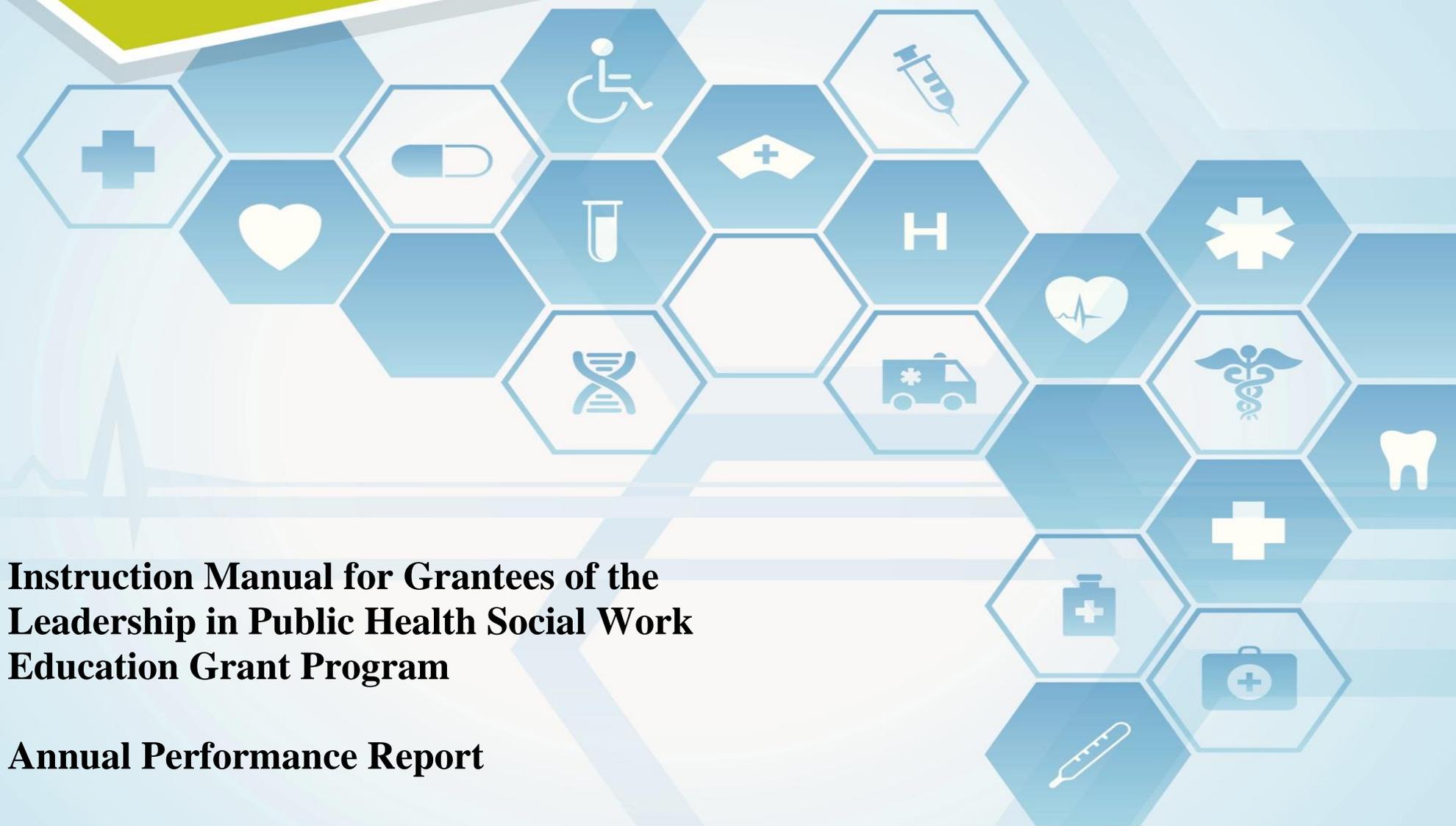


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Performance Report for Grants and Cooperative Agreements

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the
Leadership in Public Health Social Work
Education Grant 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 **LPHSWE** grant program:
 1. **Placement of dual-degree master's students into required field placements/internships.**
 2. **Provide stipend support to master's level dual-degree students who are participating in a practice-based experience.**
 3. **Develop curricula for public health social work programs to prepare students for roles in leadership and management in health care and social.**
 4. **Develop the skills and expertise of faculty in leadership and management, policy development and analysis, education and training, and/or research and evaluation.**
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 interface with a link labeled "View Prior Period Data" at the top left, enclosed in a red rectangular box. Below this link is a text label "Fields with * are required". Underneath is a blue header bar with the text "Add Training Program" and a red asterisk. Below the header bar is a label "Select Type of Training Program Offered" with a sub-label "(Click the 'Load Program Details' button after selecting your training program)". To the right of this label is a dropdown menu with the text "Select One" and a downward-pointing arrow.

Figure 1. Screenshot of View Prior Period Data Link

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

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

Figure 2. Example of Performance Measures Data Table

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

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

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

Getting Started: Browser Settings



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

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

Getting Started: Helpful Resources and Recommendations

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

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

Order of Required Forms

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

Order	Type of Form	Parent Form	Form ID
1	Setup Form	Setup Forms	Training Program
2	Performance Data Form	Program Characteristics-PC Subforms	PC-1
3	Performance Data Form	Program Characteristics-PC Subforms	PC-9
4	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN
5	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY
6	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1
7	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2
8	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3
9	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1
10	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1a

Order	Type of Form	Parent Form	Form ID
11	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-2
12	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2a
13	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2b

Training Program - Setup

Training Program Setup - Selecting Type of Training Program

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

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

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

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

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

Training Program Setup - Loading Program Details

[View Prior Period Data](#)

Fields with * are required

*** Add Training Program**

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

Figure 4. Training Program Setup - Loading Program Details

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



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

Training Program Setup - Adding Degree/Diploma Program

The screenshot shows a web form titled "Add Training Program". The form has a header bar with a red star icon and the text "Add Training Program". Below the header, there are several sections:

- Select Type of Training Program Offered**: A dropdown menu with the selected option "Degree/Diploma/Certificate Academic Training Program (Degree)". To the right of this dropdown is a button labeled "Load Program Details". Below this section is a note: "(Click the 'Load Program Details' button after selecting your training program)".
- For a Degree/Diploma/Certificate Program, Select Type of Degree Offered**: A dropdown menu with the selected option "Select One".
- For a Degree/Diploma/Certificate Program, Select Primary Focus Area**: A dropdown menu with the selected option "Select One".
- For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program**: A dropdown menu with the selected option "Select One".

