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 Primary Care Residency Expansion

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 **Primary Care Residency Expansion** grant program:

   - **Increase the number of primary care physicians by expanding enrollment in accredited primary care residency programs.**

2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2015 - June 30, 2016** (referred to as **Annual Performance Report**)

3. **The PRGCA is due no later than August 01, 2016.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.

4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

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

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

National Center for Health Workforce Analysis

Performance Metrics and Evaluation Branch

Getting Started

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

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

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

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

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

Figure 1. Screenshot of View Prior Period Data Link

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

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

Column Number

Block Number

Figure 2. Example of Performance Measures Data Table

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

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

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

Getting Started: Browser Settings

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

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

Getting Started: Helpful Resources and Recommendations

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

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

Order of Required Forms

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

Order	Type of Form	Parent Form	Form ID
1	Setup Form	Setup Forms	Training Program
2	Performance Data Form	Program Characteristics-PC Subforms	PC-8
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

Training Program - Setup

Training Program Setup - Selecting Type of Training Program

Warning: Complete the Training Program Setup form only if grant funds were used to support residency programs other than those previously reported. You do not need to reenter information about residency programs previously reported. If no new residency programs were supported other than those previously reported, skip to the last step for this subform.

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

Select Type of Training Program Offered: The Training Program Setup form will configure all subforms specific to the residency program. To begin completing the setup for **new records**, select the type(s) of training program(s) supported with grant funds during the annual reporting period by clicking on the drop-down menu next to "Select Type of Training Program Offered" and choosing **one** of the following options:

- Residency program

Warning: Complete the Training Program Setup form only for new training programs and activities that were supported with grant funds during the annual reporting period. You do not need to reenter information about training programs or activities that are ongoing from a previous reporting period. If you do not have any new training programs or activities to report other than those that are ongoing,

please skip to instructions for the final steps in completing the Training Program Setup form.

Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.

Training Program Setup - Loading Program Details

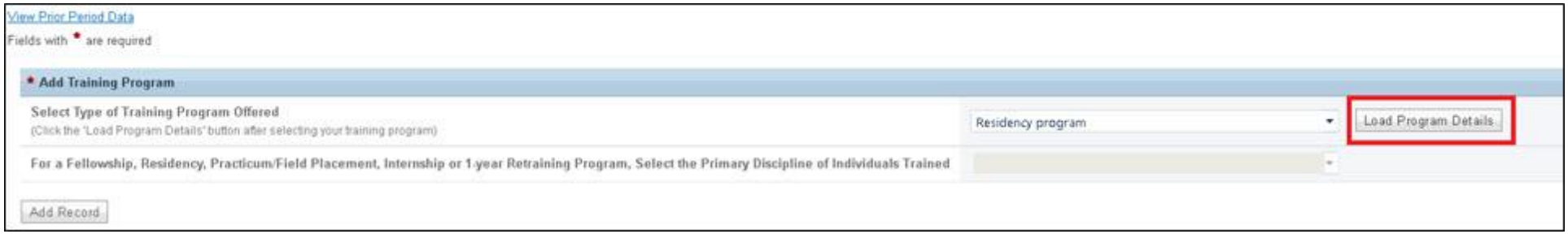


Figure 4. Training Program Setup - Loading Program Details

Next, 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 Residency Program

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

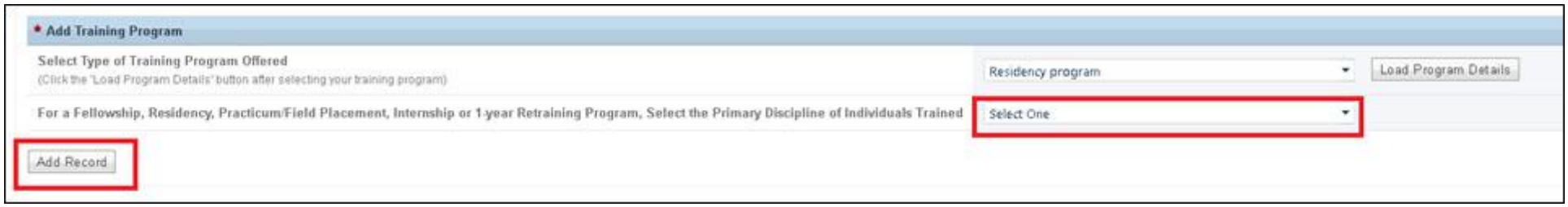


Figure 5. Training Program Setup - Adding Residency Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: Click on the drop-down menu next to "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, "Select the Primary Discipline of Individuals Trained" and choose **one** of the options listed. Next, click on the "Add Record" button to save your entry. **Repeat this process to capture all residency training programs supported with grant funds during the annual reporting period.**

- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry

- Medicine - Vascular Surgery - Integrated
- Medicine - Thoracic Surgery - Integrated
- Medicine - Surgery - General
- Medicine - Urology

Training Program Setup - Selecting Training Activity Status

Figure 6. Training Program Setup - Selecting Training Activity Status

To complete the Training Program Setup form, please review the Saved Records Table to ensure that all training programs or training activities supported with grant funds during the annual reporting period were captured accurately. **For new records**, please review the information contained in the table for accuracy and, for any reason a record has to be deleted, simply click on the "Delete" link under the Option(s) column.
Select Training Activity Status in the Current Reporting Period: Select the Training Activity Status of all reported training programs by choosing **one** of the options from the list below. If you are reporting on a program, please choose 'Active.'

- Active
- Inactive

Note: No action is needed for prior records, if they remain Active. *If a prior record training program no longer has active enrollees (no residents are enrolled and all residents have already graduated), you may select 'Inactive' as the status of the program. Selecting 'Inactive' indicates the training program is completed, you are no longer administering it, and you have no active INDGEN records. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records) will be made inactive. Please confirm with your Government Project Officer prior to choosing an Inactive status.*

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-8: Program Characteristics – Residency Programs

PC-8 - Selecting Type(s) of Partners/Consortia

Warning: The PC-8 subform will only appear if "Residency program" was selected in the Training Program Setup form.

No.	Record Status	Type of Training Program (1) Block 1	Primary Discipline of Individuals Trained (2) Block 1l	Select Type(s) of Partners/Consortia Used to Offer this Training (4) Block 2	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
					Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
1	Prior Record	Residency | Medicine - Family Medicine	Medicine - Family Medicine	3 items checked							

Figure 7. PC-8 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships and/or consortia used or established for the purpose of operating the residency program during the annual reporting period by clicking on the drop-down menu under Column 4 (Block 2) and choosing **all that apply** from the following options:

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

- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government
- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government
- Nonprofit organization (faith - based)
- 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-8 - 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 (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b
11	2	4

Figure 8. PC-8 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: For Column 5 (Block 3), enter the **total** number of individuals in the profession and discipline identified under Block 1l who participated in a residency during the annual reporting period. Count all individuals who participated in a residency—regardless of whether they received a BHW-funded financial award from the PCRE grant or not. **This is a total enrollment count for the entire residency program minus those residents who dropped out.**

Enter Total # Enrolled (whether funded by BHW or not): URM: For Column 6 (Block 3a), enter the number of individuals who participated in a residency during the annual reporting period and are underrepresented minorities. Column 6 (Block 3a) is a subset of Column 5 (Block 3).

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Column 7 (Block 3b), enter the number of individuals from disadvantaged backgrounds who participated in a residency during the annual reporting period **and are not** underrepresented minorities. Column 7 (Block 3b) is a subset of Column 5 (Block 3).

Note: The total reported in Column 5 (Block 3) should reflect all residents who were enrolled in each residency program—regardless of whether they received funding from the PCRE grant.

Note: Do not count individuals who permanently left their residency before completion (i.e., attrition). These individuals will be captured separately in Block 9.

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

Example:

Example: The School of Medicine had a total of 12 Internal Medicine residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 Internal Medicine residents. During this period, 1 Internal Medicine resident left the program before completing all residency requirements.
In Column 5 (Block 3) of this form, the reporting official at the School of Medicine would enter 11.

Example: The School of Medicine had a total of 11 Internal Medicine residents maintain enrollment in the residency program during the annual reporting period. Among the 11 Internal Medicine residents who were enrolled in the program, 2 are underrepresented minorities.
In Column 6 (Block 3a), the reporting official at the School of Medicine would enter 2.

Example: The School of Medicine had a total of 11 Internal Medicine residents maintain enrollment in the residency program during the annual reporting period. Among the 11 Internal Medicine residents who were enrolled in the program, 5 are from disadvantaged backgrounds. One (1) out of the 5 Internal Medicine residents from a disadvantaged background is also an underrepresented minority.
In Column 7 (Block 3b), the reporting official at the School of Medicine would enter 4.

PC-8 - Entering Graduate Information

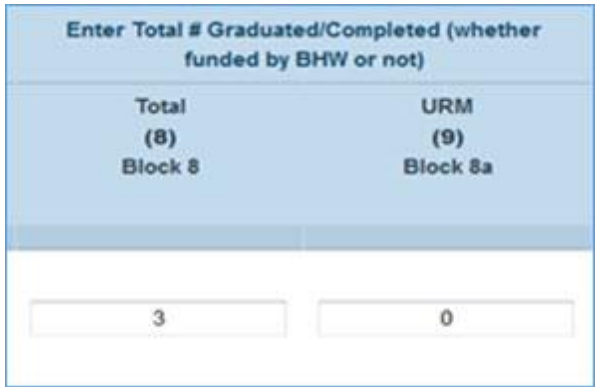


Figure 9. PC-8 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: For Column 8 (Block 8), enter the total number of individuals who completed all residency requirements during the annual reporting period. Column 8 (Block 8) is a subset of Column 5 (Block 3).

