

Overview of Performance Report for Grants and Cooperative Agreements

State Oral Health Workforce

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
SOHWP-1: Loan forgiveness and repayment programs for dentists	<input type="checkbox"/>
SOHWP-2: Dental recruitment and retention efforts	<input type="checkbox"/>
SOHWP-3: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program	<input type="checkbox"/>
SOHWP-4: The establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools	<input type="checkbox"/>
SOHWP-5: Programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in dental health professional shortage areas	<input type="checkbox"/>
SOHWP-6: Placement and support of dental students, dental residents, and advanced dentistry trainees	<input type="checkbox"/>
SOHWP-7: Continuing dental education, including distance-based education	<input type="checkbox"/>
SOHWP-8: Practice support through teledentistry in accordance with State laws	<input type="checkbox"/>
SOHWP-9: Community-based prevention services such as water fluoridation and dental sealant programs	<input type="checkbox"/>
SOHWP-10: Coordination with local education agencies within the State to foster programs that promote children going into oral health or science professions	<input type="checkbox"/>
SOHWP-11: The establishment of faculty recruitment programs at accredited dental training institutions	<input type="checkbox"/>
SOHWP-12: The development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State	<input type="checkbox"/>
SOHWP-13: Policy	<input type="checkbox"/>
SOHWP-13: Grant Controls	<input type="checkbox"/>
SOHWP-13: Strategic Efforts	<input type="checkbox"/>
SOHWP-13: Partnerships	<input type="checkbox"/>
SOHWP-13: Training	<input type="checkbox"/>
SOHWP-13: Prevention Activity	<input type="checkbox"/>
SOHWP-13: Workforce Development	<input type="checkbox"/>
SOHWP-13: Direct Financial Support	<input type="checkbox"/>
SOHWP-13: Other	<input type="checkbox"/>
SOHWP-14: Integrating oral and primary care medical delivery systems for underserved communities.	<input type="checkbox"/>
SOHWP-15: Programs to support oral health providers practicing in advanced roles specifically designed to improve oral health access in underserved communities.	<input type="checkbox"/>
SOHWP-16: Practice support through teledentistry to improve access for underserved communities.	<input type="checkbox"/>
SOHWP-17: Community-based prevention service programs for underserved populations, such as water fluoridation and dental sealant programs.	<input type="checkbox"/>
SOHWP-18: Programs to establish or expand oral health services and facilities in Dental HPSAs, such as the establishment or expansion of community-based dental facilities, free-standing dental clinics, school-linked dental facilities, and mobile or portable dental clinics.	<input type="checkbox"/>
SOHWP-19: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program to enhance capacity, such as through equipment purchases or the sharing of overhead costs to allow for additional hours of operation.	<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.

[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 Degree/Diploma/Certificate Academic Training Program (Degree/Diploma) Residency program Fellowship program <input type="button" value="Load Program Details"/>
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	<input type="text" value="Single Select"/>
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	<input type="text" value="Single Select"/>
For a Degree/Diploma/Certificate Program, Select Delivery Mode used to Offer Program	<input type="text" value="Single Select"/>
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	Degree/Diploma DMD Dentistry- General Dentistry	Active	Delete
2	Prior Record	Degree/Diploma AA Dentistry- Dental Hygiene	Active	Delete
3	Prior Record	Fellowship Dentistry- General Dentistry	Active	Delete

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
4	Prior Record	Residency Dentistry – Endodontic Dentistry	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 Recruitment Activities	<input type="checkbox"/>
No faculty-related activities conducted	<input type="checkbox"/>

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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Note: Only Programs that use Purpose 6 will report in this table.

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Type of Degree Offered	Primary Focus Area	Select 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 1j	(3) Block 1k	(5) Block 1l	(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 DMD Dentistry-General Dentistry	DMD	Dentistry-General Dentistry									

PC-6: Program Characteristics – Fellowship 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-6 subform collects information specific to Fellowship Programs only.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9
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Note: Only Programs that use Purpose 6 will report in this table.

[View Prior Period Data](#)

No.	Record Status	Type of Training 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	(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	Yes	Fellowship Program Dentistry-Pediatric Dentistry								

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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Note: Only Programs that use Purposes 4 and 6 will report in this table.

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Primary Discipline of Individuals Trained	Type of Dental Residency 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 1l	(3) Block 1m	(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 General Dentistry										

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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Note: Only Programs that use Purposes 4 and 6 will report in this table.