At the bottom left of the form is a button labeled "Add Record".

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

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

- Joint Degree not otherwise specified
- MSW with Public Health concentration
- MSW/MPH
- PhD

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

- Student - Graduate - Public Health Social Work

Select Delivery Mode Used to Offer Program:

1. Select the primary mode used to deliver each degree program during the current reporting period by clicking on the drop-down menu and choosing options below:
 2. Click on the "Add Record" button to save your entry.
 3. Repeat this process to capture the degree programs supported through the grant during the current reporting period.
- Campus-based program
 - Distance learning program
 - Hybrid program

Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)
1	New Record	Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	Active

Figure 6. Training Program Setup - Selecting Training Activity Status

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

- Active
- Inactive



Note: All new programs must be marked "Active"



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

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

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

No. Record Status	Type of Training Program (1) Block 1	Type of Degree Offered (2) Block 1j	Primary Focus Area (3) Block 1k	Delivery Mode Used to Offer Program (4) Block 1k.1	Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2
1 New Record	Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	Joint Degree not otherwise specified	Student - Graduate - Public Health Social Work	Hybrid program	Academic institution

Figure 7. PC-1 - Selecting Type(s) of Partners/Consortia

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

- Academic department - outside the institution
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- 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 insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Local Government
- Nonprofit organization
- Academic department - within the institution
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- 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
- Hospice
- Long-term care facility
- Academic institution
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- 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
- Hospital
- No partners/consortia used

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- Other
- Professional Associations
- State Government

- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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- 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.

PC-1 - Entering Enrollment Information



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

Enter Total # Enrolled (whether funded by BHW or not)		
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b
100	0	0

Figure 8. PC-1 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: For Column 7, enter the total number of students enrolled in each degree program listed during the current reporting period. Count all students enrolled—regardless of whether they received a BHW-funded financial award.

Enter Total # Enrolled (whether funded by BHW or not): URM: For Column 8, enter the number of students enrolled in each degree program during the current reporting period who were underrepresented minorities. Column 8 is a subset of Column 7.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Column 9, enter the number of students enrolled in each degree program during the current reporting period who are from disadvantaged backgrounds and are not underrepresented minorities. Column 9 is a subset of Column 7.



Note: For the total enrollee count (Column 7), DO include students who went on to graduate from the degree program in the current reporting period but do NOT include students who discontinued prior to graduation (i.e., attrition). Attrition counts will be captured separately in Column 12.



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

PC-1 - Entering Graduate Information

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

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total (10) Block 8	URM (11) Block 8a
0	0

Figure 9. PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total:

In Column 10 (Block 8), enter the total number of students who completed their degree program during the current reporting period. Count all students who completed the degree program, regardless of whether or not the student directly received a BHW-funded financial award.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM:

In Column 11 (Block 8a), enter the number of students who completed all degree program requirements during the current reporting period and were underrepresented minorities.



Note: Column 10 (Block 8) is a subset of Column 7 (Block 3); Column 11 (Block 8a) is a subset of Column 10 (Block 8).



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

PC-1 - Entering Attrition Information

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

Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (12) Block 9	URM (13) Block 9a
0	0

Figure 10. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: In Column 12 (Block 9), enter the total number of students who permanently left their degree programs before completion during the current reporting period. Count all students who permanently left their degree program regardless of whether or not the student directly received a BHW-funded financial award.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: In Column 13 (Block 9a), enter the number of students who permanently left their degree program before completion during the current reporting period and were underrepresented minorities.



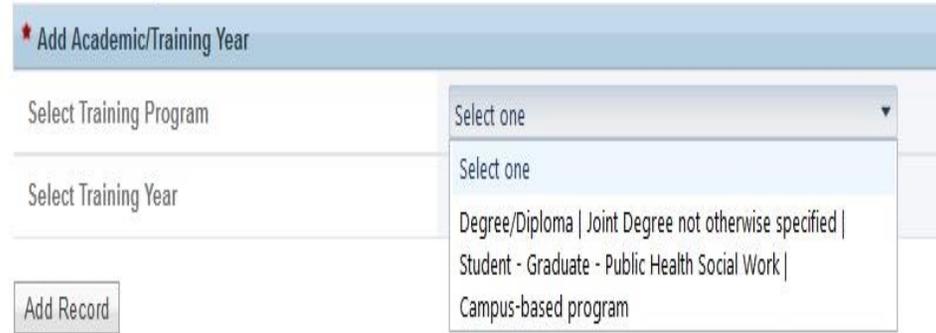
Note: Column 13 (Block 9a) is a subset of Column 12 (Block 9). The total entered in Column 12 (Block 9) is exclusive of the total number of students Column 7 (Block 3).



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

PC-9: Program Characteristics –Positions Description

PC-9 - Selecting Type of Training Program



The screenshot shows a web form titled "Add Academic/Training Year". It contains two input fields: "Select Training Program" and "Select Training Year". The "Select Training Program" field is currently open, displaying a dropdown menu with the following options: "Select one", "Degree/Diploma | Joint Degree not otherwise specified |", "Student - Graduate - Public Health Social Work |", and "Campus-based program". Below the input fields is a button labeled "Add Record".

Figure 11. PC-9 - Selecting Type of Training Program

Type of Training Program: Select a training program by clicking on the drop-down menu and choosing one of the available options.



Note: The options available under "Type of Training Program" will prepopulate with training programs that was entered and marked as "Active" on the Training Program Setup Form.

PC-9 - Selecting Training Year

Fields with * are required

* Add Academic/Training Year

Select Training Program

Select Training Year

- Graduate Year 1
- Graduate Year 2
- Graduate Year 3

Figure 12. PC-9 - Selecting Training Year

Training Year:

1. Select the types of training years that apply to the training program supported through the grant by clicking on the drop-down menu next to "Select Training Year" and choosing all that apply from the options below.
 2. Next, click on the "Add Record" button to save your entry.
 3. Repeat this process to capture each training year associated with each training program supported through the grant.
- Graduate Year 1
 - Graduate Year 2
 - Graduate Year 3
 - Graduate Year 4
 - Graduate Year 5

PC-9 - Entering Total # of Positions Recruited For

No.	Record Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6
1	New Record	Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	Graduate Year 2	100	100

Figure 13. PC-9 - Entering Total # of Positions Recruited For

Enter Total # of Positions Recruited For: For each training year, enter the number of positions recruited for during the current reporting period in the textbox in Column 4 (Block 5).

