

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the
Predoctoral Training in General Dentistry,
Pediatric Dentistry, and Dental Public Health and
Dental Hygiene**

Annual Performance Report

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 Performance Report for Grants and Cooperative Agreements (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 **Predoctoral Training in Dentistry** grant program:
 - **Plan, develop and operate or participate in an approved professional training program.**
 - **Support of an accredited master's in public health program for dental and dental hygiene students.**
 - **Meet the costs of projects to establish, maintain, or improve predoctoral training in primary care**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2015 - June 30, 2016** (referred to as **Annual Performance Report**)
3. **The PRGCA is due no later than August 01, 2016.** Failure to submit a 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 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 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. All requests for technical assistance will be coordinated through the Call Center and responded to promptly. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center via:

- Phone at **877-Go4-HRSA/877-464-4772** or
- Click this link to send us your inquiry: [click here](#).

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 annual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforce (BHW) (OMB # **0915-0061**). The BPMH system has been significantly enhanced to incorporate all approved subforms, 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 subform 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 annual 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 subform in order to provide you with easy access to data submitted by your organization in prior reporting periods.



The screenshot shows a web form interface. At the top left, there is a link labeled "View Prior Period Data" which is highlighted with a red rectangular box. Below this link, the text "Fields with * are required" is visible. Further down, there is a section titled "Add Training Program" with a red asterisk. Underneath this title, there is a label "Select Type of Training Program Offered" and a sub-label "(Click the 'Load Program Details' button after selecting your training program)". To the right of this text is a dropdown menu with the text "Select One" and a downward-pointing arrow.

Figure 1. Screenshot of View Prior Period Data Link

Getting Started - How Performance Measure Data Fields Are Identified in the Forms

No.	Type of Training Program	Trainees by Training Category		Attrition	
		Enter # of Enrollees	Enter # of Graduates	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion
	(1)	(2) Block 1	(5) Block 4	(7) Block 6	(8) Block 6a
1	Degree/Diploma MD/MPH Health Policy & Management	20	5	1	0

Figure 2. Example of Performance Measures Data Table

There are two (2) types of data entry field identifiers. Each data entry field in a performance measure is identified with both types of numbers when the measure appears like the example in the above Figure.

Column Number: The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.

Block Numbers: The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

Getting Started: Browser Settings



Warning: Check your browser settings before beginning your 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 multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: [Recommended Settings](#).
- Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the 'Recommended Settings' tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.
- 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 green check marks for all system requirements 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:
 - View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
 - Glossary- Current definitions of key terms
 - Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
 - View recorded videos of how to enter data in the BPMH system: <https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos>
 - 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 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 using the contact information below. 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.
 - Phone at 877-Go4-HRSA/877-464-4772; or
 - Click this link to send us your inquiry: [click here](#).
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 all Blocks 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.

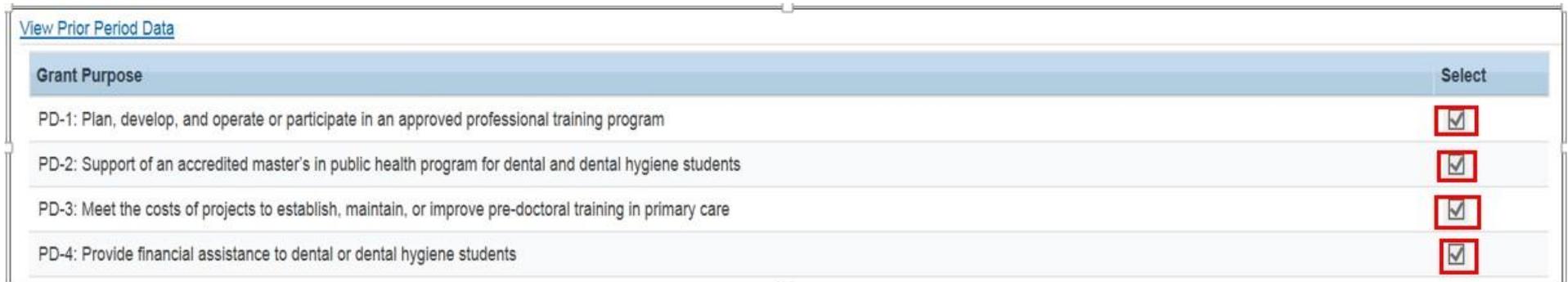
Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
1	Setup Form	Setup Forms	Grant Purpose	
2	Setup Form	Setup Forms	Training Program	PD-1,PD-2,PD-3
3	Performance Data Form	Program Characteristics-PC Subforms	PC-1	PD-1,PD-2,PD-3
4	Performance Data Form	Program Characteristics-PC Subforms	PC-9	PD-1,PD-2,PD-3
5	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-1a	PD-1,PD-2,PD-3
6	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-2	PD-1,PD-2,PD-3
7	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-1	PD-1,PD-2,PD-3
8	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-2	PD-1,PD-2,PD-3
9	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-3	PD-1,PD-2,PD-3
10	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN	PD-4

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
11	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY	PD-4
12	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1	PD-1,PD-2,PD-3
13	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2	PD-1,PD-2,PD-3
14	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3	PD-1,PD-2,PD-3
15	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1	PD-1,PD-2,PD-3
16	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1a	PD-1,PD-2,PD-3
17	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-2	PD-1,PD-2,PD-3

Grant Purpose – Setup

Selecting Grant Purpose(s)

To configure the BPMH system, please complete the Grant Purpose Setup form by selecting the specific type(s) of activities that were supported with grant funds during the current reporting period (**July 01, 2015 - June 30, 2016**).



The screenshot shows a web form titled "Grant Purpose Setup". At the top left, there is a link "View Prior Period Data". Below it is a table with the following structure:

Grant Purpose	Select
PD-1: Plan, develop, and operate or participate in an approved professional training program	<input checked="" type="checkbox"/>
PD-2: Support of an accredited master's in public health program for dental and dental hygiene students	<input checked="" type="checkbox"/>
PD-3: Meet the costs of projects to establish, maintain, or improve pre-doctoral training in primary care	<input checked="" type="checkbox"/>
PD-4: Provide financial assistance to dental or dental hygiene students	<input checked="" type="checkbox"/>

Figure 3. Selecting Grant Purpose(s)



Warning: Selections made in this form will affect the types of subforms and/or drop-down menu options that will appear throughout the BPMH system.



Warning: Some options in the Grant Purpose form will be preselected based on information provided in a previous reporting period. Unselecting a grant purpose will cause related forms and data to be deleted. If you need to unselect a grant purpose, contact your project officer first to ensure you do not unnecessarily lose any data.



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.

Training Program - Setup

Training Program Setup - Selecting Type of Training Program



Warning: Complete the Training Program Setup form only if grant funds were used to support degree programs other than those previously reported. You do not need to reenter information about degree programs previously reported. If no new degree programs were supported other than those previously reported, skip to ‘Training Program Setup—Final Steps’.

* Add Training Program

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

Select One

Load Program Details

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

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

Add Record

Figure 4. Training Program Setup - Selecting Type of Training Program

Select Type of Training Program Offered: The Training Program Setup form will configure all subforms specific to the degree program. To begin completing the setup **for new records**, select the type(s) of training program(s) supported with grant funds during the current 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 Academic Training Program (Degree/Diploma)

Training Program Setup - Loading Program Details

★ 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▼	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 5. Training Program Setup - Loading Program Details

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

Training Program Setup - Adding Degree/Diploma Program



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 (Degree) Load Program Details

For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity

For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity

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

AA
AS
BS

Figure 6. Training Program Setup - Adding Degree/Diploma Program

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: To complete your entry, click on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered” and choose the type of degree program associated with students during the current reporting period from **one** of the following:

- AA
- BA/MPH
- BS
- Certificate
- DDS/MSPH
- DMD/MPH
- MA
- Master's Degree Not Otherwise Specified
- MPH
- MS/MSPH
- AS
- BA/MSPH
- BS/MPH
- DDS
- Diploma
- DMD/MSPH
- MA/MPH
- MHA
- MS
- MSPH
- BA
- Bachelor's Degree not otherwise specified
- BS/MSPH
- DDS/MPH
- DMD
- Joint Degrees not otherwise specified
- MA/MSPH
- MHCA
- MS/MPH
- No Degree Earned

For a Degree/Diploma/Certificate Program, Select Primary Focus Area: For primary focus area, choose **one** of the following options:

- Dentistry - Dental Hygiene
- Dentistry - Dental Hygiene/Public Health
- Dentistry - General Dentistry
- Dentistry - General Dentistry/Public Health

Select Delivery Mode Used to Offer Program: Select the primary mode used to deliver each degree program during the current reporting period by clicking on the drop-down menu under and choosing one of the options listed below. Click on the "Add Record" button to save your entry. Repeat this process to capture each degree program supported with grant funds during the current reporting period.

- Campus-based program
- Distance learning program
- Hybrid program

Example: Example for multiple degree programs only: The School of Dentistry provided two degree programs to 25 students during the reporting period. Among the 45 students who received a degree, 20 were enrolled in a DDS program and 5 were enrolled in a DDS/MPH program. In the setup form, the School of Dentistry would enter each degree program separately—for a total of two (2) entries. The table for the School of Dentistry would appear as shown below. If for any reason an entry has to be deleted, simply click on the "Delete" link under the Option(s) column.

No.	Record Status	Training Program (1)	Option(s)
Block 1			
1	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Delete ▾
2	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry	Delete ▾
3	New Record	Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health	Delete ▾

▶ Comments

[Go to Previous Page](#) [Save](#) [Save and Validate](#)

Figure 7. Training Program Setup - Adding Degree/Diploma Program

Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry/Public Health Campus-based program	Select one	Delete
2	New Record	Degree/Diploma MA/MPH Dentistry - General Dentistry Hybrid program	Select one Inactive	Delete
3	New Record	Degree/Diploma MA Dentistry - General Dentistry Campus-based program	Active	Delete

Figure 8. Training Program Setup - Selecting Training Activity Status

No action is needed for prior records, if they remain ‘Active’. If a prior record training program no longer has active enrollees (i.e., 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 and CDE records) will be made inactive. Please confirm with your Government Project Officer before choosing an ‘Inactive’ status.

Select Training Activity Status in the Current Reporting Period: To complete the Training Program Setup form, please review the Saved Records Table to ensure that all training programs or training activities supported with grant funds during the current reporting period were captured accurately. 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.

- Active
- 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.

PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

PC-1 - Selecting Type(s) of Partners/Consortia



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 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, skip to Step 2 on the next page to complete the PC-1 subform for prior records.

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

Degree/Diploma DDS Dentistry - General Dentistry/Public Health	DDS	Dentistry - General Dentistry/Public Health	Campus-based program	Academic department - wi
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Figure 9. PC-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships or consortia established for the purpose of offering each degree program during the current reporting period by clicking on the drop-down menu under Column 6 (Block 2) and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC

Health Resources and Services Administration
Bureau of Health Workforce

- Health)
- Federal Government - ACL
 - Federal Government - Department of Defense/Military
 - Federal Government - NIH
 - Federal Government - SAMHSA
 - Geriatric ambulatory care and comprehensive units
 - Health department - Local
 - Health disparities research center
 - Hospice
 - Long-term care facility
 - Nonprofit organization (non - faith based)
 - Other
 - Professional Associations
 - State Government

- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization



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

PC-1 - Entering Enrollment Information



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

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)	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
					Total (7)	URM (8)	Disadvantaged Background and not URM (9)	Total (10)	URM (11)	Total (12)	URM (13)
Block 1	Block 1j	Block 1k	Block 1k.1	Block 2	Block 3	Block 3a	Block 3b	Block 8	Block 8a	Block 9	Block 9a
Degree/Diploma DDS Dentistry - General Dentistry/Public Health	DDS	Dentistry - General Dentistry/Public Health	Campus-based program	Academic department - wi	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 10. PC-1 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: For Column 7 (Block 3), enter the total number of students who participated in each degree program during the current reporting period. Count all students who participated, regardless of whether the student received a BHW-funded financial award.

Enter Total # Enrolled (whether funded by BHW or not): URM: For Column 8 (Block 3a), enter the number of students who participated in each degree program during the current reporting period who were underrepresented minorities.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Column 9 (Block 3b), enter the number of students who participated in each degree program during the current reporting period who are from disadvantaged backgrounds and are not underrepresented minorities.



Note: For the total enrollee count (Column 7), DO include students who went on to graduate from the degree program in the current reporting period but do NOT include students who discontinued prior to graduation (i.e., attrition). Attrition counts will be captured separately in Column 12.



Note: Columns 8 and 9 are subsets of Column 7.



Reference: Refer to the glossary for definitions of "underrepresented minority" and "disadvantaged background."

Example:

Example: The School of Dentistry had a total of 202 students enrolled in the DDS program. The school used BHW funds to provide funding to 25 students in the program during the current reporting period. During this period, 2 students permanently left the DDS degree program before completion.

In Column 7 (Block 3) of this form, the School of Dentistry would enter 200.

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the current reporting period. Among the 200 students enrolled in this degree program, 35 are underrepresented minorities.

