

ACADEMIC YEAR 2015-2016



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

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 **Postdoctoral Training in General, Pediatric, and Public Health Dentistry** grant program:
 - **Plan, develop, and operate or participate in an approved professional training program**
 - **Support of an accredited master's degree in a public health program for dental residents**
 - **Meet the costs of projects to establish, maintain, or improve postdoctoral training in primary care dentistry programs**
 - **Provide financial assistance to dental residents or practicing dentists**
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. The main section of the form is titled "Add Training Program" and contains a dropdown menu labeled "Select Type of Training Program Offered" with the instruction "(Click the 'Load Program Details' button after selecting your training program)". To the right of this dropdown is another dropdown menu labeled "Select One".

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	PDD-1,PDD-2,PDD-3
3	Setup Form	Setup Forms	Faculty Development	PDD-1,PDD-2,PDD-3,PDD-4
4	Performance Data Form	Program Characteristics-PC Subforms	PC-6	PDD-1,PDD-2,PDD-3
5	Performance Data Form	Program Characteristics-PC Subforms	PC-8	PDD-1,PDD-2,PDD-3
6	Performance Data Form	Program Characteristics-PC Subforms	PC-9	PDD-1,PDD-2,PDD-3
7	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-1a	PDD-1,PDD-2,PDD-3

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
8	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-2	PDD-1,PDD-2,PDD-3
9	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-1	PDD-1,PDD-2,PDD-3
10	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-2	PDD-1,PDD-2,PDD-3
11	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-3	PDD-1,PDD-2,PDD-3
12	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN	PDD-4
13	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY	PDD-4
14	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1	PDD-1,PDD-2,PDD-3
15	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2	PDD-1,PDD-2,PDD-3
16	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3	PDD-1,PDD-2,PDD-3
17	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1	PDD-1,PDD-2,PDD-3

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
18	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1a	PDD-1,PDD-2,PDD-3
19	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-2	PDD-1,PDD-2,PDD-3
20	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1a	PDD-1,PDD-2,PDD-3,PDD-4
21	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1b	PDD-1,PDD-2,PDD-3,PDD-4
22	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2a	PDD-1,PDD-2,PDD-3,PDD-4
23	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2b	PDD-1,PDD-2,PDD-3,PDD-4
24	Performance Data Form	Continuing Education Activities-CE Subforms	CE-1	PDD-1,PDD-2,PDD-3
25	Performance Data Form	Continuing Education Activities-CE Subforms	CE-2	PDD-1,PDD-2,PDD-3

Grant Purpose – Setup

Selecting Grant Purpose(s)

To configure the BPMH system, 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**).

Grant Purpose	Select
PDD-1: Plan, develop, and operate or participate in an approved professional training program	<input checked="" type="checkbox"/>
PDD-2: Support of an accredited master's degree in public health program for dental residents	<input checked="" type="checkbox"/>
PDD-3: Meet the costs of projects to establish, maintain, or improve post-doctoral training in primary care dentistry programs	<input checked="" type="checkbox"/>
PDD-4: Provide financial assistance to dental residents or practicing dentists	<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 programs other than those previously reported. You do not need to reenter information about programs previously reported. If no new programs were supported, skip to “Training Program Setup—Final Steps.”



Warning: You must have prior approval from your Government Project Officer before you choose the ‘Fellowship Program’ option below. All training programs in the Postdoctoral Training in Dentistry Program should typically choose ‘Residency Program.’

• Add Training Program

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

Residency program Load Program Details

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained

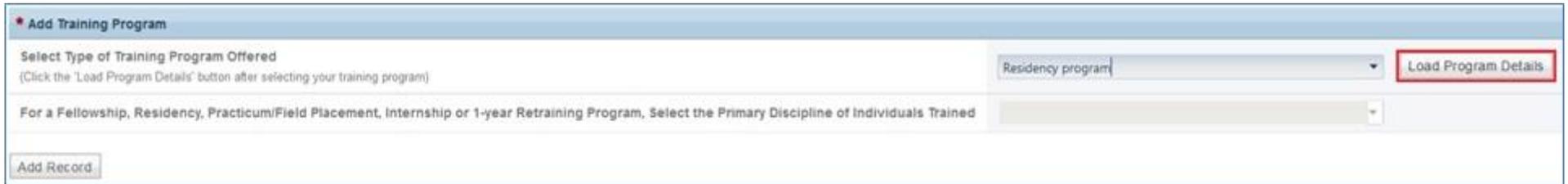
Add Record

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 residency 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:

- Fellowship program
- Residency program

Training Program Setup - Loading Program Details



The screenshot shows a web form titled "Add Training Program". It contains two main sections. The first section is labeled "Select Type of Training Program Offered" and includes a sub-instruction: "(Click the 'Load Program Details' button after selecting your training program)". A dropdown menu in this section is currently set to "Residency program". To the right of this dropdown is a button labeled "Load Program Details", which is highlighted with a red rectangular border. The second section is labeled "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained" and features a second dropdown menu that is currently blank. At the bottom left of the form is an "Add Record" button.

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. Drop-down menus that appear are specific to the selection made in the previous step.

Training Program Setup - Adding Internship Program



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

Figure 6. Training Program Setup - Adding Internship Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: Select the profession/discipline of residents in each residency or fellowship program supported with grant funds by clicking on the drop-down menu next to “For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained” and choosing one of the available options. Click on the "Add Record" button to save your entry. Repeat this process to capture the primary profession/discipline of each new residency or fellowship program supported with grant funds during the current reporting period.

- Dentistry - General Dentistry - AEGD-1
- Dentistry - General Dentistry - GPR-1
- Dentistry - Other
- Dentistry - Pediatric Dentistry-2
- Dentistry - Public Health Dentistry
- Dentistry - General Dentistry - AEGD-2
- Dentistry - General Dentistry - GPR-2
- Dentistry - Pediatric Dentistry-1
- Dentistry - Pediatric Dentistry-3



Note: If you have multiple accredited residency programs of the same type, you must report both as separate programs using the options above (e.g., use AEGD-1 for the first General Dentistry residency and AEGD-2 for the second General Dentistry residency).

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	Delete
3	New Record	Degree/Diploma MA Dentistry - General Dentistry Campus-based program	Inactive Active	Delete

Figure 7. Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period:

- **If training programs/activities are Active:** No action if needed for prior records.
- **If training programs/activities are Inactive:** If a prior record training program no longer has active enrollees (i.e., no residents or fellows are enrolled and all residents or fellows 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 indicating a program is Inactive.
- Active
- Inactive



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



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.

Faculty Development – Setup

Selecting Faculty Development Activities

The Faculty Development Setup form will configure all subforms specific to faculty development. To complete the Faculty Development Setup form, select the type(s) of faculty development activities coordinated or supported with grant funds during the current reporting period under Block 1. Options on this setup form are pre-selected based on your prior annual reporting. Please see the warning statement below regarding unchecking an option.

Faculty Development Activities	Select
Structured Faculty Development Training Program	<input type="checkbox"/>
Faculty Development Activity	<input type="checkbox"/>
No faculty-related activities conducted	<input type="checkbox"/>

Figure 8. Selecting Faculty Development Activities



Warning: Options for the Faculty Setup form will be automatically selected if you have previously reported one or more training programs or activities through the FD-1a or FD-2a subforms. You may uncheck “Faculty Development Activity” if you have nothing to report. You may uncheck “Structured Faculty Development Training Program” only if you have no training programs still in progress. Please refer to the Faculty Development—FD Subforms page (initial instructions page immediately following EXP forms) for instructions on how to update the status of each previously-reported structured faculty development program.



Reference: Refer to the glossary for a definition of each type of faculty development activity.



