

Overview of Performance Report for Grants and Cooperative Agreements

Preventive Medicine Residencies

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.

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| Grant Purpose | Select |
|---|-------------------------------------|
| PMR-1: Support resident costs | <input checked="" type="checkbox"/> |
| PMR-2: Infrastructure and curriculum design | <input checked="" 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.

[View Prior Period Data](#)

| * Add Training Program | |
|--|---|
| Select Type of Training Program Offered (Click the ‘Load Program Details’ button after selecting your training program) | Select One V Residency program <input type="button" value="Load Program Details"/> |
| For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained | <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 | Residency Medicine - General Preventive Medicine | 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 | |
|---|-------------------------------------|
| Structured Faculty Development Training Program | <input checked="" type="checkbox"/> |
| Faculty Development Activity | <input checked="" type="checkbox"/> |
| No faculty-related activities conducted | <input type="checkbox"/> |

PC: Program Characteristics

PC-8: Program Characteristics – Residency 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-8 subform collects information specific to Residency Programs only.

| | | | | | | | | |
|------|------|-----|------|------|------|------|------|------|
| PC-1 | PC-2 | PC- | PC-4 | PC-5 | PC-6 | PC-7 | PC-8 | PC-9 |
|------|------|-----|------|------|------|------|------|------|

[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 | (4) Block 2 | (5) Block 3 | (6) Block 3a | (7) Block 3b | (8) Block 8 | (9) Block 8a | (10) Block 9 | (11) Block 9a |
| 1 | Prior Record | Residency Medicine - General Preventive Medicine | Medicine - General Preventive Medicine | | | | | | | | |

PC-9: Program Characteristics –Positions Description

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-9 subform collects information specific to positions or slots for certain types of primary care training programs.

| | | | | | | | | |
|------|------|------|------|------|------|------|------|------|
| PC-1 | PC-2 | PC-3 | PC-4 | PC-5 | PC-6 | PC-7 | PC-8 | PC-9 |
|------|------|------|------|------|------|------|------|------|

[View Prior Period Data](#)

| * Add Academic/Training Year | |
|--|---|
| Select Training Program | <div style="border: 1px solid black; padding: 2px;">Single Select</div> <p>(only degree, fellowship and residency programs from setup page will be populated)</p> |
| Select Training Year | <div style="border: 1px solid black; padding: 2px;">Multi Select</div> |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">Add</div> | |

| No. | Record Status | Type of Training Program | Training Year | Enter Total # of Accredited Positions | Enter Total # of Positions Filled | Option(s) |
|-----|---------------|--|------------------|---------------------------------------|-----------------------------------|-----------|
| | | (1) Block 1 | (2) | (3) Block 4 | (5) Block 6 | |
| 1 | Prior Record | Residency Medicine - General Preventive Medicine | Residency Year 1 | | | Delete |
| 2 | Prior Record | Residency Medicine - General Preventive Medicine | Residency Year 2 | | | Delete |

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? 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> |
|--|------------------------------------|-----------------------------------|--|

[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 | Residency Medicine - General Preventive Medicine | | | | | | | | | | | | | | | |

| 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 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 | (36) Block 21 | (37) Block 22 | (39) Block 22b |
| | | | | | | | | | No | No | N/A |

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.

Design Note: Following table will be implemented in embedded Excel format.

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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 | 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 | Residency Medicine - General Preventive Medicine | | | | | | | | | | | | | |

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 |
|-------|-------|-------|

[View Prior Period Data](#)

| | |
|---|-------------------------|
| * Add Site | |
| Enter the Site's Name | Textbox, 200 characters |
| <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".

Design note: Following table will be implemented in embedded Excel format.

| | | |
|-------|-------|-------|
| EXP-1 | EXP-2 | EXP-3 |
|-------|-------|-------|

[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

Design note: Following table will be implemented in embedded Excel format.