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: For Column 9 (Block 8a), enter the number individuals who completed all residency requirements during the annual reporting period and are underrepresented minorities. Column 9 (Block 8a) is a subset of Column 8 (Block 8).

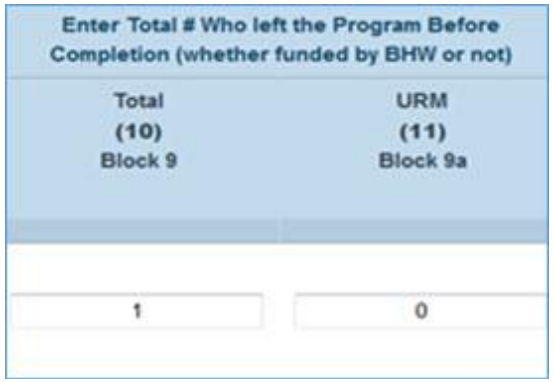
Example:

Example: The School of Medicine had a total of 11 Internal Medicine residents maintain enrollment in the residency program during the annual reporting period. Among the 11 Internal Medicine residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period.
In Column 8 (Block 8), the reporting official at the School of Medicine would enter 3.

Example: The School of Medicine had a total of 11 Internal Medicine residents maintain enrollment in the residency program during the annual reporting period. Among the 11 Internal Medicine residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period; none who completed the residency program are underrepresented minorities.

In Column 9 (Block 8a), the reporting official at the School of Medicine would enter 0.

PC-8 - Entering Attrition Information



Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (10) Block 9	URM (11) Block 9a
1	0

Figure 10. PC-8 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: For Block 9, enter the **total** number of individuals who permanently left their residency before completion during the annual reporting period.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: For Block 9a, enter the number of individuals who permanently left their residency before completion during the annual reporting period and are underrepresented minorities. Block 9a is a subset of Block 9.

Example: The School of Medicine had a total of 12 Internal Medicine residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 Internal Medicine residents. During this period, 1 Internal Medicine resident left the program before completing all residency requirements.
In Block 9 of this form, the reporting official at the School of Medicine would enter 1.

Example: The School of Medicine had a total of 12 Internal Medicine residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 Internal Medicine residents. During this period, 1 Internal Medicine resident left the program before completing all residency requirements; none who left were underrepresented minorities.
In Block 9a of this form, the reporting official at the School of Medicine would enter 0.

Example: The completed PC-8 subform for the School of Medicine would appear identical to the image below.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
11	2	4	3	0	1	0

Figure 11. Example of Completed PC-8 Subform

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

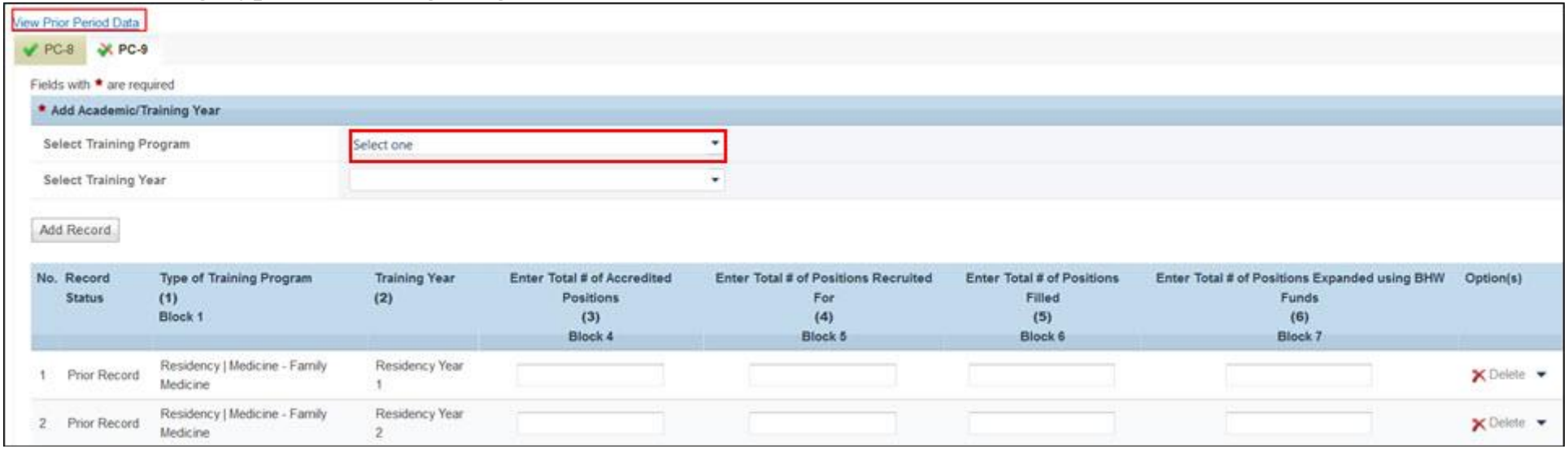


Figure 12. PC-9 - Selecting Type of Training Program

The PC-9 form collects information about the total number of residents in the residency program by training year.
Type of Training Program: To begin completing the PC-9 subform, select a training program by clicking on the drop-down menu next to "Select Training Program" and choosing **one** of the available options.

Warning: Complete the PC-9 Setup form only if grant funds were used to support residency programs other than those previously reported. You do not need to reenter information about residency programs previously reported. If no new residency programs were supported other than those previously reported, skip to the step named 'Entering Total # of Accredited Positions'.

Note: The options available under "Type of Training Program" will prepopulate with information that was entered and saved in the Training Program Setup Form. To view data submitted in previous reporting periods, click on the "View Prior Period Data" link on top of the form.

PC-9 - Selecting Training Year

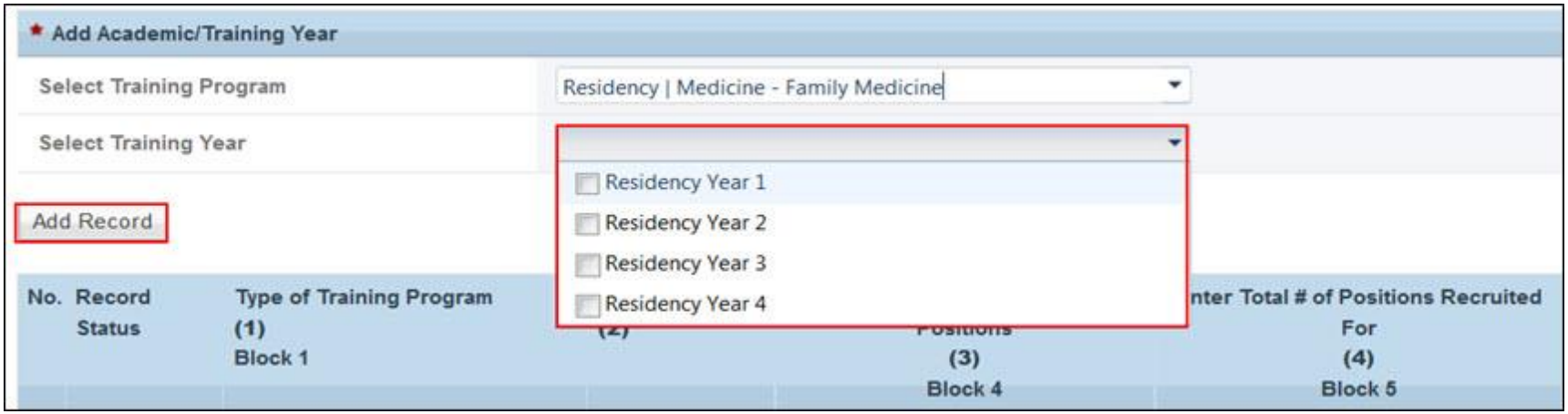


Figure 13. PC-9 - Selecting Training Year

Training Year: For new records, select the types of training years that apply to the residency 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 listed below. Next, click on the "Add Record" button to save your entry. **Repeat this process to capture training years associated with each residency program supported through the grant.**

- Residency Year 1
- Residency Year 2
- Residency Year 3
- Residency Year 4

Note: You will be required to enter the total number of residents in the program by the type of training year selected in this step. Your entry(ies) will be saved in a table that will appear within the PC-9 subform (see next page).

PC-9 - Entering Total # of Accredited Positions

No.	Record Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Accredited Positions (3) Block 4	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6	Enter Total # of Positions Expanded using BHW Funds (6) Block 7
1	Prior Record	Residency | Medicine - Family Medicine	Residency Year 1				

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

Enter Total # of Accredited Positions: Enter the **total** number of accredited residency positions for each training year in the textbox under Column 3 (Block 4) (regardless of funding source). Accredited positions are those that have been approved by the accrediting agency such as ACGME or AOA.

PC-9 - Entering Total # of Positions Recruited For

No.	Record Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Accredited Positions (3) Block 4	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6	Enter Total # of Positions Expanded using BHW Funds (6) Block 7	Option(s)
1	Prior Record	Residency | Medicine - Family Medicine	Residency Year 1					Delete

Figure 15. PC-9 - Entering Total # of Positions Recruited For

Enter Total # of Positions Recruited For: Enter the number of residency positions actively recruited for by training year during the reporting period in the textbox under 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 Accredited Positions (3) Block 4	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6	Enter Total # of Positions Expanded using BHW Funds (6) Block 7
1	Prior Record	Residency | Medicine - Family Medicine	Residency Year 1				

Figure 16. PC-9 - Entering Total # of Positions Filled

Enter Total # of Positions Filled: On the next column of the PC-9 subform, indicate the number of residency positions filled by training year during the reporting period by clicking on the textbox located under Column 5 (Block 6) (regardless of funding source). **This is a total enrollment count of the residency program by training year.**

Note: The sum of Column 5 (Block 6) across all years within a residency program will equal the number reported in PC-8 Block 3 (for Residency Programs).