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-6: Program Characteristics – Fellowship Programs

PC-6 - Selecting Type(s) of Partners/Consortia

No. Record	Type of Training Program (1)	Primary Discipline of Individuals Trained (2)	Select Type(s) of Partners/Consortia Used to Offer this Training (3)	Enter Total (4)
	Block 1	Block 11	Block 2	Block 3
1	Prior Record Fellowship Dentistry - Pediatric Dentistry-1	Dentistry - Pediatric Dentistry-1	2 items checked <input checked="" type="checkbox"/> Academic department - within the institution <input type="checkbox"/> Academic department - outside the institution <input type="checkbox"/> Community Mental Health Center	

Figure 9. PC-6 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships and/or consortia established for the purpose of offering fellowship programs during the current reporting period. Choose 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 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
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- 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
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- 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 -

Health Resources and Services Administration
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- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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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-6 - Entering Enrollment Information



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

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 (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b	Total (7) Block 8	URM (8) Block 8a	Total (9) Block 9	URM (10) Block 9a
12	5	0	0	0	1	0

Figure 10. PC-6 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: In Column 4 (Block 3), enter the total number of fellows who participated in each fellowship program during the current reporting period. Count all fellows who participated in the fellowship program, regardless of whether the fellow directly received a BHW-funded financial award.

Enter Total # Enrolled (whether funded by BHW or not): URM: In Column 5 (Block 3a), enter the number of fellows who participated in the fellowship program during the current reporting period and were underrepresented minorities.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: In Column 6 (Block 3b), enter the number of fellows from disadvantaged backgrounds who participated in the fellowship program during the current reporting period but were not underrepresented minorities.



Note: Column 7 is a subset of Column 4; Column 8 is a subset of Column 7.



Note: Fellows who permanently left their fellowship before completion (i.e., attrition) will be counted separately in Column 9 (Block 9).



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

Example:

Example:

The School of Dentistry had a total of 12 Pediatric Dentistry fellows in the fellowship program during the current reporting period. The school used BHW funds to provide stipends to 5 out of the 12 Pediatric Dentistry fellows. During this period, 1 fellow left the program before completing all fellowship requirements.

In Column 4 (Block 3) of this form, the reporting official at the School of Dentistry would enter 11.

Example:

The School of Dentistry had a total of 11 Pediatric Dentistry fellows maintain enrollment in the fellowship program during the current reporting period. Among the 11 fellows who were enrolled in the program, 2 are underrepresented minorities.

In Column 5 (Block 3a), the reporting official at the School of Dentistry would enter 2.

Example:

The School of Dentistry had a total of 11 Pediatric Dentistry fellows maintain enrollment in the fellowship program during the current reporting period. Among the 11 Pediatric Dentistry fellows who were enrolled in the program, 5 are from disadvantaged backgrounds. One (1) out of the 5 fellows from a disadvantaged background is also an underrepresented minority.

In Column 6 (Block 3b), the reporting official at the School of Dentistry would enter 4.

PC-6 - Entering Graduate Information



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

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 (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b	Total (7) Block 8	URM (8) Block 8a	Total (9) Block 9	URM (10) Block 9a
12	5	0	0	0	1	0

Figure 11. PC-6 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: In Column 7 (Block 8), enter the total number of fellows who completed all fellowship requirements during the current reporting period. Count all fellows who completed the fellowship program, regardless of whether the fellow directly received a BHW-funded financial award.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: In Column 8 (Block 8a), enter the number of fellows who completed all fellowship requirements during the current reporting period and were underrepresented minorities.



Note: Column 7 is a subset of Column 4; Column 8 is a subset of Column 7.



Note: Fellows who permanently left their fellowship before completion (i.e., attrition) will be counted separately in Column 9 (Block 9).

Example:

Example:

The School of Dentistry had a total of 11 Pediatric Dentistry fellows maintain enrollment in the fellowship program during the annual reporting

period. Among the 11 fellows who were enrolled in the program, a total of 3 fellows completed all fellowship requirements during the reporting period.

In Column 7 (Block 8), the reporting official at the School of Dentistry would enter 3.

Example:

The School of Dentistry had a total of 11 Pediatric Dentistry fellows maintain enrollment in the fellowship program during the annual reporting period. Among the 11 fellows who were enrolled in the program, a total of 3 fellows completed all fellowship requirements during the reporting period; none who completed the fellowship program are underrepresented minorities.

In Column 8 (Block 8a), the reporting official at the School of Dentistry would enter 0.

PC-6 - Entering Attrition Information



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

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 (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b	Total (7) Block 8	URM (8) Block 8a	Total (9) Block 9	URM (10) Block 9a
12	5	0	0	0	1	0

Figure 12. PC-6 - Entering Attrition Information

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

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: In Column 10 (Block 9a), enter the number of fellows who permanently left their fellowships before completion during the current reporting period and were underrepresented minorities.



Note: Column 10 is a subset of Column 9. The total entered in Column 9 is exclusive of the total number of enrollees (Column 4).

Example:

Example:

The School of Dentistry had a total of 12 Pediatric Dentistry fellows in the fellowship program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 fellows. During this period, 1 fellow left the program before completing all fellowship requirements.

In Column 9 (Block 9) of this form, the reporting official at the School of Dentistry would enter 1.

Example:

The School of Dentistry had a total of 12 Pediatric Dentistry fellows in the fellowship program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 fellows. During this period, 1 fellow left the program before completing all fellowship requirements; none who left were underrepresented minorities.

In Column 10 (Block 9a) of this form, the reporting official at the School of Dentistry would enter 0.

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 (4) Block 3	URM (5) Block 3a	Disadvantaged Background and not URM (6) Block 3b	Total (7) Block 8	URM (8) Block 8a	Total (9) Block 9	URM (10) Block 9a
12	5	0	0	0	1	0

Figure 13. Example of PC-6 Subform

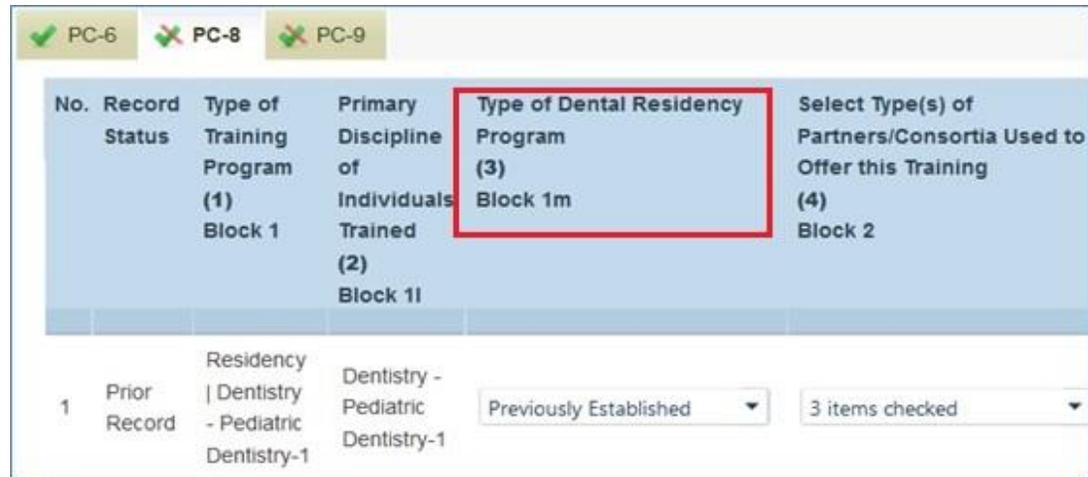


To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

PC-8: Program Characteristics – Residency Programs

PC-8 - Selecting Dental Residency Program

 **Warning:** The PC-8 subform will only appear if "Residency Program" was selected in the Training Program Setup form.



No. Record	Status	Type of Training Program	Primary Discipline of Individuals Trained	Type of Dental Residency Program	Select Type(s) of Partners/Consortia Used to Offer this Training
1	Prior Record	Residency Dentistry - Pediatric Dentistry-1	Dentistry - Pediatric Dentistry-1	Block 1m	Block 2

Previously Established

3 items checked

Figure 14. PC-8 - Selecting Dental Residency Program

Type of Dental Residency Program: Select the type of dental residency program by choosing **one** of the following options:

- Expanded
- New
- Previously Established
- Previously Expanded

PC-8 - Selecting Type(s) of Partners/Consortia

No. Record	Status	Type of Training Program	Primary Discipline of	Type of Dental Residency Program	Select Type(s) of Partners/Consortia Used to Offer this Training
		(1) Block 1	Individuals Trained	(3) Block 1m	(4) Block 2
			(2) Block 1l		

1 Prior Record | Residency: Dentistry - Pediatric Dentistry-1 | Previously Established | 3 items checked

Figure 15. PC-8 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships and/or consortia established for the purpose of offering each residency program during the current reporting period. Choose 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 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
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- 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
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- 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 -

Health Resources and Services Administration
Bureau of Health Workforce

- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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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-8 - Entering Enrollment Information



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

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 (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
12	5	0	0	0	1	0

Figure 16. PC-8 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: In Column 5 (Block 3), enter the total number of residents who participated in each residency program during the current reporting period. Count all residents who participated in the residency program, regardless of whether the resident directly received a BHW-funded financial award.