[View Prior Period Data](#)

*** Add Academic/Training Year**

Select Training Program	<div style="border: 1px solid #add8e6; padding: 2px; text-align: center;">Single Select</div> <small>(only degree, fellowship and residency programs from setup page will be populated)</small>
Select Training Year	<div style="border: 1px solid #add8e6; padding: 2px; text-align: center;">Multi Select</div>

No.	Record Status	Type of Training Program	Training Year	Enter Total # of Positions Recruited For	Enter Total # of Positions Filled	Enter Total # of Positions Expanded using BHW Funds	Option(s)
		(1) Block 1	(2)	(4) Block 5	(5) Block 6	(6) Block 7	
1	Prior Record	Residency General Dentistry	Residency Year 1				Delete

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

Note: Only Programs that use Purpose 4 will report in this table.

[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 General Dentistry					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".

Note: Only Programs that use Purpose 4 will report in this table.

[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 General Dentistry	19 and Under					Active
2	Prior Record	Residency General Dentistry	20 – 29 years					Active
3	Prior Record	Residency General Dentistry	30 – 39 years					Active
4	Prior Record	Residency General Dentistry	40 – 49 years					Active
5	Prior Record	Residency General Dentistry	50 – 59 years					Active
6	Prior Record	Residency General Dentistry	60 and Over					Active
7	Prior Record	Residency General Dentistry	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".

Note: Only Programs that use Purpose 4 will report in this table.

[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 General Dentistry	American Indian or Alaska Native					Active
2	Prior Record	Residency General Dentistry	Black or African American					Active
3	Prior Record	Residency General Dentistry	Asian					Active
4	Prior Record	Residency General Dentistry	Native Hawaiian or Pacific Islander					Active
5	Prior Record	Residency General Dentistry	White					Active
6	Prior Record	Residency General Dentistry	More than one Race					Active
7	Prior Record	Residency General Dentistry	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".

Note: Only Programs that use Purpose 4 will report in this table.

[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 General Dentistry					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".

Note: Only Programs that use Purpose 4 will report in this table.

[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 General Dentistry			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".

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

<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"/>	<p>(complete IND-GEN)</p>	<input type="button" value="No"/>	<p>(click Save and Validate button to proceed to the next form)</p>
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Note: Only Programs that use Purposes 1, 3, 4, 6, 10, and 13 (Financial Support) will report in this table.

[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	Scholarship	Loan	Loan Repayment	Grant	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	(16) Block 11	(18) Block 11	(19) Block 11	(21a) Block 11	(21b) Block 11	(21c) Block 11	
1	Prior Record	Residency General Dentistry																				

(Contd)

Enter # of Academic Years the Individual has Received BHW Funding	Enter Balance of Individual's Loan	Enter % of Loan Paid Off	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 Degree Earned	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	(23) Block 13	(24) Block 13a	(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	(38) Block 22a	(39) Block 22b

(Contd)

Enter Total Time Obligated to Serve (in weeks)	Select Individual's Current Designated Practice Settings	Select Whether individual is Enrolled in Medicaid/CHIP Program	Select Whether individual is Accepting new Medicaid/CHIP Patients	Enter Total # of Patient Encounters	Enter # of Medicaid/CHIP Patient Encounters	Option(s)
(50) Block 28	(51) Blocks 29-31	(52) Block 32	(53) Block 32a	(54) Block 33	(55) Block 33a	

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.

Note: Only Programs that use Purposes 1, 3, 4, 6, 10, and 13 (Financial Support) will report in this table.

[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 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)
Residency General Dentistry														

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	EXP-4
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Note: Only Programs that use Purposes 4 and 6 will report in this table.

[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".

EXP-1	EXP-2	EXP-3	EXP-4
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Design note: Following table will be implemented in embedded Excel format.

Note: Only Programs that use Purposes 4 and 6 will report in this table.

[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.



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

Note: Only Programs that use Purposes 4 and 6 will report in this table.

[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 General Dentistry	Site Name 1				Delete

RET: Retention Programs

The RET form captures information about recruitment and retention-related efforts for specific types of BHW-supported initiatives. Please complete this form for any recruitment and retention-related efforts conducted 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.

Note: Only Programs that use Purpose 2 will report in this table.

