

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Semiannual Performance Report for Grants and Cooperative Agreements

ACADEMIC YEAR 2014-2015



**Instruction Manual for Grantees of the  
Personal and Home Health Care Aide (PHCAST)  
Grant Program**

**Semiannual Reporting Period #1**

## Welcome!

Welcome to the Bureau of Health Workforce's Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Semiannual Performance Report for Grants and Cooperative Agreements (S-PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.

Please note the following:

1. All required performance measures are linked to the following legislative purpose(s) of the PHCAST grant program:
  - To recruit and train individuals as qualified personal and home health aides in occupational shortage and/or high demand areas.
2. Data submitted by grantees of the program must cover all activities that took place between July 1, 2014 and December 31, 2014 (referred to as semiannual reporting period).
3. **The S-PRGCA is due no later than January 31, 2015.** Failure to submit an S-PRGCA by this date may place your grant in a noncompliant status.
4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all S-PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter the BPMH system, make corrections, and submit a revised S-PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

We appreciate your feedback and assistance during this process. If you have any questions or require further assistance in completing your S-PRGCA, please visit the grants homepage or contact the HRSA Call Center via phone at 1-877-464-4772 or via email at [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV). All requests for technical assistance will be coordinated through the Call Center and responded to promptly.

*National Center for Health Workforce Analysis  
Performance Metrics and Evaluation Branch*

## Getting Started

The Office of Management and Budget (OMB) has issued a 3-year approval for the semiannual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforces (BHW) (OMB # 0915-0061; Expiration Date: 06/2016). The BPMH system has been significantly enhanced to incorporate all approved forms, as well as increase system performance and functionality. Throughout the manual, there are several icons that identify tips and other important information which will assist you in completing each form accurately (see below).



Marks a warning statement. Please read information in **bold** carefully in order to complete each subform accurately.



Marks a tip or important note for completing a specific block or subform in the BPMH system.



Marks the end of a subform and provides instructions for initiating required validations checks.

Due to the nature of semiannual reporting, the BPMH system has been recently enhanced so as to prepopulate specific Blocks within certain subforms with data submitted in a previous reporting period. In addition, a "View Prior Period Data" link has been added at the top of each form in order to provide you with easy access to data submitted by your organization in prior reporting periods.

[View Prior Period Data](#)

Fields with \* are required

**\* Add Training Program**

Select Type of Training Program Offered  
(Click the 'Load Program Details' button after selecting your training program)

Select One

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered

For a Degree/Diploma/Certificate Program, Select Primary Focus Area

No.	Record Status	Training Program (1) Block 1
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide

▶ Comments

Figure 1. Example of View Prior Period Data Link

Please review this manual carefully and, if you have any questions, contact the HRSA Call Center via phone at 1-877-464-4772 or via email at [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV).

## Getting Started: Browser Settings



**Warning:** Check your browser settings before beginning your S-PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

- HRSA's Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the 'Recommended Settings' tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.
- There are six (6) checks that are performed, and you must receive six (6) green check marks next to each setting in order to proceed. The following is a list of the checks performed. Please check your system prior to proceeding with data entry in the BPMH system by clicking the 'Recommended Settings' tab on your home screen.

<u>Domain</u>	<u>Required Setting</u>	<u>Check</u>
Browser	Internet Explorer 8.0 or 9.0 Mozilla Firefox 3.6 or higher	
JavaScript	Enabled	
Screen Resolution	1024 x 768 or higher	
Cookies	Enabled	
Popup Blocker	Enabled	
Date and Time	Current date and time	

- Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.
- Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the 'Recommended Settings' tab.

## Getting Started: Helpful Resources and Recommendations

The following is a list of resources and tips you may find helpful in the event you need assistance:

1. Begin PRGCA data entry early and submit your report prior to the deadline.
2. **Browser Settings:** Check your Internet browser and its settings by using ‘Recommended Settings’ tab on the EHB home screen within the yellow banner in the top left corner of the screen. Look for six (6) green check marks in order to meet system requirements and proceed.
3. **Reporting on Your Grant:** Several resources are available through HRSA’s “Reporting on Your Grant” link <http://bhw.hrsa.gov/grants/reporting/index.html> including general EHB guidance as well as links to the performance measures and program manual.
4. **Resource Links:** Several resources are available via the ‘Resource’ tab on the EHB home screen including the following links:
  - a. View Prior Period Data- Previously submitted S-PRGCA data are available in read-only mode
  - b. Glossary- Current definitions of key terms
  - c. FAQ- Frequently asked questions about entering S-PRGCA data in the BPMH system
  - d. Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
  - a. View recorded videos of how to enter data in the BPMH system: <https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos>
  - b. View the recorded TA webinar provided for your grant program. Please access the recording by using the link provided by your Government Project Officer.
6. **Grant Personnel:** Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
7. **Sequence of Forms:** Complete S-PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2; EXP-2, prior to EXP-3)
8. **Saving and Validating:** You must click ‘Save and Validate’ in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.

9. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center at **1-877-464-4772** or via email at [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV) . If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email.
10. **Government Project Officers:** Contact your Government Project Officer if you need further assistance.

## Order of Required Forms

The following table shows the order that subforms will appear throughout the BPMH system for your specific grant program. Please note that clicking on the "Save and Validate" button at the end of each subform will cause the system to check each Block for errors and route you to the next required subform on the list. If you need to go back to any subform for any reason, simply click on the Form ID on the left sidebar of the Electronic Handbook (EHB). Please note that changing data that has already been saved will require you to click on the "Save and Validate" button and go through the validation process once more.

**Table 1. Order of Required Forms for the PHCAST Grant Program.**

Order	Form ID
1	Training Program Setup
2	PC-1
3	LR-1
4	LR-2
5	DV-1
6	DV-2
7	DV-3
8	IND-GEN
9	INDGEN-GPC
10	INDGEN-PY
11	EXP-1
12	EXP-2
13	EXP-3

## Setup Forms

### Training Program Setup—Step 1



**Warning:** A new entry in the Training Program Setup form is only needed if BHW-funded financial awards were provided to students in degree/diploma/certificate programs other than those previously reported. If BHW-funded financial awards were only provided to students in degree/diploma/certificate programs previously reported, skip to PC-1.

[View Prior Period Data](#)

Fields with \* are required

**\* Add Training Program**

Select Type of Training Program Offered  
(Click the 'Load Program Details' button after selecting your training program)

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered

For a Degree/Diploma/Certificate Program, Select Primary Focus Area

Add Record

Select One

Select One

Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)

Load Program Details

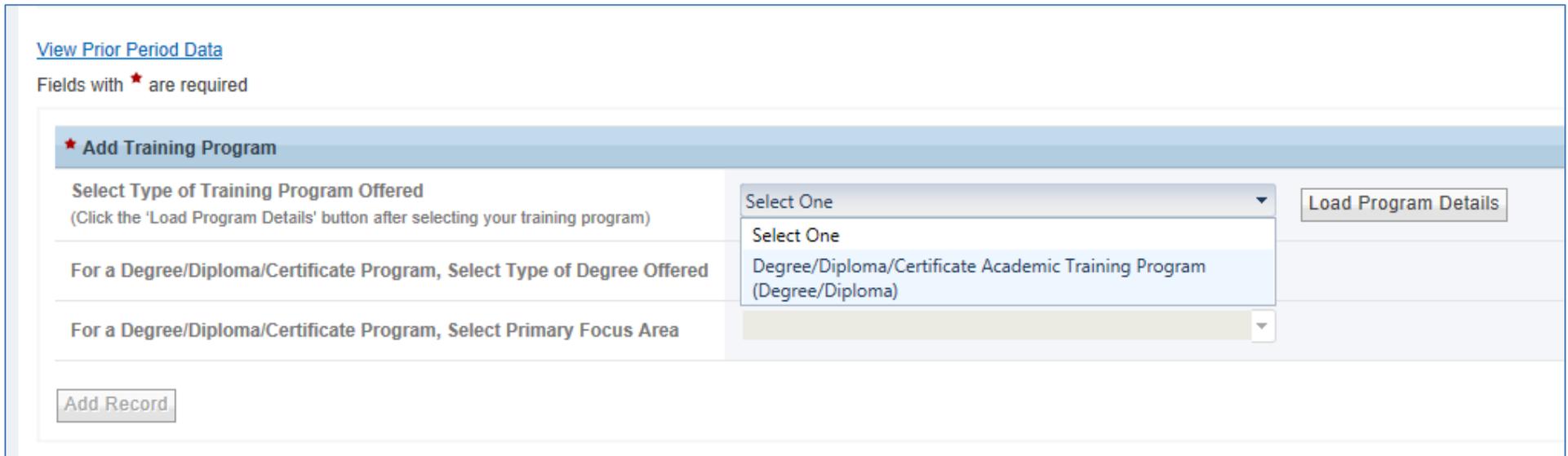


Figure 2. Screenshot of Training Program Setup - Step1

The Training Program Setup form will configure all subforms specific to the PHCAST program. To begin the S-PRGCA, you must complete the training program setup form to identify the degree/diploma/certificate program(s) of students who received BHW-funded financial awards during the semiannual reporting period.

