

Overview of Performance Report for Grants and Cooperative Agreements

# Advanced Nursing Education Expansion (ANEE)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration  
Bureau of Health Workforce

## Training Program – Setup

The Training Program Setup form captures general information about the types of training programs that were supported with BHW funds during the reporting period. Please complete this setup page for each training program that was offered during the reporting period and was supported with BHW funds. Enter each training program separately by selecting from the drop-down menu under the ‘Add Training Program’ section. Once selected, click the ‘Load Program Details’ button and complete the remaining follow-up question(s) related to your selection. Once you have answered all follow-up questions, click on ‘Add Record’ to save your entry. If you wish to view data that were submitted in the prior reporting period, click on the ‘View Prior Period Data’ link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as ‘Prior Records’ under the column labeled "Record Status".

**Note(s):** You must enter each training program that was supported with BHW funds separately. Do not include any information about faculty development or continuing education offerings in this form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer.

[View Prior Period Data](#)

* Add Training Program	
<b>Select Type of Training Program Offered</b> (Click the ‘Load Program Details’ button after selecting your training program)	<b>Select One</b> Degree/Diploma/Certificate Academic Training Program (Degree/Diploma) <div style="text-align: center;"> <input type="button" value="Load Program Details"/> </div>
<b>For a Degree/Diploma/Certificate Program, Select Type of Degree Offered</b>	<input type="text" value="Single Select"/>
<b>For a Degree/Diploma/Certificate Program, Select Primary Focus Area</b>	<input type="text" value="Single Select"/>
<b>For a Degree/Diploma/Certificate Program, Select Delivery Mode used to Offer Program</b>	<input type="text" value="Single Select"/>
<input type="button" value="Add Record"/>	

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Degree/Diploma   MSN   Nursing-NP-Family   Campus-based Program	Active	Delete

## PC: Program Characteristics

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

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. Each of the subforms corresponds to a different type of training program. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

**Note(s):** The PC-1 subform collects information specific to Degree/Diploma/Certificate Training Programs only.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9
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[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Type of Degree Offered	Select Delivery Mode Used to Offer Program	Select Type(s) of Partners/Consortia Used to Offer this Training	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	URM	Disadvantaged Background and not URM	Total	URM	Total	URM
		(1) Block 1	(2) Block 1j	(4) Block 1k.1	(6) Block 2	(7) Block 3	(8) Block 3a	(9) Block 3b	(10) Block 8	(11) Block 8a	(12) Block 9	(13) Block 9a
1	Prior Record	Degree/Diploma   MSN   Nursing-NP-Family	MSN	Campus-based								

## IND-GEN: Individual Characteristics

The IND-GEN form captures individual-level information about students, faculty, or other types of awardees who either received direct financial support (e.g., loans, loan repayment, scholarships, or stipends) through a HRSA grant or participated in specific types of HRSA-supported training. Please complete this form in its entirety. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

<p>* Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period; OR b) updates to provide for students who received direct financial support and/or participated in community-based primary care training in a previous reporting period <b>Yes</b></p>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<p>(complete IND-GEN) (click Save and Validate button to proceed to the next form)</p>
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[View Prior Period Data](#)

No.	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	Select Individual's Age Group	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 Veteran Status	Select Whether Individual Received BHW Financial Award	Enter Individual's Financial Award Amount (BHW funds only)			
														Stipend	Current Reporting Period Total	Academic Year Total	Cumulative BHW Financial Award Total
		(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	(11) Block 10	(12) Block 11	(13) Block 11	(21a) Block 11	(21b) Block 11	(21c) Block 11
1	Prior Record	Degree/Diploma   MSN   Nursing-NP-Family															

Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year	Training in a Primary Care Setting		Training in a Medically Underserved Area		Training in a Rural Area		Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/ Completed the Program	Select Individual's Post-Graduation/ Completion Intentions
		Select Whether Individual Received Training	Enter # of Contact Hours	Select Whether Individual Received Training	Enter # of Contact Hours	Select Whether Individual Received Training	Enter # of Contact Hours			
(22) Block 12	(26) Block 15	(28) Block 17	(29) Block 17a	(31) Block 18	(32) Block 18a	(33) Block 19	(34) Block 19a	(36) Block 21	(37) Block 22	(39) Block 22b

**INDGEN-PY: Individual Prior Year**

The INDGEN-PY subform captures 1-year follow-up information about individuals who received direct financial support (e.g., loans, loan repayment, scholarships, or stipends) through a HRSA grant or participated in specific types of HRSA-supported training programs and have since graduated or completed their training. Please complete this form for each individual listed below. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

[View Prior Period Data](#)

No .	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	Select Individual's Age Group	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 Degree Earned	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)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(16)
			Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 22a	Block 22b	Block 23	Block 23a	
1	Prior Record	Degree/ Diploma   MSN   Nursing- NP- Family														

## EXP: Experiential Characteristics

### EXP-1: Training Site Setup

The EXP-1 Setup form captures information about the names of sites used by grantees to provide trainees with clinical or experiential training. Please enter each site used separately by typing in a site's name and clicking the 'Add Record' button. Please complete this setup form for each training site used. If you have any questions about how to complete this setup form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about sites used in a prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

EXP-1	EXP-2	EXP-3
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[View Prior Period Data](#)

<b>* Add Site</b>	
<b>Enter the Site's Name</b>	<<Textbox, 200 character limit>>
<input type="button" value="Add Record"/>	

No.	Record Status	Site Name	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used	Select Type of Setting Where the Site was Located	City	State	Zip Code	Four Digit Zip Code Extension	Option(s)
		(1) Block 1	(2)	(3)	(4)	(8)	(9)	(10)	(11)	
1	Prior Record	Site Name 1	Yes							Delete
2	Prior Record	Site Name 2	No							Delete
3	New Record	Site Name 3	Yes							Delete
4	New Record	Site Name 4	Yes							Delete

## EXP-2: Training Site Characteristics

The EXP-2 subform collects general information about each site that was entered in the EXP-1 Setup form. Please complete this subform for each training site listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about sites used in a prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

EXP-1	EXP-2	EXP-3
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[View Prior Period Data](#)

No.	Type of Training Program	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	Select Type(s) of Vulnerable Population Served at this Site	City	State	Zip Code	Four Digit Zip Code Extension	Option(s)
	(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4	(8)	(9)	(10)	(11)	
1	Program Name 1	Site Name 1									Delete
2	Program Name 2	Site Name 1									Delete
3	Program Name 3	Site Name 3									Delete
4	Program Name 4	Site Name 4									Delete

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

The EXP-3 subform collects information about the profession and discipline of individuals trained at each site that was entered in the EXP-1 Setup form. Please complete this subform for each site listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

**Note(s):** Individuals reported in this subform should be those captured in LR-1a or IND-GEN.

EXP-1    EXP-2    **EXP-3**

[View Prior Period Data](#)

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Option(s)
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	
1	Degree/Diploma   MSN   Nursing-NP-Family	Site Name 1			Delete