

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Performance Report for Grants and Cooperative Agreements

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the  
Health Careers Opportunity Program**

**Annual Performance Report**

## Welcome

Welcome to the Bureau of Health Workforce's Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Performance Report for Grants and Cooperative Agreements (PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.

Please note the following:

1. All required performance measures are linked to the following legislative purpose(s) of the **HCOP** grant program:
  - **Recruitment;**
  - **Facilitating Entry;**
  - **Counseling, Mentoring and Other Services;**
  - **Preliminary Education and Health Research Training;**
  - **Financial Aid Information Dissemination;**
  - **Primary Care Exposure Activities; and**
  - **Development of a More Competitive Applicant Pool.**
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](#).

*Performance Metrics and Evaluation Branch*

## Getting Started

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

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

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

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

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



The screenshot shows a web form interface. At the top left, there is a link labeled "View Prior Period Data" which is highlighted with a red rectangular box. Below this link, the text "Fields with \* are required" is visible. Further down, there is a section titled "Add Training Program" with a red asterisk. Underneath this section, there is a label "Select Type of Training Program Offered" followed by a dropdown menu. Below the label, there is a note in parentheses: "(Click the 'Load Program Details' button after selecting your training program)". The dropdown menu currently displays "Select One".

**Figure 1. Screenshot of View Prior Period Data Link**

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

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

**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-2
3	Performance Data Form	Program Characteristics-PC Subforms	PC-3
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

# Training Program - Setup

## Training Program Setup - Selecting Type of Training Program

\* Add Training Program

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

Non-degree unstructured training program (Unstructured) Load Program Details

For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity

Select One

For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity

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

Add Record

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

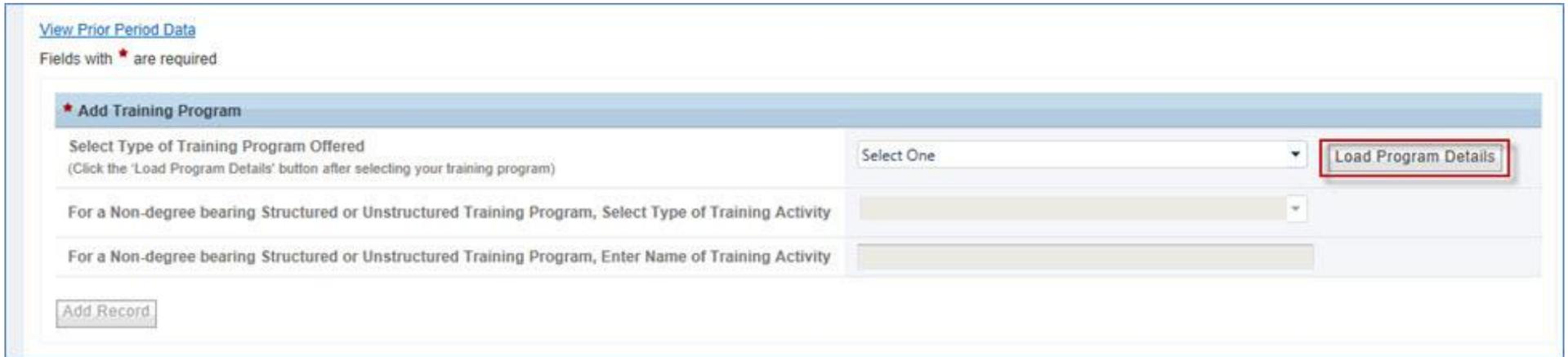
**Select Type of Training Program Offered:** Select the type of training program offered through the grant during the current annual reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing the below listed option.

- Non-degree structured training program (Structured)
- Non-degree unstructured training program (Unstructured)



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

## Training Program Setup - Loading Program Details



The screenshot shows a web form titled "Add Training Program" with a red asterisk indicating required fields. At the top left, there is a link "View Prior Period Data" and a note "Fields with \* are required". The form contains the following elements:

- A blue header bar with the text "Add Training Program".
- A dropdown menu labeled "Select Type of Training Program Offered" with the value "Select One" and a red box around the "Load Program Details" button to its right.
- A dropdown menu labeled "For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity".
- A text input field labeled "For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity".
- An "Add Record" button at the bottom left.

**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.

## Training Program Setup - Adding Structured Training Program

**\* Add Training Program**

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

Non-degree structured training program (Structured)

Load Program Details

For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity

Select One

For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity

Add Record

**Figure 5. Training Program Setup - Adding Structured Training Program**

**For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity:** Select the type of training activity by clicking on the drop-down menu and choosing **one** of the following options:

- Afterschool Enrichment Activity
- Health Professions Academy
- Pre-Matriculation Program
- Summer Program
- Community-based outreach & education
- Post-Baccalaureate Program
- Saturday Academy

**For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity:** Enter a name for the activity selected in the previous step.

## Training Program Setup - Adding Unstructured Training Program

**\* Add Training Program**

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

Non-degree structured training program (Structured)

Load Program Details

For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity

Select One

For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity

Add Record

**Figure 6. Training Program Setup - Adding Unstructured Training Program**

**For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity:** Select the type of training activity by clicking on the drop-down menu and choosing **one** of the following options:

- Afterschool Enrichment Activity
- College Academic Support
- Financial Aid Information Dissemination
- Pre-college Preparation
- Social Support
- Socialization

**For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity:** Enter a name for the activity selected in the previous step.

## Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)
1	Prior Record	Unstructured   Pre-college Preparation   ActivityName1	Ongoing
2	New Record	Structured   High School Academy Enrichment   ActivityName2	Complete

Figure 7. Training Program Setup - Selecting Training Activity Status

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

- Active
- Complete
- Inactive
- Ongoing



*Note: Select 'Ongoing' for structured or unstructured programs that did not conclude by **June 30, 2016**.*



*Note: Select 'Complete' for structured or unstructured training programs that concluded at some point during the reporting period (i.e. **July 01, 2015 - June 30, 2016**).*



**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-2: Program Characteristics – Non-degree bearing Unstructured Training Programs

### PC-2 - Selecting Education Level(s) of Participants

No. Record	Type of Training Program (1)	Type of Training Activity (2)	Name of Training Activity (3)	Select Education Level(s) of Participants (4)
	Block 1	Block 1a	Block 1a.1	Block 1b
1	New Record Unstructured   Pre-college Preparation   Program 2	Pre-college Preparation	Program 2	<input type="checkbox"/> Student - 9 - 12 (secondary)

**Figure 8. PC-2 - Selecting Education Level(s) of Participants**

**Select Education Level(s) of Participants:** Complete Column 4 (Block 1b) by selecting the education level(s) of trainees who participated in each unstructured training program during the current reporting period.

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

Health Resources and Services Administration  
Bureau of Health Workforce

Annual Performance Report  
Academic Year 2015-2016

- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Allied Health
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion

- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non-nurse)
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control

Medicine

- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other (e.g.; CNA; PCA)
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry
- Other - Podiatry
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Clinical Laboratory

Health Resources and Services Administration  
Bureau of Health Workforce

Annual Performance Report  
Academic Year 2015-2016

- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - K - 8 (primary)
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Pharmacy School
- Student - Podiatry School
- Student - Registered nurse (RN)
- Student - Undergraduate - Allied Health
- Student - Undergraduate - Public

- Student - 9 - 12 (secondary)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women's health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non-nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse midwife
- Student - Occupational Therapy
- Student - Physical Therapy
- Student - Post-high school / Pre-college
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate -

Services

- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Optometry
- Student - Physician Assistant
- Student - Public Health Nurse
- Student - Speech Therapy
- Student - Undergraduate - Other
- Student - Undergraduate - Radiological Technician

Radiological Assistant



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



*Note: Advanced trainee disciplines (residents, fellows, faculty, and practicing professionals) are noted with professional identifiers (e.g., Medicine- Dermatology)*

**PC-2 - Entering Length of Training Activity**

No.	Record Status	Type of Training Program (1) Block 1	Type of Training Activity (2) Block 1a	Name of Training Activity (3) Block 1a.1	Select Education Level(s) of Participants (4) Block 1b	Enter Length of Training Activity in Clock Hours (5) Block 1c
1	New Record	Unstructured   Pre-college Preparation   Program 2	Pre-college Preparation	Program 2	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>

**Figure 9. PC-2 - Entering Length of Training Activity**

**Enter Length of Training Activity in Clock Hours:** Enter the duration, in clock hours, of each unstructured training program during the current reporting period by clicking on the drop-down menu in Column 5 (Block 1c).



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

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

No. Record	Type of Training Program (1)	Type of Training Activity (2)	Name of Training Activity (3)	Select Education Level(s) of Participants (4)	Enter Length of Training Activity in Clock Hours (5)	Select Type(s) of Partners/Consortia Used to Offer this Training (6)
	Block 1	Block 1a	Block 1a.1	Block 1b	Block 1c	Block 2
1	New Record Unstructured   Pre-college Preparation   Program 2	Pre-college Preparation	Program 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Federal Government - NIH <input type="checkbox"/> Federal Government - AHRQ

**Figure 10. PC-2 - 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 established for the purposes of offering each unstructured training program during the current reporting period by clicking on the drop-down menu in Column 6 (Block 2) and choosing all that apply from the following options:

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

- Professional Associations
- State Government

- Quality improvement organization
- Tribal Government

- Senior Center
- Tribal Organization



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



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

## PC-3: Program Characteristics – Non-degree bearing Structured Training Programs

### PC-3 - Selecting Education Level(s) of Participants

No. Record	Type of Training Program (1)	Type of Training Activity (2)	Name of Training Activity (3)	Select Education Level(s) of Participants (4)
	Block 1	Block 1d	Block 1d.1	Block 1e
1	New Record	Structured   Summer Program   Program 1	Summer Program 1	<input type="checkbox"/> Student - 9 - 12 (secondary)

Figure 11. PC-3 - Selecting Education Level(s) of Participants

**Select Education Level(s) of Participants:** Complete Column 4 (Block 1e) by selecting the education level(s) of participants who participated in each structured training program during the current reporting period. Please select one of the following:

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

Health Resources and Services Administration  
Bureau of Health Workforce

Annual Performance Report  
Academic Year 2015-2016

- Medicine/Pediatrics
  - Medicine - Neurology
  - Medicine - Occupational Medicine
  - Medicine - Other
  - Medicine - Physical Medicine and Rehabilitation
  - Medicine - Preventive Medicine/Aerospace Medicine
  - Medicine - Preventive Medicine/Occupational Medicine
  - Medicine - Psychiatry
  - Medicine - Surgery - General
  - Medicine - Urology
  - Nursing - CNL - Generalist
  - Nursing - CNS - Geropsychiatric
  - Nursing - CNS - Psychiatric/Mental health
  - Nursing - Community health nursing
  - Nursing - NP - Acute care adult gerontology
  - Nursing - NP - Adult gerontology
  - Nursing - NP - Family
  - Nursing - NP - Neonatal
  - Nursing - Nurse administrator
  - Nursing - Nurse informaticist
  - Nursing - Public health nurse
  - Other - Allied Health
  - Other - Direct Service Worker
  - Other - Health Education Specialist
  - Other - Medical Assistant
  - Other - Occupational Therapy
  - Other - Pharmacy
  - Other - Profession Not Listed
  - Other - Veterinary Medicine
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non-nurse)
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other (e.g.; CNA; PCA)
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry
- Other - Podiatry
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing

Health Resources and Services Administration  
Bureau of Health Workforce

Annual Performance Report  
Academic Year 2015-2016

- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - K - 8 (primary)
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Pharmacy School
- Student - Podiatry School
- Student - Registered nurse (RN)
- Student - Undergraduate - Allied Health
- Public Health - Infectious Disease Control
- Student - 9 - 12 (secondary)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women's health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non-nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse midwife
- Student - Occupational Therapy
- Student - Physical Therapy
- Student - Post-high school / Pre-college
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Dental School
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Optometry
- Student - Physician Assistant
- Student - Public Health Nurse
- Student - Speech Therapy
- Student - Undergraduate - Other
- Student - Undergraduate - Radiological Technician

- Student - Undergraduate - Public Health
- Student - Undergraduate - Radiological Assistant



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



*Note: Advanced trainee disciplines (residents, fellows, faculty, and practicing professionals) are noted with professional identifiers (e.g., Medicine- Dermatology)*

### PC-3 - Entering Length of Training Program

No. Record	Type of Training Program (1)	Type of Training Activity (2)	Name of Training Activity (3)	Select Education Level(s) of Participants (4)	Enter Length of Training Program in Clock Hours (5)
	Block 1	Block 1d	Block 1d.1	Block 1e	Block 1f
1	New Record	Structured   Summer Program   Program 1	Summer Program 1	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>

**Figure 12. PC-3 - Entering Length of Training Program**

**Enter Length of Training Program in Clock Hours:** Enter the duration, in clock hours, of each structured training program during the current reporting period by clicking on the drop-down menu in Column 5 (Block 1f).



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

**PC-3 - Selecting Whether Cultural Competency Training Was Offered**

No. Record Status	Type of Training Program (1) Block 1	Type of Training Activity (2) Block 1d	Name of Training Activity (3) Block 1d.1	Select Education Level(s) of Participants (4) Block 1e	Enter Length of Training Program in Clock Hours (5) Block 1f	Select Whether Cultural Competency Training Was Offered (8) Block 1i	Select Type(s) of Partners/Consortia Used to Offer this Training (9) Block 2	Select Training Activity Status in the Current Reporting Period (10)
1 Prior Record	Structured   Summer Program   Summer Dental School Experience	Summer Program	Summer Dental School Experience	Student - Bachelors Degree*	240	Yes	7 items checked	Ongoing

**Figure 13. PC-3 - Selecting Whether Cultural Competency Training Was Offered**

**Select Whether Cultural Competency Training Was Offered:** Select whether each structured training program provided participants with cultural competency-related training by choosing one of the following options from the drop-down menu under Column 8 (Block 1i):

- Yes
- No

### PC-3 - Selecting Type(s) of Partners/Consortia



Figure 14. PC-3 - 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 established for the purposes of offering each structured training program during the current reporting period by clicking on the drop-down menu in Column 9 (Block 2) and choosing **all that apply** from the following options:

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

Health Resources and Services Administration  
Bureau of Health Workforce

Annual Performance Report  
Academic Year 2015-2016

- based)
- Other
  - Professional Associations
  - State Government
  - Nurse managed health clinic
  - Physical therapy/Rehabilitation center
  - Quality improvement organization
  - Tribal Government
  - Nursing home
  - Private/For - profit organization
  - Senior Center
  - Tribal Organization



**Warning: You may not select "No partners/consortia used" 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.**

# Legislative Requirements & Demographic Variables—LR and DV Subforms

## LR and DV - Introduction

You must complete the LR and DV tables for each Training Program offered during the reporting period:

- **Structured and Unstructured** Training Programs:
  - **Ongoing** Programs: Enter data only for Enrollees (completer counts must be zeroes)
  - **Completed** Programs: Enter data only for Program Completers (enrollee counts must be zeroes)

## LR-1a: Trainees by Training Category

### LR-1 - Entering Enrollees Count



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

View Prior Period Data

LR-1a

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 Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a		
1 Prior Record	Residency   Student - Registered Nurse - BSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	
2 New Record	Internship   Student - NP - Family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	

Figure 15. LR-1 - Entering Enrollees Count

#### Trainees by Training Category: Enter # of Enrollees: For Ongoing Programs:

- Enter the **number of students who participated** in each training program in the textbox in Column 2 (Block 1).
- Enter a zero (“0”) in Column 6 (Block 5).