In Column 8 (Block 3a), the School of Dentistry would enter 35.

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the current reporting period. Among the 200 students enrolled in this degree program, a total of 45 students are from disadvantaged backgrounds. Twenty (20) out of the 45 students from a disadvantaged background are also underrepresented minorities.

In Column 9 (Block 3b), the School of Dentistry would enter 25.

PC-1 - Entering Graduate Information

Type of Training Program (1) Block 1	Type of Degree Offered (2) Block 1j	Primary Focus Area (3) Block 1k	Select Delivery Mode Used to Offer Program (4) Block 1k.1	Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
					Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
Degree/Diploma DDS Dentistry - General Dentistry/Public Health	DDS	Dentistry - General Dentistry/Public Health	Campus-based program	Academic department - wi	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 11. PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: For Column 10 (Block 8), enter the total number of students who graduated from their degree program during the current reporting period. Count all students who graduated, regardless of whether the student directly received a BHW-funded financial award.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: For Column 11 (Block 8a), enter the number students who graduated from their degree program during the current reporting period and are underrepresented minorities.



Note: Column 10 is a subset of Column 7.



Note: Column 11 is a subset of Column 10.



Note: Students who permanently left their degree program before graduation (i.e., attrition) will be counted separately in Column 12 (Block 9).

Example:

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the current reporting period. Among the 200 students enrolled in this degree program, a total of 50 students completed all degree requirements and graduated during this reporting

period.

In Block 8, the School of Dentistry would enter 50.

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the current reporting period. Among the 200 students enrolled in this degree program, a total of 50 completed all degree requirements and graduated during this reporting period. Ten (10) out of the 50 students who graduated are underrepresented minorities.

In Block 8a, the School of Dentistry would enter 10.

PC-1 - Entering Attrition Information

Type of Training Program (1) Block 1	Type of Degree Offered (2) Block 1j	Primary Focus Area (3) Block 1k	Select Delivery Mode Used to Offer Program (4) Block 1k.1	Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
					Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
Degree/Diploma DDS Dentistry - General Dentistry/Public Health	DDS	Dentistry - General Dentistry/Public Health	Campus-based program	Academic department - w	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 12. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: For Column 12 (Block 9), enter the total number of students who permanently left their degree programs before completion during the current reporting period. Count all students who permanently left their degree programs regardless of whether the student directly received a BHW-funded financial award.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: For Column 13 (Block 9a), enter the number of students who permanently left their degree programs before completion during the current reporting period and are underrepresented minorities.



Note: Column 13 (Block 9a) is a subset of Column 12 (Block 9).

Example:

Example: The School of Dentistry had a total of 202 students enrolled in the DDS program. The school used BHW funds to provide funding to 25 students in the program during the current reporting period. During this period, 2 students permanently left the DDS degree program before completion.

In Block 9 of this form, the School of Dentistry would enter 2.

Example: The School of Dentistry had a total of 202 students enrolled in the DDS program. The school used BHW funds to provide funding to 25 students in the program during the current reporting period. During this period, 2 students permanently left the DDS degree program before completion and none who left were underrepresented minorities.

In Block 9a of this form, the School of Dentistry would enter 0.

The completed PC-1 subform for the School of Dentistry would look similar to the image below.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
5	3	2	1	0	9	0

Figure 13. PC-1 - Entering Attrition Information



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.

PC-9: Program Characteristics –Positions Description

PC-9 - Selecting Type of Training Program



The screenshot shows a web-based form for PC-9. At the top left, there is a link for "View Prior Period Data". Below it, there are two tabs: "PC-1" (active) and "PC-9". A message states "Fields with * are required". The main section is titled "Add Academic/Training Year". It contains two fields: "Select Training Program" and "Select Training Year". The "Select Training Program" field has a dropdown menu open, showing the following options: "Select one", "Degree/Diploma | DDS | Dentistry - General Dentistry", and "Degree/Diploma | MHCA | Dentistry - Dental Hygiene/Public Health". There is an "Add Record" button at the bottom left of the form.

Figure 14. PC-9 - Selecting Type of Training Program

Type of Training Program: The PC-9 form collects information about the total number of students in the degree program by class (training) year. To begin completing the PC-9 subform, select a degree program by clicking on the drop-down menu next to "Select Training Program" and choosing **one** of the available options.



Warning: Complete the PC-9 Setup form only if grant funds were used to support degree programs other than those previously reported. You do not need to reenter information about degree programs previously reported. If no new degree programs were supported other than those previously reported, skip to PC-9 Final Step.



Note: The options available under "Type of Training Program" will prepopulate with information that was entered and saved in the Training Program Setup Form. To view data submitted in previous reporting periods, click on the "View Prior Period Data" link on top of the form.

PC-9 - Selecting Training Year

View Prior Period Data

PC-1 PC-9

Fields with * are required

* Add Academic/Training Year

Select Training Program Degree/Diploma | DDS | Dentistry - General Dentistry

Select Training Year

Add Record

Training Year 1
 Training Year 2
 Training Year 3

Figure 15. PC-9 - Selecting Training Year

Training Year: Select the types of training years that apply to the degree program supported through the grant by clicking on the drop-down menu next to "Select Training Year" and choosing **all that apply** from the following options. Next, click on the "Add Record" button to save your entry.

Repeat this process to capture training years associated with each degree program supported through the grant.

- Training Year 1
- Training Year 2
- Training Year 3
- Training Year 4
- Training Year 5
- Training Year 6



Note: You will be required to enter the total number of students in the program by the type of training year selected in this step. Your entry(ies) will be saved in a table that will appear within the PC-9 subform (see next page).



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

PC-9 - Entering Total # of Positions Filled

No.	Record Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Positions Filled (5) Block 6	Option(s)
1	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Training Year 1	<input type="text"/>	Delete ▼
2	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Training Year 2	<input type="text"/>	Delete ▼
3	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry	Training Year 1	<input type="text"/>	Delete ▼
4	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry	Training Year 2	<input type="text"/>	Delete ▼
5	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry	Training Year 3	<input type="text"/>	Delete ▼
6	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry	Training Year 4	<input type="text"/>	Delete ▼
7	New Record	Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health	Training Year 1	<input style="border: 2px solid red;" type="text"/>	Delete ▼

Figure 16. PC-9 - Entering Total # of Positions Filled

Enter Total # of Positions Filled: To complete the PC-9 subform, enter the total number of student positions filled by training year during the current reporting period in the textbox under Column 5 (Block 6).



Note: The sum of Block 6 across all years within a degree program will equal the number reported in PC-1 Block 3 (for degree programs).



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.

Legislative Requirements & Demographic Variables—LR and DV Subforms

LR and DV - Introduction



Warning: The LR-1, LR-2, DV-1, DV-2, and DV-3 subforms will only appear for specific types of training programs. You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each program that was supported with grant funds during the current reporting period.

LR-1a: Trainees by Training Category

LR-1 - Entering Enrollees Count



Warning: For the LR and DV subforms, enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

View Prior Period Data

LR-1a

No.	Record Status	Type of Training Program (1)	Trainees by Training Category			Attrition	
			Enter # of Enrollees	Enter # of Graduates	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion	
			(2)	(5)	(7)	(8)	
			Block 1	Block 4	Block 6	Block 6a	
1	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	New Record	Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health	<input style="border: 2px solid red;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Figure 17. LR-1 - Entering Enrollees Count

Trainees by Training Category: Enter # of Enrollees: Enter the total number of enrollees during the current reporting period in the textbox in Column 2 (Block 1). This number includes enrollees (degree students) who received direct financial support from the grant plus any student who was trained under a curriculum or course developed as a result of the grant.



Note: Do not count individuals who completed a training program or permanently left a training program before completion during the current reporting period in the textbox under Column 2 (Block 1). These individuals will be captured separately in Columns 5 and 7 (Blocks 4 and 6).

[View Prior Period Data](#)

No. Record Status	Type of Training Program (1)	Trainees by Training Category			Attrition	
		Enter # of Enrollees (2)	Enter # of Graduates (5)	Enter # of Individuals who left the Program before Completion (7)	Enter # of URM who left the Program before Completion (8)	
		Block 1	Block 4	Block 6	Block 6a	
1	Prior Record Degree/Diploma AS Dentistry - Dental Hygiene Campus-based program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Figure 18. LR-1 - Entering Graduates Count

Trainees by Training Category: Enter # of Graduates: Enter the total number of graduates or program completers during the current reporting period in the textbox in Column 5 (Block 4). This number includes any graduate who completed the program as a result of the grant by having received direct financial support from the grant or by training under a curriculum or course sponsored by the grant at any point during the student’s enrollment.



Note: Do not count individuals who permanently left a training program before graduation during the current reporting period in Column 5 (Block 4). These individuals will be captured separately in Column 7 (Block 6).

LR-1 - Entering Attrition Information



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)	Enter # of Graduates (5)	Enter # of Individuals who left the Program before Completion (7)	Enter # of URM who left the Program before Completion (8)
			Block 1	Block 4	Block 6	Block 6a
1	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	New Record	Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health	<input type="text"/>	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>	<input style="border: 2px solid red;" type="text"/>

Figure 19. LR-1 - Entering Attrition Information

Attrition: Enter # of Individuals who left the Program before Completion: Enter the total number of individuals who permanently left the degree program before completion during the current reporting period in the textbox in Column 7 (Block 6).

Attrition: Enter # of URM who left the Program before Completion: Enter the number of underrepresented minorities who permanently left the degree program before completion during the current reporting period in the textbox under Column 8 (Block 6a).



Note: Counts reported in Column 8 (Block 6a) are a subset of those reported in Column 7 (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.

LR-2: Trainees by Age & Sex

LR-2 - Entering Enrollees Count by Age and Gender



Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

[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)	Enter # of Graduates (6)	Enter # of Enrollees (8)	Enter # of Graduates (11)
				Blocks 1-6	Blocks 37-42	Blocks 7-12	Blocks 43-48
1	Prior Record	Degree/Diploma DDSIMPH Dentistry - General Dentistry/Public Health	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma DDSIMPH Dentistry - General Dentistry/Public Health	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma DDSIMPH Dentistry - General Dentistry/Public Health	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Degree/Diploma DDSIMPH Dentistry - General Dentistry/Public Health	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Degree/Diploma DDSIMPH Dentistry - General Dentistry/Public Health	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Degree/Diploma DDSIMPH Dentistry - General Dentistry/Public Health	60 and Over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record	Degree/Diploma DDSIMPH Dentistry - General Dentistry/Public Health	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 20. LR-2 - Entering Enrollees Count by Age and Gender

Sex: Male: Enter # of Enrollees:

For each training program, enter the total number of male enrollees--from each age group--in Column 3 (Blocks 1-6). If there were no male enrollees in a specific age category, enter a zero ("0") in the appropriate textbox.

Sex: Female: Enter # of Enrollees:

For each training program, enter the total number of female enrollees--from each age group--in Column 8 (Blocks 7-12). If there were no female enrollees in a specific age category, enter a zero ("0") in the appropriate textbox.



Note: Do not count individuals who completed a degree program during the current reporting period in the textboxes under Columns 3 or 8. These individuals will be captured in the next step.



Note: For each training program, the sum of enrollees must be equal to the sum of enrollees entered in LR-1.

LR-2 - Entering Graduates Count by Age and Gender

[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)	Enter # of Graduates (6)	Enter # of Enrollees (8)	Enter # of Graduates (11)
				Blocks 1-6	Blocks 37-42	Blocks 7-12	Blocks 43-48
1	Prior Record	Degree/Diploma No Degree Earned Dentistry - Dental Hygiene/Public Health Campus-based program	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma No Degree Earned Dentistry - Dental Hygiene/Public Health Campus-based program	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma No Degree Earned Dentistry - Dental Hygiene/Public Health Campus-based program	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Degree/Diploma No Degree Earned Dentistry - Dental Hygiene/Public Health Campus-based program	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Degree/Diploma No Degree Earned Dentistry - Dental Hygiene/Public Health Campus-based program	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Degree/Diploma No Degree Earned Dentistry - Dental Hygiene/Public Health Campus-based program	60 and Over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record	Degree/Diploma No Degree Earned Dentistry - Dental Hygiene/Public Health Campus-based program	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 21. LR-2 - Entering Graduates Count by Age and Gender

Sex: Male: Enter # of Graduates:

For each training program, enter the total number of male graduates--from each age group--in Column 6 (Blocks 37-42). If there were no male graduates in a specific age category, enter a zero ("0") in the appropriate textbox.

Sex: Female: Enter # of Graduates:

For each training program, enter the total number of female graduates--from each age group--in Column 11 (Blocks 43-48). If there were no female graduates in a specific age category, enter a zero ("0") in the appropriate textbox.



Note: For each training program, the sum of graduates must be equal to the sum of graduates entered in LR-1.



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.