[View Prior Period Data](#)

* Retention Information	
Enter # of Targeted Vacant Dentist/Dental Provider Positions (Block 5)	<input type="text" value="Text Box (4 digits)"/>
Enter # of Filled Dentist/Dental Provider Positions (Block 6)	<input type="text" value="Text Box (4 digits)"/>
Enter # of Dentist/Dental Provider Positions Retained (Block 7)	<input type="text" value="Text Box (4 digits)"/>

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"/>	<input type="button" value="No"/>	<p>(complete CDE-1 and CDE-2) (Click Save and Validate to proceed to the next form)</p>
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Note: Only Programs that use Purpose 4 will report in this table.

[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

14.2. 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".

Note: Only Programs that use Purpose 4 will report in this table.

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 A									

14.3. 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
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Note: Only Programs that use Purpose 4 will report in this table.

[View Prior Period Data](#)

*** Add Profession/Discipline**

Name of Course or Training Activity	Populated with the following: <ul style="list-style-type: none"> - Courses in CDE-1 where Column 4 = Implemented and Column 2 = 'Academic Course' or 'Training/Workshop for health professions students, fellows or residents' - Courses in CDE-1a where Column 9 = 'Yes' and Column 2 = 'Academic Course' or 'Training/Workshop for health professions students, fellows or residents'
Profession and Discipline of Individuals Trained	(Multi-Select)

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			

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

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

<p>* Did you use BHW funds to support one or more continuing education offerings? Yes</p>	<input type="button" value="No"/> <input type="button" value="Yes"/> <p>(complete CE-1 and CE-2) (Click Save and Validate to proceed to the next form)</p>
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Note: Only Programs that use Purposes 7 and 13 (Training) will report in this table.

[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)		
										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
1	Prior Record	Course 1										

Select the Course's Primary Topic Area	Option(s)
(12) Block 11	

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

Note: Only Programs that use Purposes 7 and 13 (Training) will report in this table.

[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

State Oral Health Workforce

SOHWP-A: New Facilities

If your program established new dental facilities in a HPSA/underserved area, select 'Yes' and complete the table below, otherwise select 'No' and proceed to the next form. 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.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP-D	SOHWP-E	SOHWP-F	SOHWP-G
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<p>* Did your program establish new dental facilities in a HPSA/Underserved area? (Block 1)</p>	<input type="button" value="Yes"/> <input type="button" value="No"/> <p>(complete SOHWP-A) (Click Save and Validate to proceed to the next form)</p>
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Note: Only Programs that use Purpose 5 will report in this table.

[View Prior Period Data](#)

* Add Facility	
Facility name	(Textbox 100 chars)
<input type="button" value="Add Record"/>	

No.	Facility Name	Select the Type of Facility	Select Type(s) of Oral Health Services Provided	Enter # of Patient Encounters	Select whether this is a Mobile/Portable Facility	Option(s)
	(1) Block 1b	(2) Block 1a	(3) Block 1c	(4) Block 1d	(5) Block 1e	
1	Facility A					Delete

SOHWP-B: Expanded Facilities

If your program expanded existing dental facilities in a HPSA/underserved area, select 'Yes' and complete the table below, otherwise select 'No' and proceed to the next form. 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.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP-D	SOHWP-E	SOHWP-F	SOHWP-G
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<p>* Did your program expand existing dental facilities in a HPSA/Underserved area? (Block 2)</p>	<input type="button" value="Yes"/> <input type="button" value="No"/>
<p>(complete SOHWP-B) (Click Save and Validate to proceed to the next form)</p>	

Note: Only Programs that use Purpose 5 will report in this table.

[View Prior Period Data](#)

* Add Facility	
Facility name	(Textbox 100 chars)
<input type="button" value="Add Record"/>	

No.	Facility Name	Select the Type of Facility	Select the Type(s) of Oral Health Services Provided	Enter Average # of Patient Encounters Prior to Expansion	Enter Actual # of Patient Encounters Post Expansion	Enter Average # of Patient Encounters Facility can Accommodate	Select whether this is a Mobile/Portable Facility	Option(s)
	(1) Block 2b	(2) Block 2a	(3) Block 2c	(4) Block 2d	(5) Block 2e	(6) Block 2f	(7) Block 2g	
1	Facility X							Delete

SOHWP-C: Teledentistry

Provide information on the teledentistry education training particulars for the program offered by you. 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.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP-D	SOHWP-E	SOHWP-F	SOHWP-G
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Note: Only Programs that use Purpose 8 will report in this table.

