

Overview of Performance Report for Grants and Cooperative Agreements

# Public Health Training Centers

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	
<p><b>Select Type of Training Program Offered</b></p> <p>(Click the ‘Load Program Details’ button after selecting your training program)</p>	<p><b>Select One V</b></p> <p>Practicum/Field Placement program</p> <p><input type="button" value="Load Program Details"/></p>
<p><b>For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained</b></p>	<p><input type="text" value="Single Select"/></p>
<p><input type="button" value="Add Record"/></p>	

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Practicum/Field Placement   Student – Graduate – Public Health	Active	Delete

## Faculty Development – Setup

The Faculty development Setup form captures information about the specific types of faculty development activities conducted by grantees using BHW funds. Please select the type(s) of faculty development activities supported that took place during the reporting period and were supported with BHW funds. 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):**

Selections in this form will affect all subsequent faculty-related forms.

[View Prior Period Data](#)

Faculty Development Activities	
Faculty-Student Research or Collaboration Project	<input checked="" type="checkbox"/>
No faculty-related activities conducted	<input type="checkbox"/>

## PC: Program Characteristics

### PC-7: Program Characteristics – Practica and Field Placements

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):**

Note: The PC-7 subform collects information specific to Practicum and Field Placement 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	Primary Discipline of Individuals Trained	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 1I	(3) Block 2	(4) Block 3	(5) Block 3a	(6) Block 3b	(7) Block 8	(8) Block 8a	(9) Block 9	(10) Block 9a
1	New Record	Practicum/Field Placement   Student – Graduate – Public Health									

## 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 have either a) students, trainees or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for students or trainees who received direct financial support in a previous reporting period? <b>Yes</b></p>	<div style="display: flex; justify-content: center; gap: 20px;"> <input type="button" value="Yes"/> <input type="button" value="No"/> </div> <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	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	Practicum/Field Placement   Student – Graduate – Public Health															

Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year	Select Individual's Primary Discipline	Training in a Primary Care Setting		Training in a Medically Underserved Area		Training in a Rural Area		Select Individual's Field Placement Setting	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/ Completed the Program	Select 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	(27) Block 16	(28) Block 17	(29) Block 17a	(31) Block 18	(32) Block 18a	(33) Block 19	(34) Block 19a	(35) Block 20	(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	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)
1	Prior Record	Practicum/Field Placement   Student – Graduate – Public Health													

## 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 Primary Training Competency Addressed 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	(6) Block 6	(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	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	Practicum/Field Placement   Student – Graduate – Public Health	Site Name 1				Delete

### FD-3: Faculty Development - Faculty-Student Collaboration Projects

The FD-3 subform captures information about faculty-student collaborations that are supported by grantees using BHW funds. Please complete this subform for each faculty-student collaboration project supported during this reporting period. 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".

[View Prior Period Data](#)

**\* Add Collaboration Projects**

<b>Project Name</b>	<div style="border: 1px solid gray; padding: 2px; width: 100%;">                     Textbox (200 char)                 </div>
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Add Record

No.	Record Status	Project Name	Select Project Status in the Current Reporting Period	Describe the Faculty-Student Project	Select the Purpose of the Project	Enter # of Faculty Members Involved in the Project		Enter # of Students Involved in the Project		Select whether any Faculty Received any type of BHW-Funded Financial Award	Option(s)
						Total	URM	Total	URM		
						(1)	(1a)	(2) Block 13	(3) Block 13a		
1	Prior Record	Project A	Ongoing								Delete
2	Prior Record	Project B	Complete								Delete
3	New Record	Project C	Ongoing								Delete

## CE: Continuing Education

### CE-1: Continuing Education - Course Characteristics and Content

The CE-1 subform captures information about continuing education courses developed and/or offered by grantees using BHW funds during this reporting period. Please complete an entry for each individual course that was offered. 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".

**Note(s):**

Report each individual course only once and indicate the number of times offered within this subform.

CE-1

CE-2

\* Did you use BHW funds to support one or more continuing education offerings? **Yes**

Yes

No

(complete CE-1 and CE-2) (Click Save and Validate to proceed to the next form)

[View Prior Period Data](#)

No.	Record Status	Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours	Enter # of Times Course was Offered	Select Delivery Mode Used to Offer Course	Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course	Select Whether Employment Location Data are Available for Individuals Trained	Enter # of Individuals Trained by Employment Location (not mutually exclusive)			Select the Course's Primary Topic Area	Select the Competency Tier for this Course	Option(s)
										Primary Care Setting	Medically Underserved Community	Rural Area			
		(1) Block 1	(1a)	(2) Block 2	(3) Block 3	(4) Block 4	(5) Block 5	(6) Block 6	(8) Block 9	(9) Block 9a	(10) Block 9b	(11) Block 9c	(12) Block 11	(14) Block 13	
1	Prior Record	Course 1													Delete
2	Prior Record	Course 2													Delete
3	New Record	Course 3													Delete

## CE-2: Continuing Education - Individuals Trained by Profession/Discipline

The CE-2 subform captures information about the profession and discipline of individuals participating in continuing education offerings supported with BHW funds. Please complete this subform for each course entered in CE-1. 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.

CE-1

CE-2

[View Prior Period Data](#)

No.	Course Title	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Option(s)
	(1) Block 1	(2) Block 8	(3) Block 8	
1	Course 1			Delete
2	Course 1			Delete
3	Course 2			Delete
4	Course 2			Delete