To begin completing the setup form, select the type(s) of training program(s) supported through the grant during the semiannual reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing **one** of the following options:

- Degree/Diploma/Certificate Training Program



*Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

## Training Program Setup —Step 2

★ Add Training Program	
Select Type of Training Program Offered <small>(Click the 'Load Program Details' button after selecting your training program)</small>	Degree/Diploma/Certificate Academic Training Program (Degree) <input type="button" value="Load Program Details"/>
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	Select One
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	Select One
For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program	Select One

**Figure 3. Screenshot of Training Program Setup – Step 2**

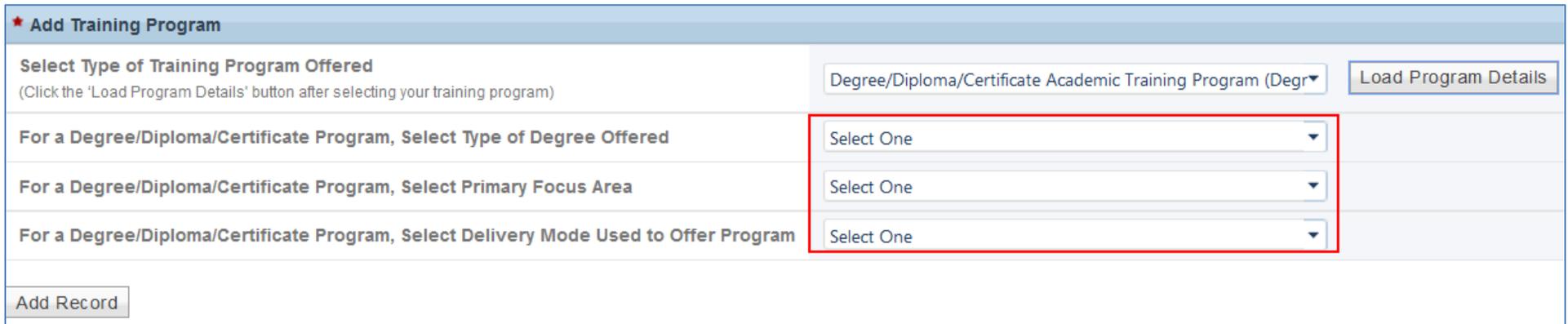
Next, click on the “Load Program Details” button to activate the remaining drop-down menus in this setup form.



*Note: Clicking on the "Load Program Details" button will activate drop-down menus specific to the selection made in Step 1.*

### Training Program Setup—Step 3

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**



★ Add Training Program

Select Type of Training Program Offered  
(Click the 'Load Program Details' button after selecting your training program)

Degree/Diploma/Certificate Academic Training Program (Degr

Load Program Details

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered

Select One

For a Degree/Diploma/Certificate Program, Select Primary Focus Area

Select One

For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program

Select One

Add Record

**Figure 4. Screenshot of Training Program Setup - Step 3**

1. To complete your entry, select the certificate program of students who received BHW-funded financial awards during the semiannual reporting period by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered” and choosing **one** of the following options:
  - Certificate
2. Next, select the degree program's primary focus area by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Primary Focus Area” and choosing **one** of the following options:
  - Nursing—Home Health Aide

3. Next, select the primary mode used to deliver each degree program during the semiannual reporting period by clicking on the drop-down menu under and choosing **one** of the following options:
  - Campus-based program
  - Distance learning program
  - Hybrid program
4. Next, click on the "Add Record" button to save your entry. **Repeat this process to capture the degree programs of all students who received a BHW-funded financial award during the semiannual reporting period.**

*Example: Institution X provided certificate programs to 25 students between July 1 and December 31. Among the 25 students who received a certificate, 25 were enrolled in a Home Health Aide program. In the setup form, Institution X would enter each certificate program separately—for a total of 1 entry. The completed Training Program Setup form for Institution X would appear as shown below.*

Training Program (1) Block 1	Option(s)
Degree/Diploma   Certificate   Nursing - Nursing Assistant	 Delete ▼
Degree/Diploma   Certificate   Nursing - Home Health Aide	 Delete ▼

## Training Program Setup—Final Steps

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide   Campus-based program	Select one	Delete
2	New Record	Degree/Diploma   Certificate   Nursing - Home Health Aide   Distance learning program	Select one Inactive Active	Delete

**Figure 5. Screenshot of Training Program Setup - Final Steps**

1. To complete the Training Program Setup form, please review the Saved Records Table to ensure that all degree programs supported with grant funds during the semiannual reporting period were captured accurately.
2. Select the Training Activity Status of all reported training programs. If you are reporting on a program, please choose ‘Active.’

**For new records**, please review the information contained in the table for accuracy and, for any reason a record has to be deleted, simply click on the "Delete" link under the Option(s) column.

**No action is needed for prior records, if they remain Active.** If a prior record training program no longer has active enrollees (no students are enrolled and all students have already graduated), you may select ‘Inactive’ as the status of the program. Selecting ‘Inactive’ indicates the training program is completed, you are no longer administering it, and you have no active INDGEN records or faculty development programs. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records) will be made inactive.



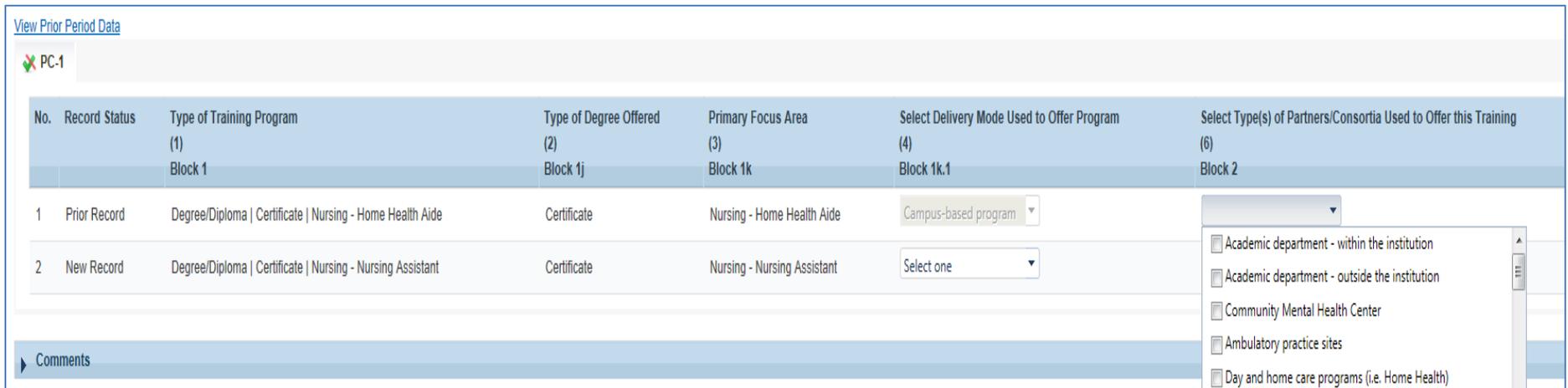
**To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Degree Programs—PC-1 Subform

 **Warning:** For degree programs previously reported, Block 1.k.1 will appear as read-only and is not editable. If the delivery mode for a degree program previously reported has changed, this requires a new entry in the Training Program Setup form.

 **Warning:** If no new records were added in the Training Program Setup form, complete the PC-1 subform for prior records.

### Adding Information about Degree Programs on PC-1—Step 1



No.	Record Status	Type of Training Program (1)	Type of Degree Offered (2)	Primary Focus Area (3)	Select Delivery Mode Used to Offer Program (4)	Select Type(s) of Partners/Consortia Used to Offer this Training (6)
		Block 1	Block 1j	Block 1k	Block 1k.1	Block 2
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Certificate	Nursing - Home Health Aide	Campus-based program	
2	New Record	Degree/Diploma   Certificate   Nursing - Nursing Assistant	Certificate	Nursing - Nursing Assistant	Select one	<input type="checkbox"/> Academic department - within the institution <input type="checkbox"/> Academic department - outside the institution <input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> Ambulatory practice sites <input type="checkbox"/> Day and home care programs (i.e. Home Health)

**Figure 6. Screenshot of PC-1 – Step 1**

**For all records,** select the type(s) of partnerships or consortia used or established for the purpose of offering each degree program during the semiannual reporting period by clicking on the drop-down menu under Block 2 and choosing **all that apply** from the following options:

- Academic department—outside the institution
- Academic department—within the institution
- Alzheimer’s Association/Chapters
- Alzheimer’s Disease Resource Centers
- Ambulatory practice sites
- Area Agencies on Aging
- Community Health Center (CHC)
- Community Mental Health Center

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- Community-based health center (e.g., free clinic)
- Day and home care programs (i.e. Home Health)
- Educational Institutions (Grades K—12)
- Extended Care facilities
- Federal Government—ACL
- Federal Government—AHRQ
- Federal Government—CDC
- Federal Government—FDA
- Federal Government—HIS
- Federal Government—NIH
- Federal Government—Other HHS Agency/Office
- Federal Government—Other HRSA Program
- Federal Government—SAMHSA
- Federal Government —Veterans Affairs
- Federal Government —Other
- FQHC or look-alike
- Geriatric ambulatory care and comprehensive units
- Geriatric Behavioral or Mental Health Units
- Geriatric consultation services
- Health department—Local
- Health department—State
- Health department—Tribal
- Health disparities research center
- Health Insurance/Healthcare Provider Group (e.g., PPO/HMO)
- Health policy center
- Hospice
- Hospital
- Local Government
- Long-Term facility
- Nonprofit organization (faith—based)
- Nonprofit organization (non—faith based)
- Nurse Managed Health Clinics
- Nursing Home
- Physical therapy/Rehabilitation Center
- Private/For-profit organization
- Professional Associations
- Quality Improvement Organization
- Senior Center
- State Government
- Tribal Government
- Tribal Organization
- Other
- No partners/consortia used

 **Warning: You may not select "No partners/consortia used" in combination with any other option.**

 **To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Counts and Demographics of Training Program Participants—LR and DV Subforms



**Warning:** You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each training program or activity that was supported through the grant during the semiannual reporting period.