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

No.	Record Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Accredited Positions (3) Block 4	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6	Enter Total # of Positions Expanded using BHW Funds (6) Block 7
1	Prior Record	Residency | Medicine - Family Medicine	Residency Year 1				

Figure 17. PC-9 - Entering Total # of Positions Expanded using BHW Funds

Enter Total # of Positions Expanded using BHW Funds: To complete the PC-9 subform, enter the number of expanded residency positions utilizing Bureau of Health Workforce (PCRE grant) funds by training year during the current reporting period by clicking on the textbox located under Column 6 (Block 7). **The total for this Column across residency years will equal the number of INDGEN records you report.**

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

Individual-level Data—INDGEN Subforms

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

- You must complete an INDGEN subform for each individual who received a BHW-funded financial award during the current reporting period.
- The INDGEN subform will automatically calculate and display read-only columns labeled “Academic Year Total” and "Cumulative BHW Financial Award Total."
- Records of individuals who were reported as having completed their training program in the previous reporting period will transfer from the INDGEN subform to the INDGEN-PY subform in the current reporting period.

IND-GEN: Individual Characteristics

IND-GEN - Setup

To begin providing individual-level data for every resident who received BHW-funded financial awards during the annual reporting period or to provide updates for individuals previously reported on INDGEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry. **All PCRE programs must click 'Yes' to this question.**

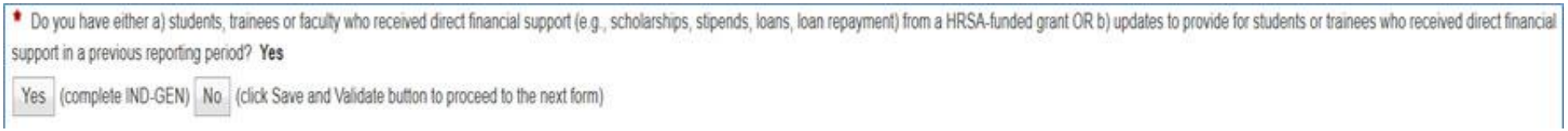


Figure 18. IND-GEN - Setup

Warning: If you have used the INDGEN form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. Please move ahead to the INDGEN form by using the form list located on the left side of your screen.

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

IND-GEN - Selecting Type of Training Program

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

Figure 19. IND-GEN - Selecting Type of Training Program

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

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

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

Example:

Example: The School of Medicine saved two (2) entries in the Training Program Setup form to reflect the type of programs supported by the grant. Under "Type of Training Program" the School of Medicine would see the following options:

- *Residency program | Internal Medicine*
- *Residency program | Family Medicine*

IND-GEN - Entering Trainee Unique ID

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

Figure 20. IND-GEN - Entering Trainee Unique ID

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

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

Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. *Prior data cannot be altered or deleted.*

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

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

Figure 21. IND-GEN - Selecting Individual's Training or Awardee Category

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

- Resident

Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. *Prior data cannot be altered or deleted.*

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

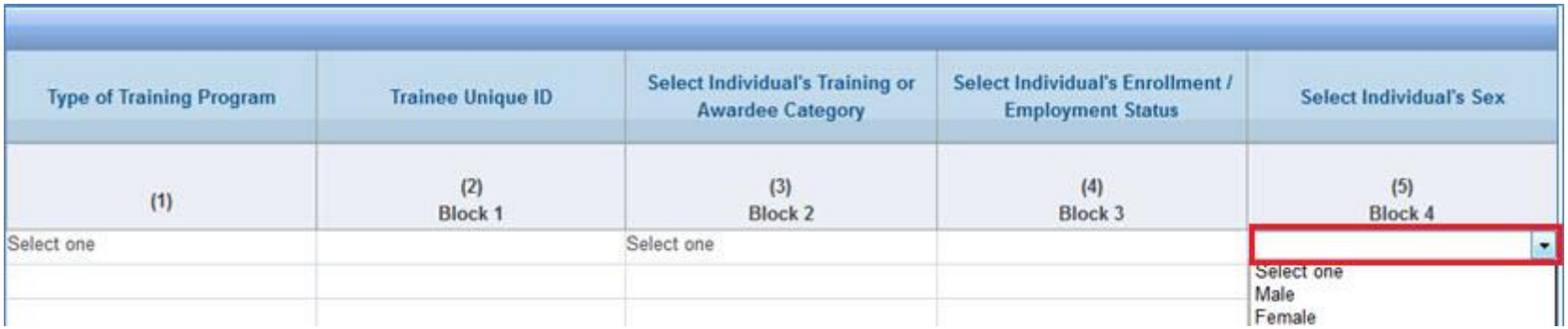
Figure 22. IND-GEN - Selecting Individual's Enrollment/Employment Status

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

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

Note: For residents select enrollment status in the residency program.

IND-GEN - Selecting Individual's Sex



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

Select one
Male
Female

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

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

- Female
- Male
- Not Reported

Warning: The 'Not Reported' option may not be selected for prior records.

Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. *Prior data cannot be altered or deleted.*

IND-GEN - Selecting Individual's Age

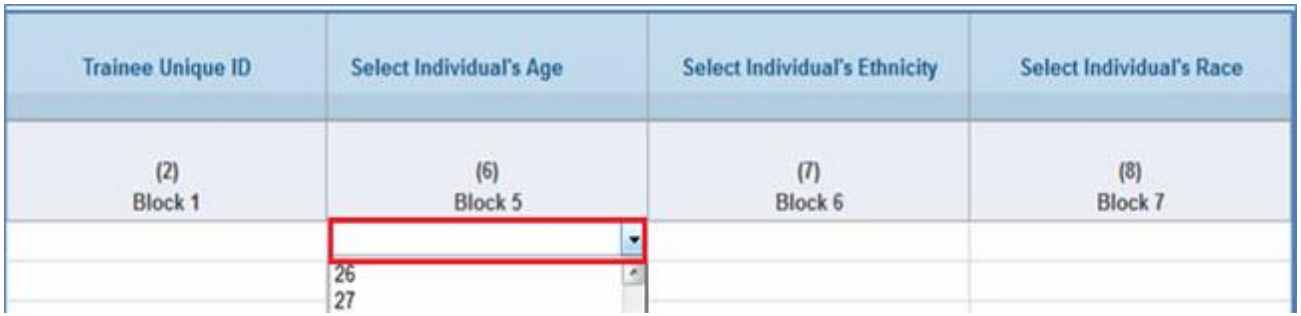


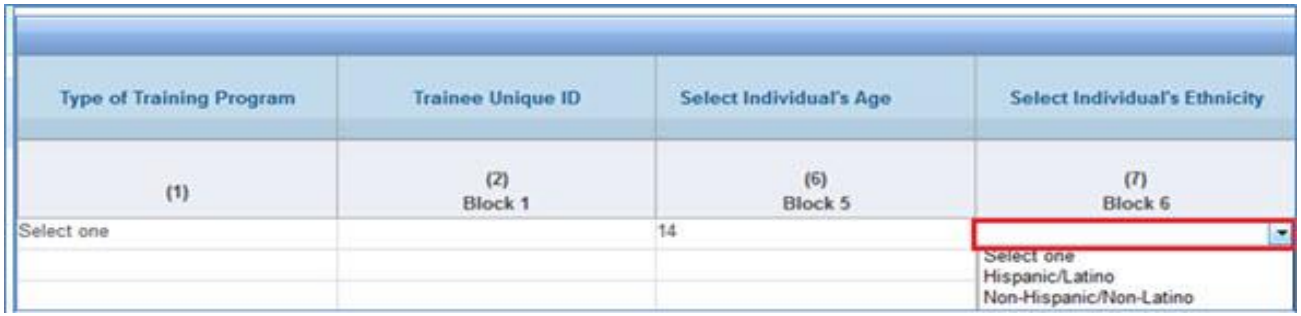
Figure 24. IND-GEN - Selecting Individual's Age

Select Individual's Age: Select each individual's age at the end of the current reporting period in the dropdown menu under Column 6 (Block 5).

- 12
- 15
- 18
- 21
- 24
- 27
- 30
- 33
- 36
- 39
- 42
- 45
- 48
- 51
- 54
- 57
- 60
- 63
- 66
- 69
- 13
- 16
- 19
- 22
- 25
- 28
- 31
- 34
- 37
- 40
- 43
- 46
- 49
- 52
- 55
- 58
- 61
- 64
- 67
- 70
- 14
- 17
- 20
- 23
- 26
- 29
- 32
- 35
- 38
- 41
- 44
- 47
- 50
- 53
- 56
- 59
- 62
- 65
- 68
- 71

- 72
- 73
- 74
- 75
- Not Reported

IND-GEN - Selecting Individual's Ethnicity



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

Select one
Hispanic/Latino
Non-Hispanic/Non-Latino

Figure 25. IND-GEN - Selecting Individual's Ethnicity

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

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

Warning: The 'Not Reported' option may not be selected for prior records.

Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. *Prior data cannot be altered or deleted.*

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		

Figure 26. IND-GEN - Selecting Individual's Race

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

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

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

Warning: The 'Not Reported' option may not be selected for prior records.

Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. *Prior data cannot be altered or deleted.*

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

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

Figure 27. 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: The 'Not Reported option may not be selected for prior records.

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

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

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

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

Figure 28. 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: The 'Not Reported option may not be selected for prior records.

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

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

IND-GEN - Selecting Individual's Veteran Status

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

Figure 29. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status: Select each individual's current veteran status by clicking on the drop-down menu under 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: The 'Not Reported option may not be selected for prior records.