DV-1: Trainees by Racial & Ethnic Background

DV-1 - Entering Enrollees Count by Race and Ethnicity



Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

[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)	Enter # of Graduates (6)	Enter # of Enrollees (8)	Enter # of Graduates (11)
				Blocks 1-7	Blocks 22-28	Blocks 36-42	Blocks 57-63
1	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	More than one Race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Race Not Reported	<input style="border: 2px solid red;" type="text"/>	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>	<input type="text"/>

Figure 22. DV-1 - Entering Enrollees Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Enrollees: For each training program, enter the total number of Hispanic/Latino enrollees--from each race category--in Column 3 (Blocks 1-7). If there were no Hispanic/Latino enrollees in a specific race category, enter a zero (“0”) in the appropriate textbox.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Enrollees: For each training program, enter the total number of Non-Hispanic/Non-Latino enrollees--from each race category--in Column 8 (Blocks 36-42). If there were no Non-Hispanic/Non-Latino enrollees in a specific race category, enter a zero (“0”) in the appropriate textbox.



Warning: The sum of enrollees must be equal to the sum of enrollees entered in LR-1.



Note: Do not count individuals who completed a training program during the current reporting period in the textboxes under Columns 3 or 8. These individuals will be captured in the next step.

DV-1 - Entering Graduates Count by Race and Ethnicity

[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)	Enter # of Graduates (6)	Enter # of Enrollees (8)	Enter # of Graduates (11)
				Blocks 1-7	Blocks 22-28	Blocks 36-42	Blocks 57-63
1	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	More than one Race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Race Not Reported	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>

Figure 23. DV-1 - Entering Graduates Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Graduates: For each training program, enter the total number of Hispanic/Latino graduates--from each race category--in Column 6 (Blocks 22-28). If there were no Hispanic/Latino graduates in a specific race category, enter a zero (“0”) in the appropriate textbox.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Graduates: For each training program, enter the total number of Non-Hispanic/Non-Latino graduates--from each race category--in Column 11 (Blocks 57-63). If there were no Non-Hispanic/Non-Latino graduates in a specific race category, enter a zero (“0”) in the appropriate textbox.



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.

DV-2: Trainees from a Disadvantaged Background

DV-2 - Entering Enrollees Count from Disadvantaged Background

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

 **Warning:** For the LR and DV forms, enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

No.	Record Status	Type of Training Program (1)	Enrollees	
			Enter Total # from Disadvantaged Background (2)	Enter # from Disadvantaged Background who are not URM (3)
			Block 1	Block 2
1	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry/Public Health	<input type="text"/>	<input type="text"/>

Figure 24. DV-2 - Entering Enrollees Count from Disadvantaged Background

Enrollees: Enter Total # from Disadvantaged Background: For each training program, enter the **total** number of enrollees from disadvantaged backgrounds in the textbox in Column 2 (Block 1).

Enrollees: Enter # from Disadvantaged Background who are not URM: For each training program, enter the **total** number of enrollees from disadvantaged backgrounds who were not underrepresented minorities in the textbox in Column 3 (Block 2).



Note: Do not count individuals who completed a training program during the current reporting period in the textbox under Column 2 (Block 1). These individuals will be captured in the next step.



Note: Counts reported in Column 3 (Block 2) are a subset of counts reported in Column 2 (Block 1).



Reference: Refer to the glossary for definitions of "disadvantaged background" and "underrepresented minority."

DV-2 - Entering Graduates Count from Disadvantaged Background



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

Graduates	
Enter Total # from Disadvantaged Background (8) Block 7	Enter # from Disadvantaged Background who are not URM (9) Block 8
<input type="text"/>	<input type="text"/>

Figure 25. DV-2 - Entering Graduates Count from Disadvantaged Background

Graduates: Enter Total # from Disadvantaged Background: For each training program, enter the total **number** of graduates from disadvantaged backgrounds in the textbox in Column 8 (Block 7).

Graduates: Enter # from Disadvantaged Background who are not URM: For each training program, enter the total **number** of graduates from disadvantaged backgrounds who were not underrepresented minorities in the textbox in Column 9 (Block 8).



Note: Counts reported in Column 9 (Block 8) are a subset of counts reported in Column 8 (Block 7).



Reference: Refer to the glossary for definitions of "disadvantaged background" and "underrepresented minority."



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.

DV-3: Trainees from a Rural Background

DV-3 - Entering Enrollees Count from Rural Residential Background



Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

Type of Training Program (1)	Trainees from Rural Residential Background	
	Enter # of Enrollees from a Rural Background (2) Block 1	Enter # of Graduates from a Rural Background (5) Block 4
Degree/Diploma DDS Dentistry - General Dentistry/Public Health	<input type="text"/>	<input type="text"/>

Figure 26. DV-3 - Entering Enrollees Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Enrollees from a Rural Background: For each training program, enter the **total** number of enrollees from a rural residential background in the textbox in Column 2 (Block 1).



Note: Do not count individuals who completed a training program during the current reporting period in the textbox under Column 2 (Block 1). These individuals will be captured in the next step.



Reference: Refer to the glossary for a definition of "rural residential background."

DV-3 - Entering Graduates Count from Rural Residential Background

Type of Training Program (1)	Trainees from Rural Residential Background	
	Enter # of Enrollees from a Rural Background (2)	Enter # of Graduates from a Rural Background (5)
	Block 1	Block 4
Degree/Diploma DDS Dentistry - General Dentistry/Public Health	<input type="text"/>	<input type="text"/>

Figure 27. DV-3 - Entering Graduates Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Graduates from a Rural Background: For each training program, enter the **total** number of graduates from a rural residential background in the textbox in Column 5 (Block 4).



Reference: 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

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

1. You must complete an INDGEN record for each individual who received a BHW-funded financial award during the current reporting period. In addition, annual updates are required for individuals who were previously reported on INDGEN and were not marked as having graduated, completed or attrited from their training program by **June 30, 2016**. For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each individual.
2. The INDGEN subform will automatically calculate and display read-only columns labeled “Academic Year Total” and “Cumulative BHW Financial Award Total.”
 - a. The Academic Year Total will display the amount entered for a given academic year.
 - b. The Cumulative BHW Financial Award Total will sum all amounts entered for this individual in the BPMH system.
3. Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from INDGEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.

IND-GEN: Individual Characteristics

IND-GEN - Setup

To begin providing individual-level data for students who received a BHW-funded financial award during the current reporting period or to provide updates for students previously reported on INDGEN, 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

Yes (complete IND-GEN) No (click Save and Validate button to proceed to the next form)

Figure 28. 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.

IND-GEN - Selecting Type of Training Program

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Enrollee (campus-based only)		Female		Hispanic/Latino	White
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Enrollee (campus-based only)		Female		Non-Hispanic/Non-Latino	White
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Enrollee (campus-based only)		Male		Non-Hispanic/Non-Latino	Asian
	<input type="text" value="Select one"/> Degree/Diploma DDS Dentistry - General Dentistry Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health Other							

Figure 29. IND-GEN - Selecting Type of Training Program

Type of Training Program:

Select each individual's training program by clicking on the drop-down menu and choosing one of the available options.



Note: The options available in this dropdown menu will prepopulate with information entered and saved in the Training Program Setup Form.

Example:

Example: The School of Dentistry saved one (1) entry in the Training Program Setup form to reflect the type of programs supported by the grant. Under "Type of Training Program" the School of Dentistry would see the following options:

- Degree/Diploma/Certificate Training Program | DDS | Dentistry—General Dentistry

IND-GEN - Entering Trainee Unique ID

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Enrollee (campus-based only)		Female		Hispanic/Latino	White
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Enrollee (campus-based only)		Female		Non-Hispanic/Non-Latino	White
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Enrollee (campus-based only)		Male		Non-Hispanic/Non-Latino	Asian
	Degree/Diploma DDS Dentistry - General Dentistry	<input type="text"/>						

Figure 30. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each individual in the textbox in Column 2 (Block 1).



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



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Training or Awardee Category

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
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Enrollee (campus-based only)		Female
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Enrollee (campus-based only)		Female
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Enrollee (campus-based only)		Male
	Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	<div style="border: 1px solid red; padding: 2px;"> Select one Enrollee (campus-based only) Enrollee (online only) Enrollee (hybrid) </div>		

Figure 31. IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category: Select each individual's training category by clicking on the drop-down menu in Column 3 (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 previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Enrollment/Employment Status

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
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Enrollee (campus-based only)		Female
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Enrollee (campus-based only)		Female
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Enrollee (campus-based only)		Male
	Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	Enrollee (campus-based only)	<div style="border: 1px solid red; padding: 2px;"> Select one Full-time Part-time Both Full-time and Part-time On leave of absence </div>	

Figure 32. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's current enrollment status in the program by clicking on the drop-down menu in Column 4 (Block 3) and choosing one of the following options:

- Both Full-time and Part-time
- Full-time
- On leave of absence
- Part-time
- Inactive

IND-GEN - Selecting Individual's Sex

Type of Training Program	Trainee Unique ID	Select Individual's Sex
(1)	(2) Block 1	(5) Block 4
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Female
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Female
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Male
Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	<div style="border: 1px solid red; padding: 2px;"> Male </div> <div style="border: 1px solid blue; padding: 2px;"> Select one </div> <div style="padding: 2px;"> Male </div> <div style="padding: 2px;"> Female </div> <div style="padding: 2px;"> Not Reported </div>

Figure 33. IND-GEN - Selecting Individual's Sex

Select Individual's Sex: Select each individual's sex by clicking on the drop-down menu in Column 5 (Block 4) and choosing one of the following options:

- Female
- Male
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Age

Type of Training Program	Trainee Unique ID	Select Individual's Sex	Select Individual's Age
(1)	(2) Block 1	(5) Block 4	(6) Block 5
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Female	
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Female	
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Male	
Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	Male	<input type="text" value="Select one"/> 12 13 ...

Figure 34. IND-GEN - Selecting Individual's Age

Select Individual's Age: Select each individual's age at the end of the current reporting period in the drop-down menu under Column 6 (Block 5).

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Health Resources and Services Administration
Bureau of Health Workforce

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- 63
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- 69
- 72
- 75
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- 64
- 67
- 70
- 73
- Not Reported
- 59
- 62
- 65
- 68
- 71
- 74

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IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Hispanic/Latino	White	Not Reported	Not Reported	Individual is not a Veteran
Non-Hispanic/Non-Latino	White	Not Reported	Not Reported	Individual is not a Veteran
Non-Hispanic/Non-Latino	Asian	Not Reported	Not Reported	Individual is not a Veteran
<input type="text" value="Select one"/> Select one Hispanic/Latino Non-Hispanic/Non-Latino Not Reported				

Figure 35. IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity: Select each individual's ethnicity by clicking on the drop-down menu in Column 7 (Block 6) and choosing one of the following options:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Race

Page: 1									
Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status	Select Whether Individual Received BHPF Financial Award?	
	(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10	(12) Block 11	
1	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Hispanic/Latino	White	Not Reported	Not Reported	Individual is not a Veteran	
2	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Non-Hispanic/Non-Latino	White	Not Reported	Not Reported	Individual is not a Veteran	
3	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Non-Hispanic/Non-Latino	Asian	Not Reported	Not Reported	Individual is not a Veteran	
4	New Record	Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific <input type="checkbox"/> White <input type="checkbox"/> Not Reported				
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8									
9									
10									

Figure 36. IND-GEN - Selecting Individual's Race

Select Individual's Race: Select each individual's race by clicking on the drop-down menu in Column 8 (Block 7) and choosing all that apply from the available options. You may select more than one option for individuals of multiple races:

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



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



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

IND-GEN - Selecting if Individual is from a Rural Residential Background

Type of Training Program	Trainee Unique ID	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Hispanic/Latino	White	Not Reported	Not Reported	Individual is not a Veteran
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Non-Hispanic/Non-Latino	White	Not Reported	Not Reported	Individual is not a Veteran
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Non-Hispanic/Non-Latino	Asian	Not Reported	Not Reported	Individual is not a Veteran
Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	Hispanic/Latino	White	<input type="text" value="Select one"/>		
				Yes		
				No		
				Not Reported		

Figure 37. IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background: Select whether each individual is from a rural residential background by clicking on the drop-down menu in Column 9 (Block 8) and choosing one of the following options:

- Yes
- No
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.



Reference: Refer to the glossary for a definition of "rural setting."

IND-GEN - Selecting if Individual is from a Disadvantaged Background

Type of Training Program	Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(9) Block 8	(10) Block 9	(11) Block 10
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Not Reported	Not Reported	Individual is not a Veteran
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Not Reported	Not Reported	Individual is not a Veteran
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Not Reported	Not Reported	Individual is not a Veteran
Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	Not Reported	<div style="border: 1px solid red; padding: 2px;"> No Select one Yes No Not Reported </div>	

Figure 38. IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background: Select whether each individual is from a disadvantaged background by clicking on the drop-down menu in Column 10 (Block 9) and choosing one of the following options:

- Yes
- No
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.



Reference: Refer to the glossary for a definition of "disadvantaged background."

IND-GEN - Selecting Individual's Veteran Status

Type of Training Program	Trainee Unique ID	Select Individual's Veteran Status
(1)	(2) Block 1	(11) Block 10
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Individual is not a Veteran
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Individual is not a Veteran
Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Individual is not a Veteran
Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	<div style="border: 1px solid red; padding: 2px;"> Not Reported </div> <div style="border: 1px solid blue; padding: 2px;"> Select one </div> Active Duty Military Reservist

Figure 39. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status: Select each individual's current veteran status by clicking on the drop-down menu in Column 11 (Block 10) and choosing one of the following options:

- Active Duty Military
- Reservist
- Veteran - Retired
- Individual is not a Veteran
- Veteran - Prior Service
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.