### Adding Aggregate Counts of Training Program Participants on LR-1—Step 1

[View Prior Period Data](#)

LR-1a

No.	Record Status	Type of Training Program (1)	Trainees by Training Category			Attrition
			Enter # of Enrollees (2) Block 1	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	New Record	Degree/Diploma   Certificate   Nursing - Nursing Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 7. Screenshot of LR-1 - Step 1

Enter the number of students enrolled in each program during the semiannual reporting period in the textbox under Block 1.



*Note: Do not count individuals who graduated or permanently left their program before completion during the semiannual reporting period in the textbox under Block 1. These individuals will be captured separately in Block 4 and Block 6.*



*Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

## Adding Aggregate Counts of Training Program Participants on LR-1—Step 2

[View Prior Period Data](#)

✖ LR-1a

No.	Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition	
			Enter # of Enrollees (2) Block 1	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	New Record	Degree/Diploma   Certificate   Nursing - Nursing Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 8. Screenshot of LR-1 – Step 2**

Enter the number of students who completed each program during the semiannual reporting period in the textbox under Block 5.



*Note: Do not count individuals who permanently left their program before completion during the semiannual reporting period in the textbox under Block 5. These individuals will be captured separately in Block 6.*

### Adding Aggregate Counts of Training Program Participants on LR-1—Step 3

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

View Prior Period Data

LR-1a

No.	Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition		
			Enter # of Enrollees (2) Block 1	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a	Enter # of Individuals Employed Full-Time (10) Block 8
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	New Record	Degree/Diploma   Certificate   Nursing - Nursing Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 9. Screenshot of LR-1 – Step 3**

1. To complete the LR-1 subform, enter the number of students who permanently left each program before completion during semiannual reporting #1 in the textbox under Block 6.
2. Of the individuals reported in Block 6, enter the number of underrepresented minorities who permanently left each program before completion during semiannual reporting #1 in the textbox under Block 6a.

 *Note: Counts reported in Block 6a are a subset of those reported in Block 6.*

 **To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Adding Aggregate Counts of Training Program Participants on LR-1—Final Steps

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

[View Prior Period Data](#)

✕ LR-1a

No. Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition		Nursing Aide Employment Status and Exam Outcomes					
		Enter # of Enrollees (2) Block 1	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a	Enter # of Individuals Employed Full-Time (10) Block 8	Enter # of Individuals Employed Part-Time (11) Block 9	Enter # of Individuals Unemployed (12) Block 10	Select Whether Exam Assessed All Competencies (13) Block 11	Enter # of Individuals who Passed the Exam (14) Block 12	Enter # of Individuals who Failed the Exam (15) Block 13
1	Prior Record Degree/Diploma   Certificate   Nursing - Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select one ▾	<input type="text"/>	<input type="text"/>
2	New Record Degree/Diploma   Certificate   Nursing - Nursing Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select one ▾	<input type="text"/>	<input type="text"/>

**Figure 10. Screenshot of LR-1 - Final Steps**

To complete the LR-1 subform:

1. Enter the number of individuals in the training program who were employed full-time during semiannual reporting #1 in the textbox under Block 8.
2. Enter the number of individuals in the training program who were employed part-time (i.e., between 1 and 39 hours each week) during semiannual reporting #1 in the textbox under Block 9.
3. Enter the number of individuals in the training program who were unemployed during semi-annual reporting #1 in the textbox under Block 10.

4. Select whether the final exam taken by individuals enrolled in the program assessed all related competencies by choosing one of the following options:
  - Yes
  - No
5. Enter the number of individuals who successfully passed the final exam during semi-annual reporting #1 in the textbox under Block 12.
6. Enter the number of individuals who failed the final exam during semi-annual reporting #1 in the textbox under Block 13.



*Note: Counts reported in Block 6a are a subset of those reported in Block 6.*



**To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Adding Aggregate Counts of Training Program Participants by Sex and Age on LR-2—Step 1

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

[View Prior Period Data](#)

No.	Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female	
				Enter # of Enrollees (3) Blocks 1-6	Enter # of Program Completers (7) Blocks 49-54	Enter # of Enrollees (8) Blocks 7-12	Enter # of Program Completers (12) Blocks 55-60
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	60 and Over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 11. Screenshot of LR-2 – Step 1**

Enter the number of male and female students, by age group, enrolled in each program during the semiannual reporting period in the textboxes under Blocks 1 through 6 (Column #3) and Blocks 7 through 12 (Column #8).

 *Note: Enter "0" if there were no males or females in a specific age group who participated in the programs listed in this subform.*

 *Note: To view data submitted in the previous reporting periods, click on the "View Prior Period Data" link on top of the form.*

### Adding Aggregate Counts of Training Program Participants by Sex and Age on LR-2—Final Steps

[View Prior Period Data](#)

No.	Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female	
				Enter # of Enrollees (3) Blocks 1-6	Enter # of Program Completers (7) Blocks 49-54	Enter # of Enrollees (8) Blocks 7-12	Enter # of Program Completers (12) Blocks 55-60
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	60 and Over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 12. Screenshot of LR-2 – Final Steps**

To complete the LR-2 subform, enter the number of male and female students, by age group, who completed each program during the semiannual reporting period in the textboxes under Blocks 49 through 54 (Column #7) and Blocks 55 through 60 (Column #12).



*Note: Enter "0" if there were no males or females in a specific age group who completed the training programs listed in this subform.*



**To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

### Adding Aggregate Counts of Training Program Participants by Race/Ethnicity on DV-1—Step 1

[View Prior Period Data](#)

No.	Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino	
				Enter # of Enrollees (3) Blocks 1-7	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Program Completers (12) Blocks 64-70
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	More than one Race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Race Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 13. Screenshot of DV-1 – Step 1**

Enter the number of students, by racial and ethnic group, enrolled in each program during the semiannual reporting period in the textboxes under Blocks 1 through 7 (Column #3) and Blocks 36 through 42 (Column #8).



*Note: Enter "0" if there were no individuals of a specific racial and ethnic group who participated in the training programs listed in this subform.*



*Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

### Adding Aggregate Counts of Training Program Participants by Race/Ethnicity on DV-1—Final Steps

[View Prior Period Data](#)

No.	Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino	
				Enter # of Enrollees (3) Blocks 1-7	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Program Completers (12) Blocks 64-70
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	More than one Race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	Race Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Figure 14. Screenshot of DV-1 – Final Steps**

To complete the DV-1 subform, enter the number of students, by racial and ethnic group, who completed each program during the semiannual reporting period in the textboxes under Blocks 29 through 35 (Column #7) and Blocks 64 through 70 (Column #12).



*Note: Enter "0" if there were no individuals of a specific racial and ethnic group who completed the training programs listed in this subform.*



**To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Adding Aggregate Counts of Training Program Participants by Disadvantaged Status on DV-2—Step 1

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

No. Record Status	Type of Training Program (1)	Enrollees	
		Enter Total # from Disadvantaged Background (2) Block 1	Enter # from Disadvantaged Background who are not URM (3) Block 2
1 Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	<input type="text"/>	<input type="text"/>
2 New Record	Degree/Diploma   Certificate   Nursing - Nursing Assistant	<input type="text"/>	<input type="text"/>

**Figure 15. Screenshot of DV-2 – Step 1**

1. Enter the **total** number of students from disadvantaged backgrounds enrolled in each program during the semiannual reporting period in the textbox under Block 1.



*Note: Enter "0" if there were no individuals from disadvantaged backgrounds who participated in the programs listed in this subform.*



*Refer to the glossary for a definition of disadvantaged background and underrepresented minority.*

2. Next, enter the number of students from a disadvantaged background enrolled in each program during semiannual reporting periods #1 **who are not underrepresented minorities** in the textbox under Block 2.



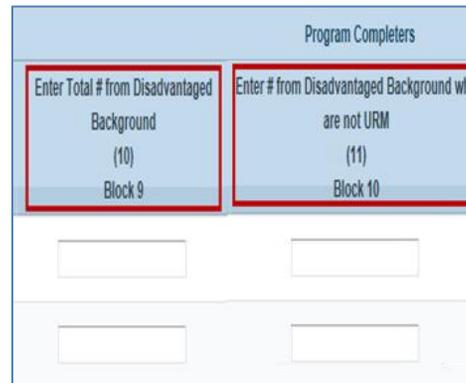
*Note: Counts reported in Block 2 are a subset of counts reported in Block 1.*



*Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

## Adding Aggregate Counts of Training Program Participants by Disadvantaged Status on DV-2—Final Steps

 **Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.



Program Completers	
Enter Total # from Disadvantaged Background (10) Block 9	Enter # from Disadvantaged Background who are not URM (11) Block 10
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Figure 16. Screenshot of DV-2 – Final Steps**

1. To complete the DV-2 subform, enter the **total** number of students from disadvantaged backgrounds that completed each program during the semiannual reporting period in the textbox under Block 9.