Enter Total # Enrolled (whether funded by BHW or not): URM: For Column 6 (Block 3a), enter the number of residents who participated in each residency program during the current reporting period and were underrepresented minorities.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: In Column 7 (Block 3b), enter the number of residents from disadvantaged backgrounds who participated in the residency program during the current reporting period but were not underrepresented minorities.



Note: Columns 6 and 7 are subsets of Column 5.



Note: Residents who permanently left their residency program before completion (i.e., attrition) will be counted separately in Column 10 (Block 9).



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

Example:

Example:

The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the current reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements.

In Column 5 (Block 3) of this form, the reporting official at the School of Dentistry would enter 11.

Example:

The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the current reporting period. Among the 11 General Dentistry residents who were enrolled in the program, 2 are underrepresented minorities.

In Column 6 (Block 3a), the reporting official at the School of Dentistry would enter 2.

Example:

The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the current reporting period. Among the 11 General Dentistry residents who were enrolled in the program, 5 are from disadvantaged backgrounds. One (1) out of the 5 General Dentistry residents from a disadvantaged background is also an underrepresented minority.

In Column 7 (Block 3b), the reporting official at the School of Dentistry would enter 4.

PC-8 - Entering Graduate Information



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

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 (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
12	5	0	0	0	1	0

Figure 17. PC-8 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: In Column 8 (Block 8), enter the total number of residents who completed all requirements of their residency program during the current reporting period. Count all residents who completed residency programs, regardless of whether or not the resident directly received a BHW-funded financial award.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: In Column 9 (Block 8a), enter the number of residents who completed all requirements of their residency program during the current reporting period and were underrepresented minorities.



Note: Column 8 is a subset of Column 5; Column 9 is a subset of Column 8.



Note: Residents who permanently left their residency program before completion (i.e., attrition) will be counted separately in Column 10 (Block 9).



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

Example:

Example:

The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the current reporting period. Among the 11 General Dentistry residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period.

In Column 8 (Block 8), the reporting official at the School of Dentistry would enter 3.

Example:

The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the current reporting period. Among the 11 General Dentistry residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period; none who completed the residency program are underrepresented minorities.

In Column 9 (Block 8a), the reporting official at the School of Dentistry would enter 0.

PC-8 - Entering Attrition Information



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

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 (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a	
12	5	0	0	0	1	0	

Figure 18. PC-8 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: In Column 10 (Block 9), enter the total number of residents who permanently left their residency programs before completion during the current reporting period. Count all residents who permanently left their residency programs regardless of whether the resident directly received a BHW-funded financial award.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: In Column 11 (Block 9a), enter the number of residents who permanently left their residency programs before completion during the current reporting period and were underrepresented minorities.



Note: Column 11 is a subset of Column 10. The total entered in Column 10 is exclusive of the total number of residents in Column 5.



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

Example:

Example:

The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the current reporting period. The school used

BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements.

In Column 10 (Block 9) of this form, the reporting official at the School of Dentistry would enter 1.

Example:

The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the current reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements; none who left were underrepresented minorities.

In Column 11 (Block 9a) of this form, the reporting official at the School of Dentistry would enter 0.

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 (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a	
12	5	0	0	0	1	0	

Figure 19. Example of PC-8 Subform



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

PC-9: Program Characteristics –Positions Description

PC-9 - Selecting Type of Training Program

Fields with * are required

* Add Academic/Training Year

Select Training Program: Residency | Dentistry - General Dentistry - GPR-1

Select Training Year: [Empty]

Add Record

No. Record Status	Type of Training Program (1)	Training Year (2)	Enter Total # of Positions Recruited For (4)	Enter Total # of Positions Filled (5)
1	Prior Record	Fellowship Dentistry - Pediatric Dentistry-1	Fellowship Year 1	

Figure 20. PC-9 - Selecting Type of Training Program

The PC-9 form collects information about the total number of fellows and residents in the training program by training year.

Type of Training Program: Select a training program by clicking on the drop-down menu next to "Select Training Program" and choosing one of the available options. (The options available under "Type of Training Program" will prepopulate with information that was entered and saved in the Training Program Setup Form.)



Warning: Complete the PC-9 Setup form only if grant funds were used to support residency programs other than those previously reported. You do not need to reenter information about residency programs previously reported. If no new residency programs were supported other than those previously reported, skip to the step named 'Entering Total # of Positions Recruited'.

PC-9 - Selecting Training Year

Fields with * are required

* Add Academic/Training Year

Select Training Program: Residency | Dentistry - General Dentistry - GPR-1

Select Training Year: Residency Year 1

Residency Year 1 (checked)

Residency Year 2 (unchecked)

Add Record

Figure 21. PC-9 - Selecting Training Year

Training Year:

Select the types of training years that apply to the residency program supported through the grant by clicking on the drop-down menu next to "Select Training Year" and choosing all that apply from the available options. Click on the "Add Record" button to save your entry. Repeat this process as necessary to capture training years associated with each residency program supported through the grant.

- Fellowship Year 1
- Fellowship Year 2
- Fellowship Year 3
- Residency Year 1
- Residency Year 2
- Residency Year 3
- Residency Year 4



Note: You will be required to enter the total number of residents 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.

PC-9 - Entering Total # of Positions Recruited For

No.	Record Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Positions Recruited For (4) Block 5
1	Prior Record	Fellowship Dentistry - Pediatric Dentistry-1	Fellowship Year 1	<input type="text"/>

Figure 22. PC-9 - Entering Total # of Positions Recruited For

Enter Total # of Positions Recruited For: Enter the number of residency or fellowship positions recruited for during the current reporting period.

PC-9 - Entering Total # of Positions Filled

No. Record	Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6
1	Prior Record	Fellowship Dentistry - Pediatric Dentistry-1	Fellowship Year 1	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>

Figure 23. PC-9 - Entering Total # of Positions Filled

Enter Total # of Positions Filled: Enter the total number of positions filled in the textbox.



Note: The sum of Column 5 (Block 6) across all years within a residency program will equal the number reported in PC-8 Block 3.

PC-9 - Entering Total # of Positions Expanded using BHW Funds

Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6	Enter Total # of Positions Expanded using BHW Funds (6) Block 7
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 24. PC-9 - Entering Total # of Positions Expanded using BHW Funds

Enter Total # of Positions Expanded using BHW Funds: Enter the total number of positions expanded by training year during the current reporting period.



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: You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each type of training program supported through the grant during the current reporting period.

LR-1a: Trainees by Training Category

LR-1 - Entering Residents Count



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)	Trainees by Training Category			Attrition	
		Enter # of Residents (4) Block 3	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a	
1 Prior Record	Residency Dentistry - Pediatric Dentistry-1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Figure 25. LR-1 - Entering Residents Count

Trainees by Training Category: Enter # of Residents: Enter the total number of residents in each residency program who received training as a result of the grant during the current reporting period. This number includes residents who received direct financial support from the grant plus any resident who was trained under a curriculum or course developed as a result of the grant.



Note: Do not include individuals who either completed their residency or permanently left the program before completion during the reporting period.

LR-1 - Entering Program Completers Count

No. Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition	
		Enter # of Residents (4) Block 3	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a
1 Prior Record	Residency Dentistry - Pediatric Dentistry-1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 26. LR-1 - Entering Program Completers Count

Trainees by Training Category: Enter # of Program Completers: Enter the total number of program completers of the residency program or fellowship program during the current reporting period. This number includes any resident or fellow who completed the program as a result of the grant by having received direct financial support from the grant plus any resident or fellow who was trained under a curriculum or course sponsored by the grant.