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

IND-GEN - Entering BHW-Funded Financial Award Information



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

Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)			
		Stipend	Traineeship	Scholarship	Fellowship
(2) Block 1	(12) Block 11	(13) Block 11	(14) Block 11	(15) Block 11	(20) Block 11
	<input type="text" value="Select one"/> Yes No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 40. IND-GEN - Entering BHW-Funded Financial Award Information

Select Whether Individual Received BHW Financial Award?: Select whether each individual received a BHW-funded financial award (i.e., salary and benefits) during the current reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options:

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Stipend: If the individual is a student and received a BHW-funded financial award, enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 13 (Block 11). Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations.

If the individual did not receive a financial award, select "No" in Column 12 (Block 11) and enter "0" in Column 13 (Block 11) where no money was disbursed.

Enter Individual's Financial Award Amount (BHW funds only): Traineeship: If the individual is a student and received a BHW-funded financial award, enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 14 (Block 11). Total

amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations.

If the individual did not receive a financial award, select "No" in Column 12 (Block 11) and enter "0" in Column 14 (Block 11) where no money was disbursed.

Enter Individual's Financial Award Amount (BHW funds only): Scholarship: If the individual is a student and received a BHW-funded financial award, enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 15 (Block 11). Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations.

If the individual did not receive a financial award, select "No" in Column 12 (Block 11) and enter "0" in Column 15 (Block 11) where no money was disbursed.

Enter Individual's Financial Award Amount (BHW funds only): Fellowship: If the individual is a student and received a BHW-funded financial award, enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 20 (Block 11). Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations.

If the individual did not receive a financial award, select "No" in Column 12 (Block 11) and enter "0" in Column 20 (Block 11) where no money was disbursed.

IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year
(1)	(2) Block 1	(22) Block 12	(26) Block 15
		<div style="border: 2px solid red; padding: 2px;"> Select one 0 1 2 3 </div>	

Figure 41. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Enter # of Academic Years the Individual has Received BHW Funding: Select the cumulative number of academic years that each individual has received BHW-funded financial awards by clicking on the drop-down menu under Block 12 and choosing **one** of the following options.

- 0
- 1
- 2
- 3
- 4
- 5 or more



Warning: All new records should select at least one academic year of funding.



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



Note: If an individual has received money for a partial academic year, please round up to the nearest whole number. For example, if an individual has received direct financial support for 1 ½ years, please enter 2 in Column 22 (Block 12).

IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(26) Block 15	(27) Block 16
	Student - Dental School/Public Health
	Student - Dental School/Public Health
	Student - Dental School/Public Health
<input type="text" value="Select one"/>	
<input type="text" value="Non-degree Training Program Year 1"/>	
<input type="text" value="Non-degree Training Program Year 2"/>	
<input type="text" value="Training Year 1"/>	

Figure 42. IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year: Select each individual's current training year by clicking on the drop-down menu in Column 26 (Block 15) and choosing one of the following options:

- Non-degree Training Program Year 2
- Training Year 1
- Training Year 3
- Training Year 5
- Non-degree Training Year 1
- Training Year 2
- Training Year 4
- Training Year 6



Note: For students in degree programs, use Training Year 1-6.

IND-GEN - Selecting Individual's Primary Discipline

Record Status		Type of Training Program	Trainee Unique ID	Select Individual's Primary Discipline	Training in a Primary Care Setting			Training in a Medically Underserved Area	
		(1)	(2) Block 1	(27) Block 16	Select Whether Individual Received Training (28) Block 17	Enter # of Contact Hours (29) Block 17a	Enter # of Patient Encounters (30) Block 17b	Select Whether Individual Received Training (31) Block 18	Enter # of Contact Hours (32) Block 18a
1	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Student - Dental School/Public Health	Yes	192	96	Yes	192
2	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Student - Dental School/Public Health	Yes	192	96	Yes	192
3	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Student - Dental School/Public Health	Yes	192	96	Yes	192
4	New Record	Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	<input type="text" value="Select one"/>					
5									
6									
7									
8									

Figure 43. IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline: Select each individual's primary discipline by clicking on the drop-down menu in Column 27 (Block 16) and choosing one of the following options:

- Student - Dental Hygiene
- Student - Dental Hygiene/Public Health
- Student - Dental School
- Student - Dental School/Public Health



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

IND-GEN - Entering Training Information in a Primary Care Setting



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			Training in a Medically Underserved Area		Training in a (33) Block 19
			Select Whether Individual Received Training (28) Block 17	Enter # of Contact Hours (29) Block 17a	Enter # of Patient Encounters (30) Block 17b	Select Whether Individual Received Training (31) Block 18	Enter # of Contact Hours (32) Block 18a	
1	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Yes	192	96	Yes	192	No
2	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Yes	192	96	Yes	192	No
3	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Yes	192	96	Yes	192	No
4	New Record Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	<input type="text" value="Select one"/>	<input type="text"/>				
5								
6								

Figure 44. IND-GEN - Entering Training Information in a Primary Care Setting

Training in a Primary Care Setting: Select Whether Individual Received Training: Select whether each student received clinical or experiential training in a primary care setting during the current reporting period by clicking on the drop-down menu in Column 28 (Block 17) and choosing one of the following options:

- Yes
- No

Training in a Primary Care Setting: Enter # of Contact Hours: If the student received clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 29 (Block 17a). If the student did not receive clinical or experiential training in a primary care setting, leave the textbox in Column 29 (Block 17a) blank.

Training in a Primary Care Setting: Enter # of Patient Encounters: If the student received clinical or experiential training in a primary care

setting, enter the total number of patient encounters in this type of setting during the current reporting period in the textbox in Column 30 (Block 17b).

If the student did not receive clinical or experiential training in a primary care setting, leave the textbox in Column 30 (Block 17b) blank.

IND-GEN - Entering Training Information in a Medically Underserved Area



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		Training in a Rural Area		Select Whether Individual Left the Program Before Completion (36) Block 21	Select Whether Individual Graduated/Completed the Program (37) Block 22
			Select Whether Individual Received Training (31) Block 18	Enter # of Contact Hours (32) Block 18a	Select Whether Individual Received Training (33) Block 19	Enter # of Contact Hours (34) Block 19a		
			1	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	Yes		
2	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	Yes	192	No		No	No
3	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	Yes	192	No		No	No
4	New Record Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	<input type="text" value="Select one"/> Yes No	<input type="text"/>				
5								
6								
7								

Figure 45. IND-GEN - Entering Training Information in a Medically Underserved Area

Training in a Medically Underserved Area: Select Whether Individual Received Training: Select whether each student received clinical or experiential training in a medically underserved community (MUC) during the current reporting period by clicking on the drop-down menu in Column 31 (Block 18) and choosing one of the following options:

- Yes
- No

Training in a Medically Underserved Area: Enter # of Contact Hours: If the student received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 31 (Block 18a). If the student did not receive clinical or experiential training in a MUC, leave the textbox in Column 31 (Block 18a) blank.

IND-GEN - Entering Training Information in a Rural Area



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 Left the Program Before Completion (36) Block 21	Select Whether Individual Graduated/Completed the Program (37) Block 22	Select Degree Earned (38) Block 22a	Select Individual's Post-Graduation/Completion Intentions (39) Block 22b
			Select Whether Individual Received Training (33) Block 19	Enter # of Contact Hours (34) Block 19a				
1	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	No		No	No	N/A	N/A
2	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	No		No	No	N/A	N/A
3	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	No		No	No	N/A	N/A
4	New Record Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	<input type="text" value="Select one"/>	<input type="text"/>				
5								
6								
7								

Figure 46. IND-GEN - Entering Training Information in a Rural Area

Training in a Rural Area: Select Whether Individual Received Training: Select whether each student received clinical or experiential training in a rural area during the current reporting period by clicking on the drop-down menu in Column 33 (Block 19) and choosing one of the following options:

- Yes
- No

Training in a Rural Area: Enter # of Contact Hours: If the student received clinical or experiential training in a rural area, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 34 (Block 19a).

If the student did not receive clinical or experiential training in a rural area, leave the textbox in Column 34 (Block 19a) blank.

IND-GEN - Selecting Whether Individual Left the Program Before Completion

Page: 1									
Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Training in a Rural Area		Select Whether Individual Left the Program Before Completion (36) Block 21	Select Whether Individual Graduated/Completed the Program (37) Block 22	Select Degree Earned (38) Block 22a	Select Individual's Post-Graduation/Completion Intentions (39) Block 22b	
			Select Whether Individual Received Training (33) Block 19	Enter # of Contact Hours (34) Block 19a					
			1	Prior Record					Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health
2	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	No		No	N/A	N/A	
3	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	No		No	N/A	N/A	
4	New Record	Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	No		<input type="text" value="Select one"/> Yes No			
5									
6									
7									

Figure 47. IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion: Select whether each individual permanently left their degree program before completion during the current reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing one of the following options:

- Yes
- No

IND-GEN - Entering Graduation/Completion Information



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 Left the Program Before Completion (36) Block 21	Select Whether Individual Graduated/Completed the Program (37) Block 22	Select Degree Earned (38) Block 22a	Select Individual's Post-Graduation/Completion Intentions (39) Block 22b
			Select Whether Individual Received Training (33) Block 19	Enter # of Contact Hours (34) Block 19a				
1	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0002	No		No	No	N/A	N/A
2	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0003	No		No	No	N/A	N/A
3	Prior Record Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	PRD0004	No		No	No	N/A	N/A
4	New Record Degree/Diploma DDS Dentistry - General Dentistry	PRD0005	No		Yes	<input type="text" value="Select one"/> Select one Yes No	<input type="text" value=""/>	<input type="text" value=""/>
5								
6								
7								

Figure 48. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program: Select whether each individual completed their degree program during the current reporting period by clicking on the drop-down menu in Column 37 (Block 22) and choosing one of the following options:

- Yes
- No

Select Degree Earned: If a student graduated from their degree program during the current reporting period, select the type of degree earned through the program by clicking on the drop-down menu in Column 38 (Block 22a) and choosing one of the available options.

If a student did not graduate during the current reporting period, select "N/A" in Column 38 (Block 22a).

- | | | |
|----------|-----------|---|
| • AA | • AS | • BA |
| • BA/MPH | • BA/MSPH | • Bachelor's Degree not otherwise specified |
| • BS | • BS/MPH | • BS/MSPH |

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Certificate• DDS/MSPH• DMD/MPH• MA• Master's Degree Not Otherwise Specified• MS• MSPH | <ul style="list-style-type: none">• DDS• Diploma• DMD/MSPH• MA/MPH• MHA• MS/MPH• No Degree Earned | <ul style="list-style-type: none">• DDS/MPH• DMD• Joint Degrees not otherwise specified• MA/MSPH• MPH• MS/MSPH• N/A |
|---|---|---|

Select Individual's Post-Graduation/Completion Intentions: If a student graduated from their degree program during the current reporting period, select the student's training or employment intentions by clicking on the drop-down menu in Column 39 (Block 22b) and choosing all that apply from the available options.

If a student did not graduate during the current reporting period, select "N/A" in Columns 38 and 39 (Block 22a and 22b).

- | | |
|--|--|
| <ul style="list-style-type: none">• Individual has applied to a residency program• Individual intends to practice in a primary care setting• None of the above• N/A | <ul style="list-style-type: none">• Individual intends to practice in a medically underserved area• Individual intends to practice in a rural area• Not Reported |
|--|--|



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.

INDGEN-PY: Individual Prior Year

INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion



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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Post-Graduation/Completion Intentions	Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status	Select Whether Your Organization Hired this Individual
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(12) Block 22b	(13) Block 23	(14) Block 23a	(16)

Figure 49. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Select whether status/employment data are available for the individual 1-year post graduation/completion: Select whether current employment data are available for each program completer by clicking on the drop-down menu in Column 13 (Block 23) and choosing one of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status: If current training/employment data are available, select the individual's status by clicking on the drop-down menu in Column 14 (Block 23a) and choosing all that apply from the available options. If current training/employment data are not available, select 'N/A' in Column 14 (Block 23a).

- Individual currently practices in a medically underserved area
- Individual currently practices in a rural area
- None of the above
- Individual currently practices in a primary care setting
- Individual was accepted into a residency program
- N/A

Select Whether Your Organization Hired this Individual: Select whether your organization hired this individual following training program completion by clicking on the drop-down menu in Column 16 and choosing one of the following options:

- No
- Yes
- N/A



Warning: For Column 14, “None of the above” and “N/A” cannot be selected 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.

Experiential Characteristics—EXP Subforms

EXP - Introduction

1. Purpose:

- The EXP subforms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.
- The EXP-1 Setup form captures information about the names of sites used by grantees to provide trainees with clinical or experiential training, and collects general information about each training site used during the reporting period.
- The EXP-2 subform collects information on partnerships established, and vulnerable populations served, at each training site during the reporting period.
- The EXP-3 subform collects information about the profession/discipline of individuals, and interprofessional training experiences, at each site that was entered in the EXP-1 Setup form.