*Note: Enter "0" if there were no individuals from disadvantaged backgrounds who participated in the training programs listed in this subform.*



*Refer to the glossary for a definition of disadvantaged background and underrepresented minority.*

2. Next, enter the number of students from a disadvantaged background that completed each program during the semiannual reporting period **and are not underrepresented minorities** in the textbox under Block 10.



*Note: Counts reported in Block 10 are a subset of counts reported in Block 9.*



*Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*



**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Adding Aggregate Counts of Training Program Participants by Rural Background Status on DV-3—Step 1

The screenshot shows a web form titled "View Prior Period Data". It contains a table with three columns: "No.", "Record Status", and "Type of Training Program". The table has two rows of data. A red box highlights a text input field labeled "Enter # of Enrollees from a Rural Background (2) Block 1" which is positioned to the right of the table. Below the table, there are two rows of data with corresponding input fields.

No.	Record Status	Type of Training Program	Enter # of Enrollees from a Rural Background (2) Block 1
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	<input type="text"/>
2	New Record	Degree/Diploma   Certificate   Nursing - Nursing Assistant	<input type="text"/>

**Figure 17. Screenshot of DV-3 – Step 1**

Enter the number of students from a rural residential background enrolled in each program during the semiannual reporting period in the textbox under Block 1.



*Note: Enter "0" if there were no individuals from a rural residential background who participated in the programs listed in this subform.*

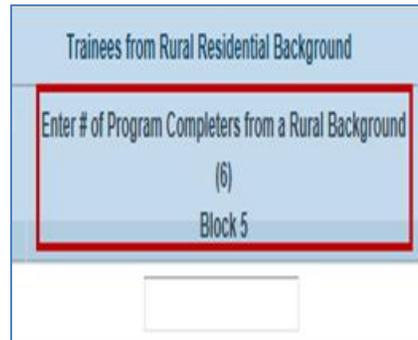


*Refer to the glossary for a definition of rural residential background.*



*Note: To view data submitted in previous reporting periods, click on the "View Prior Period Data" link on top of the form.*

## Adding Aggregate Counts of Training Program Participants by Rural Background Status on DV-3—Final Steps



The screenshot shows a form titled "Trainees from Rural Residential Background". Below the title, there is a red-bordered box containing the text "Enter # of Program Completers from a Rural Background (6) Block 5". Below this box is an empty white text input field.

**Figure 18. Screenshot of DV-3—Final Steps**

To complete the DV-3 subform, enter the number of students from a rural residential background that completed each program during the semiannual reporting period in the textbox under Block 5.



*Note: Enter "0" if there were no individuals from a rural residential background who completed the training programs listed in this subform.*



*Refer to the glossary for a definition of rural residential background.*



**To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Individual-level Data—INDGEN Subforms



**Warning:** The INDGEN subforms have been enhanced from the most recent reporting period to reduce overall burden. Please read these instructions carefully.

### Notice to Grantees about Individual-level Data

1. You must complete an IND-GEN subform for each student and/or program participant who received a BHW-funded financial award during the semiannual reporting period. In addition, semiannual updates are required for students who were previously reported on IND-GEN and were not marked as having graduated, completed or attrited from their degree program.
2. For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each student (see table below). **Please note that all other fields must be updated on a semiannual basis until the student graduates from or permanently leaves their degree program.**

Pre-populated Fields for Previous Records	
Block #	Block Label
(Column #1)	Training Program
1	Unique ID
2	Trainee Category
4	Sex*
6	Ethnicity*
7	Race*
9	Disadvantaged Background Status*
10	Veteran Status*
16	Primary Profession and Discipline

*\* These fields will not prepopulate if "Not Reported" was selected in the previous reporting period.*

3. The IND-GEN subform will automatically calculate and display read-only columns labeled “Academic Year Total” and "Cumulative BHP Financial Award Total."
  - The Academic Year Total will sum the amounts entered for both reporting period across a given academic year.
  - The Cumulative BHP Financial Award Total will sum all amounts entered for this individual in the BMPH system since the beginning of Academic Year 2012-2013.
  
4. Individuals who were reported as having graduated from their degree program will automatically be transferred from IND-GEN to the new INDGEN-GPC subform. No action is needed on these records until one (1) full calendar year has passed from the moment of graduation. At that point, records will automatically be transferred from the INDGEN-GPC subform to the INDGEN-PY subform where 1-year post completion status data must be provided for each student (see below).

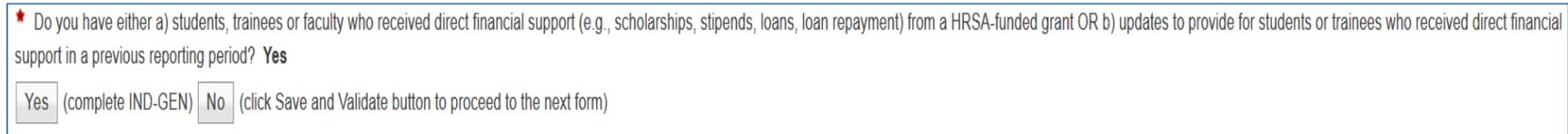
<b>Reporting Period when Individual Completed/Graduated from the Training Program</b>	<b>Reporting Period When Record will be Transferred to INDGEN-GPC (No action needed)</b>	<b>Reporting Period When Record will be Transferred to INDGEN-PY (For updating 1-year employment status)</b>
Academic Year A, Reporting Period #1	Academic Year A, Reporting Period #2	Academic Year B, Reporting Period #1
Academic Year A, Reporting Period #2	Academic Year B, Reporting Period #1	Academic Year B, Reporting Period #2



*Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

## Adding Students on IND-GEN—Setup

To begin providing individual-level data for students who received BHW-funded financial awards during the semiannual reporting period or to provide updates for students previously reported on IND-GEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.



★ 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**

(complete IND-GEN)  (click Save and Validate button to proceed to the next form)

**Figure 19. Screenshot of IND-GEN - Setup**



**Warning: If you have used the INDGEN form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. Please move ahead to the INDGEN form by using the form list located on the left side of your screen.**



**Warning: If you are unable to enter data into the INDGEN form, edit prior records, or see drop-down menus despite the question above being answered 'Yes', you have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.**



**Warning: Gray fields in prior records cannot be edited**

## Adding Students on IND-GEN—Step 1

	Record Status	Type of Training Program	Trainee Unique ID
		(1)	(2) Block 1
1		Select one	
2		Degree/Diploma   Certificate   Nursing - Nursing Assistant	
3		Degree/Diploma   Certificate   Nursing - Home Health Aide	
4		Other	

Figure 20. Screenshot of IND-GEN – Step 1

To begin completing the IND-GEN subform, select each student's degree program by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing the available option.

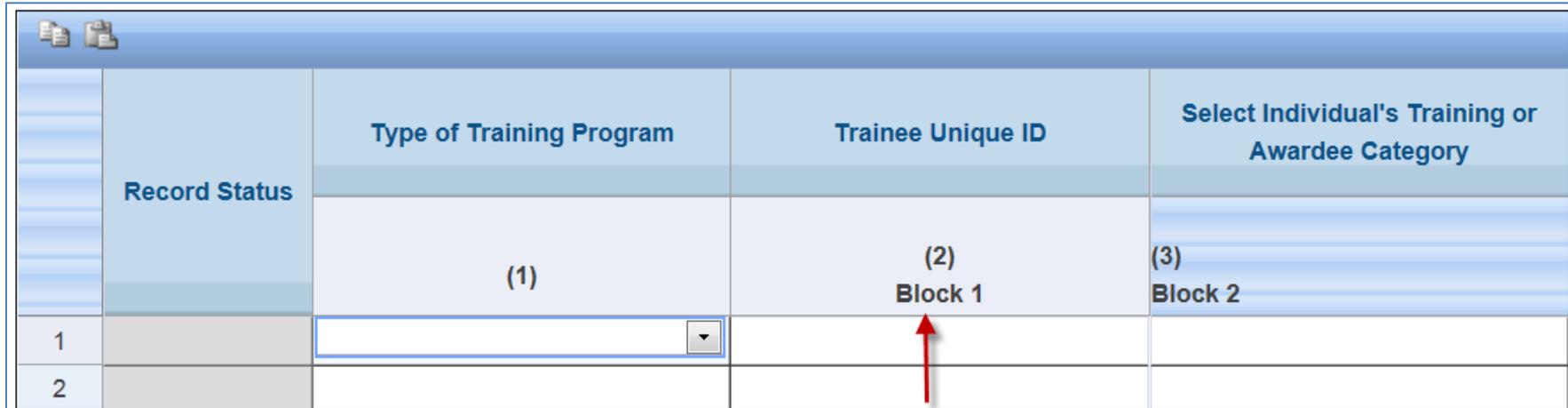


*Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form. The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" does not apply to the PHCAST program. Selecting this option will result in an error message.*