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| 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 | Residency Internal Medicine | Site Name 1 | | | | Delete |

CDE: Course and Training Activity Development and Enhancement

CDE-1: Course Development and Enhancement - Course Information

The CDE-1 subform captures information about courses or other training activities that have been developed or enhanced by grantees using BHW funds during their project period. Please complete an entry for each course or other training activity that was developed or enhanced. 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".

| | | |
|-------|--------|-------|
| CDE-1 | CDE-1a | CDE-2 |
|-------|--------|-------|

| | |
|--|---|
| <p>* Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes</p> | <input type="button" value="Yes"/> (complete CDE-1 and CDE-2) <input type="button" value="No"/> (Click Save and Validate to proceed to the next form) |
|--|---|

[View Prior Period Data](#)

| | |
|--|------------------|
| * Add Course | |
| Enter the Name of the Course of Training Activity that was Developed or Enhanced | (text 200 chars) |
| <input type="button" value="Add Record"/> | |

| No. | Record Status | Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Status of Development or Enhancements | For Courses or Training Activities Implemented, Enter Academic Year of First Implementation | | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Enter Site Name from EXP-1 Where Implemented | Option(s) |
|-----|---------------|-------------------------------------|--|--|--|---|-----------------|---|---|--|-----------|
| | | | | | | From Year | To Year | | | | |
| | | (1) Block 1 | (2) Block 2 | (3) Block 3 | (4) Block 4 | (5) Block 4a | (6) Block 4a | (7) Block 5 | (8) Block 6 | (9) | |
| 1 | Prior Record | Course 1 | | | | | | | | | Delete |

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

The CDE-1a subform stores a running log of courses or training activities that were developed or enhanced using BHW funds and have been implemented in a prior reporting period. Information regarding each course or training activity that was developed or enhanced using BHW and implemented in a prior reporting period has been auto-populated from the CDE-1 table. Please complete this subform regarding the continued use of each course or training activity in your institution. 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".

| | | |
|-------|--------|-------|
| CDE-1 | CDE-1a | CDE-2 |
|-------|--------|-------|

[View Prior Period Data](#)

| No. | Record Status | Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Status of Development or Enhancements | For Courses or Training Activities Implemented, Enter Academic Year of First Implementation | | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Whether the Course or Training Activity was Offered in the Current Reporting Period | Enter Site Name from EXP-1 Where Implemented |
|-----|---------------|-------------------------------------|--|--|--|---|----------------|---|---|--|--|
| | | | | | | From Year | To Year | | | | |
| | | | | | | (1) Block 1 | (2) Block 2 | | | | |
| 1 | Prior Record | Course 1 | | | | | | | | | |

CDE-2: Course Development and Enhancement - Trainees by Profession/Discipline

The CDE-2 subform captures information about individuals who participated in courses or other types of training activities that were developed or enhanced using BHW funds. Please complete this subform for each type of course or training activity that was developed or enhanced using BHW funds and has been implemented either in the current or in a previous academic year. 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):

Although you were allowed to report courses or training activities developed or enhanced in previous academic years, only report individuals who participated in these courses or training activities during the current academic year.

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| * Add Profession/Discipline | |
|--|----------------|
| Name of Course or Training Activity | |
| Profession and Discipline of Individuals Trained | (Multi-Select) |
| <input type="button" value="Add Record"/> | |

| No. | Name of Course or Training Activity | Profession and Discipline of Individuals Trained | Enter # Trained in this Profession and Discipline | Option(s) |
|-----|-------------------------------------|--|---|-----------|
| | (1) Block 1 | (2) Block 7 | (3) Block 7 | |
| 1 | Course 1 | | | Delete |

FD-1: Faculty Development Programs

FD-1a: Faculty Development - Structured Faculty Development Training Programs

The FD-1a subform captures general information about structured faculty development programs offered by grantees using BHW funds. Please complete this subform for each structured faculty development program offered during the reporting period and 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. 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".