*Note: Do not count individuals who permanently left a training program before completion during the reporting period Column 6 (Block 5). These individuals will be captured separately in Column 7 (Block 6).*

## LR-1 - Entering Program Completers Count



**Warning:** For the LR and DV forms, Enrollees and Program Completers must be counted separately (i.e., completers 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 Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a	
1 New Record	Structured   Summer Program   Program 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ongoing
2 New Record	Unstructured   Pre-college Preparation   Program 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Complete
3 New Record	Practicum/Field Placement   Student – Allied Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A

Figure 16. LR-1 - Entering Program Completers Count

**Trainees by Training Category: Enter # of Program Completers:  
For Completed Programs:**

- Enter the **number of students who completed** each training program in the textbox in Column 6 (Block 5).
- Enter a zero (“0”) in Column 2 (Block 1).



*Note: Do not count individuals who permanently left a training program before completion during the reporting period in Column 6 (Block 5). 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) Block 1	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a	
1 New Record	Structured   Summer Program   Program 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ongoing
2 New Record	Unstructured   Pre-college Preparation   Program 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Complete
3 New Record	Practicum/Field Placement   Student – Allied Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A

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

**Attrition: Enter # of Individuals who left the Program before Completion: For all programs:** Enter the number of students who permanently left each training program before completion during the current annual reporting period in the textbox in Column 7 (Block 6).

**Attrition: Enter # of URM who left the Program before Completion:** Of the individuals reported in Column 7 (Block 6), **enter the number of underrepresented minority students** who permanently left each training program before completion during the current annual reporting period in the textbox in Column 8 (Block 6a).



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



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

## LR-2: Trainees by Age & Sex

### LR-2 - Entering Enrollees Count by Age and Gender



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

Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female		Sex: Not Reported	
		Enter # of Enrollees (3)	Enter # of Program Completers (7)	Enter # of Enrollees (8)	Enter # of Program Completers (12)	Enter # of Enrollees (13)	Enter # of Program Completers (17)
		Blocks 1-6	Blocks 49-54	Blocks 7-12	Blocks 55-60		
Structured   Summer Program   ULMSP	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**Sex: Male: Enter # of Enrollees:** Enter the number of male students, by age group, enrolled in each training program during the annual reporting period in the textboxes under Blocks 1 through 6 (Column #3).

**Sex: Female: Enter # of Enrollees:** Enter the number of female students, by age group, enrolled in each training program during the annual reporting period in the textboxes under Blocks 7 through 12 (Column #8).

**Sex: Not Reported: Enter # of Enrollees:** Enter the number of sex not reported students, by age group, enrolled in each training program during the annual reporting period in the textboxes under Column 13.



**Warning: For completed structured or unstructured training programs, all entries for enrollees in Columns 3 and 8 must be zeroes (“0”).**



**Warning: For each training 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 Program Completers Count by Age and Gender



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

Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female		Sex: Not Reported	
		Enter # of Enrollees (3)	Enter # of Program Completers (7)	Enter # of Enrollees (8)	Enter # of Program Completers (12)	Enter # of Enrollees (13)	Enter # of Program Completers (17)
		Blocks 1-6	Blocks 49-54	Blocks 7-12	Blocks 55-60		
Structured   Summer Program   ULMSP	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structured   Summer Program   ULMSP	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 19. LR-2 - Entering Program Completers Count by Age and Gender**

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

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

**Sex: Not Reported: Enter # of Program Completers: For Completed Programs:** Enter the number of not reported students, by age group, who completed each training program during the annual reporting period in the textboxes under Column 17.



**Warning: For ongoing structured or unstructured training programs, all entries for program completers in Columns 7 and 12 must be zeroes (“0”).**



**Warning: For each training program, the sum total of program completers across Columns 7 and 12 must be equal to the sum total of enrollees entered in LR-1, Column 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.**

## 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 Program Completers must be counted separately (i.e., completers are NOT a subset of enrollees).

Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		Ethnicity: Not Reported	
	Enter # of Enrollees (3) Blocks 1-7	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Program Completers (12) Blocks 64-70	Enter # of Enrollees (13)	Enter # of Program Completers (17)
American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**Ethnicity: Hispanic/Latino: Enter # of Enrollees: For Ongoing Programs:** Enter the number of Hispanic/Latino students by race who participated in each training program during the annual reporting period in the textboxes under Blocks 1 through 7 (Column #3).

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Enrollees: For Ongoing Programs:** Enter the number of Non Hispanic/Non Latino students by race who participated in each training program during the annual reporting period in the textboxes under Blocks 36 through 42 (Column #8).

**Ethnicity: Not Reported: Enter # of Enrollees: For Ongoing Programs:** Enter the number of not reported students by race who participated in each training program during the annual reporting period in the textboxes under Column 13.



**Warning:** For completed structured and unstructured training programs, all entries for enrollees in Columns 3 and 8 must be zeroes (“0”).



**Warning:** The total number of enrollees across Columns 3 and 8 must be equal to the total number of enrollees entered in LR-1,



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



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

Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		Ethnicity: Not Reported	
	Enter # of Enrollees (3) Blocks 1-7	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Program Completers (12) Blocks 64-70	Enter # of Enrollees (13)	Enter # of Program Completers (17)
	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 21. DV-1 - Entering Program Completers Count by Race and Ethnicity**

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

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

**Ethnicity: Not Reported: Enter # of Program Completers: For Completed Programs:** Enter the number of not reported students by race who completed each training program during the annual reporting period in the textboxes under Column 17.



**Warning:** For ongoing structured or unstructured training programs, all entries for program completers in Columns 7 and 12 must be zeroes (“0”).



**Warning:** For each training program, the sum total of program completers across Columns 7 and 12 must be equal to the sum total of



**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 Program Completers must be counted separately (i.e., completers are NOT a subset of enrollees).