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.*

## Adding Students on IND-GEN—Step 2



	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category
		(1)	(2) Block 1	(3) Block 2
1		<input type="text"/>		
2				

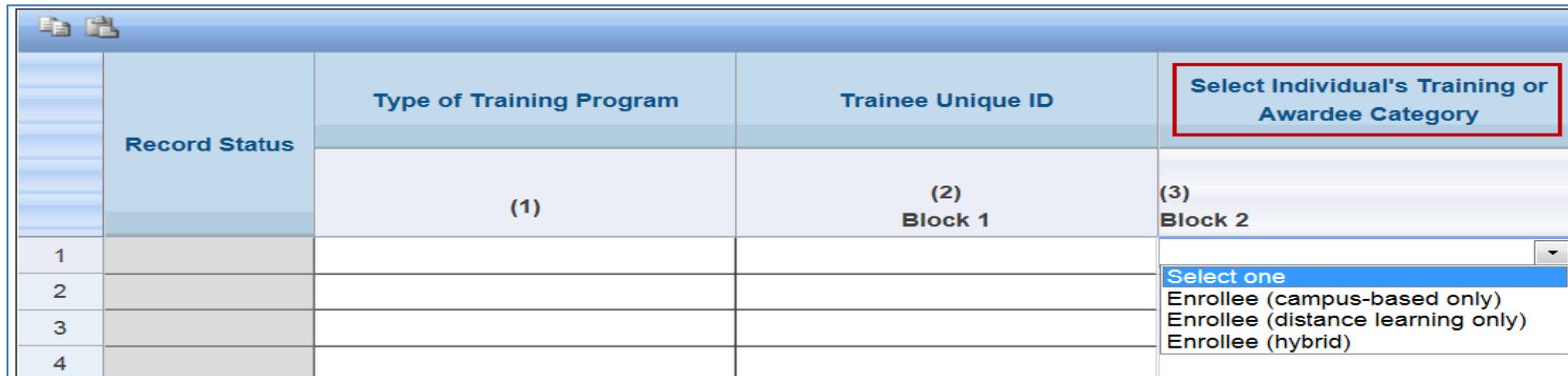
Figure 21. Screenshot of IND-GEN – Step 2

Enter a seven (7) alphanumeric unique identifier for each student in the textbox under Block 1.

 *Note: This Block will prepopulate for prior records with data submitted in the previous reporting periods.*

 **Warning:** It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide semiannual updates and 1-year follow-up data for each student.

### Adding Students on IND-GEN—Step 3



	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Individual's Training or Awardee Category (3) Block 2
1				<input type="text" value="Select one"/>
2				Enrollee (campus-based only)
3				Enrollee (distance learning only)
4				Enrollee (hybrid)

Figure 22. Screenshot of IND-GEN – Step 3

Select each student's training category during the semiannual reporting period by clicking on the drop-down menu under Block 2 and choosing **one** of the following options:

- Enrollee (campus-based only)
- Enrollee (distance learning only)
- Enrollee (hybrid)

 *Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.*

### Adding Students on IND-GEN—Step 4

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Individual's Training or Awardee Category (3) Block 2	Select Individual's Enrollment / Employment Status (4) Block 3
1					<input type="text" value="Select one"/>
2					<ul style="list-style-type: none"> <li>Full-time</li> <li>Part-time</li> <li>Both Full-time and Part-time</li> <li>On leave of absence</li> </ul>
3					
4					

**Figure 23. Screenshot of IND-GEN – Step 4**

Select each student’s enrollment status in their degree program during the semiannual reporting period by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Full-time
- Part-time
- Both Full-time and Part-time
- On Leave of Absence

## Adding Students on IND-GEN—Step 5

	Record Status	Type of Training Program (1)	Trainee Unique ID Block 1 (2)	Select Individual's Training or Awardee Category Block 2 (3)	Select Individual's Enrollment / Employment Status Block 3 (4)	Select Individual's Sex Block 4 (5)
1						<input type="text" value="Select one"/>
2						Male
3						Female
						Not Reported

Figure 24. Screenshot of IND-GEN – Step 5

Select each student's biological sex by clicking on the drop-down menu under Block 4 and choosing **one** of the following options:

- Male
- Female
- Not Reported



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your S-PRGCA.*

### Adding Students on IND-GEN—Step 6

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Individual's Age (6) Block 5
1				
2				

Figure 25. Screenshot of IND-GEN – Step 6

Enter each student's age at the end of the semiannual reporting period in the textbox under Block 5.



*Note: In previous reporting periods, age was measured using a set of ranges. Moving forward, you will be required to enter each student's age at the end of each semiannual reporting period.*

### Adding Students on IND-GEN—Step 7

Type of Training Program	Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity
(1)	(2) Block 1	(6) Block 5	(7) Block 6

Figure 26. Screenshot of IND-GEN – Step 7

Select each student's ethnicity by clicking on the drop-down menu under Block 6 and choosing **one** of the following options:

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Not Reported



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your S-PRGCA.*

## Adding Students on IND-GEN—Step 8

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Individual's Ethnicity (7) Block 6	Select Individual's Race (8) Block 7
1					
2					

Figure 27. Screenshot of IND-GEN – Step 8

Select each student's race by clicking on the drop-down menu under Block 7 and choosing **all that apply** from the following options:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Not Reported



**Warning: You may not select "Not Reported" in combination with any other option.**



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your S-PRGCA.*

### Adding Students on IND-GEN—Step 9

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Individual's Ethnicity (7) Block 6	Select Individual's Race (8) Block 7	Select Whether Individual is from a Rural Residential Background (9) Block 8
1						
2						

**Figure 28. Screenshot of IND-GEN – Step 9**

Select whether each student is from a rural residential background by clicking on the drop-down menu under Block 8 and choosing **one** of the following options:

- Yes
- No
- Not Reported



*Refer to the glossary for a definition of rural setting.*

## Adding Students on IND-GEN—Step 10

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Whether Individual is from a Rural Residential Background (9) Block 8	Select Whether Individual is from a Disadvantaged Background (10) Block 9
1					
2					

**Figure 29. Screenshot of IND-GEN – Step 10**

Select whether each student is from a disadvantaged background by clicking on the drop-down menu under Block 9 and choosing **one** of the following options:

- Yes
- No
- Not Reported



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your S-PRGCA.*



*Refer to the glossary for a definition of disadvantaged background.*

## Adding Students on IND-GEN—Step 11

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Individual's Veteran Status (11) Block 10
1				
2				

**Figure 30. Screenshot of IND-GEN – Step 11**

Select each student's veteran status by clicking on the drop-down menu under Block 10 and choosing **one** of the following options:

- Active Duty Military
- Reservist
- Veteran (Prior service)
- Veteran (Retired)
- Student is not a Veteran
- Not Reported



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your S-PRGCA.*



*Refer to the glossary for a definition of the various types of veteran statuses.*

### Adding Students on IND-GEN—Step 12

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Type of Training Program	Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Stipend
(1)	(2) Block 1	(12) Block 11	(13) Block 11

**Figure 31. Screenshot of IND-GEN – Step 12**

1. Select whether each student received a BHW-funded financial award during the semiannual reporting period by clicking on the drop-down menu under Block 11 and choosing **one** of the following options:
  - Yes
  - No
2. **If the student received a BHW-funded financial award**, enter the **total** amount of BHW dollars provided during the semiannual reporting period in the textbox under the column labeled "Stipend". The total amount reported should account for all BHW dollars including those applied to tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations.
3. **If the student did not receive a BHW-funded financial award**, enter "0" in the textbox under the column labeled "Stipend".

### Adding Students on IND-GEN—Step 13

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding
(1)	(2) Block 1	(22) Block 12
		<input type="text" value="0"/>
		Select one
		0

Figure 32. Screenshot of IND-GEN – Step 13

Select the cumulative number of academic years that each student has received a BHW-funded financial award by clicking on the drop-down menu under Block 12 and choosing **one** of the following options:

- 1
- 2
- 3
- 4
- 5 or more



*Note: The number of academic years receiving BHW-funded financial awards does not need to be consecutive; rather, the cumulative total number of years receiving awards should be reported.*



*Note: If a student received a BHW-funded financial award for the first time during the semiannual reporting period, select "1" under Block 12.*

### Adding Students on IND-GEN—Step 14

	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Academic or Training Year
		(1)	(2) Block 1	(26) Block 15
1				
2				

**Figure 33. Screenshot of IND-GEN – Step 14**

Select each student's current training year by clicking on the drop-down menu under Block 15 and choosing **one** of the following options:

- Non-degree Training Program Year 1
- Non-degree Training Program Year 2
- Non-degree Training Program Year 3
- Non-degree Training Program Year 4
- Non-degree Training Program Year 5

## Adding Students on IND-GEN—Step 15



**Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Training in a Primary Care Setting	
				Select Whether Individual Received Training (28) Block 17	Enter # of Contact Hours (29) Block 17a
1					
2					

**Figure 34. Screenshot of IND-GEN – Step 15**

1. Select whether each student received experiential training in a primary care setting during the semiannual reporting period by clicking on the drop-down menu under Block 17 and choosing **one** of the following options:
  - Yes
  - No
2. **If the student received experiential training in a primary care setting,** enter the total number of hours spent in this type of setting during the semiannual reporting period in the textbox under Block 17a.
3. **If the student did not receive experiential training in a primary care setting,** enter "0" in the textboxes under Block 17a.