2. Order of Subforms:

- EXP subforms MUST be completed in order, otherwise drop-down menus will not prepopulate correctly.
- 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.

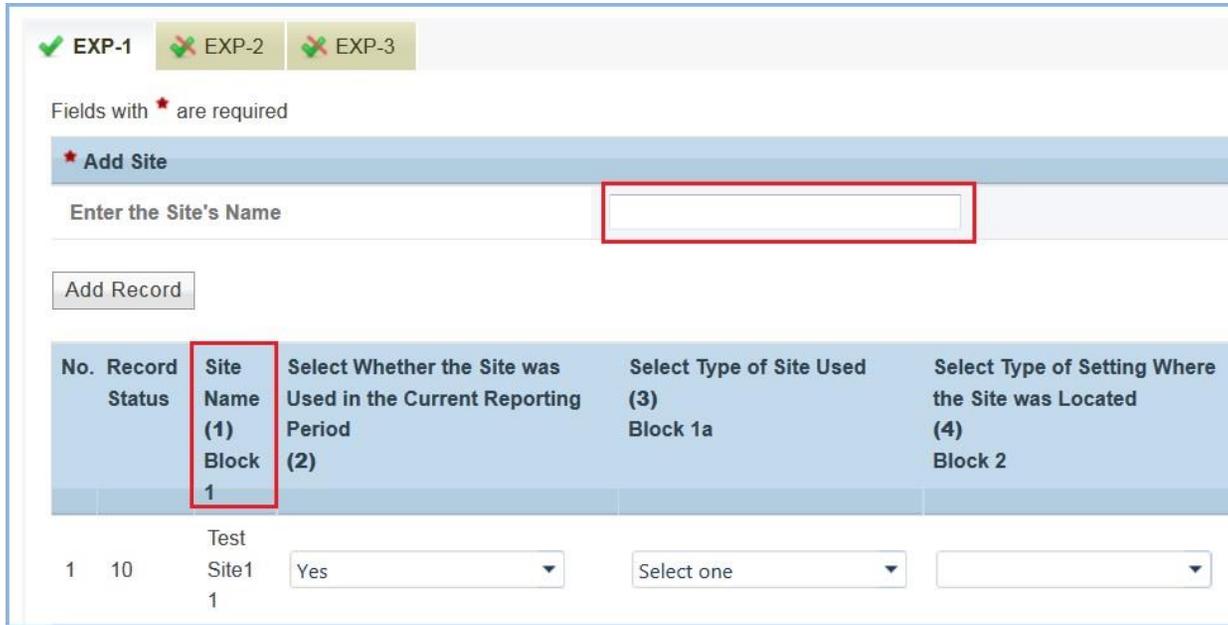
3. Pre-population of Prior Records (training sites) reported previously:

- The BPMH system will pre-populate the names each site previously reported in the Saved Records Table within the EXP-1 subform. You must indicate whether each previously-reported site was used during the current reporting period.
- If "Yes" was selected, the BPMH system will pre-populate certain blocks in the EXP-2 subform and display it as an option in the EXP-3 subform.
- If "No" was selected, the BPMH system will not include the site as an option in the EXP-2 and EXP-3 subforms.

EXP-1: Training Site Setup

EXP-1 - Entering Site Name

 **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

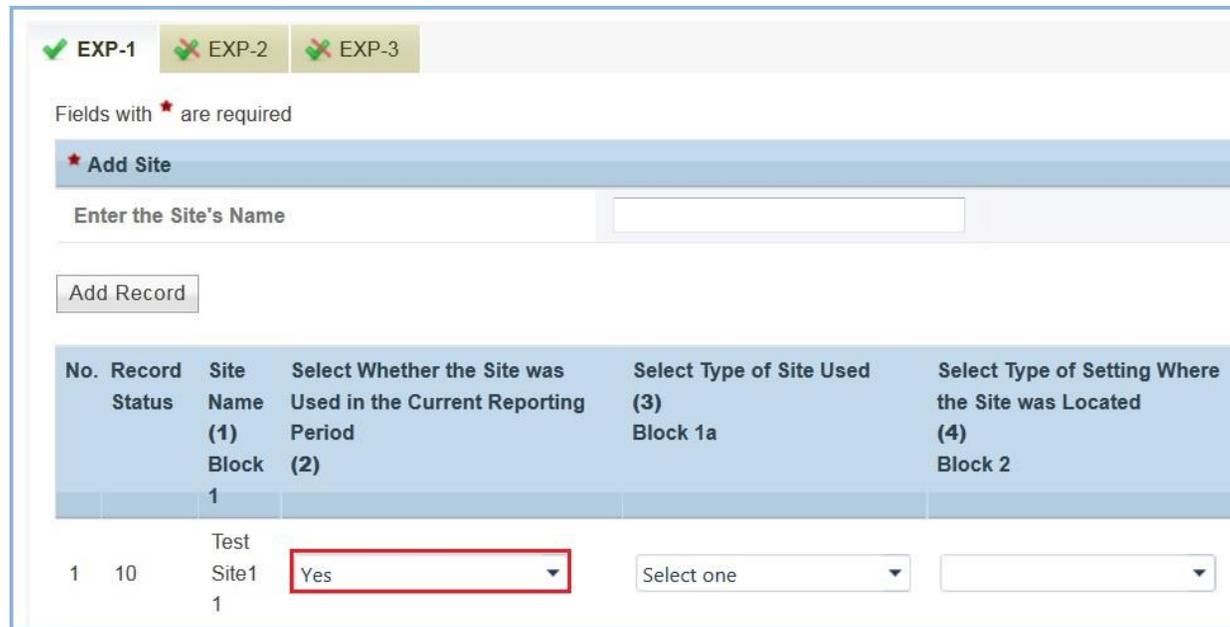
Add Record

No. Record	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10 Test Site1 1	Yes	Select one	

Figure 50. EXP-1 - Entering Site Name

Site Name: Enter the name of the site used to train individuals during the current reporting period in the textbox next to the row labeled "Enter the Site's Name". Click the "Add Record" button. Repeat the process as necessary to capture the names of all NEW sites used during the current reporting period.

EXP-1 - Selecting Whether the Site was Used in the Current Period



Fields with * are required

* Add Site

Enter the Site's Name

Add Record

No.	Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10	Test Site1 1	<input type="text" value="Yes"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 51. EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period: Select whether each site was used during the current reporting period by clicking on the drop-down menu in Column 2 and choosing one of the following options:

- Yes
- No



Warning: For NEW sites, you must select "YES" in Column 2.



Note: If "No" is selected in Column 2, then the training site will not populate in the drop-down menus on the EXP-2 and EXP-3 subforms.

EXP-1 - Selecting Type of Site Used

The screenshot shows a web form for 'EXP-1'. At the top, there are three tabs: 'EXP-1' (active, green checkmark), 'EXP-2', and 'EXP-3'. Below the tabs, a message states 'Fields with * are required'. A blue header bar contains a red star icon and the text 'Add Site'. Below this is a text input field labeled 'Enter the Site's Name'. A button labeled 'Add Record' is positioned below the input field. The main part of the form is a table with the following columns: 'No. Record Status', 'Site Name (1) Block (2)', 'Select Whether the Site was Used in the Current Reporting Period (3)', 'Select Type of Site Used (3) Block 1a', and 'Select Type of Setting Where the Site was Located (4) Block 2'. The first row of data shows '1' in the first column, '10' in the second, 'Test Site1' in the third, 'Yes' in a dropdown menu in the fourth, and 'Select one' in a dropdown menu in the fifth. The 'Select one' dropdown is highlighted with a red border.

No. Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period (3)	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	Test Site1 1	Yes	Select one	

Figure 52. EXP-1 - Selecting Type of Site Used

Select Type of Site Used: Select the type of site used to train individuals during the current reporting period by clicking on the drop-down menu in Column 3 (Block 1a) and choosing one of the following options:

- Academic institution
- Aerospace operations setting
- Community - based organization
- Community Health Center (CHC)
- Dentist Office
- Federal Government Office or Agency
- Hospital
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Behavioral Health Center
- Critical Access Hospital
- Emergency Room
- FQHC or look - alike
- Independent Living Facility
- Local Government Office or
- Acute care services
- Assisted Living Community
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g., Home Health)
- Federal and State Bureau of Prisons
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association

Health Resources and Services Administration
Bureau of Health Workforce

- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- School - based clinic
- State Government Office or Agency
- Tribal Government
- Veterans Affairs Healthcare (e.g., VA Hospital or clinic)

- Agency
- Mobile Clinic/Site
 - Nursing Home
 - Other Oral Health Facility
 - Residential Living Facility
 - Senior Centers
 - State Health Department
 - Tribal Health Department

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- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Tribal Organization

EXP-1 - Selecting Type of Setting Where the Site was Located

No. Record	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1 10	Test Site1 1	Yes	Select one	

Figure 53. EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Select whether each site used to train individuals during the current reporting period was located in a designated setting by clicking on the drop-down menu in Column 4 (Block 2) and choosing all that apply from the following options:

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above



Warning: “None of the above” cannot be selected in combination with any other option.



Reference: 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>.



Reference: 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>.

EXP-1 - Entering Site's geographical Data

City (8)	State (9)	Zip Code (10)	Four Digit Zip Code Extension (11)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 54. EXP-1 - Entering Site's geographical Data

City: Enter the name of the city where each training site is located by clicking on the textbox in Column 8.

State: Enter the two-letter abbreviation for the state where each training site is located by clicking on the textbox in Column 9.

Zip Code: Enter the zip code (5 digits) where each training site is located by clicking on the textbox in Column 10.

Four Digit Zip Code Extension: Enter the four-digit zip code extension where each training site is located by clicking on the textbox in Column 11.



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.

EXP-2: Training Site Characteristics

EXP-2 - Selecting Training Program and Site Name



Warning: EXP-1 must be completed and validated prior to beginning EXP-2. You may delete prepopulated prior records in this form if they are no longer applicable.

View Prior Period Data

EXP-1 EXP-2 EXP-3

Page: 1 Go

Delete Selected Delete All # of pages 1

Record Status	Type of Training Program (1)	Site Name (2) Block 1	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2	Select Type(s) of Partners/Consortia used to Offer Training at this Site (5) Block 5	Select Type(s) of Vulnerable Population Served at this Site (7) Block 4	Option(s)
3	Dentistry/Public Health	Health		Medically underserved community		Homeless individuals, Individuals with HIV/AIDS, Individuals with mental health or substance abuse disorders, Lesbian/Gay/Bisexual/Transgender, Migrant workers, Military and/or military families, Older adults, People with disabilities, Pregnant women and infants, Unemployed, Returning war veterans (Iraq or Afghanistan), Veterans, Victims of abuse or trauma	
4	<input type="text"/>						
5	Select one						
6	Degree/Diploma DDS Dentistry - General Dentistry						
7	Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health						
8	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health						
9							

Figure 55. EXP-2 - Selecting Training Program and Site Name

Type of Training Program: Select the training program associated with each clinical site by clicking on the drop-down menu under "Type of Training Program" and choosing one of the available options. The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.

Site Name: Pair the selected training program with a site name by clicking on the drop-down menu in Column 2 (Block 1) and choosing one of the available options (sites that were marked in EXP-1 as "used" in the current reporting period).



Warning: Sites associated with multiple training programs will require multiple entries on the EXP-2 subform.



Note: Repeat this process until all used Training Program/Site combinations are present.

Example:

Example: The School of Dentistry saved one (1) entry in the Training Program Setup form to reflect the type of degree program supported through the grant. Under "Type of Training Program" the School of Dentistry would see the following options:

- *Degree/Diploma program | DDS | Dentistry—General Dentistry*

EXP-2 - Selecting Type of Site Used

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
Major Participating Site/Rotation Site Medical Specialties (Primary Care) - Pediatrics (General Pediatrics)	University Pediatric Hospital	Academic institution	None of the above

Figure 56. EXP-2 - Selecting Type of Site Used

Select Type of Site Used: Following the selection of a training site in EXP-1, the associated type of site will be automatically populated when the save and validate button is selected.



Warning: Site types are linked to the name of training sites in EXP-1. To change the associated site type with a particular site name, return to EXP-1.

EXP-2 - Selecting Type of Setting Where the Site was Located

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
(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5
University Pediatric Hospital	Academic institution	None of the above	Academic department - outside the institution, Academic department - within the institution, Ambulatory practice sites, Health department - Local, Hospital, Professional Associations, Quality improvement organization

Figure 57. EXP-2 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Following the selection of a training site in EXP-1, the associated settings will be automatically populated when the save and validate button is selected.



Warning: Site settings are linked to the name of training sites in EXP-1. To change the associated site settings with a particular site name, return to EXP-1.