No.	Record Status	Type of Training Program	Enrollees		Program Completers		Select Training Activity Status in the Current Reporting Period
			Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	
		(1)	(2) Block 1	(3) Block 2	(10) Block 9	(11) Block 10	(12)
1	Prior Record	Structured   Summer Program   ActivityName1					Ongoing

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

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



**Warning:** For completed structured and unstructured programs, enter zeroes for enrollee counts in Columns 10 and 11 (Blocks 9 and

10).



*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.*

## DV-2 - Entering Program Completers Count from Disadvantaged Background



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

No.	Record Status	Type of Training Program	Enrollees		Program Completers		Select Training Activity Status in the Current Reporting Period
			Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	
		(1)	(2) Block 1	(3) Block 2	(10) Block 9	(11) Block 10	(12)
1	Prior Record	Structured   Summer Program   ActivityName2					Complete

Figure 23. DV-2 - Entering Program Completers Count from Disadvantaged Background

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

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



**Warning:** For ongoing structured and unstructured programs, enter zeroes for program completer counts in Columns 10 and 11 (Blocks 9 and 10).



*Note: Counts reported in Column 11 (Block 10) ARE a subset of counts reported in Column 10 (Block 9).*



*Note: Active Practica/Field Placement programs may simultaneously report enrollees and completers.*



*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 Program Completers must be counted separately (i.e., completers are NOT a subset of enrollees).

No.	Record Status	Type of Training Program	Trainees from Rural Residential Background		Select Training Activity Status in the Current Reporting Period
			Enter # of Enrollees from a Rural Background	Enter # of Program Completers from a Rural Background	
		(1)	(2) Block 1	(6) Block 5	(7)
1	Prior Record	Structured   Summer Program   ActivityName1			Ongoing

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

**Trainees from Rural Residential Background: Enter # of Enrollees from a Rural Background: For Ongoing Programs:** Enter the total number of students from a rural residential background who participated in each training program during the annual reporting period in the textbox in Column 2 (Block 1).



**Warning:** For completed structured or unstructured programs, enter a zero for enrollees in Column 2 (Block 1).



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

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



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

No.	Record Status	Type of Training Program	Trainees from Rural Residential Background		Select Training Activity Status in the Current Reporting Period
			Enter # of Enrollees from a Rural Background	Enter # of Program Completers from a Rural Background	
		(1)	(2) Block 1	(6) Block 5	(7)
1	Prior Record	Structured   Summer Program   ActivityName2			Complete

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

**Trainees from Rural Residential Background: Enter # of Program Completers from a Rural Background: For Completed Programs:** Enter the total number of students from a rural residential background who completed each training program during the annual reporting period in the textbox in Column 10 (Block 9).



**Warning:** For completed structured or unstructured programs, enter a zero for program completers in Column 6 (Block 5).



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



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

## Individual-level Data—INDGEN Subforms

### INDGEN - Introduction

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

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

## IND-GEN: Individual Characteristics

### IND-GEN - Setup

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

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

Yes (complete IND-GEN)  No (click Save and Validate button to proceed to the next form)

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



**Warning:** If you have used the INDGEN form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again.



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

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

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

Figure 27. IND-GEN - Selecting Type of Training Program

#### Type of Training Program:

- **Review Prior Records:** Column 1 (Type of Training Program) will prepopulate for prior records with data submitted in the previous annual reporting period.
- **Add New Records:** Select each NEW individual's training program by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing one of the available options. The options available in this menu will prepopulate with programs entered and saved in the Training Program Setup Form.



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

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

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

**Figure 28. IND-GEN - Entering Trainee Unique ID**

**Trainee Unique ID:**

- **Review Prior Records:** Column 2 (Block 1) will prepopulate for prior records with data submitted in the previous annual reporting period.
- **Add New Records:** Enter a seven (7) alphanumeric **unique identifier** for each individual in the textbox in Column 2 (Block 1).



**Warning:** It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide updates and 1-year follow-up data for each trainee.

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

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

**Figure 29. IND-GEN - Selecting Individual's Training or Awardee Category**

### Select Individual's Training or Awardee Category:

- **Review Prior Records:** Column 3 (Block 2) will prepopulate for prior records with data submitted in the previous annual reporting period.
- **Add New Records:** Select each individual's training category by clicking on the drop-down menu in Column 3 (Block 2) and choosing one of the following options:
  - Enrollee (campus-based only)
  - Enrollee (distance learning only)
  - Enrollee (hybrid)



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

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

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

Figure 30. IND-GEN - Selecting Individual's Enrollment/Employment Status

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

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

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

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

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

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

- Female
- Male
- Not Reported



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

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

Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race
(6) Block 5	(7) Block 6	(8) Block 7
<input type="text"/>		
26 27		

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

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

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Health Resources and Services Administration  
Bureau of Health Workforce

Annual Performance Report  
Academic Year 2015-2016

- 69
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- 73
- 74
- 75
- Not Reported



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

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

Type of Training Program	Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity
(1)	(2) Block 1	(6) Block 5	(7) Block 6
Select one		14	<input type="text" value="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 in Column 7 (Block 6) and choosing one of the following options:

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



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

## IND-GEN - Selecting Individual's Race

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

**Figure 34. IND-GEN - Selecting Individual's Race**

**Select Individual's Race:** Select each **individual's race** by clicking on the drop-down menu in Column 8 (Block 7) and choosing **all that apply** from the following options. You may select more than one (1) option for individuals of multiple races:

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



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



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

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

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

Figure 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 in Column 9 (Block 8) and choosing **one** of the following options:

- Yes
- No
- Not Reported



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

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

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

Figure 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 in Column 10 (Block 9) and choosing **one** of the following options:

- Yes
- No
- Not Reported



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



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

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

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

Figure 37. IND-GEN - Selecting Individual's Veteran Status

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

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



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



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

## IND-GEN - Entering BHW-Funded Financial Award Information



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

Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Stipend
(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 annual reporting period by clicking on the drop-down menu under Block 11 and choosing **one** of the following options:

- Yes
- No

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

- **If the student received a BHW-funded financial award,** enter the **total** amount of BHW dollars provided during the annual reporting period in the textbox in Column 13.
- **If the student did not receive a BHW-funded financial award,** enter "0" in the textbox in Column 13.



*Note: Columns 21a, 21b, and 21c are not editable and will be automatically populated when you select the "Save and Validate" button.*



*Note: The amount reported under the column labeled "Stipend" should be the total monies from the grant provided to an individual during the **current reporting period** for the purposes of participating in the training program that was selected under the column labeled "Type of Training"*

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

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

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

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 student has received a BHW-funded financial award** by clicking on the drop-down menu under Block 12 and choosing **one** of the following options:

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



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



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



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

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

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

Figure 40. IND-GEN - Selecting Individual's Academic or Training Year

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

- Non-degree Training Program Year 2
- Non-degree Training Year 1

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

Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(22) Block 12	(26) Block 15	(27) Block 16
		<input type="text" value="Select one"/> <ul style="list-style-type: none"> <li>Student - 9-12 (secondary)</li> <li>Student - Alternative/Complementa</li> </ul>

Figure 41. IND-GEN - Selecting Individual's Primary Discipline

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

- Student - 9-12 (secondary)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women's health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non-nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - K-8 (primary)
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family

Health Resources and Services Administration  
Bureau of Health Workforce

- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse midwife
- Student - Occupational Therapy
- Student - Physical Therapy
- Student - Post-high school / Pre-college
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Optometry
- Student - Physician Assistant
- Student - Public Health Nurse
- Student - Speech Therapy
- Student - Undergraduate - Other
- Student - Undergraduate - Radiological Technician

Annual Performance Report  
Academic Year 2015-2016

- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Pharmacy School
- Student - Podiatry School
- Student - Registered nurse (RN)
- Student - Undergraduate - Allied Health
- Student - Undergraduate - Public Health

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



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

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

**Figure 42. IND-GEN - Entering Training Information in a Primary Care Setting**

### Training in a Primary Care Setting: Select Whether Individual Received Training:

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

- Yes
- No

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

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

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



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

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

**Figure 43. IND-GEN - Entering Training Information in a Medically Underserved Area**

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

- Yes
- No

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

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

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



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

Type of Training Program	Trainee Unique ID	Training in a Rural Area	
		Select Whether Individual Received Training	Enter # of Contact Hours
(1)	(2) Block 1	(33) Block 19	(34) Block 19a
		<div style="border: 1px solid black; padding: 2px;">                     Select one                      Yes                      No                      N/A                 </div>	

**Figure 44. IND-GEN - Entering Training Information in a Rural Area**

**Training in a Rural Area: Select Whether Individual Received Training:** Select whether each student received experiential training in a rural area during the annual reporting period by clicking on the drop-down menu under Block 19 and choosing **one** of the following options:

- Yes
- No

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

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

## IND-GEN — Selecting Student Services Information



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

Student Services	
Select Social Support services used by Trainee	Select Academic Support services used by Trainee
34a)	(34b)

**Figure 45. IND-GEN — Selecting Student Services Information**

**Student Services: Select Social Support services used by Trainee:** Select whether each trainee used social support services by clicking on the drop-down menu under Column 34a and choosing all that apply from the following options:

- Faculty or staff led counseling sessions
- Peer support advisors
- Service learning opportunities
- N/A
- Other social support services
- Peer support groups
- None of the above

**Student Services: Select Academic Support services used by Trainee:** Select whether each trainee used academic support services by clicking on the drop-down menu under Column 34b and choosing all that apply from the following options:

- Academic coaching
- Faculty or staff led advising sessions
- Individual tutoring
- Study skills training
- Academic support program
- Group tutoring
- Other academic support service
- Time management training

- None of the above
- N/A

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

Type of Training Program	Trainee Unique ID	Training in a Medically Underserved Area		Training in a Rural Area		Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Individual's Post-Graduation/Completion Intentions
		Select Whether Individual Received Training	Enter # of Contact Hours	Select Whether Individual Received Training	Enter # of Contact Hours			
(1)	(2) Block 1	(31) Block 18	(32) Block 18a	(33) Block 19	(34) Block 19a	(36) Block 21	(37) Block 22	(39) Block 22b
						<div style="border: 1px solid black; padding: 2px;">                     Select one Yes                 </div>		

**Figure 46. IND-GEN - Selecting Whether Individual Left the Program Before Completion**

**Select Whether Individual Left the Program Before Completion:** Select whether each student **permanently left their training program before completion** during the annual 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;">                     Select one                      Select one                      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                 </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

Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select whether individual earned degree on-schedule/on-time	Select whether individual took and passed a certifying examination on the first attempt	Select Individual's Post-Graduation/Completion Intentions
(37) Block 22	(38) Block 22a	(38a)	(38b)	(39) Block 22b

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

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

- Yes
- No

### Select Degree Earned:

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

- |   |            |          |
|---|------------|----------|
| • AA  | • AS       | • BA     |
| • Bachelor's Degree not otherwise specified | • BPH      | • BS     |
| • BSW                                       | • DC       | • DDS    |
| • DDS/MPH                                   | • DDS/MSPH | • DMD    |
| • DNAP                                      | • DNP      | • DNSc   |
| • DO  | • DO/DrPH  | • DO/MPH |
| • DO/MSPH                                   | • DO/ScD   | • DPT    |
| • DrPH                                      | • DVM      | • EdD    |

- MA
- MD/DrPH
- MD/PhD
- MHA
- MMS/MPH
- MPAS
- MPAS/MSPH
- MS
- MSOT
- MSW
- PhD
- ScD
- Master's Degree Not Otherwise Specified
- MD/MPH
- MD/ScD
- MMS
- MMS/MSPH
- MPAS/DrPH
- MPAS/ScD
- MS-CTS
- MSPH
- Other
- Post-Masters Certificate
- VMD
- MD
- MD/MSPH
- MEd
- MMS/DrPH
- MMS/ScD
- MPAS/MPH
- MPH
- MSCR
- MSSW
- PharmD
- PsyD
- N/A

**Select whether individual earned degree on-schedule/ on-time:** Select whether each individual earned their degree on-schedule/on-time by clicking on the drop-down menu under Column 38a and choosing one of the following options:

- No
- Yes
- N/A

**Select whether individual took and passed a certifying examination on the first attempt:** Select whether each individual took and passed a certifying examination of the first attempt by clicking on the drop-down menu under Column 38b and choosing one of the following options:

- No
- Yes
- N/A

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

- If an individual **did complete** their training program during the annual reporting period, select “Yes” in Column 37 (Block 22) and **select the individual’s training or employment intentions** at the time of completion by clicking on the drop-down menu in Column 39 (Block 22b) and choosing **all that apply** from the below listed options.
- If an individual **did not complete** their training program during the annual reporting period **select “No”** in Column 37 (Block 22) and **select “N/A”** in Column 39 (Block 22b).
- Individual intends to apply to a health professions training program within the next 12 months
- Individual intends to become employed or pursue further training in a primary care setting
- Individual intends to remain enrolled in their health professions training program
- Not Reported
- 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

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

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

## INDGEN-PY: Individual Prior Year

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

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

Figure 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 completed their training 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:

- If current **training/employment data are not available**, select “No” in Column 13 (Block 23) and select “N/A” in Column 14 (Block 23a).
- If current **training/employment data are available**, select “Yes” in Column 13 (Block 23) and select the individual’s current training/employment status by clicking on the drop-down menu in Column 14 (Block 23a) and choosing all that apply.
  - Individual applied and was accepted in a health professions training program
  - Individual applied to a health professions training program but has not received acceptance
  - Individual is currently employed or is pursuing further training
  - Individual applied and was not accepted in a health professions training program
  - Individual is currently employed or is pursuing further training in a medically underserved community
  - Individual is currently employed or is pursuing further training in a

- in a primary care setting
- None of the above

- 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



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



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

# Experiential Characteristics—EXP Subforms

## EXP - Introduction

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

- The EXP-1 Setup form captures information about the sites used by grantees to provide trainees with clinical or experiential training
- The EXP-2 subform collects additional information about each site .
- 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

Fields with \* are required

\* Add Site

Enter the Site's Name

Add Record

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

Figure 50. EXP-1 - Entering Site Name

#### Site Name:

- Enter the **name of the site** used to train individuals during the current reporting period
- Click the “Add Record” button.
- Repeat this process as necessary

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

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

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 each site was used** during the current reporting period by clicking on the drop-down menu located in Column 2 and choosing **one** of the following options:

- Yes
- No



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



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

## EXP-1 - Selecting Type of Site Used

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

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

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

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

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

Health Resources and Services Administration  
Bureau of Health Workforce

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

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

Annual Performance Report  
Academic Year 2015-2016

- Hospital - community
- Hospital - non profit
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association or affiliate
- Other
- Physician Office
- School - based clinic
- State Government Office or Agency
- Tribal Health Department
- Veterans Affairs Hospital or clinic

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

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

Figure 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 individuals 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

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

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

Figure 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 one of the available options (programs on the Training Program Setup Form in the current reporting period).

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



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



Note: If the same program used multiple training sites, then multiple entries 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
	▼	

**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 students at each site during the annual reporting period by clicking on the drop-down menu under Block 5 and choosing **all that apply** from the following options:

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

- Tribal Government
- Private/For - profit organization
- Senior Center
- 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 annual 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



**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
(1)	(2) Block 1	(3) Block 3
		<input type="text"/>

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 **one** of the available options (programs on the Training Program Setup Form in the current reporting period).

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



Note: If the same site was used for multiple training programs, then multiple entries are required in the EXP-3 subform.



Note: If the same program used multiple training sites, then multiple entries are required in the EXP-3 subform.