PC-9 - Entering Total # of Positions Filled

No.	Record Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6
1	New Record	Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	Graduate Year 2	<input type="text" value="100"/>	<input type="text" value="100"/>

Figure 14. PC-9 - Entering Total # of Positions Filled

Enter Total # of Positions Filled: For each training year, enter the total number of positions filled in the textbox in Column 5 (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.

IND-GEN: Individual Characteristics

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

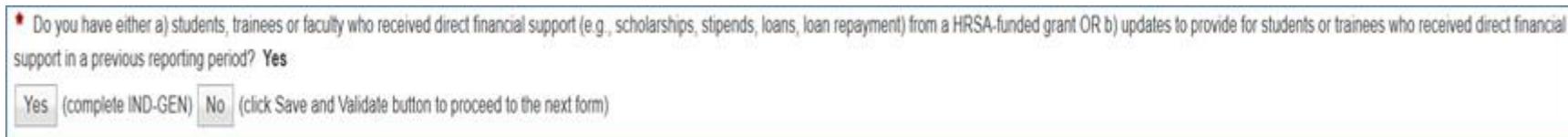
1. You must complete an IND-GEN record for each individual who received a BHW-funded financial award during the annual reporting period. In addition, annual updates are required for individuals who were previously reported on IND-GEN and were not marked as having graduated, completed or attrited from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



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

IND-GEN: Individual Characteristics

IND-GEN - Setup



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

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

Figure 15. IND-GEN - Setup

To begin providing individual-level data for trainees who received BHW-funded financial awards during the 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.



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

IND-GEN - Selecting Type of Training Program

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

Figure 16. IND-GEN - Selecting Type of Training Program

Select each individual's training program by clicking on the drop-down menu and choosing one of the available options.

Type of Training Program:



Warning: The option for "Other" Training Program should only be selected for faculty members who received a direct financial award.



Note: The options available in this dropdown menu will prepopulate with programs entered and saved in the Training Program Setup Form.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

Example:

IND-GEN - Entering Trainee Unique ID

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

Figure 17. IND-GEN - Entering Trainee Unique ID

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



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

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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status
(1)	(2) Block 1	(3) Block 2	(4) Block 3
Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	1234567	Select one Select one Enrollee - Joint Degree not otherwise specified Enrollee - MSW with Public Health concentration Enrollee - MSW/MPH Enrollee - PhD Faculty	Full-time

Figure 18. IND-GEN - Selecting Individual's Training or Awardee Category

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

- Enrollee - Joint Degree not otherwise specified
- Enrollee - MSW with Public Health concentration
- Enrollee - MSW/MPH
- Enrollee - PhD
- Faculty

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

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

Figure 19. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's enrollment status in their degree program during the reporting period by clicking on the drop-down menu in Column 4 (Block 3) and choosing one of the following options:

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

IND-GEN - Selecting Individual's Sex

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

Figure 20. IND-GEN - Selecting Individual's Sex

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

- Female
- Male
- Not Reported



Warning: 'Not Reported' cannot be selected for prior records.

IND-GEN - Selecting Individual's Age

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

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

Select Individual's Age: Enter each individual's age at the end of the reporting period in the textbox in Column 6 (Block 5).

- 12
- 13
- 14
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- 71

- 72
- 73
- 74
- 75
- Not Reported



Warning: 'Not Reported' cannot be selected for prior records.

IND-GEN - Selecting Individual's Ethnicity

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

Figure 22. 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



Warning: 'Not Reported' cannot be selected for prior records.

IND-GEN - Selecting Individual's Race

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

Figure 23. 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:

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



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



Warning: 'Not Reported' cannot be selected for prior records.

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

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

Figure 24. IND-GEN - Selecting if Individual is from a Rural Residential Background

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

- Yes
- No
- Not Reported



Warning: 'Not Reported' cannot be selected for prior records.



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

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

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

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

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

- Yes
- No
- Not Reported



Warning: 'Not Reported' cannot be selected for prior records.



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

IND-GEN - Selecting Individual's Veteran Status

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

Figure 26. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status: Select each individual's veteran status by clicking on the drop-down menu 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



Warning: 'Not Reported' cannot be selected for prior records.



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

IND-GEN - Entering BHW-Funded Financial Award Information

Type of Training Program	Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Stipend
(1)	(2) Block 1	(12) Block 11	(13) Block 11
Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	1234567	Select one	

Figure 27. IND-GEN - Entering BHW-Funded Financial Award Information

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

- Yes
- No

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

- If the individual received a BHW financial award, enter the total amount of BHW dollars provided during the reporting period in the textbox Column 13 (Stipend).
- If the individual did not receive a BHW financial award, select "No" in Column 12 (Block 11) and enter "0" in the textbox Column 13 (Stipend).



Note: Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, conference expenses, tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations.

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

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding
(1)	(2) Block 1	(22) Block 12
Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	1234567	<div style="border: 1px solid black; padding: 2px;"> Select one 1 2 3 4 5 or more </div>

Figure 28. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

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

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



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



Note: If an individual has received money for 1/2 an academic year, please round up. For example, if an individual has received a financial award for 1 1/2 years, please enter 2.



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

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

Type of Training Program	Trainee Unique ID	Select Individual's Academic or Training Year
(1)	(2) Block 1	(26) Block 15
Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	1234567	Select one Graduate Year 1 Graduate Year 2 Graduate Year 3 Graduate Year 4 Graduate Year 5 N/A

Figure 29. IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year: Select each individual's current training year by clicking on the drop-down menu in Column 26 (Block 15) and choosing one of the following options:

- Graduate Year 1
- Graduate Year 2
- Graduate Year 3
- Graduate Year 4
- Graduate Year 5
- N/A



Note: For faculty members, select N/A.

IND-GEN - Selecting Individual's Primary Discipline

Type of Training Program	Trainee Unique ID	Select Individual's Primary Discipline	S
(1)	(2) Block 1	(27) Block 16	(28) Block
Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	1234567	<div style="border: 1px solid black; padding: 2px;"> Select one Behavioral Health - Clinical Psychology Behavioral Health - Clinical Social Work Behavioral Health - Counseling Psychology </div>	

Figure 30. IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline:

1. For students participating in joint-degree programs, click on the drop-down menu in Column 27 (Block 16) and select the option "**Student - Graduate - Public Health Social Work.**"
2. For faculty members, select each individual's primary profession and discipline by clicking on the drop-down menu in Column 27 (Block 16) and choosing **one** of the non-student options below:

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

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

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- Other - Registered Dietician
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition

- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

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- Public Health - Injury Control & Prevention
- Student - Graduate - Public Health Social Work

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

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

Figure 31. IND-GEN - Entering Training Information in a Primary Care Setting

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

- Yes
- No
- N/A

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

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



Note: For faculty members, select "N/A" in column 28 and leave column 29 blank.