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

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

IND-GEN - Entering BHW-Funded Financial Award Information

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

Type of Training Program	Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Aw		
			Stipend	Traineeship	Fellowship
(1)	(2) Block 1	(12) Block 11	(13) Block 11	(14) Block 11	(20) Block 11
		Select one			
		Select one			
		Yes			
		No			

Figure 30. 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 annual reporting period by clicking on the drop-down menu under 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 student received a BHW-funded stipend, enter the **total** amount of BHW dollars provided during the annual reporting period in the textbox under the column labeled "Stipend". Total amount reported should account for all BHW dollars including those applied to salary and fringe benefits as allowed by federal statutes and regulations.
If the student did not receive a stipend, enter "0" in the textbox under the column labeled "Stipend".

Enter Individual's Financial Award Amount (BHW funds only): Traineeship: If the student received a BHW-funded traineeship, enter the **total** amount of BHW dollars provided during the annual reporting period in the textbox under the column labeled "Traineeship". Total amount reported should account for all BHW dollars including those applied to salary and fringe benefits as allowed by federal statutes and regulations.
If the student did not receive traineeship, enter "0" in the textbox under the column labeled "Traineeship".

Enter Individual's Financial Award Amount (BHW funds only): Fellowship: If the student received a BHW-funded fellowship, enter the **total**

amount of BHW dollars provided during the annual reporting period in the textbox under the column labeled "Fellowship". Total amount reported should account for all BHW dollars including those applied to salary and fringe benefits as allowed by federal statutes and regulations.
If the student did not receive fellowship, enter "0" in the textbox under the column labeled "Fellowship".

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

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year
(1)	(2) Block 1	(22) Block 12	(26) Block 15

Figure 31. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

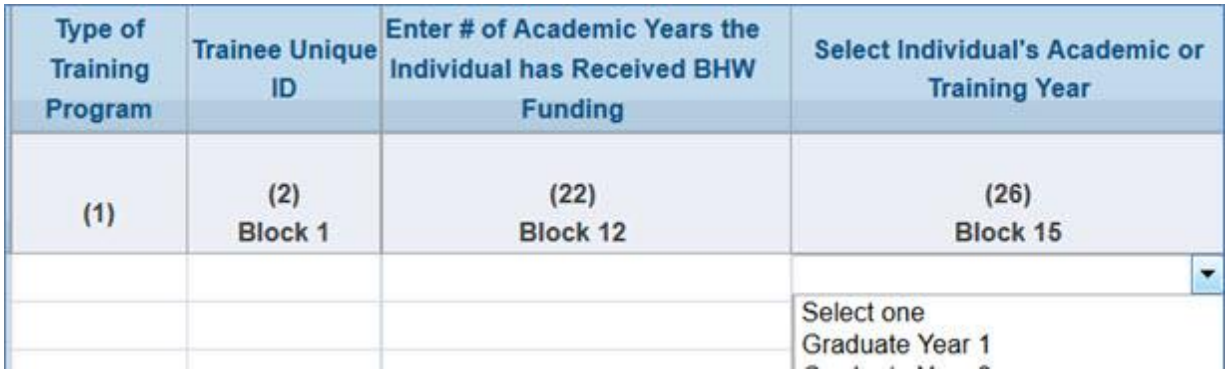
Enter # of Academic Years the Individual has Received BHW Funding: Select the cumulative number of academic years that each individual has received BHW-funded financial awards by clicking on the drop-down menu under Column 22 (Block 12) and choosing **one** of the following options:

- 0
- 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 ½ an academic year, please round up. For example, if a student or faculty member has received a financial award for 1 ½ years, enter 2 in Column 22 (Block 12).

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



Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year
(1)	(2) Block 1	(22) Block 12	(26) Block 15

Select one
Graduate Year 1

Figure 32. IND-GEN - Selecting Individual's Academic or Training Year

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

- Residency Year 1
- Residency Year 2
- Residency Year 3
- Residency Year 4

IND-GEN - Selecting Individual's Primary Discipline

	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Primary Discipline	Select Whether Individual Received Training
		(1)	(2) Block 1	(27) Block 16	(28) Block 17
1	Prior Record	Residency | Medicine - Pediatrics	0038662	Medicine - Pediatrics	Yes
2	Prior Record	Residency | Medicine - Pediatrics	0036367	Medicine - Pediatrics	Yes
3	Prior Record	Residency | Medicine - Pediatrics	0036264	Medicine - Pediatrics	Yes
4	New Record	Residency | Medicine - Internal Medicine	1234567		
5					
6					
7					
8					
9					
10					

Select one
Medicine - Aerospace Medicine
Medicine - Allergy and Immunology
Medicine - Anesthesiology
Medicine - Colon and Rectal Surgery
Medicine - Dermatology
Medicine - Emergency Medicine
Medicine - Family Medicine
Medicine - Geriatric Psychiatry
Medicine - Geriatrics

Figure 33. IND-GEN - Selecting Individual's Primary Discipline

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

- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery

Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology

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

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

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

	Record Status	Type of Training Program	Trainee Unique ID	Training in a Primary Care Setting		
				Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters
		(1)	(2) Block 1	(28) Block 17	(29) Block 17a	(30) Block 17b
1	Prior Record	Residency | Medicine - Pediatrics	0038662	Yes	488	586
2	Prior Record	Residency | Medicine - Pediatrics	0036367	Yes	360	432
3	Prior Record	Residency | Medicine - Pediatrics	0036264	Yes	360	432
4	New Record	Residency | Medicine - Internal Medicine	1234567	Select one Yes No		
5						
6						

Figure 34. 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 annual reporting period by clicking on the drop-down menu under Column 28 (Block 17) and choosing **one** of the following options:

- Yes
- No

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

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

Training in a Primary Care Setting: Enter # of Patient Encounters:

- **If the individual received experiential training in a primary care setting,** enter the total number of patient encounters in this type of setting during the annual reporting period in the textbox under Column 30 (Block 17b).
- **If the individual did not receive experiential training in a primary care setting,** leave the textbox under Column 30 (Block 17b) 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
	Select Whether Individual Received Training	Enter # of Contact Hours	Select Whether Individual Received Training
(2) Block 1	(31) Block 18	(32) Block 18a	(33) Block 19

Figure 35. 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 annual reporting period by clicking on the drop-down menu under Column 31 (Block 18) and choosing **one** of the following options:

- Yes
- No

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

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

IND-GEN - Entering Training Information in a Rural Area

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

Trainee Unique ID	Training in a Rural Area		Select Whether Individual Left the Program Before Completion
	Select Whether Individual Received Training	Enter # of Contact Hours	
(2) Block 1	(33) Block 19	(34) Block 19a	(36) Block 21

Figure 36. 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 annual reporting period by clicking on the drop-down menu under Column 33 (Block 19) and choosing one of the following options:

- Yes
- No

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

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

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

Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
(36) Block 21	(37) Block 22	(38) Block 22a	(39) Block 22b

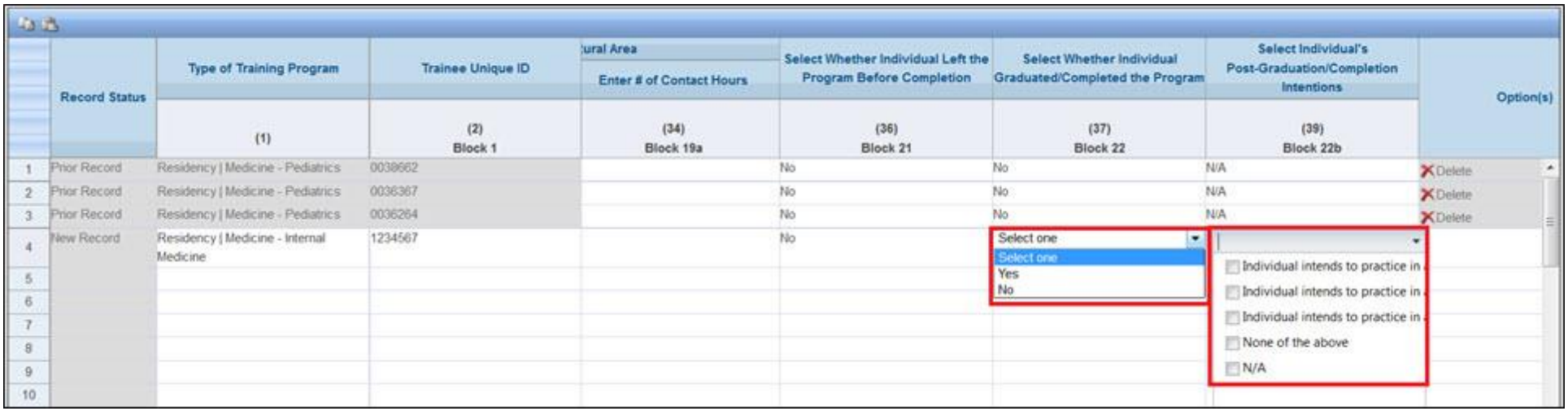
Figure 37. IND-GEN - Selecting Whether Individual Left the Program Before Completion

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

- Yes
- No

IND-GEN - Entering Graduation/Completion Information

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



	Record Status	Type of Training Program	Trainee Unique ID	ural Area	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Individual's Post-Graduation/Completion Intentions	Option(s)
				Enter # of Contact Hours				
		(1)	(2) Block 1	(34) Block 19a	(36) Block 21	(37) Block 22	(39) Block 22b	
1	Prior Record	Residency | Medicine - Pediatrics	0038662		No	No	N/A	Delete
2	Prior Record	Residency | Medicine - Pediatrics	0036367		No	No	N/A	Delete
3	Prior Record	Residency | Medicine - Pediatrics	0036264		No	No	N/A	Delete
4	New Record	Residency | Medicine - Internal Medicine	1234567		No	Select one		
5						Select one	Individual intends to practice in	
6						Yes	Individual intends to practice in	
7						No	Individual intends to practice in	
8							None of the above	
9							N/A	
10								

Figure 38. IND-GEN - Entering Graduation/Completion Information

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

- Yes
- No

Select Individual's Post-Graduation/Completion Intentions:

- **If an individual graduated or completed their health professions training program,** select the individual's training or employment intentions by clicking on the drop-down menu under Column 38 (Block 22b) and choosing **all that apply** from the options listed below.
- **If an individual did not graduate or complete their health professions training program**, select "N/A" under Column 38 (Block 22b).