## Adding Students on IND-GEN—Step 16



**Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Training in a Medically Underserved Area	
				Select Whether Individual Received Training (31) Block 18	Enter # of Contact Hours (32) Block 18a
1					
2					

**Figure 35. Screenshot of IND-GEN – Step 16**

- Select whether each student received experiential training in a medically underserved community (MUC) during the semiannual reporting period by clicking on the drop-down menu under Block 18 and choosing **one** of the following options:
  - Yes
  - No
- If the student received experiential training in a MUC**, enter the total number of hours spent in this type of setting during the semiannual reporting period in the textbox under Block 18a.
- If the student did not receive experiential training in a MUC**, enter "0" in the textboxes under Block 18a.

## Adding Students on IND-GEN—Step 17



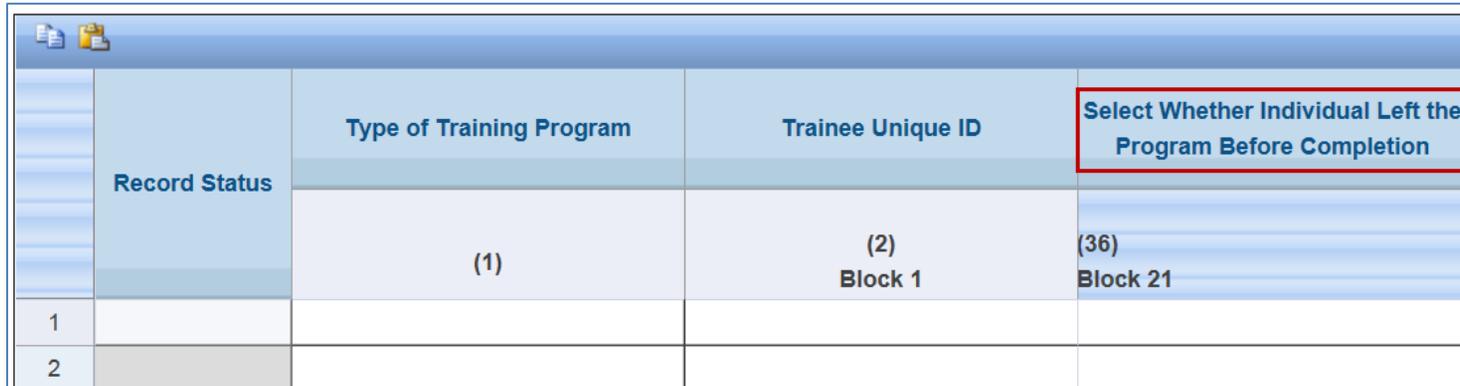
**Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Training in a Rural Area	
				Select Whether Individual Received Training (33) Block 19	Enter # of Contact Hours (34) Block 19a
1					
2					

**Figure 36. Screenshot of IND-GEN – Step 17**

- Select whether each student received experiential training in a rural area during the semiannual reporting period by clicking on the drop-down menu under Block 19 and choosing **one** of the following options:
  - Yes
  - No
- If the student received experiential training in a rural area,** enter the total number of hours spent in this type of setting during the semiannual reporting period in the textbox under Block 19a.
- If the student did not receive experiential training in a rural area,** enter "0" in the textboxes under Block 19a.

### Adding Students on IND-GEN—Step 18



	Record Status	Type of Training Program	Trainee Unique ID	Select Whether Individual Left the Program Before Completion
		(1)	(2) Block 1	(36) Block 21
1				
2				

**Figure 37. Screenshot of IND-GEN – Step 18**

Select whether each student permanently left their training program before completion during the semiannual reporting period by clicking on the drop-down menu under Block 21 and choosing **one** of the following options:

- Yes
- No

### Adding Students on IND-GEN—Step 19



**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Whether Individual Left the Program Before Completion (36) Block 21	Select Whether Individual Graduated/Completed the Program (37) Block 22
1					
2					

**Figure 38. Screenshot of IND-GEN – Step 19**

1. Select whether each student graduated from their degree program during the semiannual reporting period by clicking on the drop-down menu under Block 22 and choosing **one** of the following options:
  - Yes
  - No
2. **If a student completed their certificate program during the semiannual reporting period:**
  - a. Select the student's training or employment intentions by clicking on the drop-down menu under Block 22b and choosing **all that apply** from the following options:
    - Individual intends to become employed or pursue further training in a medically underserved community
    - Individual intends to become employed or pursue further training in a primary care setting
    - Individual intends to become employed or pursue further training in a rural setting
    - None of the above
    - N/A

3. **If a student did not complete the program during the semiannual reporting period, select "N/A" under Block 22b.**



**To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Log of Prior Period Completers—INDGEN-GPC Subform

### Prior Period Completers on INDGEN-GPC

No.	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Individual's Training or Awardee Category (3) Block 2	Select Individual's Enrollment / Employment Status (4) Block 3	Select Individual's Sex (5) Block 4	Select Individual's Age (6) Block 5	Select Individual's Ethnicity (7) Block 6	Select Individual's Race (8) Block 7	Select Whether Individual is from a Rural Residential Background (9) Block 8	Select Whether Individual is from a Disadvantaged Background (10) Block 9	Select Individual's Post-Graduation/Completion Intentions (12) Block 22b
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	MAF4060	Enrollee (campus-based only)	Full-time	Female	40-49 years	Hispanic/Latino	Not Reported	No	Yes	Individual intends to become employed or pursue further training in a medically underserved community

Figure 39. Screenshot of INDGEN - GPC

Records for each student who was marked as having completed their certificate program by December 31, 2014 will appear in the INDGEN-GPC subform. At this time, there are no action is necessary other than reviewing each record for accuracy.



**To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## One-year Follow-up for Completers—INDGEN-PY Subform

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 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
		(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(11) Block 22a	(12) Block 22b	(13) Block 23	(14) Block 23a
1	Prior Record	Degree/Diploma   Certificate   Nursing-Home Health Aide	1111111	Enrollee	Full-time	Female	Certificate	Individual intends to become employed in a rural setting		

Figure 40. Screenshot of INDGEN-PY

Grayed fields are provided here for identification purposes only. Select whether current employment data are available for each student who received a BHW-funded financial award and completed their degree one year prior to this report by clicking on the drop-down menu under Block 23 and choosing **one** of the following options:

- Yes
- No

**If "Yes" was selected in Block 23**, choose each former student's current employment location by clicking on the drop-down menu under Block 23a choosing **all that apply** from the following options:

- Individual is currently employed or is pursuing further training in a medically underserved community
- Individual is currently employed or is pursuing further training in a primary care setting
- Individual is currently employed or is pursuing further training in a rural setting
- None of the above
- N/A

1. **If "No" was selected in Block 23**, choose "N/A" in Block 23a.

**2. Repeat these steps for all rows in the INDGEN-PY table and enter selections for all blank fields under Blocks 23 and 23a.**



**To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Training Site Characteristics—EXP Subforms

### Notice to Grantees about Forms Pertaining to Training Sites

The EXP-1 and EXP-2 subforms have been enhanced to prepopulate specific information about the names and characteristics of training sites used in previous reporting periods. **Please read the following instructions carefully to ensure the EXP-1 and EXP-2 subforms are completed accurately. You must complete and ‘Save and Validate’ EXP-1 first before proceeding to EXP-2. Likewise, you must complete and then ‘Save and Validate’ EXP-2 before proceeding to EXP-3.**

#### For training sites that have been reported in a previous reporting period:

1. The BPMH system will prepopulate the names of all sites ever reported in the Saved Records Table within the EXP-1 subform and mark these records as "Prior Record".
2. You must select whether a particular site that was previously reported was used during the semiannual reporting period in the EXP-1 subform.
3. **If "Yes" was selected**, the BPMH system will prepopulate the following blocks in the EXP-2 subform and display it as an option in the EXP-3 subform:

Block Number	Block Label
1	Name of Site
2	Site Setting

4. **If "No" was selected**, the BPMH system will not include the site as an option in the EXP-2 and EXP-3 subforms.