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



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

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

Figure 32. IND-GEN - Entering Training Information in a Medically Underserved Area

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

- Yes
- No
- N/A

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

- If the individual received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the reporting period in the textbox in Column 32 (Block 18a).
- If the individual did not receive clinical or experiential training in a MUC, leave the textbox in Column 32 (Block 18a) blank.



Note: For faculty members, select "N/A" in Column 31 and leave Column 32 blank.

IND-GEN - Entering Training Information in a Rural Area

Trainee Unique ID	Training in a Rural Area		Select Whether Individual Left the Program Before Completion
	Select Whether Individual Received Training	Enter # of Contact Hours	
(2) Block 1	(33) Block 19	(34) Block 19a	(36) Block 21
	<input type="text"/> Select one Yes No		

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

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

- Yes
- No
- N/A

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

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



Note: For faculty members, select "N/A" in Column 33 and leave Column 34 blank.

IND-GEN - Selecting Individual's Field Placement Setting

Type of Training Program	Trainee Unique ID	Training in a Rural Area		Select Individual's Field Placement Setting	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program
		Select Whether Individual Received Training	Enter # of Contact Hours			
(1)	(2) Block 1	(33) Block 19	(34) Block 19a	(35) Block 20	(36) Block 21	(37) Block 22
Practicum/Field Placement Student 0031781 NP - Adult gerontology		No		Ambulatory practice sites	No	No
Practicum/Field Placement Student 0031777 NP - Adult gerontology		No		Hospital-non profit	No	No
Practicum/Field Placement Student 0031780 NP - Adult gerontology		No		Ambulatory practice sites	No	No
Practicum/Field Placement Student 0031779 NP - Adult gerontology		Yes	120	Hospital-community	No	No
				<input type="text" value="Select one"/>		
				Academic institution		
				Acute care services		
				Aerospace operations setting		
				Ambulatory practice sites		
				Community Health Center (CHC)		
				Other community health center (e.g., free clinic)		
				Community Behavioral Health Center		
				Community care programs for elderly mentally challenged individuals		
				Community-based organization		

Figure 34. IND-GEN - Selecting Individual's Field Placement Setting

Select Individual's Field Placement Setting: Select the type of site where each individual was placed during the reporting period by clicking on the drop-down menu in Column 35 (Block 20) and choosing one of the following options.

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

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- Hospital
- International nonprofit/nongovernmental organization
- Long-term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g., free clinic)
- Program of All Inclusive Care for the Elderly
- Senior Centers
- State Health Department
- Tribal Organization

- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Veterans Affairs Hospital or clinic

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- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association or affiliate
- Other
- Physician Office
- School-based clinic
- State Government Office or Agency
- Tribal Health Department
- N/A



Warning: For Faculty, select "N/A" in the drop-down menu in Column 35 (Block 20).

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

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

Figure 35. IND-GEN - Selecting Whether Individual Left the Program Before Completion

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

- Yes
- No

IND-GEN - Entering Graduation/Completion Information

Trainee Unique ID	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned
(2) Block 1	(36) Block 21	(37) Block 22	(38) Block 22a
		<input type="text" value="Select one"/>	
		Yes	
		No	

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

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

- Yes
- No

Select Degree Earned:

1. If the student did not graduate from their joint degree program, select "N/A" in Column 38 (Block 22a).
2. If the student graduated from joint degree program during the reporting period, select the type of degree/certificate earned through the program by clicking on the drop-down menu in Column 38 (Block 22a) and choosing one of the following options:
 - Joint Degree not otherwise specified
 - MSW with Public Health concentration
 - MSW/MPH
 - PhD
 - N/A

Select Individual's Post-Graduation/Completion Intentions:

1. If the student did not graduate from their joint degree program, select "N/A" in Column 39 (Block 22b).
2. If the student graduated from joint degree program during the reporting period, select the student's training or employment intentions by clicking on the drop-down menu in Column 39 (Block 22a) and choosing all of the following options that apply:
 - Individual intends to become employed or pursue further training in a medically underserved community
 - Individual intends to become employed or pursue further training in a rural setting
 - Not Reported
 - Individual intends to become employed or pursue further training in a primary care setting
 - None of the above
 - N/A



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

IND-GEN - Entering # of Articles Published



The image shows a data entry form with a blue header containing the text "Enter # of Articles Published in Peer-Reviewed Journals". Below the header, the text "(44)" and "Block 25" is centered. At the bottom, there is a white text input field with a red border containing the number "2".

Figure 37. IND-GEN - Entering # of Articles Published

Enter # of Articles Published in Peer-Reviewed Journals: Enter the number of articles published by each individual in peer-reviewed journals during the reporting period in the textbox in Column 44 (Block 25). If the individual did not publish any articles in peer-reviewed journals during the reporting period, enter a zero ("0") in the textbox in Column 44 (Block 25).

IND-GEN - Entering # of Peer-Reviewed Conference Presentations

Enter # of Articles Published in Peer-Reviewed Journals	Enter # of Peer-Reviewed Conference Presentations
(44) Block 25	(45) Block 26
2	2

Figure 38. IND-GEN - Entering # of Peer-Reviewed Conference Presentations

Enter # of Peer-Reviewed Conference Presentations: Enter the number of peer-reviewed conference presentation for each individual during the reporting period in the textbox in Column 45 (Block 26). If the individual did not present any peer-reviewed conference presentations during the reporting period, enter a zero ("0") in the textbox in Column 45 (Block 26).



