) component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience.

Interprofessional education is the process of learning among a group of individuals from two (2) or more professions.

Interprofessional practice is the provision of care or services to an individual or group of individuals by workers from two (2) or more professions.

Medically Underserved Community (MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area (HPSA); medically underserved area (MUA) and/or medically underserved population (MUP). These communities have limited access to primary health care services. The term MUC is an umbrella term that can be used to describe any location that meets one or more of the previously identified designations.

Multipurpose/Hybrid program is a type of grant that is designed to: a) provide individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with health professions training; **and b)** enhance the scope, quality, and opportunities for health professions training programs or training activities.

Newly developed course or other training activity is a specific type of training activity that was not in existence at the grantee institution or organization and was developed in its entirety as part of the grant project.

Online degree program is a degree program that requires students to complete all academic coursework through distance learning.

Partner/consortium is an organization or group of organizations that provide(s) resources and/or support to grantees for the implementation of training programs and/or training activities.

Patient encounter is a direct interaction between a designated caregiver and a patient for the purposes of health care.

Practicum is a type of experiential training activity. (See "Experiential training").

Primary care is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary care setting is a facility that is staffed with professionals who provide primary care. (See "Primary Care")

Profession & discipline is a phrase that identifies a general occupation (profession) and, where applicable, a type of specialty within that occupation (discipline).

Program completer is an individual who has completed all requirements for a non-degree bearing training program or training activity. (See "Graduate" for individuals who complete all requirements of a degree-bearing training program)

Publication is a written material that has been submitted to and accepted by a publishing authority as part of a collection of related work.

Race is an individual's self-identified affiliation with one (1) or more of the following origins:

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Residency is a training program that provides an individual or group of individuals (known as "residents") with advanced clinical training in a specialty area.

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

Rural is a geographical area that is not part of a Metropolitan Statistical Area (MSA). *Note: To determine if a specific geographical area is considered rural, go to [HRSA's Office of Rural Health Policy](#).*

Structured training program is a series of curriculum-based training activities that are provided to an individual or groups of individuals over a specific amount of time.

Trainee is an individual who participates in a training program or training activity.

Underrepresented Minority (URM) is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. **Note: For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented:**

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

- American Indian or Alaska Native

Unstructured faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Unstructured faculty development activities can include conferences, workshops, or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization.

Unstructured training activity is generally a stand-alone single training activity that is not part of a curriculum.

Veteran is any person who served in one (1) of the seven (7) uniformed services of the United States. The seven uniform services include: the United States Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration Commissioned Officers Corps.

Vulnerable populations are groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, and other risk factors associated with sex and gender.

Appendix B: FAQs

General FAQs:

Q1: When is the due date for the performance report?

A1: Performance reports are due by **August 01, 2016** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by your due date may place your grant in a non-compliant status.

Q2: What dates does the performance report cover?

A2: The performance report submitted by grantees should cover all activities conducted through the grant for the period **July 01, 2015 - June 30, 2016**.

Q3: Is it possible to change data entered incorrectly in a prior reporting period?

A3: No. Data entered in a previous reporting period cannot be edited. It is important that grantees endeavor to provide the most accurate data during each reporting period.

FAQs about the Program Characteristics (PC) forms:

Q4: Do I need to set up my training program again if it is being reused in the current reporting period?

A4: No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

Q5: What are the status options for the different types of programs?

A5: Structured and Unstructured Training programs use program status options of "Ongoing" or "Complete." All other types of training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, and residencies) use the status options of "Active" and "Inactive."

Q6: In the PC forms, do we count all trainees in our program regardless of the year of study; include full-time/part-time trainees, etc.?

A6: Yes, as long as trainees are enrolled or participating in the training program identified under Block 1.

Q7: Are we required to provide this information only on the trainees in the programs we received funding for?

A7: The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

FAQs about the LR-1 through DV-3 forms:

Q8: In prior reports, the LR-1, LR-2 and DV tables reported unduplicated counts. In this current reporting format, will we be reporting duplicated counts for those tables?

A8: The new format requires grantees to provide counts by training program. While we understand that an individual may participate in multiple programs offered by grantees, this new approach will allow us to better understand each program separately.

Q9: In the LR- and DV- tables, are the counts for graduates and/or program completers a subset of the total trainee number or are they to be reported separately?

A9: On the LR- and DV- forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

Q10: What address should we use to determine if an individual is considered to come from a rural residential background? Do we consider a student's high school address, medical school address or childhood home address?

A10: It depends on the information available. The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

FAQs about the INDGEN form:

Q11: Where do we get the Trainee Unique ID?

A11: Grantees are responsible for developing a unique ID for each individual for which an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide 1-year follow-up updates through the BPMH system.

Q12: What are the characters of the 7 digit unique ID?