| | |
|-------|-------|
| FD-1a | FD-1b |
|-------|-------|

[View Prior Period Data](#)

| * Add Structured Faculty Development Program | |
|--|--------------------|
| Program Name | Textbox (200 char) |
| <input type="button" value="Add Record"/> | |

| No. | Record Status | Program Name | Select Program Status in the Current Reporting Period | Select Whether this was a Degree Bearing Program | For Degree-bearing Programs | | For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours | Enter the % of Time Spent Developing Competencies for the Following Roles | | | | Enter # of Faculty Who Completed the Program | Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program | Option(s) |
|-----|---------------|--------------|---|--|-------------------------------|---------------------------|---|---|----------------|----------------|----------------|--|--|-----------|
| | | | | | Select Type of Degree Offered | Select Primary Focus Area | | Clinician | Administrator | Educator | Researcher | | | |
| | | (1) | (1a) | (2) Block 2 | (3) Block 2a | (4) Block 2b | (5) Block 3 | (6) Block 5 | (7) Block 5 | (8) Block 5 | (9) Block 5 | (10) Block 6 | (11) Block 7 | |
| 1 | Prior Record | Program A | | | | | | | | | | | | Delete |

FD-1b: Faculty Development - Faculty Trained By Profession/Discipline

The FD-1b subform captures information about the profession and discipline of faculty who participated in a structured faculty development program that was offered by grantees using 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.

| | |
|-------|-------|
| FD-1a | FD-1b |
|-------|-------|

[View Prior Period Data](#)

| * Add Training Program and Discipline | |
|--|--|
| Program Name | Only newly added programs from FD-1a will be populated in this single select dropdown box. |
| Select Profession and Discipline of Faculty Trained | Multi-Select |
| <input type="button" value="Add Record"/> | |

| No. | Program Name | Profession and Discipline of Faculty Trained | Enter # Trained in this Profession and Discipline | Option(s) |
|-----|--------------|--|---|-----------|
| | (1) | (2) Block 4 | (3) Block 4 | |
| 1 | Program A | | | Delete |
| 2 | Program A | | | Delete |
| 3 | Program A | | | Delete |
| 4 | Program A | | | Delete |

FD-2: Faculty Development Activities

FD-2a: Faculty Development - Faculty Development Activities

The FD-2a subform captures general information about unstructured faculty development training activities offered by grantees using BHW funds. Please complete this subform for each faculty development activity offered during the reporting period and supported with BHW funds. 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.

FD-2a

FD-2b

[View Prior Period Data](#)

*** Add Faculty Development Activities**

| | |
|----------------------|--------------------|
| Activity Name | Textbox (200 char) |
|----------------------|--------------------|

Add Record

| No. | Activity Name | Select Type of Faculty Development Activity Offered | For Courses or Workshops | | Enter Duration of Training Activity in Clock Hours | Select Delivery Mode Used to Offer Training Activity | Select the Faculty Role(s) Addressed at Training Activity | Option(s) |
|-----|---------------|---|---|---|--|--|---|-----------|
| | | | Select Whether Activity is Accredited for Continuing Education Credit | Select Whether Attendance was to Acquire or Maintain Professional Certification | | | | |
| | | | (1) Block 8 | (2) Block 8a | | | | |
| 1 | Activity 1 | | | | | | | Delete |

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

The FD-2b subform captures information about the profession and discipline of faculty who participated in unstructured faculty development activities offered by grantees using 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.

| | |
|-------|-------|
| FD-2a | FD-2b |
|-------|-------|

[View Prior Period Data](#)

| * Add Activity Name and Discipline | |
|--|--|
| Activity Name | Values populated from Activity Name col. in previous tab (single-select) |
| Select Profession and Discipline of Faculty Trained | Multi-Select |
| <input type="button" value="Add Record"/> | |

| No. | Activity Name | Profession and Discipline of Faculty Trained | Enter # Trained in this Profession and Discipline | Option(s) |
|-----|---------------|--|---|-----------|
| | (1) | (2) Block 12 | (3) Block 12 | |
| 1 | Activity 1 | | | Delete |
| 2 | Activity 1 | | | Delete |
| 3 | Activity 1 | | | Delete |