- Individual intends to practice in a medically underserved area
- Individual intends to practice in a primary care setting

- Individual intends to practice in a rural area
- Not Reported
- None of the above
- 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.

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 resident who received a BHW-funded financial award and completed their residency one year prior to this report by clicking on the drop-down menu under Column 13 (Block 23) and choosing **one** of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status:

- **If "Yes" was selected in Column 13 (Block 23)**, choose each former resident's current employment location by clicking on the drop-down menu under Column 14 (Block 23a) choosing **all that apply** from the options listed below.
- **If "No" was selected in Column 13 (Block 23)**, choose "N/A" in Column 14 (Block 23a).

- Individual currently practices in a medically underserved area
- Individual currently practices in a primary care setting
- Individual currently practices in a rural area
- None of the above

- N/A

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

- No
- Yes
- N/A

Note: Repeat these steps for all rows in the INDGEN-PY table and enter selections for all blank fields under Columns 13-14 (Blocks 23 and 23a).

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 reporting period.
- The EXP-2 subform collects information on partnerships established, and vulnerable populations served, at each training site during the 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 Setup form.

2. Order of Subforms:

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

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

- The BPMH system will 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.

Warning: Complete the EXP-1, EXP-2, and EXP-3 subforms only for sites used to train individuals who appear on the INDGEN

subform.

EXP-1: Training Site Setup

EXP-1 - Entering Site Name

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

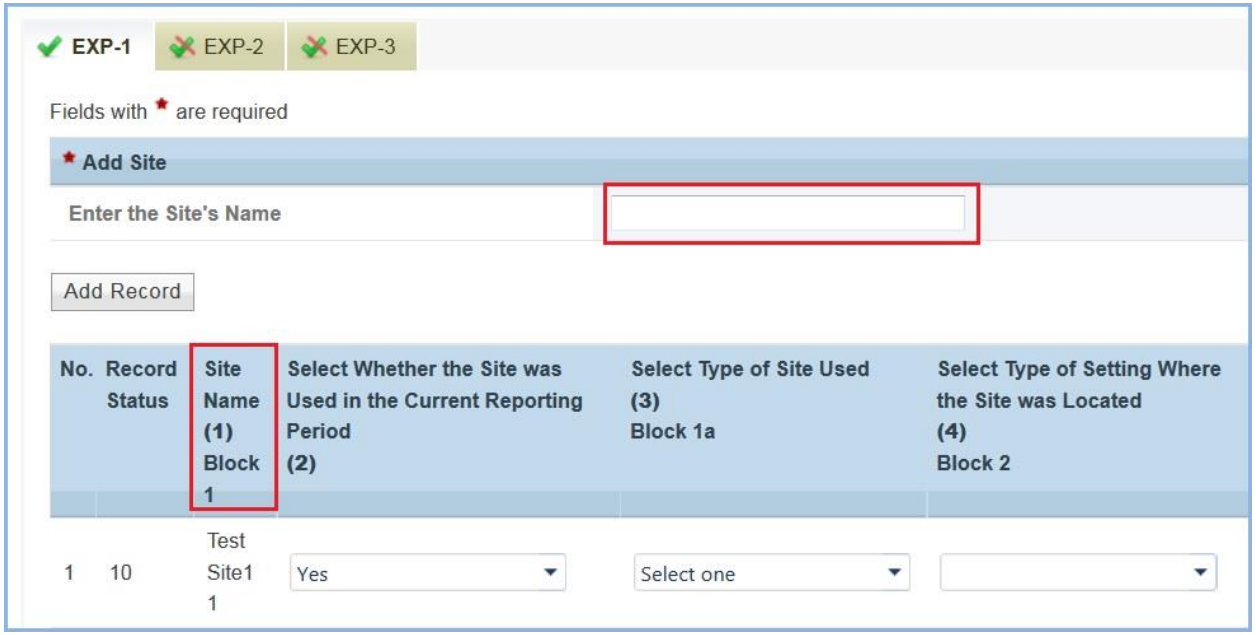


Figure 40. EXP-1 - Entering Site Name

Site Name: Enter the name of the site used to provide training to program participants during the annual 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 during the annual reporting period.**

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

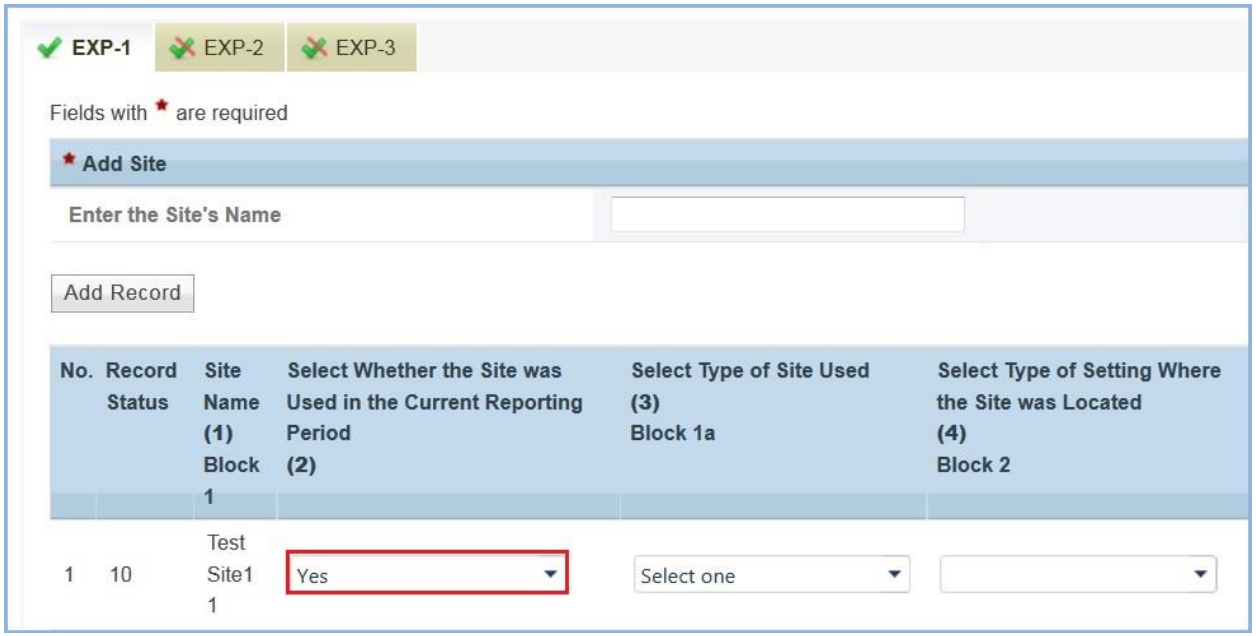


Figure 41. EXP-1 - Selecting Whether the Site was Used in the Current Period

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

- Yes
- No

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

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

EXP-1 - Selecting Type of Site Used

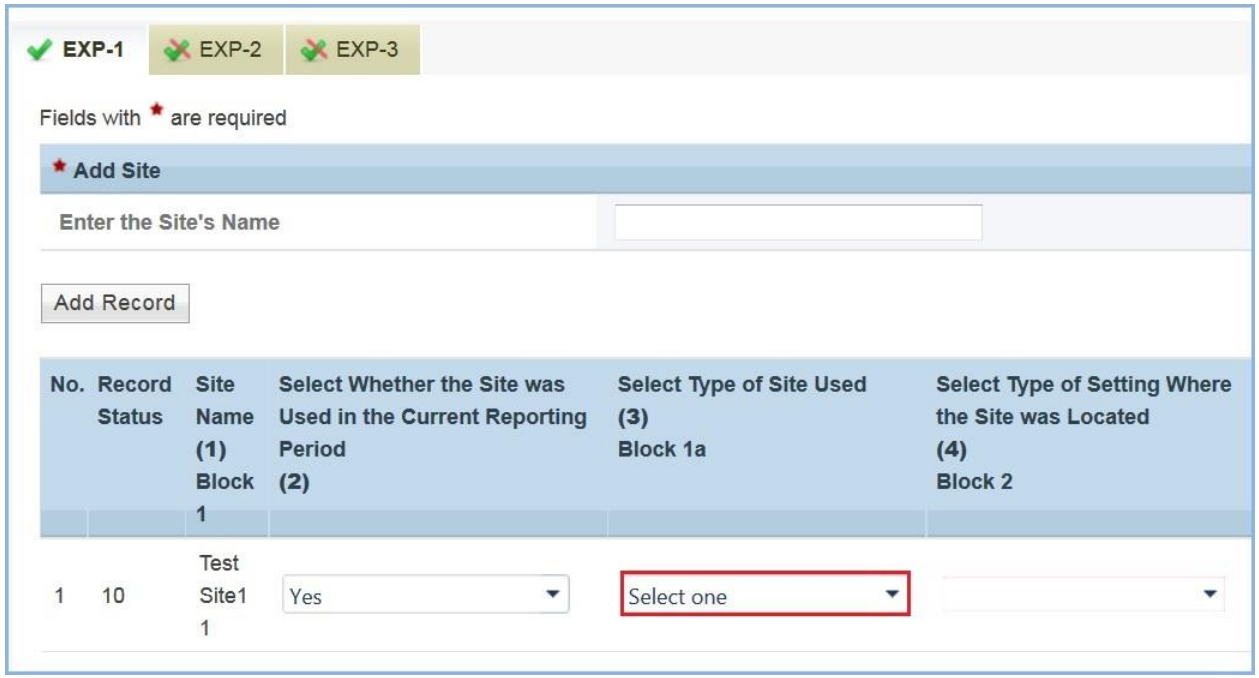


Figure 42. EXP-1 - Selecting Type of Site Used

Select Type of Site Used: Select the type of sites used to train residents or fellows during the annual reporting period by clicking on the drop-down menu under Column 3 (Block 1a) and choosing from one of the following options.