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

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

Figure 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 all HCOP students** at each site during the annual reporting period by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Student - 9 - 12 (secondary)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women’s health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Social Work
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non - nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - K - 8 (primary)
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women’s health
- Student - Nurse Educator

Health Resources and Services Administration  
Bureau of Health Workforce

- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Occupational Therapy
- Student - Physical Therapy
- Student - Post - high school / Pre - college
- Student - Registered Nurse - BSN
- Student - Undergraduate - Allied Health
- Student - Undergraduate - Public Health

- Student - Nurse Researchers/Scientists
- Student - Optometry
- Student - Physician Assistant
- Student - Public Health Nurse
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

Annual Performance Report  
Academic Year 2015-2016

- Student - Nursing Informatics
- Student - Pharmacy School
- Student - Podiatry School
- Student - Registered nurse (RN)
- Student - Speech Therapy
- Student - Undergraduate - Other
- Student - Undergraduate - Radiological Technician

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

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

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

**Enter # Trained in this Profession and Discipline:** In Column 4 (Block 3), enter **the number of HCOP students in the profession and discipline** selected in the previous step that were trained at each site during the current annual reporting period. Counts provided should be based on individuals reported on LR-1



*Note: Counts provided in the textbox under Block 3 should be based on individuals reported on the LR/DV tables.*



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

## Printing Your Performance Report

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

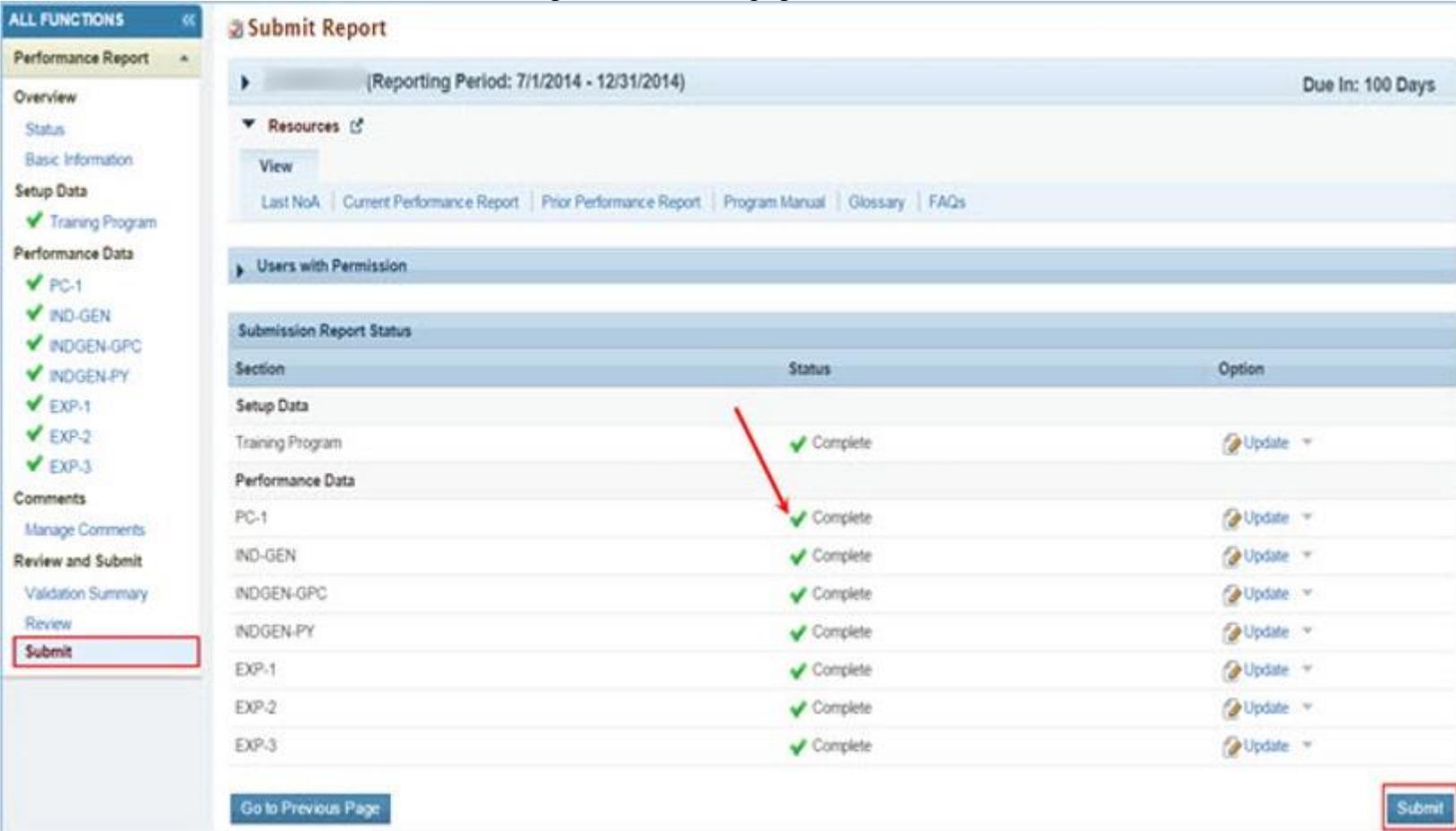
Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View ▾
PC	HTML	View ▾
IND-GEN	HTML	View ▾
INDGEN-GPC	HTML	View ▾
INDGEN-PY	HTML	View ▾
EXP	HTML	View ▾
Comments and Certification	HTML	View ▾

**Figure 63. Screenshot of Printing Your Performance Report**

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

## Submitting Your Performance Report

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



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

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

**Figure 64. 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 65. 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 66. 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.