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 39. 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 previously graduated from their degree program by clicking on the drop-down menu in Column 13 (Block 23) and choosing one of the following options:

- Yes
- No
- N/A

Select Individual's Current Training/Employment Status:

1. If "No" was selected in Block 23, choose "N/A" in Block 23a.
2. If "Yes" was selected in Block 23, choose each individual's current employment location by clicking on the drop-down menu under Block 23a choosing all that apply from the following options:
 - Individual is currently employed or is pursuing further training in a medically underserved community
 - Individual is currently employed or is pursuing further training in a rural setting
 - Individual is currently employed or is pursuing further training in a primary care setting
 - None of the above

- Not Reported

- N/A

Select Whether Your Organization Hired this Individual: Select whether your organization hired this individual following graduation by clicking on the drop-down menu under Column 16 and choosing one of the following options:

- No
- Yes
- N/A



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

Experiential Characteristics—EXP Subforms

EXP - Introduction

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

- The EXP-1 Setup form captures information about the names of sites used by grantees to provide trainees with clinical or experiential training, and collects general information about each training site used during the current reporting period.
- The EXP-2 subform collects information on partnerships established and vulnerable populations served at each training site during the current reporting period.
- The EXP-3 subform collects information about the profession/discipline of individuals, and interprofessional training experiences, at each site that was entered in the EXP-1 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):

- The BPMH system will pre-populate 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 reporting period.
 - If "Yes" was selected, the BPMH system will pre-populate 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 (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 40. EXP-1 - Entering Site Name

Site Name:

- Enter the name of a site used to train individuals supported by the grant during the current reporting period in the textbox next to the row labeled "Enter the Site's Name".
- Next, click on the "Add Record" button to save your entry.
- Repeat the process as necessary to capture the names of each site used to train individuals supported by the grant during the current reporting period.

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

Fields with * are required

* Add Site

Enter the Site's Name

Add Record

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

Figure 41. EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period:

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

- Yes
- No

EXP-1 - Selecting Type of Site Used

The screenshot shows a web form for 'EXP-1'. At the top, there are three status indicators: 'EXP-1' with a green checkmark, 'EXP-2' with a red X, and 'EXP-3' with a red X. Below this, a note 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 first column, '10' in the second, 'Test Site1' in the third, 'Yes' in a dropdown menu in the fourth, and 'Select one' in a dropdown menu in the fifth. The 'Select one' dropdown is highlighted with a red border.

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	Test Site1 1	Yes	Select one	

Figure 42. EXP-1 - Selecting Type of Site Used

Select Type of Site Used: Select the type of site used to train individuals during the current reporting period by clicking on the drop- down menu in Column 3 (Block 1a) and choosing 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
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community - based organization
- Community Health Center (CHC)
- Dental Services
- Extended care facilities
- Acute care services
- Assisted Living Community
- Community Behavioral Health Center
- Community Mental Health Center

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- Day and home care programs (e.g., Home Health)
- Emergency Room
- Federal Government Office or Agency
- Geriatric Behavioral or Mental Health Units
- Hospital
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- Senior Centers
- State Health Department
- Tribal Organization

- FQHC or look - alike
- Geriatric consultation services
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Veterans Affairs Hospital or clinic

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- Dentist Office
- Federal and State Bureau of Prisons
- Geriatric ambulatory care and comprehensive units
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association or affiliate
- Other
- Physician Office
- School - based clinic
- State Government Office or Agency
- Tribal Health Department

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

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

Figure 43. EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Select whether each site used to train individuals during the current reporting period was located in a designated setting by clicking on the drop-down menu in Column 4 (Block 2) and choosing all that apply from the following options:

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



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



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

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

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

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

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



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

EXP-2: Training Site Characteristics

EXP-2 - Selecting Training Program and Site Name

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

Figure 45. EXP-2 - Selecting Training Program and Site Name

Type of Training Program: Click on the drop-down menu under "Type of Training Program" and choose one of the available options.

Site Name: Select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.



Warning: Sites used for each training program must be reported separately. If the same site was used for multiple training programs, 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 46. 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 47. EXP-2 - Selecting Type of Setting Where the Site was Located

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



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



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

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

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

Figure 48. EXP-2 - Selecting Type(s) of Partners/Consortia

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

- Academic department - outside the institution
- 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
- Academic department - within 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 Clinics
- Academic 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
- FQHC or look - alike
- Geriatric consultation services
- Health department - Tribal
- Hospital
- No partners/consortia used
- Nursing home

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- Other
- Professional Associations
- State Government

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

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- 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 Primary Training Competency

Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Primary Training Competency Addressed at this Site
(4) Block 2	(5) Block 5	(6) Block 6
Rural area		Policy development program planning skills
		<input type="text" value=""/>

Figure 49. EXP-2 - Selecting Primary Training Competency

Select Primary Training Competency Addressed at this Site: Select the primary training competency addressed at each site during the reporting period by clicking on the drop-down menu in Column 6 (Block 6) and choosing one of the following options:

- Cultural Competency
- Leadership and Management
- Research and Evaluation
- Interprofessional Practice
- Policy Development and Analysis
- None of the above

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

Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site used to train individuals during the reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing all that apply from the following options:

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



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



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

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

EXP-3 - Selecting Training Program and Site Name

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	Select one	Select one		

Figure 51. EXP-3 - Selecting Training Program and Site Name

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

Site Name: Select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.



Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.



Note: The options available under Block 1 will prepopulate with information entered and saved in the EXP-1 subform.

EXP-3 - Selecting Profession and Discipline of Individuals Trained

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	Select one	Select one		

Figure 52. EXP-3 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained: Select the profession and discipline of individuals trained at each site during the reporting period.

1. For "**Principal Trainees**" students (who participated in HRSA-funded joint degree programs), select the option: **Student- Graduate- Public Health Social Work**
2. For "**Other Interprofessional**" trainees (who did not participate in HRSA-funded joint degree programs but trained alongside the Principal students at training sites), select from the following options:

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

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

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



Note: For students in degree programs, use the student categories. For residents and fellows use the profession & discipline options (i.e., do not use the student options).



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

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

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	Select one	Select one	<input style="border: 2px solid red;" type="text"/>	

Figure 53. EXP-3 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

For each profession/discipline, enter the number of Principal Students (those who participated in HRSA-funded joint degree programs) in Column 4 (Block 3). If you did not have any principal students from a given profession/discipline, enter a zero ("0") in Column 4 (Block 3).

Enter # Trained in this Profession and Discipline:

For each profession/discipline, enter the number of Principal Students (those who participated in HRSA-funded joint degree programs) in Column 4 (Block 3). If you did not have any principal students from a given profession/discipline, enter a zero ("0") in Column 4 (Block 3).



Note: Counts provided in the textbox under Block 3 should be based on individuals reported on INDGEN.

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

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Degree/Diploma Joint Degree not otherwise specified Student - Graduate - Public Health Social Work Campus-based program	Select one	Select one		

Figure 54. EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care:

For each profession/discipline, enter the number of Other Interprofessional Trainees (those who did not participate in HRSA-funded joint degree programs) in Column 5 (Block 8). If you did not have any Other Interprofessional trainees from a given profession/discipline, enter a zero ("0") in Column 5 (Block 8).



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



Note: Do not count faculty or non-trainees.