- Academic institution
- Aerospace operations setting
- Community - based organization
- Community Health Center (CHC)
- Dentist Office
- Federal Government Office or Agency
- Hospital
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Behavioral Health Center
- Critical Access Hospital
- Emergency Room
- FQHC or look - alike
- Independent Living Facility
- Local Government Office or
- Acute care services
- Assisted Living Community
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g., Home Health)
- Federal and State Bureau of Prisons
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association

- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- School - based clinic
- State Government Office or Agency
- Tribal Government
- Veterans Affairs Healthcare (e.g., VA Hospital or clinic)

Agency

- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Senior Centers
- State Health Department
- Tribal Health Department
- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Tribal Organization

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

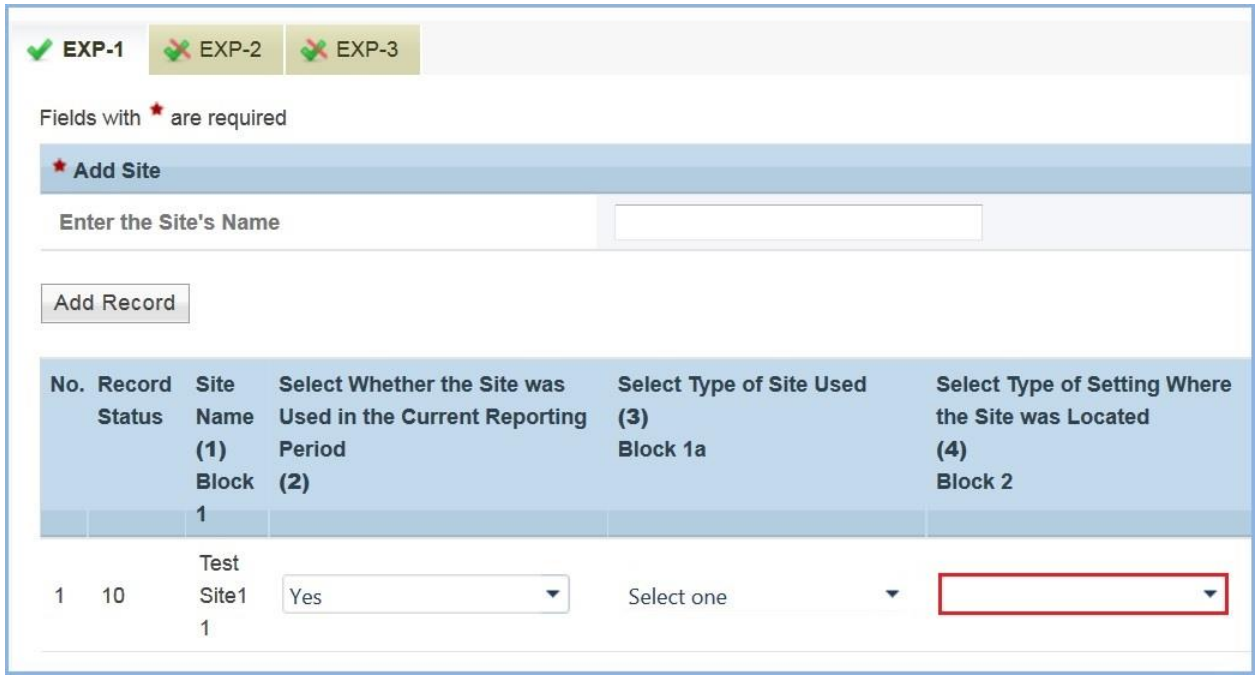


Figure 43. EXP-1 - Selecting Type of Setting Where the Site was Located

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

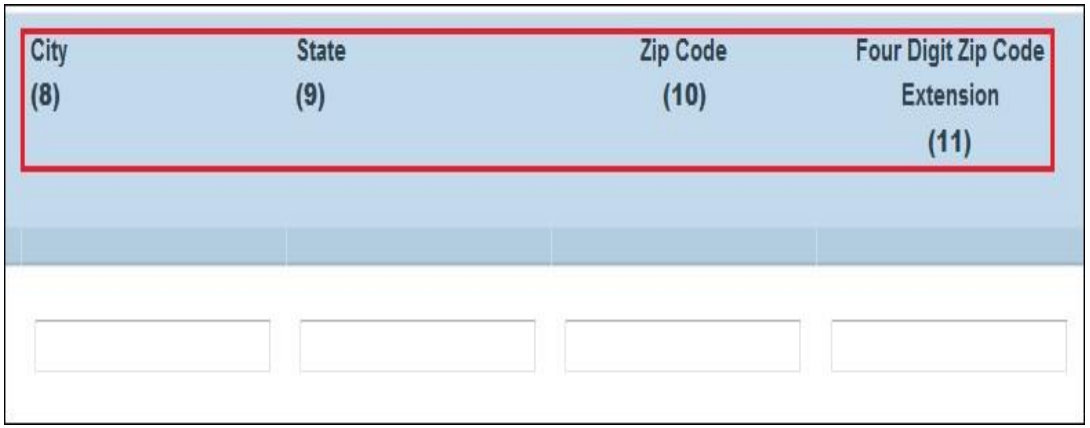


Figure 44. EXP-1 - Entering Site's geographical Data

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

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

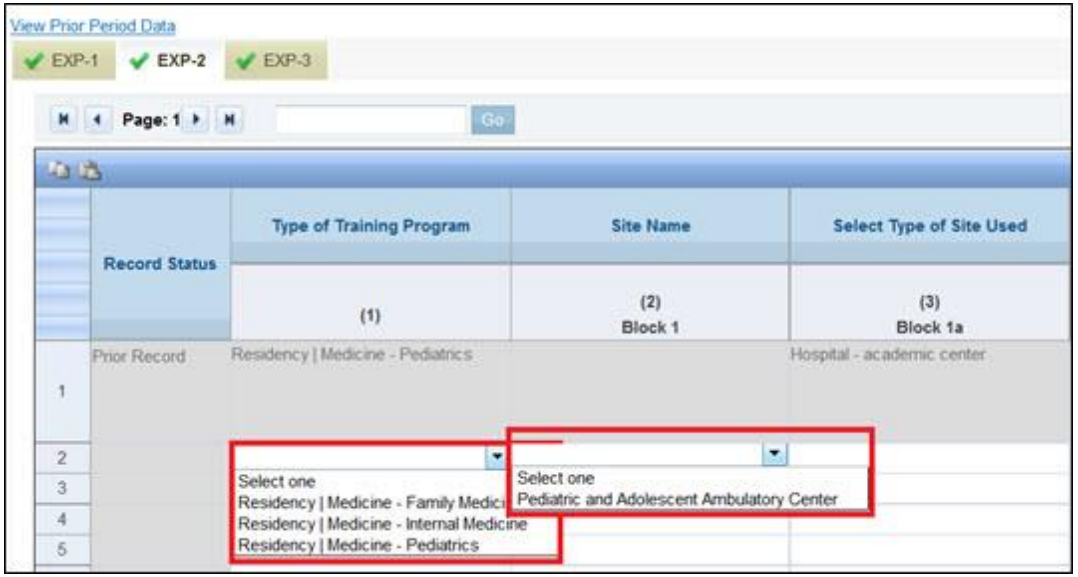


Figure 45. EXP-2 - Selecting Training Program and Site Name

Type of Training Program: Select the training program associated with each clinical site by clicking on the drop-down menu under "Type of Training Program" and choosing one of the available options. The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.

Site Name: Next, select a site name by clicking on the drop-down menu under Column 2 (Block 1) and choosing **one** of the available options.

Note: Repeat this process until all used Training Program/Site combinations are present. If the same site was used for multiple training

programs, then multiple entries are required in the EXP-2 subform. If the same program used multiple training sites, then multiple entries are required in the EXP-2 subform.

