

Overview of Performance Report for Grants and Cooperative Agreements

Residency Training in Primary Care

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.

[View Prior Period Data](#)

Grant Purpose	Select
RTPC-1: Plan, develop, and operate and participate in an accredited residency or internship program	<input checked="" type="checkbox"/>
RTPC-2: Plan, develop, and operate a program for the training of physicians teaching in community-based settings	<input type="checkbox"/>
RTPC: Provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents, and practicing physicians	<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 <div style="text-align: center;"> <input type="button" value="Load Program Details"/> </div>
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 Program Medicine—Internal 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-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 1l	(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 Family Medicine									
2	New Record	Residency Internal 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
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[View Prior Period Data](#)

* Add Academic/Training Year	
Select Training Program	<div style="border: 1px solid #ccc; padding: 2px; width: fit-content;">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 #ccc; padding: 2px; width: fit-content;">Multi Select</div>
<div style="border: 1px solid #ccc; padding: 5px; display: inline-block; margin-top: 10px;">Add</div>	

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

LR: Legislatively Required Forms

LR-1: 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

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Trainees by Training Category		Attrition		Select Training Activity Status in the Current Reporting Period
			Enter # of Residents	Enter # of Program Completers	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion	
		(1)	(4) Block 3	(6) Block 5	(7) Block 6	(8) Block 6a	(16)
1	Prior Record	Residency Internal Medicine					Active

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".

[View Prior Period Data](#)

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 Residents	Enter # of Program Completers	Enter # of Residents	Enter # of Program Completers	
		(1)	(2)	(5) Blocks 25-30	(7) Blocks 49-54	(10) Blocks 31-36	(12) Blocks 55-60	(18)
1	Prior Record	Residency Internal Medicine	19 and Under					Active
2	Prior Record	Residency Internal Medicine	20 – 29 years					Active
3	Prior Record	Residency Internal Medicine	30 – 39 years					Active
4	Prior Record	Residency Internal Medicine	40 – 49 years					Active
5	Prior Record	Residency Internal Medicine	50 – 59 years					Active
6	Prior Record	Residency Internal Medicine	60 and Over					Active
7	Prior Record	Residency Internal Medicine	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".

[View Prior Period Data](#)

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 Residents	Enter # of Program Completers	Enter # of Residents	Enter # of Program Completers	
		(1)	(2)	(5) Blocks 15-21	(7) Blocks 29-35	(10) Blocks 50-56	(12) Blocks 64-70	(18)
1	Prior Record	Residency Internal Medicine	American Indian or Alaska Native					Active
2	Prior Record	Residency Internal Medicine	Black or African American					Active
3	Prior Record	Residency Internal Medicine	Asian					Active
4	Prior Record	Residency Internal Medicine	Native Hawaiian or Pacific Islander					Active
5	Prior Record	Residency Internal Medicine	White					Active
6	Prior Record	Residency Internal Medicine	More than one Race					Active
7	Prior Record	Residency Internal Medicine	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".

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Residents		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	
		(1)	(6) Block 5	(7) Block 6	(10) Block 9	(11) Block 10	(12)
1	Prior Record	Residency Internal Medicine					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".

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Trainees from Rural Residential Background		Select Training Activity Status in the Current Reporting Period
			Enter # of Residents from a Rural Background	Enter # of Program Completers from a Rural Background	
		(1)	(4) Block 3	(6) Block 5	(7)
1	Prior Record	Residency Internal Medicine			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 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>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid gray; border-radius: 10px; padding: 5px 15px; background-color: #e0e0e0;">Yes</div> (complete IND-GEN) <div style="border: 1px solid gray; border-radius: 10px; padding: 5px 15px; background-color: #e0e0e0;">No</div> (click Save and Validate button to proceed to the next form) </div>
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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	Traineeship	Fellowship	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	(14) Block 11	(20) Block 11	(21a) Block 11	(21b) Block 11	(21c) Block 11
1	Prior Record	Residency Internal 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	Enter # of Patient Encounters	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	(30) Block 17b	(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.

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

[View Prior Period Data](#)

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)
Residency Internal 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
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[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
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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

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

[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	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
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<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)
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[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
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[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.

CDE-1

CDE-1a

CDE-2

[View Prior Period Data](#)

* 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
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[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
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[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)
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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)	(2) Block 8	(3) Block 8a	(4) Block 8b	(5) Block 9	(6) Block 10	(7) Block 11	
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
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[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