**Warning: Complete the EXP-1, EXP-2 and EXP-3 subforms only for sites used to train students who appear on the IND-GEN subform.**

## Adding Names of Training Sites on EXP-1



**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Fields with \* are required

\* Add Site

Enter the Site's Name

Add Record

No.	Record Status	Site Name (1) Block 1	Select Whether the Site was Used in the Current Reporting Period (2)	Option(s)
1	Prior Record	Blue Mountain Community College - Eagle Cap Charter School	Select one	✗ Delete
2	Prior Record	Grande Ronde Home Health - LaGrande	Select one	✗ Delete

Figure 41. Screenshot of EXP-1

### For new records:

- To complete the EXP-1 Setup subform, enter the name of the site used to train students during the semiannual reporting period in the textbox next to the row labeled "Enter the Site's Name".
- Next, click on the "Add Record" button to save your entry. **Repeat the process as necessary to capture the names of each site used during the semiannual reporting period.**

### For all records:

- Select whether each site was used during the semiannual reporting period by clicking on the drop-down menu located under the column labeled "Select Whether Site Was used in the Current Reporting Period" and choosing **one** of the following options:
  - Yes
  - No



**Warning: For new records, you must select "Yes" under the column labeled "Select Whether Site Was used in the Current Reporting Period".**



**Warning: If "No" is selected under the column labeled "Select Whether Site Was used in the Current Reporting Period" for a prior record, then you do not have to complete the EXP-2 and EXP-3 subform for this record.**



*Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*



**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Adding Site Characteristics on EXP-2—Step 1

Type of Training Program	Site Name
(1)	(2) Block 1
<input type="text"/>	<input type="text"/>

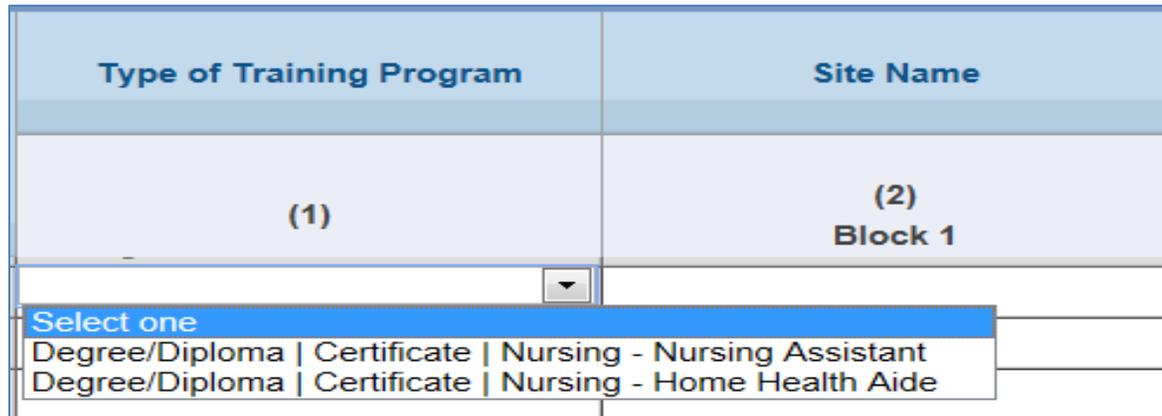


Figure 42. Screenshot of EXP-2 – Step 1

To begin completing the EXP-2 subform, select the training program associated with each site by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.



*Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.*

*Example: Institution X saved 1 entry in the Training Program Setup form to reflect the program of students who received BHW-funded financial awards during the semiannual reporting period. Under "Type of Training Program", the reporting official for Institution X would see the following options:*

- Degree/Diploma/Certificate program | Certificate| Nursing Home Health Aide



**Warning: Sites used for each training program must be reported separately. If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.**



*Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

## Adding Site Characteristics on EXP-2—Step 2

	Record Status	Type of Training Program	Site Name	Select Type of Site Used
		(1)	(2) Block 1	(3) Block 1a
1	Prior Record	Degree/Diploma   Certificate   Nursing - Home Health Aide	JVS Home Health Aide Training Office	<input type="text"/>

**Figure 43. Screenshot of EXP-2 – Step2**

Select the type of site used to train students during the semiannual reporting period by clicking on the drop-down menu under Block 1a and choosing from **one** of the following options:

- Academic institution
- Acute Care for the Elderly (ACE) units
- Acute care services
- Aerospace operations setting
- Ambulatory practice sites
- Community-based care programs for elderly mentally challenged individuals
- Community-based organization
- Community Health Center (CHC)
- Community Mental Health Center
- Day and home care programs (e.g., Home Health)
- Dentist office
- Emergency room
- Extended care facilities
- FQHC or look-alike
- Federal and State Bureau of Prisons
- Federal Government Office or Agency
- Hospice
- Hospital
- Independent Living Facility
- Indian Health Service (IHS) site
- International nonprofit/nongovernmental organization
- Local Government Office or Agency
- Local health department
- Long-term Care Facility
- Mobile Clinic/Site
- National health association or affiliate
- Nurse Managed Health Clinics
- Nursing Home
- Physician Office
- Program of All Inclusive Care for the Elderly
- Residential Living Facility
- Senior Center
- School-based clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- State Government Office or Agency
- State Health department
- Surgery clinic
- Tribal Health Department

- Tribal Organization
- Veterans Affairs Hospital or clinic
- Other Oral Health Facility
- Other community health center (e.g.; free clinic)
- Other



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.*

### Adding Site Characteristics on EXP-2—Step 3

Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located
(1)	(2) Block 1	(3) Block 1a	(4) Block 2
Degree/Diploma   Certificate   Nursing - Home Health Aide	Victory Centre of South Chicago		Medically underserved community
			<input type="checkbox"/> Medically underserved communi <input type="checkbox"/> Primary Care Setting <input type="checkbox"/> Rural area

Figure 44. Screenshot of EXP-2 – Step 3

Select whether each site used to train students during the semiannual reporting period was located in designated settings by clicking on the drop-down menu under Block 2 and choosing **all that apply** from the following options:

- Medically underserved community
- Primary care setting
- Rural area
- None of the above



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.*



*To determine whether a site is located in a medically underserved community, please visit HRSA's Office of Shortage Designation at <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>*



*To determine whether a site is located in a rural area, please visit HRSA's Office of Rural Health Policy at <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx?ruralByAddr=1>*

### Adding Site Characteristics on EXP-2—Step 4

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
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5
				<input type="checkbox"/> Academic department - outside institution <input type="checkbox"/> Academic department - within institution

Figure 45. Screenshot of EXP-2 – Step 4

Select the type(s) of partnerships or consortia used or established for the purpose of training students at each site during the semiannual reporting period by clicking on the drop-down menu under Block 5 and choosing **all that apply** from the following options:

- Academic department—outside the institution
- Academic department—within the institution
- Alzheimer’s Association/Chapters
- Alzheimer’s Disease Resource Centers
- Ambulatory practice sites
- Area Agencies on Aging
- Community Health Center (CHC)
- Community Mental Health Center
- Community-based health center (e.g., free clinic)
- Day and home care programs (i.e. Home Health)
- Educational Institutions (Grades K—12)
- Extended Care facilities
- Federal Government—ACL
- Federal Government—AHRQ
- Federal Government—CDC
- Federal Government—FDA
- Federal Government—IHS
- Federal Government—NIH
- Federal Government—Other HHS Agency/Office
- Federal Government—Other HRSA Program
- Federal Government—SAMHSA
- Federal Government—Veterans Affairs
- Federal Government—Other
- FQHC or look-alike
- Geriatric ambulatory care and comprehensive units
- Geriatric Behavioral or Mental Health Units
- Geriatric consultation services
- Health department—Local
- Health department—State
- Health department—Tribal
- Health disparities research center
- Health Insurance/Healthcare Provider Group (e.g., PPO/HMO)
- Health policy center
- Hospice
- Hospital
- Local Government
- Long-term care facility
- Nonprofit organization (faith-based)
- Nonprofit organization (non-faith based)

- Nurse Managed Health Clinics
- Nursing Home
- Physical therapy/Rehabilitation Center
- Private/For-profit organization
- Professional Associations
- Quality Improvement Organization
- Senior Center
- State Government
- Tribal Government
- Tribal Organization
- Other
- No partners/consortia used

 **Warning: You may not select "No partners/consortia used" in combination with any other option.**

 **To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Adding Site Characteristics on EXP-2—Final Steps

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
	(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4
10						
11						<input checked="" type="checkbox"/> Adolescents
12						<input type="checkbox"/> Children

**Figure 46. Screenshot of EXP-2 – Final Steps**

Select the type(s) of vulnerable populations served at each site used to train students during the semiannual reporting period by clicking on the drop-down menu under Block 4 and choosing **all that apply** from the following options:

- Adolescents
- Children
- Chronically ill
- College residents
- Homeless individuals
- Undocumented Immigrants
- Uninsured/Underinsured persons/families
- Individuals with HIV/AIDS
- Individuals with mental illness or substance use disorders
- Lesbian, Gay, Bisexual, and Transgender
- Low income persons/families
- Migrant workers
- Military and/or military families
- Older Adults
- People with disabilities
- Pregnant Women and Infants
- Unemployed
- Refugee Adults
- Returning War Veterans (Iraq or Afghanistan)
- Tribal Populations
- Veterans
- Victims of abuse or trauma
- None of the above



**Warning: You may not select "None of the above" in combination with any other option.**



**To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

## Adding Students Trained on EXP-3—Step 1

 **Warning: EXP-2 must be completed and validated before completing EXP-3. Please read instructions carefully. EXP-3 will appear blank; however, drop-down selections will populate with your completed EXP-2 training sites.**

 **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**



	Type of Training Program	Site Name
	(1)	(2) Block 1
1	<input type="text" value="Select one"/>	
2	Degree/Diploma   Certificate   Nursing - Nursing Assistant	
3	Degree/Diploma   Certificate   Nursing - Home Health Aide	