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

EXP-2 - Selecting Type(s) of Partners/Consortia

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	Option(s)
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4		
Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	Columbia University Mailman School of Public Health		Health professional shortage area, Medically underserved community		Adolescents, Children, Chronically ill, College students, Homeless individuals, Individuals with HIV/AIDS, Individuals with mental health or substance abuse disorders, Lesbian/Gay/Bisexual/Transgender, Migrant workers, Military and/or military families, Older adults, People with disabilities, Pregnant women and infants, Unemployed, Returning war veterans (Iraq or Afghanistan), Veterans, Victims of abuse or trauma	✖ Delete
New Record	Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health	Columbia University College of Dental Medicine	Aerospace operations setting	Rural area	<input type="checkbox"/> Academic department - outside the institution <input type="checkbox"/> Academic department - within the institution <input type="checkbox"/> Alzheimer's Association/Chapters <input type="checkbox"/> Alzheimer's Disease Resource Centers <input type="checkbox"/> Ambulatory practice sites <input type="checkbox"/> Area Agencies on Aging <input type="checkbox"/> Community Mental Health Center		✖ Delete

Figure 58. EXP-2 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia used to Offer Training at this Site: Select the type(s) of partnerships and/or consortia used or established for the purpose of training individuals at each site during the current reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Academic department - within the institution
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- Federally - qualified health center or look-alikes
- Geriatric consultation services
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Day and home care programs (i.e. Home Health)
- Federal Government - Department of Defense/Military
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office

Health Resources and Services Administration
Bureau of Health Workforce

- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Other
- Professional Associations
- State Governmental Programs

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- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government



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

EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site	City	State	Zip Code	Four Digit Zip Code Extension
(7) Block 4	(8)	(9)	(10)	(11)
<input type="checkbox"/> College students <input type="checkbox"/> Health Insurance Marketplace				

Figure 59. EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site during the current reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing all that apply from the following options:

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



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.

EXP-3: Experiential Characteristics - Trainees by Profession/Discipline

EXP-3 - Selecting Training Program and Site Name



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.

View Prior Period Data

EXP-1 EXP-2 EXP-3

Page: 1 Go

	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care	Option(s)
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8	
1	<input type="text"/>	<input type="text"/>				
2	Select one					
3	Degree/Diploma DDS Dentistry - General Dentistry					
4	Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health					
5	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health					
6						
7						
8						
9						

Figure 60. EXP-3 - Selecting Training Program and Site Name

Type of Training Program: 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.

Site Name: Select a clinical site name by clicking on the drop-down menu in Column 2 (Block 1) 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.



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

EXP-3 - Selecting Profession and Discipline of Individuals Trained

View Prior Period Data						
✓ EXP-1 ✗ EXP-2 ✗ EXP-3						
Page: 1 <input type="text"/> Go						
	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care	Option(s)
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8	
1	Degree/Diploma DDS Dentistry - General Dentistry	Columbia University College of Dental Medicine	<div style="border: 1px solid red; padding: 2px;"> Select one </div> <ul style="list-style-type: none"> Behavioral Health - Clinical Psychology Behavioral Health - Clinical Social Work Behavioral Health - Counseling Psychology Behavioral Health - Marriage and Family Therapy Behavioral Health - Other Psychology Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling Behavioral Health - Pastoral/Spiritual Care Dentistry - Dental Assistant Dentistry - Dental Hygiene Dentistry - Dental Hygiene/Public Health Dentistry - Endodontic Dentistry Dentistry - General Dentistry Dentistry - General Dentistry/Public Health Dentistry - Oral Surgery Dentistry Dentistry - Orthodontic Dentistry 			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

Figure 61. EXP-3 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained: Select the profession(s)/discipline(s) of individuals trained for each training program/site combination used during the current reporting period by clicking on the drop-down menu in Column 3 (Block 3) and choosing one of the available options. Repeat as necessary to identify each profession/discipline of all individuals trained at each site (including interdisciplinary and interprofessional trainees who participated in team-based care). Each reported profession/discipline must be reported on a separate line even if they trained at the same site under the same program.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Clinical Social Work
- Behavioral Health - Counseling Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Other Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling

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- Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene/Public Health
- Dentistry - General Dentistry/Public Health
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family
- Dentistry - Dental Assistant
- Dentistry - Endodontic Dentistry
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Dentistry - Dental Hygiene
- Dentistry - General Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist

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- Psychiatric/Mental Health
 - Nursing - NP - Pediatrics
 - Nursing - Nurse anesthetist
 - Nursing - Nurse midwife
 - Nursing - Registered Nurse
 - Other - Chiropractic
 - Other - Facility Administrator
 - Other - Health Informatics/Health Information Technology
 - Other - Medical Laboratory Technology
 - Other - Occupational Therapy
 - Other - Pharmacy
 - Other - Profession Not Listed
 - Other - Respiratory Therapy
 - Other - Unknown
 - Public Health - Disease Prevention & Health Promotion
 - Public Health - Health Administration
 - Public Health - Injury Control & Prevention
 - Public Health - Social & Behavioral Sciences
 - Student - CNS - Family
 - Student - CNS - Pediatrics
 - Student - Dental Assistant
 - Student - Dental School
 - Student - Graduate - Nursing Doctorate
 - Student - Graduate - Other Behavioral Health
 - Student - Graduate - Social Work
 - Student - Law School
 - Other - Lay and Family Caregiver
 - Other - Midwife
 - Other - Office/Support Staff
 - Other - Physical Therapy
 - Other - Radiologic technology
 - Other - Speech Pathology
 - Physician Assistant
 - Public Health - Environmental Health
 - Public Health - Health Policy & Management
 - Public Health - Nutrition
 - Student - Alternative/Complementary Nursing
 - Student - CNS - Geropsychiatric
 - Student - CNS - Psychiatric/Mental health
 - Student - Dental Hygiene
 - Student - Dental School/Public Health
 - Student - Graduate - Nursing Masters
 - Student - Graduate - Psychology
 - Student - Health Informatics
 - Student - Licensed Practical/Vocational Nurse (LPN/LVN)
 - Student - Pharmacy School
 - Student - Post - high school / Pre - college
 - Student - Undergraduate - Public Health
- Other - Medical Assistant
 - Other - Midwife (non-nurse)
 - Other - Optometry
 - Other - Podiatry
 - Other - Registered Dietician
 - Other - Speech Therapy
 - Public Health - Biostatistics
 - Public Health - Epidemiology
 - Public Health - Infectious Disease Control
 - Public Health - Other
 - Student - CNS - Adult gerontology
 - Student - CNS - Neonatal
 - Student - CNS - Women's health
 - Student - Dental Hygiene/Public Health
 - Student - Diploma/Certificate
 - Student - Graduate - Other
 - Student - Graduate - Public Health
 - Student - Home Health Aide
 - Student - Medical School
 - Student - Physical Therapy
 - Student - Registered nurse (RN)

- Student - NP - Other advanced nurse specialists
- Student - Physician Assistant
- Student - Undergraduate - Other



Note: For students in degree programs, use the student categories. For residents and fellows use the profession & discipline options (i.e., Medicine—Internal Medicine; do not use the student options).



Note: Do not list faculty and other non-trainees who are also at each training site. Only select trainee categories.



*Note: Only report additional team-based care trainees in Block 8 who trained alongside individuals reported in Block 3. Remember to include: **Other students that train with the dental students counted in the PC form; and Students, other medical/dental residents, or other professionals who are trained by residents.***

EXP-3 - Entering # Trained in the Profession and Discipline

View Prior Period Data

EXP-1 EXP-2 EXP-3

Page: 1 Go

	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care	Option(s)
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8	
1	Degree/Diploma DDS Dentistry - General Dentistry	Columbia University College of Dental Medicine	Behavioral Health - Clinical Psychology	<input type="text"/>		
2						
3						
4						
5						
6						
7						
8						
9						
10						

Figure 62. EXP-3 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: For each row, enter the number of "Principal" trainees in the profession/discipline listed.



Note: Counts provided for "Principal" trainees in Column 4 (Block 3) should be based on individuals reported on INDGEN (or LR-1).



Note: Do not count faculty, practicing professionals, or support staff.

EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

View Prior Period Data

EXP-1 EXP-2 EXP-3

Page: 1 Go

	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care	Option(s)
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8	
1	Degree/Diploma DDS Dentistry - General Dentistry	Columbia University College of Dental Medicine	Behavioral Health - Clinical Psychology	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>	
2						
3						
4						
5						
6						
7						
8						
9						
10						

Figure 63. EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care: For each row, enter the number of all "Other Interprofessional" trainees in each profession/discipline listed.



Note: Counts provided should be based on individuals NOT reported on INDGEN (or LR-1).



Note: Do not count faculty, practicing professionals, or support staff.

EXP-3 - Adding Individuals Trained Example 1

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Degree/Diploma DDS	North Regional Hospital	Student-Dental School	24	0
2	Degree/Diploma DDS	North Regional Hospital	Medicine-Family Medicine	0	2
3	Degree/Diploma DDS	North Regional Hospital	Student-Graduate-Psychology	0	3
4	Degree/Diploma DDS	Community Dentists	Student-Dental School	14	0
5	Degree/Diploma DDS	Community Dentists	Dentistry-General Dentistry	0	4

Figure 64. EXP-3 - Adding Individuals Trained Example 1

Example with both your trainees and interprofessional trainees of a different discipline at the same site:

In this example on this page, the School of Dentistry’s DDS degree program trained 24 dental students at North Regional Hospital. As part of Interprofessional team-based care, the School of Dentistry’s DDS program also trained 2 Family Medicine residents and 3 graduate students in Psychology. At a second site, the DDS program trained 14 of its dental students alongside 4 General Dentistry residents who were part of interprofessional team-based care at the Community Dentists’ site.

EXP-3 - Adding Individuals Trained Example 2

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Degree/Diploma DDS	North Regional Hospital	Student- Dental School	24	0
2	Degree/Diploma DDS	Community Dentists	Student- Dental School	10	0
3	Degree/Diploma DDS	Dentist's Clinic	Student- Dental School	4	0

Figure 65. EXP-3 - Adding Individuals Trained Example 2

Example with no interprofessional trainees at any site:

In this example, the dental students from the DDS program do not have interprofessional experiences. The dental students trained at 3 different clinical training sites. At the first site, there were 24 dental students and no interprofessional trainees at North Regional Hospital. At the second site, there were 10 dental students and no interprofessional trainees at Community Dentists. At the third site, there were 4 dental students and no interprofessional trainees at the Dentist's Clinic.

EXP-3 - Adding Individuals Trained Example 3

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Degree/Diploma DDS	North Regional Hospital	Student- Dental School	24	10
2	Degree/Diploma DDS	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Degree/Diploma DDS	North Regional Hospital	Student-Pharmacy School	0	5
4	Degree/Diploma DDS	Community Dentists	Student-Dental School	10	8
5	Degree/Diploma DDS	Community Dentists	Dentistry-General Dentistry	0	4

Figure 66. EXP-3 - Adding Individuals Trained Example 3

Example with both your trainees and interprofessional trainees of the same discipline at the same sites:

In the example on this page, the School of Dentistry’s DDS degree program trained 24 of its own dental students at North Regional Hospital. As part of Interprofessional team-based care, the DDS program also trained 10 dental students from non-HRSA funded programs (not part of the Predoctoral Training in Dentistry grant program), 2 Internal Medicine residents and 5 pharmacy students. At a second site, the DDS program trained 10 of its own dental students alongside 8 dental students from different DDS programs as well as 4 General Dentistry residents who were part of interprofessional team-based care at the Community Dentists site.



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.

Course Development & Enhancement Activities—CDE Subforms

CDE - Introduction

CDE Subform Purposes:

- CDE-1: Collects information about newly developed or enhanced courses. Characteristics include development status, delivery mode, class duration, etc.
- CDE-1a: When a course on CDE-1a has been marked as implemented, it is transferred to the CDE-1a subform in the next reporting period. In all subsequent reports, you will use CDE-1a to indicate whether the previously offered course was offered once again.
- CDE-2: Collects the number of individuals who participated in the CDE courses and training activities (grouped by course and primary discipline).



Warning: Both CDE-1 and CDE-1a must be completed and validated prior to beginning CDE-2. If you reach the CDE-2 form, and no drop-down selections appear, you have not validated both CDE-1 and CDE-1a subforms.

CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup

To begin providing data about courses and other training activities that have been developed or enhanced through the grant or to provide updates on previously reported activities, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.



The screenshot shows a web-based form titled "View Prior Period Data". At the top, there are three tabs: "CDE-1", "CDE-1a", and "CDE-2". Below the tabs, a message states "Fields with * are required". A red asterisk is placed before the question: "Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant?". The question is followed by "Yes" and "No" buttons. The "Yes" button is highlighted with a red box and includes the text "(complete CDE-1 and CDE-2)". The "No" button is disabled and includes the text "(Click Save and Validate to proceed to the next form)".

Figure 67. CDE-1 - Setup

CDE-1 - Entering the Name of Course/Training Activity



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

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

* Have you used BHP resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes
Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)

* Add Course

Enter the Name of the Course of Training Activity that was Developed or Enhanced

Add Record

Figure 68. CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity: Enter the name of each course or training activity that was developed or enhanced through the grant at any point during the entire project period. Next, click the "Add Record" button to save your entry. Repeat this process to enter each course or training activity that was developed or enhanced through the grant separately.