LR-1 - Entering Attrition Information



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

No. Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition		
		Enter # of Residents (4) Block 3	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a	
		1	Prior Record	Residency Dentistry - Pediatric Dentistry-1	<input type="text"/>	<input type="text"/>

Figure 27. 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 training program before completion (and were being supported by the grant in some manner).

Attrition: Enter # of URM who left the Program before Completion: Enter the number of underrepresented minorities who permanently left the training program before completion during the current reporting period.



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 Residents Count by Age and Gender

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female	
			Enter # of Residents (5) Blocks 25-30	Enter # of Program Completers (7) Blocks 49-54	Enter # of Residents (10) Blocks 31-36	Enter # of Program Completers (12) Blocks 55-60
1	Prior Record Residency Dentistry - Pediatric Dentistry-1	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 28. LR-2 - Entering Residents Count by Age and Gender

Sex: Male: Enter # of Residents: For each training program, enter the aggregate number of male residents from each age category. If there were no male residents in a specific age category, enter a zero (“0”) in the appropriate textbox.

Sex: Female: Enter # of Residents: For each training program, enter the aggregate number of female residents from each age category. If there were no female residents in a specific age category, enter a zero (“0”) in the appropriate textbox.



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

LR-2 - Entering Program Completers Count by Age and Gender

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female	
			Enter # of Residents (5)	Enter # of Program Completers (7)	Enter # of Residents (10)	Enter # of Program Completers (12)
			Blocks 25-30	Blocks 49-54	Blocks 31-36	Blocks 55-60
1	Prior Record Residency Dentistry - Pediatric Dentistry-1	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 29. LR-2 - Entering Program Completers Count by Age and Gender

Sex: Male: Enter # of Program Completers: For each training program, enter the aggregate number of male residency completers from each age category. If there were no male residency completers in a specific age category, enter a zero (“0”) in the appropriate textbox.

Sex: Female: Enter # of Program Completers: For each training program, enter the aggregate number of female residency completers from each age category. If there were no female residency completers in a specific age category, enter a zero (“0”) in the appropriate textbox.

 **Warning:** 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 Residents Count by Race and Ethnicity

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		
			Enter # of Residents (5)	Enter # of Program Completers (7)	Enter # of Residents (10)	Enter # of Program Completers (12)	
			Blocks 15-21	Blocks 29-35	Blocks 50-56	Blocks 64-70	
1	Prior Record	Residency Dentistry - Pediatric Dentistry-1	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 30. DV-1 - Entering Residents Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Residents: For each training program, enter the aggregate number of Hispanic/Latino residents from each race category. If there were no Hispanic/Latino residents in a specific race category, enter a zero (“0”) in the appropriate textbox.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Residents: For each training program, enter the aggregate number of Non-Hispanic/Non-Latino residents from each race category. If there were no Non-Hispanic/Non-Latino residents 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.

DV-1 - Entering Program Completers Count by Race and Ethnicity

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		
			Enter # of Residents (5) Blocks 15-21	Enter # of Program Completers (7) Blocks 29-35	Enter # of Residents (10) Blocks 50-56	Enter # of Program Completers (12) Blocks 64-70	
			1	Prior Record	Residency Dentistry - Pediatric Dentistry-1	American Indian or Alaska Native	<input type="text"/>

Figure 31. DV-1 - Entering Program Completers Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Program Completers: For each training program, enter the aggregate number of Hispanic/Latino residency completers from each race category. If there were no Hispanic/Latino residency completers in a specific race category, enter a zero (“0”) in the appropriate textbox.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Program Completers: For each training program, enter the aggregate number of Non-Hispanic/Non-Latino residency completers from each race category. If there were no Non-Hispanic/Non-Latino residency completers 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 Residents Count from Disadvantaged Background

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

No.	Record Status	Type of Training Program (1)	Residents		Program Completers	
			Enter Total # from Disadvantaged Background (6)	Enter # from Disadvantaged Background who are not URM (7)	Enter Total # from Disadvantaged Background (10)	Enter # from Disadvantaged Background who are not URM (11)
			Block 5	Block 6	Block 9	Block 10
1	Prior Record	Residency Dentistry - Pediatric Dentistry-1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 32. DV-2 - Entering Residents Count from Disadvantaged Background

Residents: Enter Total # from Disadvantaged Background: For each training program, enter the aggregate number of residents from disadvantaged backgrounds.

Residents: Enter # from Disadvantaged Background who are not URM: For each training program, enter the aggregate number of residents from disadvantaged backgrounds who were not underrepresented minorities.

 *Note: Counts reported in Column 7 (Block 6) are a subset of counts reported in Column 6 (Block 5).*

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

DV-2 - Entering Program Completers Count from Disadvantaged Background

No.	Record Status	Type of Training Program (1)	Residents		Program Completers	
			Enter Total # from Disadvantaged Background (6)	Enter # from Disadvantaged Background who are not URM (7)	Enter Total # from Disadvantaged Background (10)	Enter # from Disadvantaged Background who are not URM (11)
			Block 5	Block 6	Block 9	Block 10
1	Prior Record	Residency Dentistry - Pediatric Dentistry-1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 33. DV-2 - Entering Program Completers Count from Disadvantaged Background

Program Completers: Enter Total # from Disadvantaged Background: For each training program, enter the aggregate number of residency completers from disadvantaged backgrounds.

Program Completers: Enter # from Disadvantaged Background who are not URM: For each training program, enter the aggregate number of residency completers from disadvantaged backgrounds who were not underrepresented minorities.



Note: Counts reported in Column 11 (Block 10) are a subset of counts reported in Column 10 (Block 9).



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 Residents Count from Rural Residential Background

No.	Record Status	Type of Training Program (1)	Enter # of Residents from a Rural Background (4) Block 3	Enter # of Program Completers from a Rural Background (6) Block 5
1	Prior Record	Residency Dentistry - Pediatric Dentistry-1	<input type="text"/>	<input type="text"/>

Figure 34. DV-3 - Entering Residents Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Residents from a Rural Background: Enter the total number of residents from rural residential backgrounds.



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

DV-3 - Entering Program Completers Count from Rural Residential Background

No.	Record Status	Type of Training Program (1)	Enter # of Residents from a Rural Background (4) Block 3	Enter # of Program Completers from a Rural Background (6) Block 5
1	Prior Record	Residency Dentistry - Pediatric Dentistry-1	<input type="text"/>	<input type="text"/>

Figure 35. DV-3 - Entering Program Completers Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Program Completers from a Rural Background: Enter the total number of program completers who reported coming from a rural residential background.



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

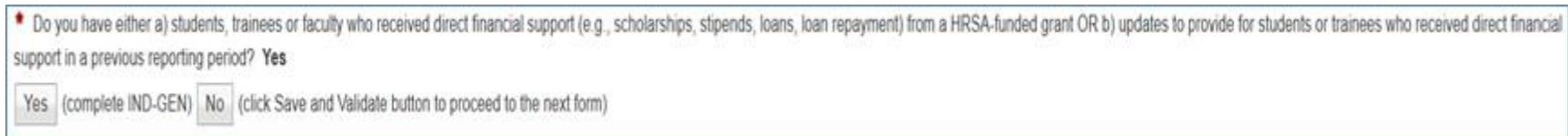
Notice to Grantees about Individual-level Data:

1. You must complete an INDGEN subform for each individual who received a BHW-funded financial award during the current reporting period.
2. The INDGEN subform will automatically calculate and display read-only columns labeled “Academic Year Total” and "Cumulative BHW Financial Award Total."
3. Records of individuals who were reported as having completed their training program in the previous reporting period will transfer from the INDGEN subform to the INDGEN-PY subform in the current reporting period.

IND-GEN: Individual Characteristics

IND-GEN - Setup

To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals 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. To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals 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 36. 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
	(1)	(2) Block 1	(3) Block 2	(4) Block 3
	Select one 			

Figure 37. 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 under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.



