

Overview of Performance Report for Grants and Cooperative Agreements

# Teaching Health Center Graduate Medical Education

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Bureau of Health Workforce

## Training Program – Setup

The Training Program Setup form captures general information about the types of training programs that were supported with BHW funds during the reporting period. Please complete this setup page for each training program that was offered during the reporting period and was supported with BHW funds. Enter each training program separately by selecting from the drop-down menu under the 'Add Training Program' section. Once selected, click the 'Load Program Details' button and complete the remaining follow-up question(s) related to your selection. Once you have answered all follow-up questions, click on 'Add Record' to save your entry. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

**Note(s):**

You must enter each training program that was supported with BHW funds separately. Do not include any information about faculty development or continuing education offerings in this form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer.

[View Prior Period Data](#)

* Add Training Program	
<b>Select Type of Training Program Offered</b> (Click the 'Load Program Details' button after selecting your training program)	Select One <span style="float: right;">V</span> Residency program Fellowship program  Load Program Details
<b>For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained</b>	Single Select
Add Record	

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Residency   Internal Medicine	Active	Delete
2	Prior Record	Fellowship   Medicine- Geriatrics	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 type="checkbox"/>
Faculty Development Activity	<input type="checkbox"/>
No faculty-related activities conducted	<input type="checkbox"/>

## PC: Program Characteristics

### 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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[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	Select Type of Community-based Collaborator(s)	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 2	(3a)	(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   Internal Medicine										

**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	Select Type of Community-based Collaborator(s)	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	(4a)	(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	Family 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	Single Select
(only degree, fellowship and residency programs from setup page will be populated)	
Select Training Year	Multi Select
<input type="button" value="Add"/>	

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	Enter Total # of Positions Expanded using BHW Funds	Option(s)
		(1) Block 1	(2)	(3) Block 4	(4) Block 5	(5) Block 6	(6) Block 7	
1	Prior Record	Residency   Family Medicine	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

[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 Fellows	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)	(3) Block 2	(4) Block 3	(6) Block 5	(7) Block 6	(8) Block 6a	(16)
1	Prior Record	Residency   Family 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 Fellows	Enter # of Residents	Enter # of Program Completers	Enter # of Fellows	Enter # of Residents	Enter # of Program Completers	
		(1)	(2)	(4) Blocks 13-18	(5) Blocks 25-30	(7) Blocks 49-54	(9) Blocks 19-24	(10) Blocks 31-36	(12) Blocks 55-60	(18)
1	Prior Record	Residency   Family Medicine	19 and Under							Active
2	Prior Record	Residency   Family Medicine	20 – 29 years							Active
3	Prior Record	Residency   Family Medicine	30 – 39 years							Active
4	Prior Record	Residency   Family Medicine	40 – 49 years							Active
5	Prior Record	Residency   Family Medicine	50 – 59 years							Active
6	Prior Record	Residency   Family Medicine	60 and Over							Active
7	Prior Record	Residency   Family 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 Fellows	Enter # of Residents	Enter # of Program Completers	Enter # of Fellows	Enter # of Residents	Enter # of Program Completers	
		(1)	(2)	(4) Blocks 8-14	(5) Blocks 15-21	(7) Blocks 29-35	(9) Blocks 43-49	(10) Blocks 50-56	(12) Blocks 64-70	(18)
1	Prior Record	Residency   Family Medicine	American Indian or Alaska Native							Active
2	Prior Record	Residency   Family Medicine	Black or African American							Active
3	Prior Record	Residency   Family Medicine	Asian							Active
4	Prior Record	Residency   Family Medicine	Native Hawaiian or Pacific Islander							Active
5	Prior Record	Residency   Family Medicine	White							Active
6	Prior Record	Residency   Family Medicine	More than one Race							Active
7	Prior Record	Residency   Family 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	Fellows			Residents			Program Completers			Select Training Activity Status in the Current Reporting Period
			Enter Total # from Disadvantaged Background	Enter Total # Where Background is Not Reported	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter Total # Where Background is Not Reported	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter Total # Where Background is Not Reported	Enter # from Disadvantaged Background who are not URM	
		(1)	(4) Block 3	(4a)	(5) Block 4	(6) Block 5	(6a)	(7) Block 6	(10) Block 9	(10a)	(11) Block 10	(12)
1	Prior Record	Residency   Family 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 Fellows from a Rural Background	Enter # of Residents from a Rural Background	Enter # of Program Completers from a Rural Background	
		(1)	(3) Block 2	(4) Block 3	(6) Block 5	(7)
1	Prior Record	Residency   Family 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".

**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? <b>Yes</b></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 xt form)</p>
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[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Trainee Unique ID	NPI Number	Select Individual's Training or Awardee Category	Select Whether Individual is an International Medical Graduate (IMG)	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
		(1)	(2) Block 1	(2a)	(3) Block 2	(3a)	(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
1	Prior Record	Residency   Family Medicine													

(Contd)

Enter Individual's Financial Award Amount (BHW funds only)						Enter # of Academic Years the Individual has Received BHW Funding	Enter % FTE paid for through BHW Financial Award	Select Individual's Academic or Training Year	Select Individual's Primary Discipline	Training in a Primary Care Setting		
Stipend	Traineeship	Fellowship	Current Reporting Period Total	Academic Year Total	Cumulative BHW Financial Award Total					Select Whether Individual Received Training	Enter # of Contact Hours	Enter # Patient Encounters
(13) Block 11	(14) Block 11	(20) Block 11	(21a) Block 11	(21b) Block 11	(21c) Block 11	(22) Block 12	(25) Block 14	(26) Block 15	(27) Block 16	(28) Block 17	(29) Block 17a	(30) Block 17b

(Contd)

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			
(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   Family 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	EXP-4
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[View Prior Period Data](#)

<b>* Add Site</b>	
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	Payment Model	Option(s)
		(1) Block 1	(2)	(3)	(4)	(8)	(9)	(10)	(11)	(12)	
1	Prior Record										Delete
2	Prior Record										Delete
3	New Record										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.

[View Prior Period Data](#)

No.	Record Status	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	Payment Model	Option(s)
		(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4	(8)	(9)	(10)	(11)	(12)	
1	Prior Record	Residency   Family Medicine	Site Name 1										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

EXP-4

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   Family 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-2	CDE-1a
<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? <b>Yes</b></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](#)

<b>* Add Course</b>	
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	(3) Block 3	(4) Block 4	(5) Block 4a	(6) Block 4a	(7) Block 5	(8) Block 6	(9)	(10)
1	Prior Record	Course A									

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

### 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	
<b>Program Name</b>	Only newly added programs from FD-1a will be populated in this single select dropdown box.
<b>Select Profession and Discipline of Faculty Trained</b>	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 C			Delete
2	Program C			Delete
3	Program C			Delete
4	Program C			Delete

## 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
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[View Prior Period Data](#)

* Add Faculty Development Activities	
Activity Name	Textbox (200 char)
<input type="button" value="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
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[View Prior Period Data](#)

* Add Activity Name and Discipline	
<b>Activity Name</b>	Values populated from Activity Name col. in previous tab (single-select)
<b>Select Profession and Discipline of Faculty Trained</b>	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 2			Delete