Warning: Complete the CDE-1 Setup form only if grant funds were used to develop or enhance courses or training activities other than those previously reported. You do not need to reenter information about courses or training activities previously reported.



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.

CDE-1 - Selecting Type of Course or Training Activity

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

* Have you used BHPPr resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes No (Click Save and Validate to proceed to the next form)

* Add Course

Enter the Name of the Course of Training Activity that was Developed or Enhanced

Add Record

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

Comments

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Figure 69. CDE-1 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity: Select the type of course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu in Column 2 (Block 2) and choosing one of the following options:

- Academic course
- Clinical rotation
- Faculty development programs or activities
- Field placement/practicum
- Grand rounds

CDE-1 - Selecting whether Course was Newly Developed or Enhanced

[View Prior Period Data](#)

CDE-1 CDE-1a CDE-2

Fields with * are required

* Have you used BHPPr resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes
 Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)

* Add Course

Enter the Name of the Course of Training Activity that was Developed or Enhanced

Add Record

No. Record Status	Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)	Option(s)
					From Year (5) Block 4a	To Year (6) Block 4a				
1 New Record	Dental Course	Select one	Select one Select one Newly developed Enhanced	Select one	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select one	<input type="text"/>	<input type="button" value="Delete"/>

Comments

[Go to Previous Page](#)

Figure 70. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced: Select whether each course or training activity identified in Column 1 (Block 1) was newly developed or was enhanced by clicking on the drop-down menu in Column 3 (Block 3) and choosing one of the following options:

- Enhanced
- Newly developed



Note: Select 'Newly Developed' for courses or training activities that were not in existence and were developed in their entirety through the grant.



Note: Select 'Enhanced' for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.

CDE-1 - Entering Development/Enhancement Status



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

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

* Have you used BHP resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes
 Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)

* Add Course

Enter the Name of the Course of Training Activity that was Developed or Enhanced

Add Record

No. Record Status	Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)	Option(s)
					From Year (5) Block 4a	To Year (6) Block 4a				
1 New Record	Dental Course	Select one	Select one	Select one Select Status of Development or Enhancements Under development Developed, not yet implemented Implemented				Select one		Delete

Comments

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Save Save and Validate

Figure 71. CDE-1 - Entering Development/Enhancement Status

Select Status of Development or Enhancements: Select each course or training activity's status by clicking on the drop-down menu in Column 4 (Block 4) and choosing one of the following options.

- Developed, not yet implemented
- Implemented
- Under development

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: From Year:

- **For records marked as "Implemented" in Column 4 (Block 4),** enter the academic start year that each course or training activity that was developed or enhanced through the grant was first implemented in the textbox in Column 5 (Block 4a) using the YYYY format.

- **For records marked as “Under development” or “Developed, not yet implemented”,** enter N/A in Column 6 (Block 4a).

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: To Year:

- **For records marked as "Implemented" in Column 4 (Block 4),** enter the academic end year that each course or training activity that was developed or enhanced through the grant was first implemented in the textbox in Column 6 (Block 4a) using the YYYY format.
- **For records marked as “Under development” or “Developed, not yet implemented”,** enter N/A in Column 6 (Block 4a).

CDE-1 - Entering Curriculum

Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)
<input type="text"/>	Select one ▼	<input type="text"/>

Figure 72. CDE-1 - Entering Curriculum

Enter the Curriculum the Course or Training Activity is Associated With: Enter the name of the curriculum associated with each course or training activity that was developed or enhanced through the grant in the textbox in Column 7 (Block 5).



Note: If the course or training activity that was developed or enhanced is not associated with a specific curriculum, enter "N/A".

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

* Have you used BHP resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes
 Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)

* Add Course

Enter the Name of the Course of Training Activity that was Developed or Enhanced

Add Record

No. Record Status	Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)	Option(s)
					From Year (5) Block 4a	To Year (6) Block 4a				
1 New Record	Dental Course	Select one	Select one	Select one	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select one Select one Classroom-based Distance learning (Online, Webinar) Hybrid Clinical Rotation Experiential/Field-based	<input type="text"/>	<input type="button" value="Delete"/>

Comments

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Figure 73. CDE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity: Select the primary mode used to deliver each course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu in Column 8 (Block 6) and choosing one of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Grand rounds
- Clinical Rotation
- Experiential/Field-based
- Hybrid

CDE-1 - Selecting EXP-1 Site Name Where Implemented

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

* Have you used BHP resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes
 Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)

* Add Course

Enter the Name of the Course of Training Activity that was Developed or Enhanced

Add Record

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

Figure 74. CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented: If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was implemented during the current reporting period, enter the name(s) of the site(s) where the activity took place from the drop-down menu in Column 9. The name(s) of the site(s) where the activity was implemented must come from the list of clinical sites displayed in the EXP-1 subform.

For all other records, enter "N/A" in the textbox in Column 9.



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.

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

CDE-1a - Selecting Whether the Course was Offered in the Current Period

View Prior Period Data

CDE-1 CDE-1a CDE-2

No. Record	Status	Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)	Enter Site Name from EXP-1 Where Implemented (10)
						From Year (5) Block 4a	To Year (6) Block 4a				
1	Prior Record	Population Based Approaches to Patient Service and Professional Success (PASS) Course	Academic course	Newly developed	Implemented	2010	2011	Oral Health Care Delivered	Hybrid	Select one	
2	Prior Record	Student Community Partnership Program	Field placement/practicum	Newly developed	Implemented	2010	2011	N/A	Experiential/Field-based	Select one	
3	Prior Record	Columbia Head Start Oral Health Program	Field placement/practicum	Enhanced	Implemented	2010	2011	N/A	Experiential/Field-based	Select one	
4	Prior Record	Give Kids a Smile	Field placement/practicum	Enhanced	Implemented	2010	2011	N/A	Experiential/Field-based	Select one	

Figure 75. CDE-1a - Selecting Whether the Course was Offered in the Current Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period: To begin completing the CDE-1a subform, select whether a particular course or training activity previously implemented was offered during the current reporting period by clicking on the drop-down menu under the column labeled "Select Whether Course or Training Activity was Offered During Current Reporting Period" (Column 9) and choosing one of the following options:

- Yes
- No



Warning: If "No" was selected in the CDE-1a subform, the name of the course or training activity previously implemented will not display as an option in the CDE-2 subform.

CDE-1a - Selecting EXP-1 Site Name Where Implemented

View Prior Period Data

CDE-1 CDE-1a CDE-2

No. Record Status	Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)	Enter Site Name from EXP-1 Where Implemented (10)
					From Year (5) Block 4a	To Year (6) Block 4a				
1	Prior Record Population Based Approaches to Patient Service and Professional Success (PASS) Course	Academic course	Newly developed	Implemented	2010	2011	Oral Health Care Delivered	Hybrid	Select one	
2	Prior Record Student Community Partnership Program	Field placement/practicum	Newly developed	Implemented	2010	2011	N/A	Experiential/Field-based	Select one	
3	Prior Record Columbia Head Start Oral Health Program	Field placement/practicum	Enhanced	Implemented	2010	2011	N/A	Experiential/Field-based	Select one	
4	Prior Record Give Kids a Smile	Field placement/practicum	Enhanced	Implemented	2010	2011	N/A	Experiential/Field-based	Select one	

Figure 76. CDE-1a - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented: Select the name(s) of the site(s) where the activity took place from the drop-down in Column 10. This drop-down menu is populated with the active site names from EXP-1.

For all other records, select "N/A" from the drop-down list under Column 10.

 **Warning:** If a previously-implemented course was NOT offered in the current reporting period, select N/A in Column 10.

 **Warning:** You may not select "N/A" 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.

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

CDE-2 - Adding Courses and Profession/Disciplines



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

Figure 77. CDE-2 - Adding Courses and Profession/Disciplines

Name of Course or Training Activity: To begin completing the CDE-2 subform for academic courses, training workshops, grand rounds, clinical rotations, and field placement/practica that were implemented during the current reporting period, select the name of a course by clicking on the drop-down menu next to "Name of Course or Training Activity" in Column 1 (Block 1) and choosing one of the available options.

Profession and Discipline of Individuals Trained: Select the profession(s) and discipline(s) of individuals trained through each course that was implemented during the current reporting period by choosing all that apply from the following options. Next, click on the "Add Record" button to save your entry. Repeat this process to capture the profession/discipline of all individuals trained in each course or training activity implemented during the current reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Oral Surgery Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - General Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene/Public Health
- Dentistry - General Dentistry/Public Health
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry

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- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Optometry
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Veterinary Medicine
- Other - Speech Therapy
- Public Health - Disease Prevention & Health

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- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non - nurse)
- Other - Pharmacy
- Other - Radiologic technology
- Other - Speech Pathology
- Other – Occupational Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental Hygiene/Public Health
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Physical Therapy
- Student - Registered nurse (RN)
- Student - Undergraduate - Public Health

- Other - Medical Laboratory Technology
- Other - Office/Support Staff
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown
- Other – Physical Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Dental School
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women’s health
- Student - Physician Assistant
- Student - Registered Nurse - BSN

Promotion

- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Dental School/Public Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care pediatric
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Undergraduate - Other



Note: Only the names of courses/training activities that were marked as "Implemented" in the CDE-1 subform (for new records) or marked as "Offered" in the CDE-1a subform (for previous records) will appear as options in the drop-down menu.

CDE-2 - Entering # Trained in the Profession and Discipline



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

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

* Add Profession/Discipline

Name of Course or Training Activity

Profession and Discipline of Individuals Trained

Add Record

No.	Name of Course or Training Activity (1)	Profession and Discipline of Individuals Trained (2)	Enter # Trained in this Profession and Discipline (3)	Option(s)
	Block 1	Block 7	Block 7	
1	Population Based Approaches to Patient Service and Professional Success (PASS) Course	Student - Post - high school / Pre - college	<input type="text"/>	Delete
2	Population Based Approaches to Patient Service and Professional Success (PASS) Course	Student - Diploma/Certificate	<input style="border: 2px solid red;" type="text"/>	Delete

Figure 78. CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of individuals trained from that profession/discipline in the textbox in Column 3 (Block 7). Repeat this step as many times as necessary to report the total number of individuals trained during the current reporting period by profession/discipline.



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.

You have not submitted your 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. See instructions on the following pages.

Printing Your Performance Report

The screenshot displays the Performance Report interface. On the left sidebar, the 'Review' link is highlighted with a red box. The main content area shows a table of sections with a 'Print All Forms' button highlighted by a red box. The table lists sections such as Training Program, PC, IND-GEN, INDGEN-GPC, INDGEN-PY, EXP, and Comments and Certification, all with a type of HTML and a 'View' link.

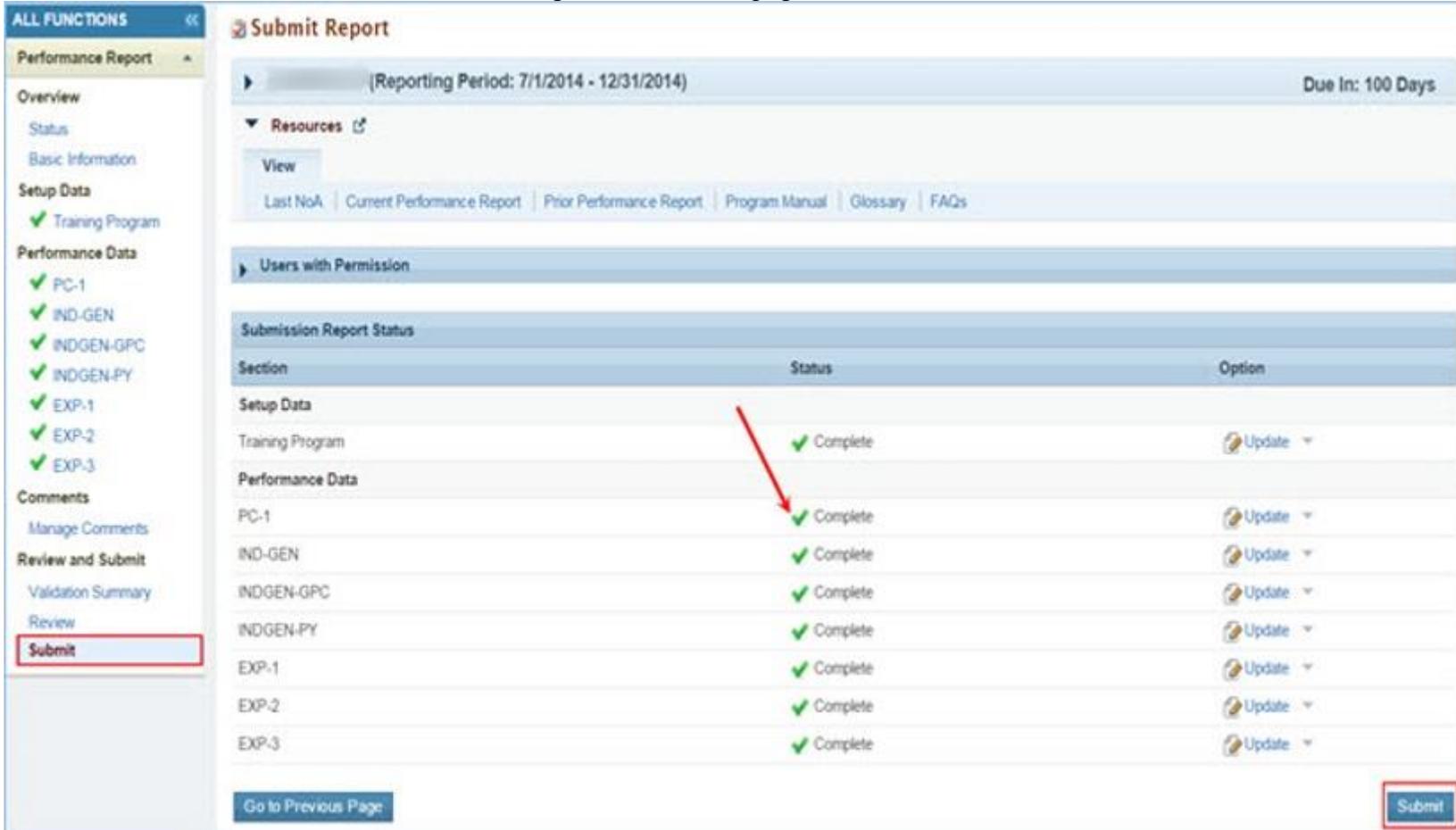
Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View
PC	HTML	View
IND-GEN	HTML	View
INDGEN-GPC	HTML	View
INDGEN-PY	HTML	View
EXP	HTML	View
Comments and Certification	HTML	View

Figure 79. Screenshot of Printing Your Performance Report

1. To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.
2. Next, click the 'Print All Forms' button below the Resources section of the Review Page.