EXP-3 - Adding Individuals Trained Example 1

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

Figure 55. EXP-3 - Adding Individuals Trained Example 1

Example with both your trainees and interprofessional trainees at the same site:

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

EXP-3 - Adding Individuals Trained Example 2

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

Figure 56. EXP-3 - Adding Individuals Trained Example 2

Example with no interprofessional trainees at any site:

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

EXP-3 - Adding Individuals Trained Example 3

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

Figure 57. EXP-3 - Adding Individuals Trained Example 3

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

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



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

Course Development and Enhancement—CDE Subforms

CDE - Introduction

1. Purpose:

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

2. Prepopulation:

- For courses or other training activities that were reported previously and marked as "Under Development" or "Developed, but Not Yet Implemented": The BPMH system will prepopulate certain Blocks in the CDE-1 subform. Please note that all other Blocks must be updated on a basis until the course or training activity is marked as "Implemented"
- For courses or other training activities that were reported previously and marked as "Implemented": The BPMH system will transfer these records to the new CDE-1a subform. The only action required in this subform is to select whether the course or training activity previously implemented was also offered during the reporting period.

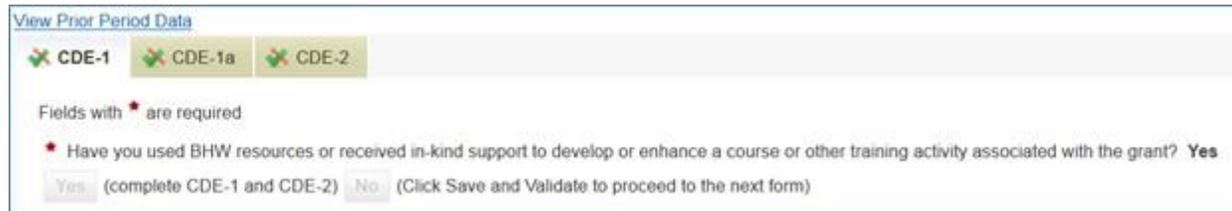
3. Sequence:

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

CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup

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



The screenshot shows a web form titled "View Prior Period Data" with three tabs: "CDE-1", "CDE-1a", and "CDE-2". Below the tabs, it states "Fields with * are required". A red asterisk is next to the question: "Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes". Below the question are two buttons: "Yes (complete CDE-1 and CDE-2)" and "No (Click Save and Validate to proceed to the next form)".

Figure 58. CDE-1 - Setup



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

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



The screenshot shows a web form titled "Add Course" with a red star icon. Below the title is a text input field with the placeholder text "Enter the Name of the Course of Training Activity that was Developed or Enhanced". The input field is empty and has a red border. Below the input field is a button labeled "Add Record", which is also highlighted with a red border.

Figure 59. CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity:

- Enter the name of each new course or training activity that was developed or enhanced through the grant during the current reporting period.
- Next, click the "Add Record" button to save your entry.
- Repeat this process to enter each new course or training activity separately.

CDE-1 - Selecting Type of Course or Training Activity

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

Figure 60. CDE-1 - Selecting Type of Course or Training Activity

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

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

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

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

Figure 61. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

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

- Enhanced
- Newly developed



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



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

CDE-1 - Entering Development/Enhancement Status

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

Figure 62. CDE-1 - Entering Development/Enhancement Status

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

- Developed, not yet implemented
- Implemented
- Under development

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: From Year: In the textbox in Column 5 (Block 4a), enter the first portion of the academic end year in which each course or training activity was first implemented using the YYYY format.

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: To Year: In the textbox in Column 6 (Block 4a), enter the second portion of the academic end year in which each course or training activity was first implemented using the YYYY format.



Note: For records marked as "Under Development" or "Developed, not yet implemented", enter N/A under Block 4a.

CDE-1 - Entering Curriculum

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

Figure 63. CDE-1 - Entering Curriculum

Enter the Curriculum the Course or Training Activity is Associated With: Enter the name of the curriculum associated with each course or training activity that was developed or enhanced through the grant in the textbox in Column 7 (Block 5).



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

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

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

Figure 65. CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented:

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



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

CDE-1 - Selecting Primary Competency Addressed by the Course

CDE-1
 CDE-1a
 CDE-2

Fields with * are required

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

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

*** Add Course**

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

No. Record Status	Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Primary Competency Addressed by the Course (7a)
					From Year (5) Block 4a	To Year (6) Block 4a		
No records to display.								

Figure 66. CDE-1 - Selecting Primary Competency Addressed by the Course

Select Primary Competency Addressed by the Course: Select the primary competency addressed by the course by clicking on the drop down menu under column 7a and choosing **one** of the following options:

CDE-1a: Course Development and Enhancement - Log of Courses/Training Activities Implemented

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

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

Figure 67. CDE-1a - Selecting Whether the Course was Offered in the Current Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period: Select whether each previously implemented course was offered again during the current reporting period by clicking on Column 9 and choosing one of the following options:

- Yes
- No



Warning: If "No" was selected in Column 9, the name of the course or training activity previously implemented will not display as an option in the CDE-2 subform.

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

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

Figure 68. CDE-1a - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented:

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



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

CDE-2 - Adding Courses and Profession/Disciplines

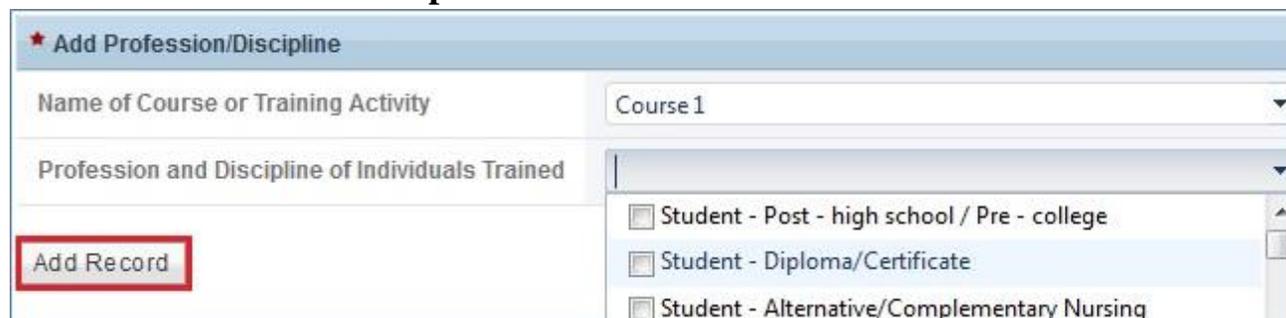


Figure 69. CDE-2 - Adding Courses and Profession/Disciplines

Name of Course or Training Activity: Select the name of a course by clicking on the drop-down menu in Block 1 and choosing one of the available options. Only the names of courses/training activities that were marked as "Implemented" in the CDE-1 subform (for new records) or marked as "Offered" in the CDE-1a subform (for previous records) will appear as options in the drop-down menu.