Example:

Example: The School of Medicine saved two (2) entries in the Training Program Setup form to reflect the type of residency programs supported through the grant. Under "Type of Training Program" the School of Medicine would see the following options:

- *Residency program | Internal Medicine*
- *Residency program | Family Medicine*

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

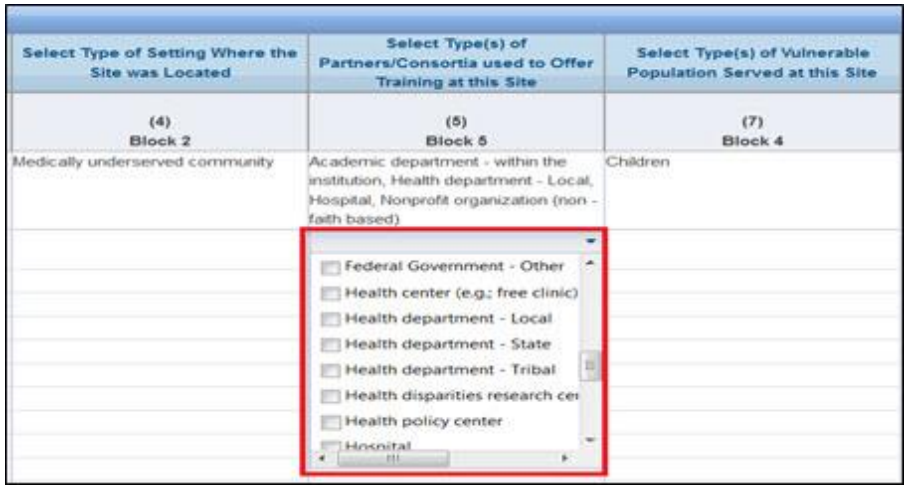


Figure 48. EXP-2 - Selecting Type(s) of Partners/Consortia

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

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Academic department - within the institution
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- Federally - qualified health center or look - alikes
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- 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 - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal

- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization
- No partners/consortia used
- Nurse managed health clinic
- Other
- Professional Associations
- State Governmental Programs
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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

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

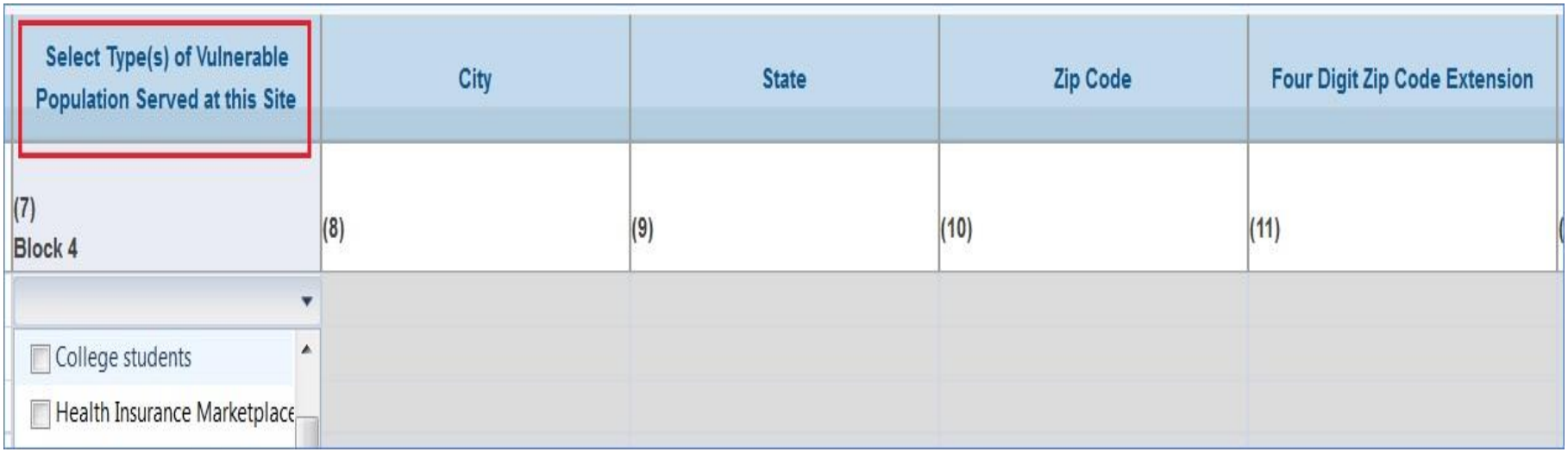


Figure 49. EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site during the annual reporting period by clicking on the drop-down menu under 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

Warning: EXP-2 must be completed and validated before completing EXP-3. Please read instructions carefully. EXP-3 will appear blank; however, drop-down selections will populate with your completed EXP-2 training sites.

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

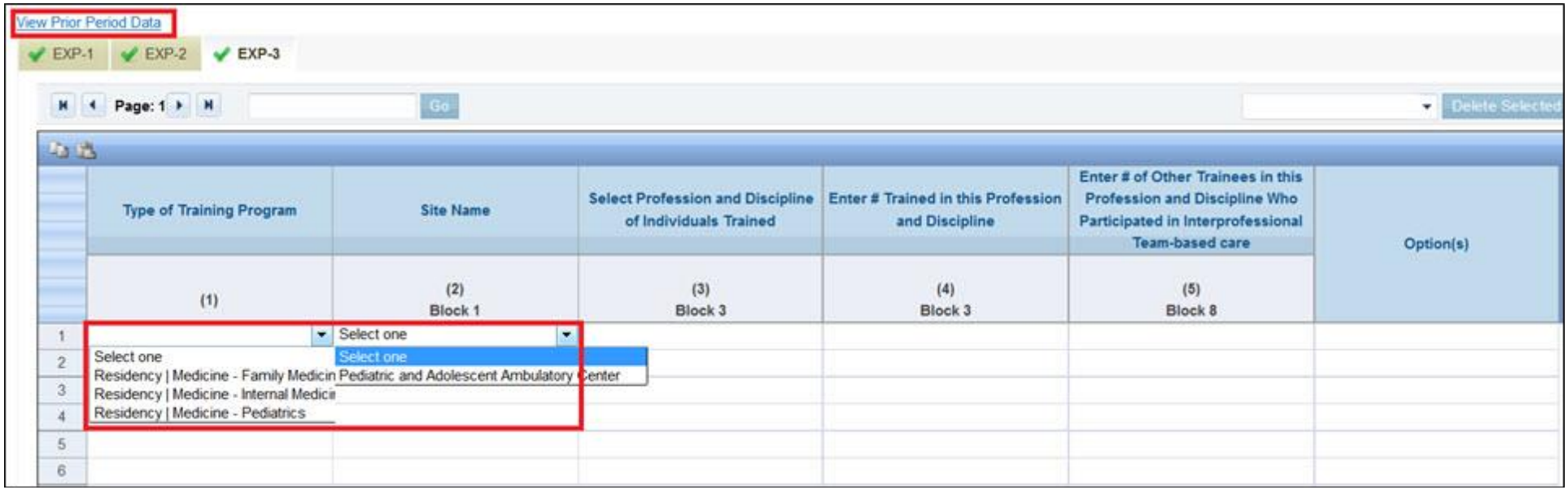


Figure 50. EXP-3 - Selecting Training Program and Site Name

Type of Training Program: To begin completing the EXP-3 subform, 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 clinical site name by clicking on the drop-down menu under Column 2 (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 Column 2 will prepopulate with information entered and saved in the EXP-1 subform.

Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.

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	Option(s)
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8	
1	Residency | Medicine - Internal Medicine	Pediatric and Adolescent Ambulatory Center				
2						
3						
4						
5						

Select one
Behavioral Health - Clinical Psychology
Behavioral Health - Clinical Social Work
Behavioral Health - Counseling Psychology
Behavioral Health - Marriage and Family Therapy
Behavioral Health - Other Psychology
Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling

Figure 51. EXP-3 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained:

- Select the profession(s)/discipline(s) of individuals trained for each training program/site combination used during the current reporting period by clicking on the drop-down menu in Column 3 (Block 3) and choosing one of the options below.
- Repeat as necessary to identify each profession/discipline of all individuals trained at each site (including interdisciplinary and interprofessional trainees who participated in team-based care).
- Each reported profession/discipline must be reported on a separate line even if they trained at the same site under the same program.

- 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
- 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
- Medicine - Internal Medicine/Family Medicine

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 - 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
- Student - Alternative/Complementary Nursing

- 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 Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care pediatric
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Undergraduate - Public Health
- 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 - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Physical Therapy
- Student - Registered nurse (RN)
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Physician Assistant
- Student - Undergraduate - Other

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

Note: Do not list faculty and other non-trainees who are also at each training site. Only select trainee categories.

Note: Remember to include:

- *Other medical residents that train with the residents counted in the PC form.*
- *Students, other medical/dental residents, or other professionals who are trained by residents.*

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	Option(s)
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8	
1	Residency | Medicine - Internal Medicine	Pediatric and Adolescent Ambulatory Center	Behavioral Health - Clinical Psychology			Delete
2						

Figure 52. EXP-3 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Count all residents from the training program identified in the Training Program Setup form in Column 4 (Block 3) (these residents were all counted on the PC-8 and PC-9 forms).

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	Option(s)
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8	
1	Residency | Medicine - Internal Medicine	Pediatric and Adolescent Ambulatory Center	Behavioral Health - Clinical Psychology			Delete
2						

Figure 53. EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care: Enter the number of all other team-based care students, residents, fellows, and other trainees on separate lines who were also trained at this site in Column 5 (Block 8). 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 Interprofessional Team-based care
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Residency | Family Medicine	North Regional Hospital	Medicine-Family Medicine	24	0
2	Residency | Family Medicine	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Residency | Family Medicine	North Regional Hospital	Student-Graduate-Psychology	0	3
4	Residency | Family Medicine	Community Physicians	Medicine-Family Medicine	14	0
5	Residency | Family Medicine	Community Physicians	Student-Pharmacy School	0	4

Figure 54. 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 Residency in Family Medicine program trained 24 of its family medicine residents at North Regional Hospital. As part of Interprofessional team-based care, the Family Medicine residency program also trained 2 Internal Medicine residents and 3 graduate students in psychology. At a second site, the Family Medicine residency trained 14 of its medical residents alongside 4 pharmacy students who were part of interprofessional team-based care.