Submitting Your Performance Report

1. To submit your performance report, expand the left side menu of your report and click the 'Submit' link under the 'Review and submit' section. You will be directed to the Submit Report. On the Submit Report page, ensure that the status of all forms is 'Complete' with a green check mark. Click the 'Submit' button on the bottom right corner of this page.



The screenshot displays the 'Submit Report' interface. On the left is a navigation menu with categories like 'Performance Report', 'Setup Data', 'Performance Data', and 'Review and Submit'. The 'Submit' link is highlighted. The main content area shows a table titled 'Submission Report Status' with columns for 'Section', 'Status', and 'Option'. A red arrow points to the 'Complete' status for the 'PC-1' section. A 'Submit' button is visible in the bottom right corner.

Section	Status	Option
Setup Data		
Training Program	✓ Complete	Update
Performance Data		
PC-1	✓ Complete	Update
IND-GEN	✓ Complete	Update
INDGEN-GPC	✓ Complete	Update
INDGEN-PY	✓ Complete	Update
EXP-1	✓ Complete	Update
EXP-2	✓ Complete	Update
EXP-3	✓ Complete	Update

Figure 80. Screenshot of the Submit Report Page

2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the 'Certification' section and click the 'Confirm' button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

Submit Report - Confirm

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Report. Click the 'Confirm' button below to submit the report. If you do (+ View More)

Confirmation:
This is a confirmation page! You MUST Click on the appropriate button to complete your action.

Fields with * are required

*** Certification** [View Report](#)

I Sherer, Sara certify that I am authorized to submit this report to HRSA for grant D40HP28075.

Please check the box to electronically sign the Report.

Cancel

Confirm

Figure 81. Screenshot of the Submit Report - Confirm Page

Submit Report - Result

Your report is successfully submitted to HRSA. The details for this report is listed below. Please note them down for future reference. For any other questions please (+ View More)

Report Details	
Report Type	2015 Final Report
Grant Number	UBMHP20202
Submission Tracking Number	BPMFRUB600029227

Return to List

Figure 82. Screenshot of the Submit Report - Confirm Page

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 the act of permanently leaving a training program or training activity before completion. An individual is counted as having attrited if s/he leaves a training program or training activity for any reason before completing all training requirements.

BHW-funded financial awards are monies from a grant funded by BHW that are provided to an individual by a grantee institution or organization for the purposes of defraying costs associated with participation in a training program or training activity. The types and definitions of BHW-funded financial awards are listed below:

1. **Career Award:** A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
2. **Fellowship:** A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
3. **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.
4. **Stipend:** A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
5. **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.
6. **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.
7. **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.

Campus-based degree program is a degree program that requires students to complete all academic coursework at the college or university campus.

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. Generally, continuing education sessions are offered to existing professionals and do not include or target students as primary participants.

Curriculum is the aggregate content of multiple learning activities offered by an organization 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.

Enhanced course or other training activity is a specific type of training activity that was in existence at the grantee institution or organization and has been modified or restructured as part of the grant project.

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.

Faculty development program is a series of curriculum-based training activities that are provided to faculty over a specific amount of time for the purposes of additional training and/or faculty development. Structured faculty development programs can be degree-bearing, certificate-bearing and do not necessarily have to be offered at or by the grantee institution or organization.

Faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Faculty development activities can include conferences, workshops or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization. It is the same as an “Unstructured faculty development activity”.

Faculty instruction are those courses, workshops, seminars, grand rounds or other training activities that are led by faculty for the purposes of providing training to other individuals (e.g., students, fellows, residents). Faculty instruction does not refer to training activities undertaken by faculty for the purposes of additional training or faculty development (see Structured Faculty Development Program and/or Unstructured Faculty Development Activity).

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 refers to 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.

Hybrid degree program is a degree program that requires students to complete academic coursework at the campus, as well as through distance learning.

Instructional hours are 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 and/or the federal government as a health professions shortage area (HPSA); medically underserved area (MUA) and/or medically underserved population (MUP). These communities have limited access to primary health care services. The term MUC is an umbrella term that can be used to describe any location that meets one or more of the previously identified designations.

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.

Newly developed course or other training activity is a specific type of training activity that was not in existence at the grantee institution or organization and was developed in its entirety as part of the grant project.

Online degree program is a degree program that requires students to complete all academic coursework through distance learning.

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.

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). *Note: To determine if a specific geographical area 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. **Note: 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 faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Unstructured faculty development activities can include conferences, workshops, or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization.

Unstructured training activity is generally a stand-alone 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 seven 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.

Appendix B: FAQs

General FAQs:

Q1: When is the due date for the performance report?

A1: Performance reports are due by **August 01, 2016** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by your due date may place your grant in a non-compliant status.

Q2: What dates does the performance report cover?

A2: The performance report submitted by grantees should cover all activities conducted through the grant for the period **July 01, 2015 - June 30, 2016**.

Q3: Is it possible to change data entered incorrectly in a prior reporting period?

A3: No. Data entered in a previous reporting period cannot be edited. It is important that grantees endeavor to provide the most accurate data during each reporting period.

FAQs about the Program Characteristics (PC) forms:

Q4: Do I need to set up my training program again if it is being reused in the current reporting period?

A4: No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

Q5: What are the status options for the different types of programs?

A5: Structured and Unstructured Training programs use program status options of "Ongoing" or "Complete." All other types of training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, and residencies) use the status options of "Active" and "Inactive."

Q6: In the PC forms, do we count all trainees in our program regardless of the year of study; include full-time/part-time trainees, etc.?

A6: Yes, as long as trainees are enrolled or participating in the training program identified under Block 1.

Q7: Are we required to provide this information only on the trainees in the programs we received funding for?

A7: The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

FAQs about the LR-1 through DV-3 forms:

Q8: In prior reports, the LR-1, LR-2 and DV tables reported unduplicated counts. In this current reporting format, will we be reporting duplicated counts for those tables?

A8: The new format requires grantees to provide counts by training program. While we understand that an individual may participate in multiple programs offered by grantees, this new approach will allow us to better understand each program separately.

Q9: In the LR- and DV- tables, are the counts for graduates and/or program completers a subset of the total trainee number or are they to be reported separately?

A9: On the LR- and DV- forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

Q10: What address should we use to determine if an individual is considered to come from a rural residential background? Do we consider a student's high school address, medical school address or childhood home address?

A10: It depends on the information available. The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

FAQs about the INDGEN form:

Q11: Where do we get the Trainee Unique ID?

A11: Grantees are responsible for developing a unique ID for each individual for which an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide 1-year follow-up updates through the BPMH system.

Q12: What are the characters of the 7 digit unique ID?

A12: Each unique ID must be made up of 7 alphanumeric characters (meaning that, you may use a combination of both letters and numbers).

Q13: Are INDGEN records from the last reporting period stored in the EHB?

A13: It depends. All INDGEN records that were reported during prior reporting periods will be shown in your INDGEN table as 'Prior Records' until (a) the record is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program (i.e., attrition). Any INDGEN record that was marked as having graduated or completed will be transferred into INDGEN-PY for the next reporting period. INDGEN records for individuals who permanently discontinued training will not re-populate in EHB in the next reporting period.

Q14: Last year we created individual participant codes (Unique IDs) to be included in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant, or create a new code for that participant? Are those codes needed this year?

A14: The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same unique ID-training program combination cannot be present in more than one location (INDGEN/INDGEN-PY).

Q15: What if an individual already listed on INDGEN did not receive a financial award during the six month reporting period?

A15: If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Block 11. The record will remain on INDGEN until this individual is marked as a graduate/program completer or a drop-out of the training program.

Q16: Is there an option to report Ethnicity as unknown?

A16: No. While there is an option for "Not Reported" on the INDGEN form, grantees are expected to collect race and ethnicity data on each individual for whom an INDGEN entry is required. If the option of "Not Reported" is selected for an individual's race, ethnicity or any other of the core demographic variables, it is expected that the grantee will collect this information and provide an update by the next reporting period.

Q17: Is reporting the underrepresented Asian distinction no longer included? The loss of the Asian Underrepresented category is a real loss to describing the diversity of our enrollees and their under-representation in medicine – any suggestions on how we can still express this diversity within our report?

A17: The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "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". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to

collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

Q18: Can we use our institutions definitions/standards for disadvantaged background?

A18: The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

Q19: Do we report full time faculty who receive salary support for teaching or administrative responsibilities?

A19: It depends on whether a specific faculty member is part of the project. For project staff (including faculty), this information is not required as it is captured in your grant's budget documents.

Q20: Do conference registration fees count as financial support?

A20: Yes, but only for non-project staff.

Q21: How do we find out an individual's family income?

A21: The institution's financial aid office should have that information, as part of the required application for financial aid.

Q22: For veteran status, are we asking only for the student or trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?

A22: Only the trainee's status should be reported.

Q23: How is the academic year funding total calculated?

A23: The academic year total is automatically calculated in EHB as the sum of funding during the academic year. When you enter, save, and validate the funding amount for the current reporting period, the academic year total will automatically populate.

Q24: How is the cumulative funding total calculated?

A24: The cumulative funding total is automatically re-calculated each annual reporting period in EHB. This is the total of each annual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use starting with Academic Year 2012-2013.

FAQs about the INDGEN-PY form:

Q25: How do I use the INDGEN-PY form?

A25: One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status.

FAQs about the Experiential Training (EXP) forms:

Q26: What training sites do I need to report on this form? Is it all of the sites our program uses?

A26: Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Q27: Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

A27: You should list the specific clinics and offices within the hospital that provide training to supported trainees for the EXP forms.

Q28: Do I need to list a site more than once on EXP-2?

A28: You may need to list a site multiple times on the EXP-2 form. For sites that provide training to students, trainees and faculty from different training programs, it should be listed on the form for each training program the grant sponsors.

Q29: How can I report Interprofessional team-based care at the training sites?

A29: Interprofessional team-based care reporting is a three-step process on the EXP-3 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including the profession of the principal-HRSA sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who were trained at the site, alongside the principal trainees, but were not enrolled in the HRSA-sponsored program.

FAQs about the Curriculum Development and Enhancement (CDE) forms:

Q30: What if courses are created with a variety of funding sources?

A30: Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

Q31: Why do only some of the courses I entered last time appear in the CDE-1 form this time?

A:31 Only courses that were marked as ‘Under Development’ or ‘Developed but Not Yet Implemented’ will pre-populate the CDE-1 table. Courses marked as ‘Implemented’ will pre-populate the new CDE-1a table.

Q32: For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A32: For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

FAQs about the Faculty Development (FD) forms:

Q33: What is the difference between a structured faculty development program and an unstructured faculty development activity?

A33: Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration, and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds.

FAQs about the Continuing Education (CE) forms:

Q34: For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A34: For the purposes of the CE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

FAQs about Technical Support & Assistance:

Q35: Who do we contact if we need technical assistance entering data in EHB?

A35: Grantees should contact HRSA's Call Center for any type of questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

Q36: Where will grantees be able to locate the instruction manuals for the performance reports?

A36: Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Q37: Is there a way to look at the data forms required for my program without logging into EHB?

A37: Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Q38: Are reports from prior years stored in the EHBs?

A38: Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

- a) Clicking the 'view prior period data' link within a form or under your Resources tab;
- b) Going into your grant folder and searching for previously completed reports; or
- c) Clicking on the "submissions" link in the left side navigation menu.

Q39: Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

A39: Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes their specific training program or permanently leaves before completion.