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

Example:

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

- *Residency program / Dentistry--General Dentistry-AEGD-1*

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
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
	Select one	<input type="text"/>			

Figure 38. IND-GEN - Entering Trainee Unique ID

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



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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status
(1)	(2) Block 1	(3) Block 2	(4) Block 3
Select one		<div style="border: 2px solid red; padding: 5px;"><input type="text" value="Select one"/> Select one Fellow Resident Practicing Professional</div>	

Figure 39. 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 and choosing one of the following options:

- Fellow
- Practicing Professional
- Resident



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

Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
		<input type="text" value="Select one"/>	
		Full-time	
		Part-time	

Figure 40. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's enrollment or employment status in their degree program by clicking on the drop-down menu 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

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

Figure 41. IND-GEN - Selecting Individual's Sex

Select Individual's Sex: Select each individual's sex by clicking on the drop-down menu 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 column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Age

Type of Training Program	Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race
(1)	(2) Block 1	(6) Block 5	(7) Block 6	(8) Block 7
Select one		26 27		

Figure 42. 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.

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- 73
- 74
- 75
- Not Reported

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IND-GEN - Selecting Individual's Ethnicity

Type of Training Program	Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity
(1)	(2) Block 1	(6) Block 5	(7) Block 6
Select one		14	Select one Hispanic/Latino Non-Hispanic/Non-Latino

Figure 43. IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity: Select each individual's ethnicity by clicking on the drop-down menu 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 column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Race

Type of Training Program	Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race
(1)	(2) Block 1	(6) Block 5	(7) Block 6	(8) Block 7
Select one		14		<input type="checkbox"/> American Indian or Alaska Nativ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American

Figure 44. IND-GEN - Selecting Individual's Race

Select Individual's Race: Select each individual's race by clicking on the drop-down menu 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 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
Select one		Select one Yes		

Figure 45. 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 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
(1)	(2) Block 1	(9) Block 8	(10) Block 9
Select one			Select one Yes

Figure 46. 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 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 "disadvantaged background."

IND-GEN - Selecting Individual's Veteran Status

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
Select one				Select one Active Duty Military Reservist Veteran - Prior Service

Figure 47. 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 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.

Type of Training Program	Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)			
			Stipend	Traineeship	Scholarship	Fellowship
(1)	(2) Block 1	(12) Block 11	(13) Block 11	(14) Block 11	(15) Block 11	(20) Block 11

Figure 48. 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 and choosing one of the following options:

- Yes
- No

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

If the individual did not receive a financial award, select "No" and enter "0" in all financial award columns where no money was disbursed.

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

If the individual did not receive a financial award, select "No" and enter "0" in all financial award columns where no money was disbursed.

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

If the individual did not receive a financial award, select "No" and enter "0" in all financial award columns where no money was disbursed.

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

If the individual did not receive a financial award, select "No" and enter "0" in all financial award columns 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: 1px solid black; padding: 2px;"> Select one 0 1 </div>	

Figure 49. 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 in which each individual has received a BHW-funded financial award by clicking on the drop-down menu 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 1/2 an academic year, please round up. For example, if a resident or dentist has received a financial award for 1 1/2 years, please enter 2.



Note: If a dentist received a BHW-funded financial award for the first time during the annual reporting period, select "1" under 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
<input type="text"/>	<input type="text"/>
Select one Graduate Year 1 Graduate Year 2	

Figure 50. IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year: Select each student's current training year in the training program by clicking on the drop-down menu and choosing one of the following options:

- Fellowship Year 1
- Fellowship Year 2
- Fellowship Year 3
- Graduate Year 1
- Graduate Year 2
- Non-degree Training Program Year 2
- Non-degree Training Year 1
- Residency Year 1
- Residency Year 2
- Residency Year 3
- Residency Year 4



Note: For practicing professionals, select Non-degree Training Program Year 1 or Year 2.

IND-GEN - Selecting Individual's Primary Discipline

Trainee Unique ID	Select Individual's Primary Discipline	Training in a Primary Care Setting	
		Select Whether Individual Received Training	Enter # of Contact Hours
(2) Block 1	(27) Block 16	(28) Block 17	(29) Block 17a
	<div style="border: 1px solid black; padding: 2px;"> Select one Dentistry - General Dentistry </div>		

Figure 51. IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline: Select each individual's primary profession/discipline by clicking on the drop-down menu and choosing one of the following options:

- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry



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.

Trainee Unique ID	Training in a Primary Care Setting		
	Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters
(2) Block 1	(28) Block 17	(29) Block 17a	(30) Block 17b
	<div style="border: 1px solid black; padding: 2px;"> Select one Yes No </div>		

Figure 52. IND-GEN - Entering Training Information in a Primary Care Setting

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

- Yes
- No

Training in a Primary Care Setting: Enter # of Contact Hours:

- **If the resident or fellow 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.
- **If the resident or fellow did not receive clinical or experiential training in a primary care setting,** leave the textbox blank.

Training in a Primary Care Setting: Enter # of Patient Encounters:

- **If the resident or fellow received 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.
- **If the resident or fellow did not receive experiential training in a primary care setting**, leave the textbox 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.

Trainee Unique ID	Training in a Medically Underserved Area		Training in a Rural Area	
	Select Whether Individual Received Training	Enter # of Contact Hours	Select Whether Individual Received Training	Enter # of Contact Hours
(2) Block 1	(31) Block 18	(32) Block 18a	(33) Block 19	(34) Block 19a
	Select one Yes No			

Figure 53. IND-GEN - Entering Training Information in a Medically Underserved Area

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

- Yes
- No

Training in a Medically Underserved Area: Enter # of Contact Hours:

- **If the resident or fellow 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.
- **If the resident or fellow did not receive clinical or experiential training in a MUC,** leave the textbox 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.

Trainee Unique ID	Training in a Rural Area		Select Whether Individual Left the Program Before Completion
	Select Whether Individual Received Training	Enter # of Contact Hours	
(2) Block 1	(33) Block 19	(34) Block 19a	(36) Block 21
	<div style="border: 1px solid black; padding: 2px;"> Select one Yes No </div>		

Figure 54. IND-GEN - Entering Training Information in a Rural Area

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

- Yes
- No

Training in a Rural Area: Enter # of Contact Hours:

- **If the resident or fellow 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.
- **If the resident or fellow did not receive clinical or experiential training in a rural area,** leave the textbox blank.

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

Trainee Unique ID	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned
(2) Block 1	(36) Block 21	(37) Block 22	(38) Block 22a
	<div style="border: 1px solid black; padding: 2px;"> Select one Yes No </div>		

Figure 55. 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 training program before completion during the current reporting period by clicking on the drop-down menu 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.

Trainee Unique ID	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned
(2) Block 1	(36) Block 21	(37) Block 22	(38) Block 22a
		<input type="text" value="Select one"/>	
		<ul style="list-style-type: none"> Yes No 	

Figure 56. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program: Select whether each individual completed their training program during the current reporting period by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No

Select Degree Earned:

- **If an individual graduated from their training program during the current reporting period,** select the type of degree/certificate earned through the program by clicking on the drop-down menu and choosing one of the available options.
 - **If the individual did not complete their training program,** select "N/A."
- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Fellowship Certificate • Fellowship Certificate/MSPH • MPH | <ul style="list-style-type: none"> • Fellowship Certificate/Master’s Degree not otherwise specified • Joint Degrees not otherwise specified | <ul style="list-style-type: none"> • Fellowship Certificate/MPH • Master's Degree Not Otherwise Specified |
|--|---|---|

- Residency Certificate/Master's Degree not otherwise specified
- N/A
- MSPH
- Residency Certificate/MPH
- Residency Certificate
- Residency Certificate/MSPH

Select Individual's Post-Graduation/Completion Intentions:

- **If an individual graduated from their training program during the current reporting period**, select the individual's training or employment intentions by clicking on the drop-down menu and choosing all that apply from the available options.
- **If the individual did not complete their training program**, select "N/A."
- Individual intends to conduct research
- Individual intends to practice in a primary care setting
- Individual intends to teach
- Not Reported
- Individual intends to practice in a medically underserved area
- Individual intends to practice in a rural area
- None of the above
- N/A



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

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 57. 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 resident who received a BHW-funded financial award and completed their residency one year prior to this report by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status: Choose each former resident's current employment location by clicking on the drop-down menu and choosing all that apply from the available options. **If "No" was selected in Column 13 (Block 23), choose "N/A."**

- Individual currently practices in a medically underserved area
- Individual currently practices in a rural area
- Individual is currently teaching
- N/A
- Individual currently practices in a primary care setting
- Individual is currently conducting research
- None of the above

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 and choosing one of the following options:

- No
- Yes
- N/A



Note: Repeat these steps for all rows in the INDGEN-PY table and enter selections for all blank fields under Columns 13 and 14 (Blocks 23 and 23a).