Profession and Discipline of Individuals Trained:

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics

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- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention

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- Other - Midwife (non-nurse)
- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental School
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Public Health
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care pediatric
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - NP - Women's health
- Student - Physician Assistant
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Masters
- Student - Graduate - Professional Counseling
- Student - Graduate - Public Health Social Work
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Undergraduate - Other
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Marriage and Family Therapy
- Student - Graduate - Other
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Psychiatric/Mental health
- Student - Physical Therapy
- Student - Registered nurse (RN)
- Student - Undergraduate - Public Health

- Student - Registered Nurse - BSN

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

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

Figure 70. CDE-2 - Entering # Trained in the Profession and Discipline

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



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

Faculty Development, Instruction, and Recruitment—FD Subforms

FD - Introduction

Purpose: The FD-2 subforms collect information about the characteristics and trainees of faculty development activities.



Warning: The FD-2a and FD-2b subforms will only appear if "Faculty Development Activities" was selected in the Faculty Development Setup form.

FD-2a: Faculty Development - Faculty Development Activities

FD-2a - Entering Faculty Development Activities

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



* Add Faculty Development Activities	
Activity Name	Activity 1

Add Record

Figure 71. FD-2a - Entering Faculty Development Activities

Activity Name:

- Enter the name of each new faculty development activity coordinated and/or supported through the grant during the current reporting period in Column 1 (Block 1).
- Select “Add Record.”
- Repeat this process as necessary to enter each new faculty development activity that was coordinated and/or supported through the grant during the current reporting period.

 Warning: If a previously-completed faculty development activity (prior record) is being offered again with a new cohort, it will need to be re-created as a new record.

FD-2a - Selecting Type of Faculty Development Activity Offered



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

No. (1)	Activity Name	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops	
			Select Whether Activity is Accredited for Continuing Education Credit (3) Block 8a	Select Whether Attendance was to Acquire or Maintain Professional Certification (4) Block 8b
1	Activity 1	<input type="text" value="Select one"/> <input type="text" value="Select one"/> <input type="text" value="Professional Conference"/>	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>

Figure 72. FD-2a - Selecting Type of Faculty Development Activity Offered

Select Type of Faculty Development Activity Offered: Select the type of faculty development activity supported and/or coordinated through the grant during the current reporting period by clicking on the drop-down menu under Column 2 (Block 8) and choosing one of the following options:

- Academic Course for Continuing Education
- Clinical Rotation for Continuing Education
- Grand Rounds for Continuing Education
- Professional Conference
- Training/Workshop for Continuing Education

For Courses or Workshops: Select Whether Activity is Accredited for Continuing Education Credit:

1. For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8), Select N/A for Column 3 (Block 8a).

2. For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8), select whether these activities are accredited for continuing education credit by clicking on the drop-down menu under Column 3 (Block 8a) and choosing one of the following options:

- Yes
- No
- N/A

For Courses or Workshops: Select Whether Attendance was to Acquire or Maintain Professional Certification:

1. For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8), Select N/A for Column 4 (Block 8b).

2. For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8), select whether attendance by faculty was for the purposes of acquiring or maintaining a professional certification by clicking on the drop-down menu under Column 4 (Block 8b) and choosing one of the following options:

- Yes
- No
- N/A

FD-2a - Entering Duration of Training Activity

No. Activity Name (1)	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops		Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
		Select Whether Activity is Accredited for Continuing Education Credit (3) Block 8a	Select Whether Attendance was to Acquire or Maintain Professional Certification (4) Block 8b			
1 Activity 1	Select one	Select one	Select one		Select one	

Figure 73. FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours: Enter the duration (in clock hours) of each faculty development activity in the textbox in Column 5 (Block 9).



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

FD-2a - Selecting Delivery Mode

No. (1)	Activity Name	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops		Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
		Select Whether Activity is Accredited for Continuing Education Credit (3) Block 8a	Select Whether Attendance was to Acquire or Maintain Professional Certification (4) Block 8b				
1	Activity 1	Select one	Select one	Select one		Select one Select one Classroom-based	

Figure 74. FD-2a - Selecting Delivery Mode

Select Delivery Mode Used to Offer Training Activity: Select the primary delivery mode used to offer each faculty development activity by clicking on the drop-down menu in Column 6 (Block 10) and choosing one of the following options:

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

FD-2a - Selecting Faculty Role(s)

No. (1)	Activity Name	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops Select Whether Activity is Accredited for Continuing Education Credit (3) Block 8a	Select Whether Attendance was to Acquire or Maintain Professional Certification (4) Block 8b	Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
1	Activity 1	Select one	Select one	Select one		Select one	Administrator

Figure 75. FD-2a - Selecting Faculty Role(s)

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

- Administrator
- Clinician
- Educator
- Researcher



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

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

FD-2b - Adding Profession and Discipline for Activities

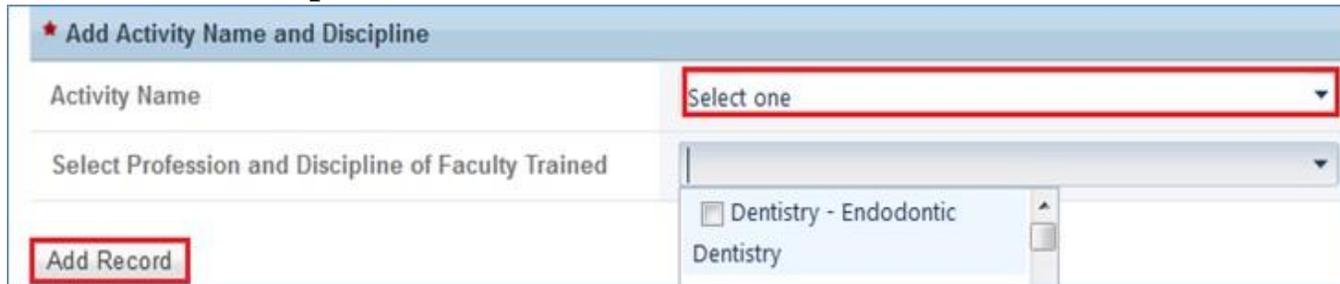


Figure 76. FD-2b - Adding Profession and Discipline for Activities

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

Profession and Discipline of Faculty Trained:

1. Select the profession(s)/discipline(s) of all faculty who participated in each faculty development activity during the current reporting period by choosing all that apply from the options below.
2. Select "Add Record."
3. Repeat this process to capture the profession/discipline of all faculty who participated in each faculty development activity during the current reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics

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- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non - nurse)
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health

Health Resources and Services Administration
Bureau of Health Workforce

- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition

- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

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Promotion

- Public Health - Health Administration
- Public Health - Injury Control & Prevention

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

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

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

Enter # Trained in this Profession and Discipline:

Enter the number of faculty in each profession/discipline who participated in the faculty development activity during the current reporting period in the textbox in Column 3 (Block 12). Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each faculty development activity during the current reporting period.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next subform or click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

Printing Your Performance Report

The screenshot 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.