**Figure 47. Screenshot of EXP-3 – Step1**

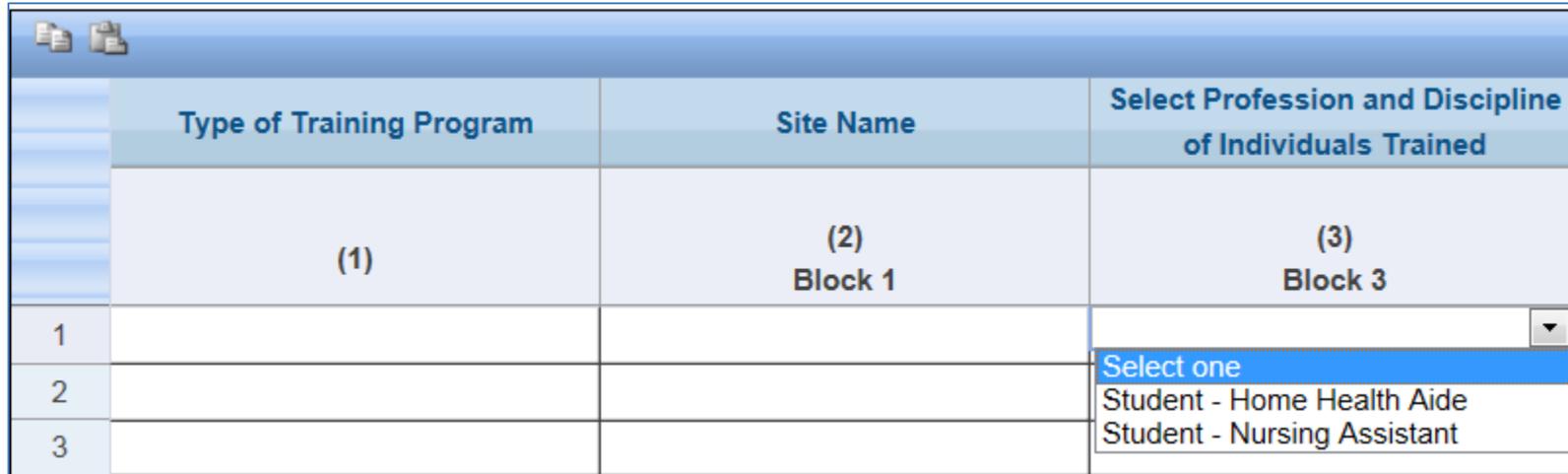
1. To begin completing the EXP-3 subform, select a training program by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.

 *Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.*

2. Next, select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.

 *Note: The options available under Block 1 will prepopulate with information entered and saved in the EXP-1 subform.*

## Adding Students Trained on EXP-3—Step 2



	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained
	(1)	(2) Block 1	(3) Block 3
1			<input type="text" value="Select one"/>
2			Student - Home Health Aide
3			Student - Nursing Assistant

Figure 48. Screenshot of EXP-3 – Step 2

Select the profession and discipline of students trained at each site during the semiannual reporting period by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Student—Home Health Aide

## Adding Students Trained on EXP-3—Final Steps

	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
	(1)	(2) Block 1	(3) Block 3	(4) Block 3
1				
2				

Figure 49. Screenshot of EXP-3 – Final Steps

To complete the EXP-3 subform, enter the number of students in the profession and discipline selected in the previous step who were trained at each site during the semiannual reporting period in the textbox under Column #4.

 *Note: Counts provided in the textbox under Block 3 should be based on individuals reported on IND-GEN.*

 **To Complete the Form:** Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, click on the "Submit" button in the left hand side of the EHB to begin the submission process of your S-PRGCA.

 **You have not submitted your S-PRGCA until you receive a message indicating that your report has been successfully submitted. You must validate your report, and then the report must be certified by the submitting official at your institution before it is submitted to HRSA. Please ensure that this process is completed in a timely manner.**

## Appendix A: Glossary

This glossary contains general definitions for terms that are used throughout the BPMH system. Some terms may be defined in multiple ways by different programs due to their authorizing statutes and/or the nature of training activities offered. If you are unsure about how to define a term that is central to your program, please refer to the authorizing statute, the Funding Opportunity Announcement and/or your Government Project Officer for clarification.

**Attrition** is a reduction in the number of individual participating in a training program or training activity as a result of transfers or dropouts. Individuals who have attrited have permanently left a training program or training activity before completion.

**BHW-funded financial awards** are any monies to an individual, from a grant funded by BHW, for the purposes of defraying costs associated with participation in a training program or training activity (see Table 2).

**Table 2. Types and Definitions of BHW-funded Financial Awards.**

Types of BHW-funded Financial Awards	Definition
Career Award	A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
Fellowship	A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
Scholarship	A financial award provided to a student enrolled in a degree program at an educational institution for the sole purpose of covering expenses associated with tuition.
Stipend	A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
Traineeship	A financial award provided to a student enrolled in an advanced training program at an educational institution for the purposes of defraying costs associated with advanced training in a specific content area.
Loan	A financial award provided to a student enrolled in a degree program at an educational institution for the purposes of defraying costs associated with that degree program. Loans must be repaid in accordance with terms specified in a promissory note.
Loan Repayment	A financial award provided to an individual that is conditional on their agreement to provide specific types of services for a specified amount of time. Under this agreement, an individual may have part or all of their student loans paid off so long as they meet all specified requirements.

**Contact hours** are the number of hours that an individual receives training in a specific setting.

**Continuing education** is a training activity or series of training activities offered to members of the **current** workforce who have already completed a training program in their profession.

**Curriculum** is the aggregate content of multiple learning activities offered by an organization in a specific topic area. Commonly, the term curriculum is used to describe the number and type of academic courses within a degree program. The term can also be used to describe the number and type of learning activities for faculty and other non-degree related training programs.

**Didactic training** is the process of instruction between a designated faculty and an individual or group of individuals.

**Direct Financial Support Program** is a type of grant that provides individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with participation in a training program or training activity.

**Disadvantaged Background** is a citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:

Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession

OR

Comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

**Enrollee** is an individual who is actively matriculated or registered in a training program or training activity. For the purposes of performance reporting, the training category of "enrollees" does not include graduates, program completers, fellows or residents.

**Ethnicity** is the ethnic ancestry or origin of an individual or group of individuals. For the purposes of performance reporting, the Office of Management and Budget requires that ethnicity be classified as "Hispanic or Latino Origin" and "Non-Hispanic or Latino Origin". Individuals identifying as "Hispanic or Latino" are of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Experiential training** is the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience.

**Faculty** is an individual or group of individuals who have been deemed qualified by an organization to provide instruction to others on a specific topic area.

**Federally Qualified Health Centers (FQHC)** are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(1)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

**Fellowship** is a training program that provides an individual or group of individuals (known as "fellows" with advanced training in a general content area. Fellows generally receive a financial award to help defray costs associated with advanced training (also referred to as a "fellowship").

**Full-time** is the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

**Graduate** is an individual who has completed all requirements for a degree-bearing training program at an educational institution.

**Instructional Hours** is the duration of a training activity or training program in clock hours.

**Infrastructure Program** is a type of grant designed to enhance the scope, quality, and opportunities for health professions training programs or training activities. Infrastructure programs do not provide individuals with any type of BHW-funded financial awards.

**Internship** is a type of training activity that can either be a(n): a) component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience.

**Interprofessional education** is the process of learning among a group of individuals from two (2) or more professions.

**Interprofessional practice** is the provision of care or services to an individual or group of individuals by workers from two (2) or more professions.

**Medically Underserved Community (MUC)** is a geographic location or population of individuals that is eligible for designation by a state or the federal government as a health professions shortage area; medically underserved area and/or medically underserved population.

**Multipurpose/Hybrid Program** is a type of grant that is designed to: a) provide individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with health professions training; **and b)** enhance the scope, quality, and opportunities for health professions training programs or training activities.

**Partner & Consortium** is an organization or group of organizations that provide(s) resources and/or support to grantees for the implementation of training programs and/or training activities.

**Patient encounter** is a direct interaction between a designated caregiver and a patient for the purposes of health care.

**Population Health** are the observed health outcomes among a group of individuals.

**Practicum** is a type of experiential training activity. (See "Experiential training")

**Primary Care** is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

**Primary care setting** is a facility that is staffed with professionals who provide primary care. (See "Primary Care")

**Profession & Discipline** is a phrase that identifies a general occupation (profession) and, where applicable, a type of specialty within that occupation (discipline).

**Program Completer** is an individual who has completed all requirements for a non-degree bearing training program or training activity. (See "Graduate" for individuals who complete all requirements of a degree-bearing training program)

**Publication** is a written material that has been submitted to and accepted by a publishing authority as part of a collection of related work.

**Race** is an individual's self-identified affiliation with one (1) or more of the following origins:

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Residency** is a training program that provides an individual or group of individuals (known as "residents" with advanced clinical training in a specialty area.

**Residential background** is/are the type/s of location/s an individual has established residence in.

**Rural** is a geographical area that is not part of a Metropolitan Statistical Area (MSA). To determine if a county is considered rural, go to [HRSA's Office of Rural Health Policy](#).

**Structured Training Program** is a series of curriculum-based training activities that are provided to an individual or groups of individuals over a specific amount of time.

**Trainee** is an individual who participates in a training program or training activity.

**Underrepresented Minority (URM)** is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented:

- Black or African American
- Hispanic (all races)
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

**Unstructured Training Activity** is a single training activity that is not part of a curriculum.

**Veteran** is any person who served in one (1) of the seven (7) uniformed services of the United States. The 7 uniform services include the United States: Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration Commissioned Officers Corps.

**Vulnerable populations** are groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, and other risk factors associated with sex and gender.