[View Prior Period Data](#)

* Add Teledentistry Program Details	
Number of Dental Facilities with Teledentistry Capabilities (Block 3)	3 digits
Number of Teledentistry Encounters Involving Patient Care (Block 4)	3 digits
Number of Teledentistry Sessions Involving Training (Block 5)	3 digits

SOHWP-D: Prevention Services

Provide information on the types of community-based preventive services provided by your program in the table below. 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.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP-D	SOHWP-E	SOHWP-F	SOHWP-G
---------	---------	---------	---------	---------	---------	---------

Note: Only Programs that use Purposes 9 and 13 (Prevention Activity) will report in this table.

[View Prior Period Data](#)

* Community-Based Prevention Services Details	
Enter # of New Water Systems with Fluoridated Water (Block 6)	(text 3 digits)
Enter # of Replaced Water Systems with Fluoridated Water (Block 7)	(text 2 digits)
Enter Estimated # of Residents Served (Block 8)	(text 7 digits)
Enter # of Children Receiving Dental Sealants (Block 9)	(text 5 digits)
Enter # of Individuals Receiving Topical Fluoride (Block 10)	(text 5 digits)
Enter # Individual Receiving Diagnostic or Preventive Dental Services (Block 11)	(text 5 digits)
Enter # of Recipients of Oral Health Education (Block 12)	(text 5 digits)

SOHWP-E: Promotional Events

In the table below, describe the programs that encourage children going into oral health and science professions. Select a promotional event in the dropdown list and click 'Add Record'. In the data table, provide particulars related to this promotional event. 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.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP-D	SOHWP- E	SOHWP-F	SOHWP-G
---------	---------	---------	---------	----------	---------	---------

Note: Only Programs that use Purpose 10 will report in this table

[View Prior Period Data](#)

* Add Type of Promotional Event	
Promotional Event	Multi select
<input type="button" value="Add Record"/>	

No.	Type of Promotional Event	Enter # Promotional Events Held	Select Type(s) of Local Organizations Involved in Promotional Events	Enter Total # of Children Who Attended Promotional Events	Select Type(s) of Materials Created for Promotional Events	Option(s)
	(1) Block 13a	(2) Block 13b	(3) Block 13c	(4) Block 13d	(5) Block 13e	
1						Delete

SOHWP-F: State Dental Offices

Answer each question below for the reporting period. 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.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP-D	SOHWP- E	SOHWP-F	SOHWP-G
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Note: Only Programs that use Purpose 12 will report in this table.

[View Prior Period Data](#)

Select whether a new state dental office was created	Select whether a new state dental officer position was created	Enter # of new support staff members hired						Select whether staff members hired in a previous reporting period have been retained					
		Administrative	Dentists, Dental Hygienists, Oral Health Coordination	Fluoridation Expert	Epidemiologist	Statistician	Other	Administrative	Dentist, Dental Hygienist Oral Health Coordination	Fluoridation Expert	Epidemiologist	Statistician	Other
(1) Block 14	(2) Block 15	(3) Block 16	(4) Block 17	(5) Block 18	(6) Block 19	(7) Block 20	(8) Block 21	(9) Block 16a	(10) Block 17a	(11) Block 18a	(12) Block 19a	(13) Block 20a	(14) Block 21a

SOHWP-G: Other Activities

Describe activities conducted. 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.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP-D	SOHWP-E	SOHWP-F	SOHWP-G
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Note: Only Programs that use Purpose 13 will report in this table.

[View Prior Period Data](#)

Policy (Block 22)	Multi-line text box (5000 chars)
Grants Contracts (Block 22)	Multi-line text box (5000 chars)
Strategic Efforts (Block 22)	Multi-line text box (5000 chars)
Partnerships (Block 22)	Multi-line text box (5000 chars)
Training (Block 22)	Multi-line text box (5000 chars)
Prevention Activity (Block 22)	Multi-line text box (5000 chars)
Workforce Development (Block 22)	Multi-line text box (5000 chars)
Direct Financial Support (Block 22)	Multi-line text box (5000 chars)
Other (Block 22)	Multi-line text box (5000 chars)

FD-5: Faculty Development - Faculty Recruitment

Answer each question below for the reporting period. 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: Only Programs that use Purpose 11 will report in this table.

[View Prior Period Data](#)

* Faculty Recruitment Details	
Enter # of Faculty Recruited through the Program (Block 23a)	(text 3 digits) 12
Enter # of URM Faculty Recruited through the Program (Block 23b)	(text 3 digits) 5
Enter # of Faculty Positions Retained (Block 23c)	(text 3 digits) 10