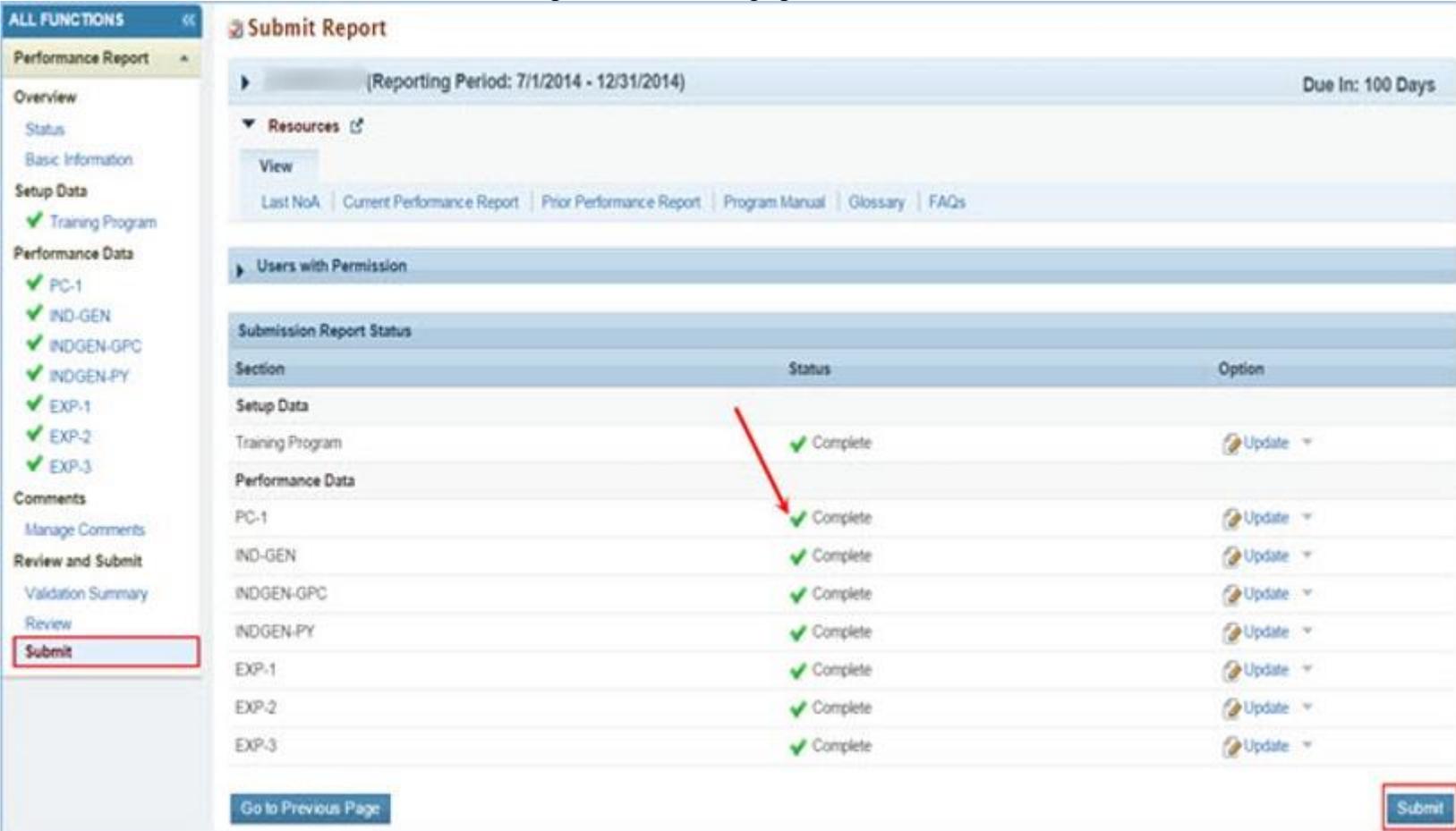
Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View
PC	HTML	View
IND-GEN	HTML	View
INDGEN-GPC	HTML	View
INDGEN-PY	HTML	View
EXP	HTML	View
Comments and Certification	HTML	View

Figure 78. Screenshot of Printing Your Performance Report

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

Submitting Your Performance Report

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



The screenshot displays the 'Submit Report' interface. On the left is a navigation menu with categories like 'Performance Report', 'Overview', 'Setup Data', 'Performance Data', 'Comments', and 'Review and Submit'. The 'Submit' link is highlighted in the 'Review and Submit' section. The main content area shows 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 located at the bottom right of the page.

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

Figure 79. Screenshot of the Submit Report Page

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

Submit Report - Confirm

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

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

Fields with * are required

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

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

Please check the box to electronically sign the Report.

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

Figure 80. Screenshot of the Submit Report - Confirm Page

Submit Report - Result

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

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

[Return to List](#)

Figure 81. Screenshot of the Submit Report - Confirm Page

Appendix A: Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- American Indian or Alaska Native

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

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

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

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

Appendix B: FAQs

General FAQs:

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

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

Q2: What dates does the performance report cover?

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

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

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

FAQs about the Program Characteristics (PC) forms:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FAQs about the INDGEN form:

Q11: Where do we get the Trainee Unique ID?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Q20: Do conference registration fees count as financial support?

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

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

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

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

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

Q23: How is the academic year funding total calculated?

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

Q24: How is the cumulative funding total calculated?

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

FAQs about the INDGEN-PY form:

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

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

FAQs about the Experiential Training (EXP) forms:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FAQs about the Faculty Development (FD) forms:

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

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

FAQs about the Continuing Education (CE) forms:

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

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

FAQs about Technical Support & Assistance:

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

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

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

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

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

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

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

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

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

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

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