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

Experiential Characteristics—EXP Subforms

EXP - Introduction

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.

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.

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.



Warning: Complete the EXP-1, EXP-2, and EXP-3 subforms only for sites used to train individuals who appear on the INDGEN subform.

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

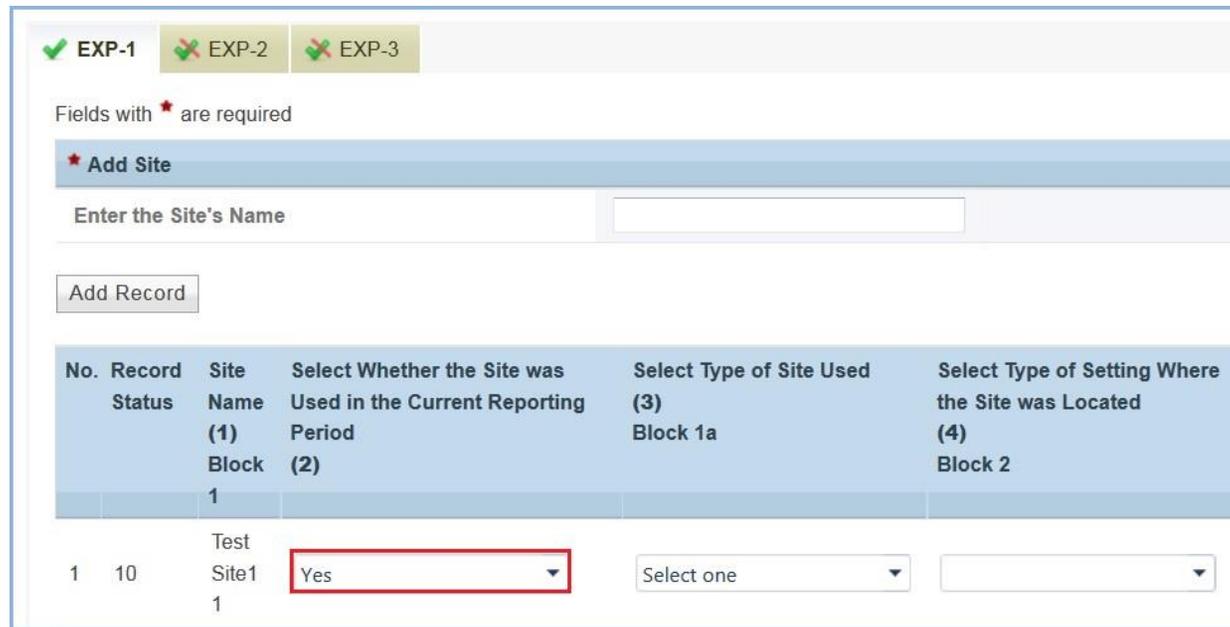
Add Record

No. Record 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	Yes	Select one	

Figure 58. EXP-1 - Entering Site Name

Site Name: Enter the name of a site used to train individuals supported by the grant during the current reporting period in the textbox next to the row labeled "Enter the Site's Name". Click on the "Add Record" button to save your entry. Repeat the process as necessary to enter the names of all NEW sites used during the current reporting period.

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



EXP-1 EXP-2 EXP-3

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	Yes	Select one	

Figure 59. 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 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 the text '* Add Site'. Underneath is a text input field labeled 'Enter the Site's Name'. Below that is a button labeled 'Add Record'. 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 'No. Record' column, '10' in the 'Status' column, 'Test Site1' in the 'Site Name' column, '1' in the 'Block (2)' column, 'Yes' in the 'Select Whether' column, 'Select one' in the 'Select Type of Site Used' column (highlighted with a red box), and an empty dropdown in the 'Select Type of Setting' column.

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 60. 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 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

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- 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

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 (3)	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	<input type="text"/>

Figure 61. 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 students during the current reporting period was located in a designated setting by clicking on the drop-down menu 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 62. 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. If outside the U.S. enter "N/A."

State: Enter the two-letter abbreviation for the state where each training site is located by clicking on the textbox in Column 9. If outside the U.S. enter "N/A."

Zip Code: Enter the zip code (5 digits) where each training site is located by clicking on the textbox in Column 10. If outside the U.S. enter "N/A."

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. If outside the U.S. enter "N/A."



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 pre-populated prior records in this form if they are no longer applicable.

Record Status	Type of Training Program	Site Name	Select Type of Site Used
	(1)	(2) Block 1	(3) Block 1a
	<div style="border: 1px solid #ccc; padding: 2px;"> Select one Degree/Diploma MPH Residency Medicine - Orthopaedic Surgery Fellowship Medicine - Other </div>		

Figure 63. 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 and choosing one of the available options (sites that were marked in EXP-1 as "used" in the current reporting period).



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



Note: Repeat this process until all used Training Program/Site combinations are present. If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform. If the same program used multiple training sites, then multiple entries are required in the EXP-2 subform.



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

Example:

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

- *Residency program / Dentistry—General Dentistry-AEGD-1*

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 64. 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.



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

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 65. 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

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
(4) Block 2	(5) Block 5	(7) Block 4
	<input type="checkbox"/> Federal Government - IHS <input type="checkbox"/> Federal Government - NIH	

Figure 66. 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 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
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- 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
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Other
- 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
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)

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- Long-term care facility
- Nonprofit organization (non - faith based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization
- Professional Associations
- State Governmental Programs

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- 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 67. 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 used to train individuals during the current reporting period by clicking on the drop-down menu 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.

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
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Select one	Select one			

Figure 68. 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 site name by clicking on the drop-down menu 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.



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

EXP-3 - Selecting Profession and Discipline of Individuals Trained

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained
(1)	(2) Block 1	(3) Block 3
		<input type="text"/> <ul style="list-style-type: none"> Medicine - Dermatology Medicine - Emergency Medicine Medicine - Family Medicine Medicine - Geriatric Psychiatry

Figure 69. 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 and choosing one of the options below. 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).

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

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- 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 - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy

- 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
- 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

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- 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
- 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

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

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

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- 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)



Note: Each reported profession/discipline must be reported on a separate line even if they trained at the same site under the same program.



Note: For students in degree programs, use the student categories. For residents and fellows use the profession/discipline options (i.e., Dentistry—Pediatric Dentistry; 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.

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

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
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8

Figure 70. 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.

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

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
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8

Figure 71. 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	Residency General Dentistry	North Regional Hospital	Dentistry-General Dentistry	24	0
2	Residency General Dentistry	North Regional Hospital	Medicine-Family Medicine	0	2
3	Residency General Dentistry	North Regional Hospital	Student-Graduate-Psychology	0	3
4	Residency General Dentistry	Community Dentists	Dentistry-General Dentistry	14	0
5	Residency General Dentistry	Community Dentists	Student-Pharmacy School	0	4

Figure 72. EXP-3 - Adding Individuals Trained Example 1

Example with both your trainees and interprofessional trainees at the same site:

In the example on this page, the General Dentistry Residency program trained 24 General Dentistry residents at North Regional Hospital. As part of Interprofessional team-based care, the General Dentistry Residency program also trained 2 Family Medicine residents and 3 graduate students in Psychology. At a second site, the General Dentistry Residency program trained 14 of its General Dentistry residents alongside 4 pharmacy students 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</u> Team-based care
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Residency General Dentistry	North Regional Hospital	Dentistry-General Dentistry	24	0
2	Residency General Dentistry	Community Dentists	Dentistry-General Dentistry	10	0
3	Residency General Dentistry	Dentist's Clinic	Dentistry-General Dentistry	4	0

Figure 73. EXP-3 - Adding Individuals Trained Example 2

Example with no interprofessional trainees at any site:

In this example, the dental residents from the General Dentistry residency program do not have interprofessional experiences. The dental residents trained at 3 different clinical training sites. At the first site, there were 24 General Dentistry residents and no interprofessional trainees at North Regional Hospital. At the second site, there were 10 General Dentistry residents and no interprofessional trainees at Community Dentists. At the third site, there were 4 General Dentistry residents 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	Residency General Dentistry	North Regional Hospital	Dentistry-General Dentistry	24	10
2	Residency General Dentistry	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Residency General Dentistry	North Regional Hospital	Student-Dental School	0	5
4	Residency General Dentistry	Community Physicians	Dentistry-General Dentistry	10	8
5	Residency General Dentistry	Community Physicians	Student-Pharmacy School	0	4

Figure 74. 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 General Dentistry residency program trained 24 of its own residents at North Regional Hospital. As part of Interprofessional team-based care, the General Dentistry residency also trained 10 General Dentistry residents from different General Dentistry residency programs, 2 Internal Medicine residents, and 5 dental students. At the second site, the General Dentistry residency program trained 10 of its own dental residents alongside 8 additional General Dentistry residents from different General Dentistry residency programs as well as 4 pharmacy students who were part of interprofessional team-based care.



