

Overview of Performance Report for Grants and Cooperative Agreements

Nurse Workforce Diversity (NWD)

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

Grant Purpose – Setup

The Grant Purpose Setup form captures information about the types of activities conducted by grantees of multipurpose or hybrid programs during the reporting period. Please select the type(s) of activity (ies) that were conducted during the reporting period with BHW funds and then click 'Save and Validate'. Also, 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): Selections on this form affect all subsequent forms. If you are unsure about which options to select, please refer to the instruction manual and/or contact your Government Project Officer.

PROGRAM WITH SINGLE-SELECT GRANT PURPOSE (NWD)

Existing grantee

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Grant Purpose	Select
NWD 1: Assist underrepresented students throughout the educational pipeline to become registered nurses	<input type="checkbox"/>
NWD 2: Facilitate diploma or associated degree registered nurses becoming baccalaureate prepared registered nurses	<input type="checkbox"/>
NWD 3: Prepare practicing registered nurses for advanced nursing education	<input type="checkbox"/>

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.

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* Add Training Program	
Select Type of Training Program Offered (Click the ‘Load Program Details’ button after selecting your training program)	Select One Degree/Diploma/Certificate Academic Training Program (Degree/Diploma) Non-degree structured training program (Structured) Non-degree unstructured training program (Unstructured) <div style="text-align: center; margin-top: 10px;"> Load Program Details </div>
For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity	<div style="border: 1px solid #ccc; width: 100px; height: 25px; margin: 0 auto;">Single Select</div>
For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity	<div style="border: 1px solid #ccc; width: 100px; height: 25px; margin: 0 auto;">Text Box</div>
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	<div style="border: 1px solid #ccc; width: 100px; height: 25px; margin: 0 auto;">Single Select</div>
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	<div style="border: 1px solid #ccc; width: 100px; height: 25px; margin: 0 auto;">Single Select</div>
For a Degree/Diploma/Certificate Program, Select Delivery Mode used to Offer Program	<div style="border: 1px solid #ccc; width: 100px; height: 25px; margin: 0 auto;">Single Select</div>
<div style="border: 1px solid #ccc; border-radius: 5px; padding: 5px 15px; background-color: #f0f0f0; width: 100px; margin: 0 auto;">Add Record</div>	

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion Campus-based	Active	Delete
2	Prior Record	Unstructured Pre-College Preparation Program 2	Complete	
3	Prior Record	Structured High School Academy Program 1	Ongoing	

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 BSN Nursing-BS/BSN Completion	BSN	Campus-based								

PC-2: Program Characteristics – Non-degree bearing Unstructured 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-2 subform collects information specific to Non-degree bearing Unstructured 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 Training Activity	Name of Training Activity	Select Education Level(s) of Participants	Enter Length of Training Activity in Clock Hours	Select Type(s) of Partners/Consortia Used to Offer this Training	Select Training Activity Status in the Current Reporting Period
		(1) Block 1	(2) Block 1a	(3) Block 1a.1	(4) Block 1b	(5) Block 1c	(6) Block 2	(7)
1	Prior Record	Unstructured Pre-College Preparation Program 2	Pre-college Preparation	Program 2				Complete

PC-3: Program Characteristics – Non-degree bearing Structured 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-3 subform collects information specific to Non-degree bearing Structured 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 Training Activity	Name of Training Activity	Select Education Level(s) of Participants	Enter Length of Training Program in Clock Hours	Select Whether Public Health Careers Content Was Offered	Select Whether Clinical or Practicum Training Was Offered	Select Whether Cultural Competency Training Was Offered	Select Type(s) of Partners/Consortia Used to Offer this Training	Select Training Activity Status in the Current Reporting Period
		(1) Block 1	(2) Block 1d	(3) Block 1d.1	(4) Block 1e	(5) Block 1f	(6) Block 1g	(7) Block 1h	(8) Block 1i	(9) Block 2	(10)
1	Prior Record	Structured High School Academy Program 1	High School Academy	Program 1							Ongoing

LR-1: Legislatively Required

LR-1a: Trainees by Training Category

The LR-1a subform captures aggregate-level information about the number of trainees who participated in specific types of programs or activities entered in the Training Program Setup form. Please complete this subform for each training program 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 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".