A12: Each unique ID must be made up of 7 alphanumeric characters (meaning that, you may use a combination of both letters and numbers).

Q13: Are INDGEN records from the last reporting period stored in the EHB?

A13: It depends. All INDGEN records that were reported during prior reporting periods will be shown in your INDGEN table as 'Prior Records' until (a) the record is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program (i.e., attrition). Any INDGEN record that was marked as having graduated or completed will be transferred into INDGEN-PY for the next reporting period. INDGEN records for individuals who permanently discontinued training will not re-populate in EHB in the next reporting period.

Q14: Last year we created individual participant codes (Unique IDs) to be included in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant, or create a new code for that participant? Are those codes needed this year?

A14: The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same unique ID-training program combination cannot be present in more than one location (INDGEN/INDGEN-PY).

Q15: What if an individual already listed on INDGEN did not receive a financial award during the six month reporting period?

A15: If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Block 11. The record will remain on INDGEN until this individual is marked as a graduate/program completer or a drop-out of the training program.

Q16: Is there an option to report Ethnicity as unknown?

A16: No. While there is an option for "Not Reported" on the INDGEN form, grantees are expected to collect race and ethnicity data on each individual for whom an INDGEN entry is required. If the option of "Not Reported" is selected for an individual's race, ethnicity or any other of the core demographic variables, it is expected that the grantee will collect this information and provide an update by the next reporting period.

Q17: Is reporting the underrepresented Asian distinction no longer included? The loss of the Asian Underrepresented category is a real loss to describing the diversity of our enrollees and their under-representation in medicine – any suggestions on how we can still express this diversity within our report?

A17: The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to

collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

Q18: Can we use our institutions definitions/standards for disadvantaged background?

A18: The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

Q19: Do we report full time faculty who receive salary support for teaching or administrative responsibilities?

A19: It depends on whether a specific faculty member is part of the project. For project staff (including faculty), this information is not required as it is captured in your grant's budget documents.

Q20: Do conference registration fees count as financial support?

A20: Yes, but only for non-project staff.

Q21: How do we find out an individual's family income?

A21: The institution's financial aid office should have that information, as part of the required application for financial aid.

Q22: For veteran status, are we asking only for the student or trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?

A22: Only the trainee's status should be reported.

Q23: How is the academic year funding total calculated?

A23: The academic year total is automatically calculated in EHB as the sum of funding during the academic year. When you enter, save, and validate the funding amount for the current reporting period, the academic year total will automatically populate.

Q24: How is the cumulative funding total calculated?

A24: The cumulative funding total is automatically re-calculated each annual reporting period in EHB. This is the total of each annual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use starting with Academic Year 2012-2013.

FAQs about the INDGEN-PY form:

Q25: How do I use the INDGEN-PY form?

A25: One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status.

FAQs about the Experiential Training (EXP) forms:

Q26: What training sites do I need to report on this form? Is it all of the sites our program uses?

A26: Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Q27: Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

A27: You should list the specific clinics and offices within the hospital that provide training to supported trainees for the EXP forms.

Q28: Do I need to list a site more than once on EXP-2?

A28: You may need to list a site multiple times on the EXP-2 form. For sites that provide training to students, trainees and faculty from different training programs, it should be listed on the form for each training program the grant sponsors.

Q29: How can I report Interprofessional team-based care at the training sites?

A29: Interprofessional team-based care reporting is a three-step process on the EXP-3 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including the profession of the principal-HRSA sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who were trained at the site, alongside the principal trainees, but were not enrolled in the HRSA-sponsored program.

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

Q30: What if courses are created with a variety of funding sources?

A30: Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

Q31: Why do only some of the courses I entered last time appear in the CDE-1 form this time?

A:31 Only courses that were marked as ‘Under Development’ or ‘Developed but Not Yet Implemented’ will pre-populate the CDE-1 table. Courses marked as ‘Implemented’ will pre-populate the new CDE-1a table.

Q32: For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A32: For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

FAQs about the Faculty Development (FD) forms:

Q33: What is the difference between a structured faculty development program and an unstructured faculty development activity?

A33: Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration, and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds.

FAQs about the Continuing Education (CE) forms:

Q34: For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A34: For the purposes of the CE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

FAQs about Technical Support & Assistance:

Q35: Who do we contact if we need technical assistance entering data in EHB?

A35: Grantees should contact HRSA's Call Center for any type of questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

Q36: Where will grantees be able to locate the instruction manuals for the performance reports?

A36: Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Q37: Is there a way to look at the data forms required for my program without logging into EHB?

A37: Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Q38: Are reports from prior years stored in the EHBs?

A38: Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

- a) Clicking the 'view prior period data' link within a form or under your Resources tab;
- b) Going into your grant folder and searching for previously completed reports; or
- c) Clicking on the "submissions" link in the left side navigation menu.

Q39: Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

A39: Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes their specific training program or permanently leaves before completion.