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 and Enhancement—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).

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.

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

* Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant? Yes

Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)

Figure 75. CDE-1 - Setup



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

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.

* Add Course

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

Add Record

Figure 76. 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. 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.

Complete the CDE-1 Setup form only if grant funds were used to develop or enhance NEW courses or training activities other than those previously reported.

CDE-1 - Selecting Type of Course or Training Activity

No. Record	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
1 New Record	Course 1	Select one Select one Academic course	Select one	Select one

Figure 77. 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 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

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
Course 1	<input type="text" value="Select one"/>	<input type="text" value="Select one"/> Select one Newly developed Enhanced	<input type="text" value="Select one"/>

Figure 78. 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 was newly developed or was enhanced by clicking on the drop-down menu and choosing one of the following options:

- Enhanced
- Newly developed

CDE-1 - Entering Development/Enhancement Status



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

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	
				From Year (5) Block 4a	To Year (6) Block 4a
Course 1	Select one	Select one	Select one Select one Under development		

Figure 79. CDE-1 - Entering Development/Enhancement Status

Select Status of Development or Enhancements: Select each course or training activity's current status by clicking on the drop-down menu 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 first portion of the academic in which each course or training activity that was first implemented using the YYYY format.
- **For records marked as "Under Development" or "Developed, not yet implemented",** enter N/A.

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 second portion of the academic in which each course or training activity that was first implemented using the YYYY format.
- **For records marked as "Under Development" or "Developed, not yet implemented",** enter N/A.

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 80. 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.



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

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

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"/>	<input type="text"/>

Figure 82. 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 in the textbox under 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 under 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

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)	Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)
				From Year (5)	To Year (6)			
Block 1	Block 2	Block 3	Block 4	Block 4a	Block 4a	Block 5	Block 6	
Medical Orders for Life-Sustaining Treatment	Faculty development prog*	Enhanced	Implemented	2011	2012	Establishing a Center of Exi	Classroom-based	Select one

Figure 83. 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" 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

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)	Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)	Enter Site Name from EXP-1 Where Implemented (10)	
Block 1	Block 2	Block 3	Block 4	From Year (5)	To Year (6)	Block 4a	Block 4a	Block 5	Block 6	
Medical Orders for Life-Sustaining Treatment	Faculty development prog*	Enhanced	Implemented	2011	2012	Establishing a Center	Classroom-based	Select one		

Figure 84. CDE-1a - 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 reporting period,** enter the name(s) of the site(s) where the activity took place in the textbox under Column 10. 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 under Column 10.



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 - Adding Courses and Profession/Disciplines



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

Figure 85. 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" (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 or workshop offered during the reporting period by choosing all that apply from the options listed below. 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 reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - General Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health 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
- Medicine - Anesthesiology

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- 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
- Other - Direct Service Worker
- Other - Health Education Specialist
- 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
- Other - Medical Laboratory
- 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 Promotion

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- 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

- 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

- 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: Use Student categories for students and use Profession/Discipline categories for advanced trainees such as residents and fellows as well as faculty and professionals.



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

No.	Name of Course or Training Activity (1)	Profession and Discipline of Individuals Trained (2)	Enter # Trained in this Profession and Discipline (3)
	Block 1	Block 7	Block 7
1	Course 1	Student - NP - Acute care pediatric	<input type="text"/>

Figure 86. 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. Repeat this step as many times as necessary to capture the total number of individuals by profession/discipline who were trained in each course or workshop offered during the current reporting period.



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.

FD-1a: Faculty Development - Structured Faculty Development Training Programs

FD-1a - Adding Structured Faculty Development Programs



Warning: The FD-1a and FD-1b subforms will only appear if "Structured Faculty Development Training Program" was selected in the Faculty Development Setup form.



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

Fields with * are required

* Add Structured Faculty Development Program

Program Name

Add Record

Figure 87. FD-1a - Adding Structured Faculty Development Programs

Program Name: Enter the name of each new structured faculty development program coordinated and/or supported through the grant during the current reporting period. Select "Add Record." Repeat this process as necessary to enter each new structured faculty development program that was coordinate and/or supported through the grant during the current reporting period.



Warning: Complete the FD-1a Setup form only if grant funds were used to support structured faculty development programs other than those previously reported and still ongoing. To provide updates for these programs, go to the next page. Once a program has been completed, it will need to be re-entered as a new record if the program is run again with a new cohort.

Example:

Example: The John Doe School of Nursing used BHW funds to support TeamSTEPPS training for ten (10) faculty members. In the first semester, the school used grant funds to pay for the costs of training three (3) faculty members. In the second semester, the school used grant funds to pay for the

costs of training an additional seven (7) faculty members.

Since each faculty development program supported through the grant must be reported separately, the John Doe School of Nursing would have 2 entries—TeamSTEPPS #1 and TeamSTEPPS #2 (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-1a and FD-1b subforms for each of these programs.

FD-1a - Selecting Program Status

No.	Record Status	Program Name (1)	Select Program Status in the Current Reporting Period (1a)	Select Whether this was a Degree Bearing Program (2) Block 2	For Degree-bearing Programs	
					Select Type of Degree Offered (3) Block 2a	Select Primary Focus Area (4) Block 2b
1	New Record	Test	Select one	Select one	Select one	Select one

Figure 88. FD-1a - Selecting Program Status

Select Program Status in the Current Reporting Period: Select the status of each structured faculty development program at the end of the current reporting period by clicking on the drop-down menu and choosing one of the following options:

- Complete
- Ongoing



Warning: If no additional structured faculty development programs were supported through the grant during the current reporting period other than those previously reported, skip to the Final Steps for this subform.



Note:

Select 'Ongoing' if the training program did not conclude by **June 30, 2016**.



Note: Select 'Complete' if the training program concluded at some point during the current reporting period (i.e. **July 01, 2015 - June 30, 2016**).

FD-1a - Entering Program Information for Degree/Non-Degree Programs



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

For Degree-bearing Programs			For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours
Select Whether this was a Degree Bearing Program (2) Block 2	Select Type of Degree Offered (3) Block 2a	Select Primary Focus Area (4) Block 2b	Enter Length of Training Program in Clock Hours (5) Block 3
Select one	Select one	Select one	

Figure 89. FD-1a - Entering Program Information for Degree/Non-Degree Programs

Select Whether this was a Degree Bearing Program: Select whether each structured faculty development program that was supported through the grant during the current reporting period culminates in awarding participants with a professional certificate or academic degree by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No

For Degree-bearing Programs: Select Type of Degree Offered:

- **If you selected "Yes" in Column 2 (Block 2),** select the type of degree that participants will earn when completing each program by clicking on the drop-down menu in Column 3 (Block 2a) and choosing one of the options below.
- **If you selected "No" in Column 2 (Block 2),** select "N/A" in Column 3 (Block 2a).