LR-1a

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No.	Record Status	Type of Training Program	Trainees by Training Category			Attrition		Select Training Activity Status in the Current Reporting Period
			Enter # of Enrollees	Enter # of Graduates	Enter # of Program Completers	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	(6) Block 5	(7) Block 6	(8) Block 6a	(16)
1	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion						Active
2	Prior Record	Unstructured Pre-College Preparation Program 2						Complete
3	Prior Record	Structured High School Academy Program 1						Ongoing

LR-2: Trainees by Age & Sex

The LR-2 form captures aggregate-level information about the age groups and sex of trainees who participated in each of the training programs or activities entered in the Training Program Setup form. Please complete this form for each training program 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. 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".

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No.	Record Status	Type of Training Program	Age Group of Trainees	Sex: Male			Sex: Female			Select Training Activity Status in the Current Reporting Period
				Enter # of Enrollees	Enter # of Graduates	Enter # of Program Completers	Enter # of Enrollees	Enter # of Graduates	Enter # of Program Completers	
		(1)	(2)	(3) Blocks 1-6	(6) Blocks 37-42	(7) Blocks 49-54	(8) Blocks 7-12	(11) Blocks 43-48	(12) Blocks 55-60	(18)
1	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	19 and Under							Active
2	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	20 – 29 years							Active
3	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	30 – 39 years							Active
4	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	40 – 49 years							Active
5	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	50 – 59 years							Active

No.	Record Status	Type of Training Program	Age Group of Trainees	Sex: Male			Sex: Female			Select Training Activity Status in the Current Reporting Period
				Enter # of Enrollees	Enter # of Graduates	Enter # of Program Completers	Enter # of Enrollees	Enter # of Graduates	Enter # of Program Completers	
6	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	60 and Over							Active
7	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	Age Not Reported							Active

DV-1: Trainees by Racial & Ethnic Background

The DV-1 form captures aggregate-level information about the racial and ethnic background of trainees who participated in each of the training programs or activities entered in the Training Program Setup form. Please complete this form for each training program 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".

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No.	Record Status	Type of Training Program	Race Category	Ethnicity: Hispanic/Latino			Ethnicity: Non-Hispanic/Non-Latino			Select Training Activity Status in the Current Reporting Period
				Enter # of Enrollees	Enter # of Graduates	Enter # of Program Completers	Enter # of Enrollees	Enter # of Graduates	Enter # of Program Completers	
		(1)	(2)	(3) Blocks 1-7	(6) Blocks 22-28	(7) Blocks 29-35	(8) Blocks 36-42	(11) Blocks 57-63	(12) Blocks 64-70	(18)
1	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	American Indian or Alaska Native							Active
2	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	Black or African American							Active
3	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	Asian							Active
4	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	Native Hawaiian or Pacific Islander							Active
5	Prior Record	Degree/Diploma BSN Nursing-	White							Active

No.	Record Status	Type of Training Program	Race Category	Ethnicity: Hispanic/Latino			Ethnicity: Non-Hispanic/Non-Latino			Select Training Activity Status in the Current Reporting Period
				Enter # of Enrollees	Enter # of Graduates	Enter # of Program Completers	Enter # of Enrollees	Enter # of Graduates	Enter # of Program Completers	
		BS/BSN Completion								
6	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	More than one Race							Active
7	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion	Race Not Reported							Active

DV-2: Trainees from a Disadvantaged Background

The DV-2 form captures aggregate-level information about the disadvantaged background status of trainees who participated in each of the training programs or activities entered in the Training Program Setup form. Please complete this form for each training program 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. 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".

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No.	Record Status	Type of Training Program	Enrollees		Graduates		Program Completers		Select Training Activity Status in the Current Reporting Period
			Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	
		(1)	(2) Block 1	(3) Block 2	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10	(12)
1	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion							Active

DV-3: Trainees from a Rural Background

The DV-3 form captures aggregate-level information about the number of trainees who participated in each of the training programs or activities entered in the Training Program Setup form and are from a rural background. Please complete this form for each training program 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".

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No.	Record Status	Type of Training Program	Trainees from Rural Residential Background			Select Training Activity Status in the Current Reporting Period
			Enter # of Enrollees from a Rural Background	Enter # of Graduates from a Rural Background	Enter # of Program Completers from a Rural Background	
		(1)	(2) Block 1	(5) Block 4	(6) Block 5	(7)
1	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion				Active

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 Yes</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	Scholarship	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	(15) Block 11	(21a) Block 11	(21b) Block 11	(21c) Block 11
1	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion																

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.

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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) 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 22a	(12) Block 22b	(13) Block 23	(14) Block 23a	(16)
1	Prior Record	Degree/Diploma BSN Nursing-BS/BSN Completion														

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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* Add Site	
Enter the Site's Name	<<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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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
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[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	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	Internship Student - Graduate - Psychology	Site Name 1				Delete