EXP-3 - Adding Individuals Trained Example 2

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

Figure 55. EXP-3 - Adding Individuals Trained Example 2

Example with no interprofessional trainees at any site:
In this example, the medical residents from the Family Medicine residency program do not have interprofessional experiences. The medical residents trained at 3 different clinical training sites. At the first site, there were 24 Family Medicine residents and no interprofessional trainees at North Regional Hospital. At the second site, there were 10 Family Medicine residents and no interprofessional trainees at Community Physicians. At the third site, there were 4 Family Medicine residents and no interprofessional trainees at the Doctor'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 Interprofessional Team-based care
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Residency | Family Medicine	North Regional Hospital	Medicine-Family Medicine	24	10
2	Residency | Family Medicine	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Residency | Family Medicine	North Regional Hospital	Student-Pharmacy School	0	5
4	Residency | Family Medicine	Community Physicians	Medicine-Family Medicine	10	8
5	Residency | Family Medicine	Community Physicians	Student-Physical Therapy	0	4

Figure 56. 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 Family Medicine residency program trained 24 of its own medical residents at North Regional Hospital. As part of Interprofessional team-based care, the Family Medicine residency also trained 10 Family Medicine residents from non-HRSA funded residency programs, 2 Internal Medicine residents and 5 pharmacy students. At a second site, the Family Medicine residency trained 10 of its own medical residents alongside 8 additional Family Medicine residents from different Family Medicine residency programs as well as 4 physical therapy 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 or if all forms are completed, you may begin the process to submit your PRGCA to HRSA. You have not submitted your PRGCA until you receive a message indicating that your report has been successfully submitted. You must review and validate your report, and finally the report must be certified by the submitting official at your institution before it is submitted to HRSA. Please ensure that this process is completed in a timely manner. See submission instructions on the following pages.

Printing Your Performance Report

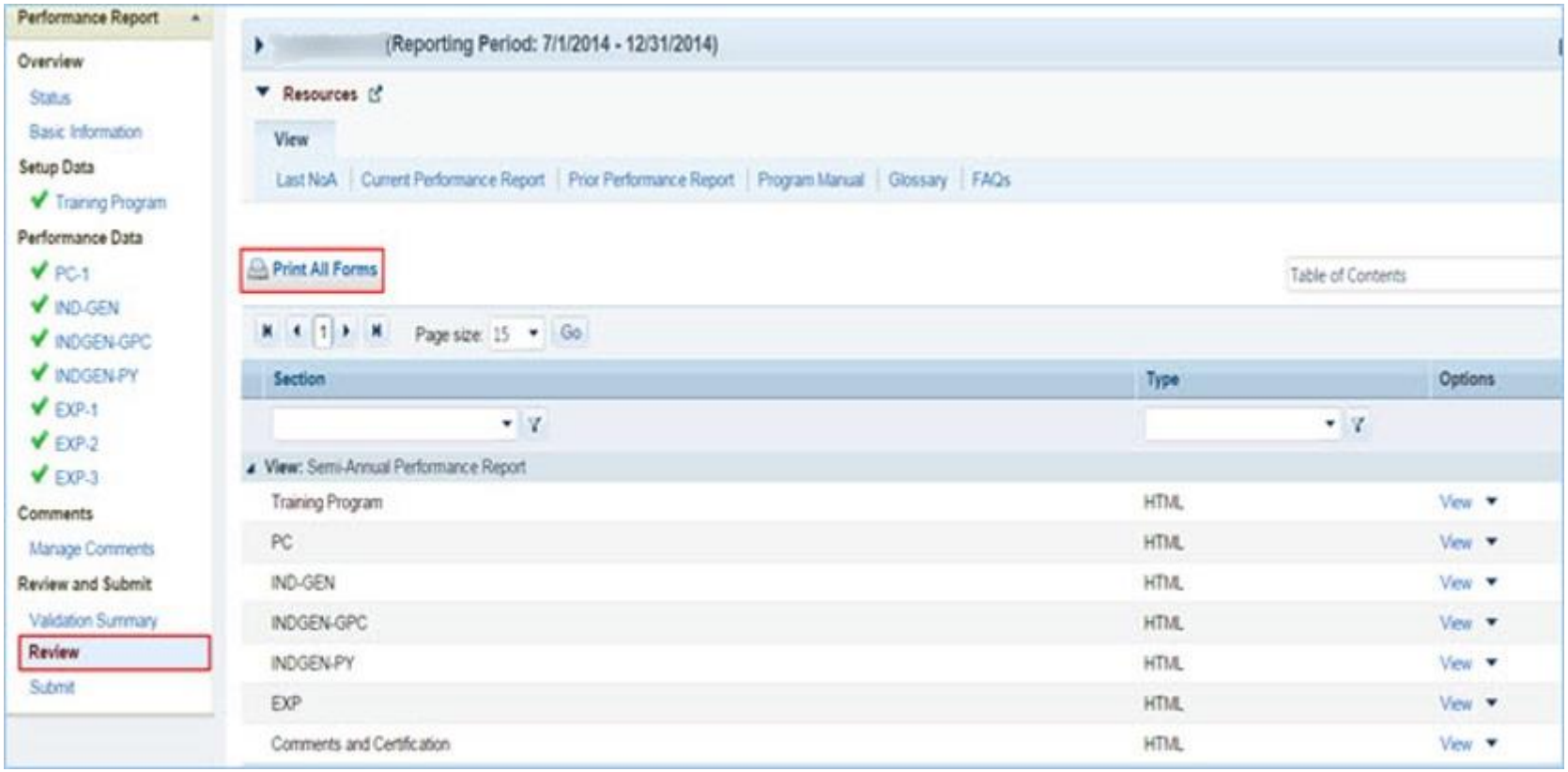


Figure 57. Screenshot of Printing Your Performance Report

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.

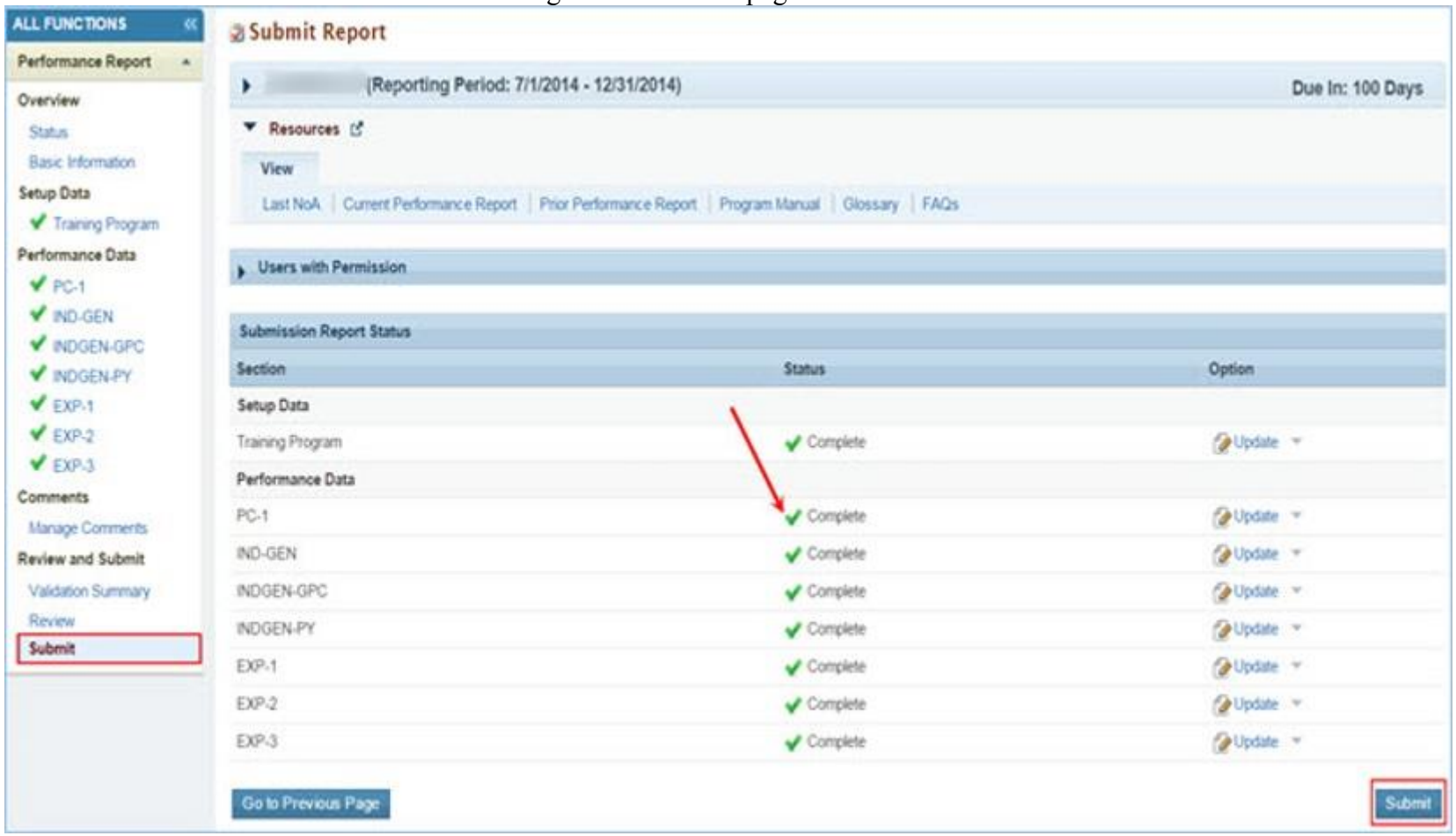


Figure 58. Screenshot of the Submit Report Page

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.

Figure 59. Screenshot of the Submit Report - Confirm Page

Figure 60. 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(l)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

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

Full-time refers to the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means 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.