- | | | |
|---------------|------------|-----------|
| • BA | • BCHS | • BPH |
| • BS | • BSN | • BSW |
| • Certificate | • DC | • DDS |
| • DDS/MPH | • DDS/MSPH | • Diploma |

- DMD
- DNAP
- DO
- DO/MSPH
- DrPH
- Joint Degrees not otherwise specified
- MBA
- MD/DrPH
- MD/PhD
- MHA
- MMS/DrPH
- MMS/ScD
- MPAS
- MPAS/MSPH
- MS
- MSHS
- MSN/MHA
- MSPH
- No Degree Earned
- Post-Masters Certificate
- N/A
- DMD/MPH
- DNP
- DO/DrPH
- DO/ScD
- DVM
- MA
- MCHS
- MD/MPH
- MD/ScD
- MHS
- MMS/MPH
- MN
- MPAS/DrPH
- MPAS/ScD
- MS-CTS
- MSN
- MSN/MPH
- MSSW
- PharmD
- PsyD
- DMD/MSPH
- DNSc
- DO/MPH
- Doctoral Degree Not Otherwise Specified
- EdD
- Master's Degree Not Otherwise Specified
- MD
- MD/MSPH
- MEd
- MMS
- MMS/MSPH
- MPAP
- MPAS/MPH
- MPH
- MSCR
- MSN/MBA
- MSPAS
- MSW
- PhD
- ScD

For Degree-bearing Programs: Select Primary Focus Area:

- **If you selected "No" in Column 2 (Block 2),** select "N/A" in Column 4 (Block 2b).
- **If you selected "Yes" in Column 2 (Block 2),** select the primary focus area of the degree-bearing structured faculty development program by clicking on the drop-down menu in Column 4 (Block 2b) and choosing one of the options below.

- Business Administration
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

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- Dentistry - Radiology Dentistry
- Health Administration
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Public Health - Social & Behavioral Sciences
- Education
- Leadership
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Maternal and Child Health
- Teaching

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- Education and Clinical Research
- Other Focus Area
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Nutrition
- N/A

For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours:

- **If you selected "Yes" in Column 2 (Block 2),** enter a zero ("0") in Column 5 (Block 3).
- **If you selected "No" in Column 2 (Block 2),** enter the duration (in clock hours) of each non-degree bearing structured faculty development program in the textbox in Column 5 (Block 3).

FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

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

For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours (5) Block 3	Enter the % of Time Spent Developing Competencies for the Following Roles				Enter # of Faculty Who Completed the Program (10) Block 6
	Clinician (6) Block 5	Administrator (7) Block 5	Educator (8) Block 5	Researcher (9) Block 5	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 90. FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

Enter the % of Time Spent Developing Competencies for the Following Roles: Clinician: Enter the percentage of time spent in each structured faculty development program developing competencies associated with Clinician.

Enter the % of Time Spent Developing Competencies for the Following Roles: Administrator: Enter the percentage of time spent in each structured faculty development program developing competencies associated with Administrator.

Enter the % of Time Spent Developing Competencies for the Following Roles: Educator: Enter the percentage of time spent in each structured faculty development program developing competencies associated with Educator.

Enter the % of Time Spent Developing Competencies for the Following Roles: Researcher: Enter the percentage of time spent in each structured faculty development program developing competencies associated with Researcher.



Note: Percentages of time spent across the four roles must sum up to 100%.

FD-1a - Entering # of Faculty Who Completed the Program

Enter the % of Time Spent Developing Competencies for the Following Roles				Enter # of Faculty Who Completed the Program
Clinician (6) Block 5	Administrator (7) Block 5	Educator (8) Block 5	Researcher (9) Block 5	(10) Block 6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 91. FD-1a - Entering # of Faculty Who Completed the Program

Enter # of Faculty Who Completed the Program:

- If you marked a program as "Complete" in Column 1a, enter the number of faculty who completed each structured faculty development program during the current reporting period in the textbox in Column 10 (Block 6).
- If you selected "Ongoing" in Column 1a, enter a zero ("0") in the textbox in Column 10 (Block 6).

FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

Enter # of Faculty Who Completed the Program (10) Block 6	Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program (11) Block 7
	<input type="text"/>

Figure 92. FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program: Select whether any faculty who participated in a structured faculty development program received any type of BHW-funded financial award during the current reporting period by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No



Warning: You must complete an INDGEN subform for each faculty who received a BHW-funded financial award during the current reporting period for participating in a structured faculty development program.



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.

FD-1b: Faculty Development - Faculty Trained By Profession/Discipline

FD-1b - Adding Profession and Discipline for Structured Programs



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

Figure 93. FD-1b - Adding Profession and Discipline for Structured Programs

Program Name: Select a program name by clicking on the drop-down menu next to "Program Name" and choosing one of the available options (available options will be those entered and saved in the FD-1a subform).

Profession and Discipline of Faculty Trained: Select the profession(s)/discipline(s) of all faculty members who participated in each structured faculty development program during the current reporting period by choosing all that apply from the options below. Next, select "Add Record." Repeat this process to capture the profession/discipline of all faculty members who participated in each structured faculty development program during the current reporting period.

- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Women's health
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - Nurse administrator
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - Community health nursing
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Psychiatric/Mental health
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health

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- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Allied Health
- Other - Midwife (non-nurse)

- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Community Health Worker
- Other - Profession Not Listed

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- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Direct Service Worker



Note: Information regarding the names of faculty development programs will prepopulate with the information that was entered and saved in the FD-1a subform.

FD-1b - Entering # Trained in the Profession and Discipline

Profession and Discipline of Faculty Trained (2) Block 4	Enter # Trained in this Profession and Discipline (3) Block 4
Behavioral Health - Clinical Social Work	<input data-bbox="1409 370 1682 440" type="text"/>

Figure 94. FD-1b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: For each structured faculty development program, enter the number of faculty in each profession/discipline who participated in the program during the current reporting period in the textbox in Column 3 (Block 4). Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each structured faculty development program during the current reporting period.



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.

FD-2a: Faculty Development - Faculty Development Activities

FD-2a - Entering Faculty Development Activities



Warning: The FD-2a and FD-2b subforms will only appear if "Unstructured Faculty Development Activities" was selected in the Faculty Development Setup form.



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

Figure 95. FD-2a - Entering Faculty Development Activities

Activity Name: Enter the name of each unstructured faculty development activity coordinated and/or supported through the grant during the current reporting period. Next, click on "Add Record" to save your entry. Repeat this process to enter each faculty development activity coordinated and/or supported through the grant during the current reporting period.



Warning: If a previously-completed faculty development activity (prior record) is being offered again with a new cohort, it will need to be re-created as a new record.

Example:

Example: The John Doe School of Nursing used BHW funds to pay for the cost of sending five (5) faculty members to the annual Academy Health conference. In addition, the school also used BHW funds to pay for the cost of sending two (2) faculty members to a local workshop on the integration of behavioral health and primary care.

Since each faculty development activity supported through the grant must be reported separately, the John Doe School of Nursing would have 2 entries—one entry for the Academy Health Annual Conference and one for the Integration of Behavioral Health and Primary care workshop (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-2a and FD-2b subforms for each of these activities.

FD-2a - Selecting Type of Faculty Development Activity Offered



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

No. Activity Name (1)	Select Type of Faculty Development Activity Offered (2)	For Courses or Workshops	
	Block 8	Select Whether Activity is Accredited for Continuing Education Credit (3)	Select Whether Attendance was to Acquire or Maintain Professional Certification (4)
		Block 8a	Block 8b
1 FD-2a form	Select one	Select one	Select one

Figure 96. FD-2a - Selecting Type of Faculty Development Activity Offered

Select Type of Faculty Development Activity Offered: Select the type of faculty development activity supported and/or coordinated through the grant during the current reporting period by clicking on the drop-down menu and choosing one of the following options:

- Academic Course for Continuing Education
- Clinical Rotation for Continuing Education
- Grand Rounds for Continuing Education
- Professional Conference
- Training/Workshop for Continuing Education

For Courses or Workshops: Select Whether Activity is Accredited for Continuing Education Credit:

- **For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8),** select N/A for Column 3 (Block 8a).
- **For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8),** select whether these activities are accredited for continuing education credit by clicking on the drop-down menu under Column 3 (Block 8a) and choosing one of the following options:

- Yes
- No
- N/A

For Courses or Workshops: Select Whether Attendance was to Acquire or Maintain Professional Certification:

- **For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8),** select N/A for Column 4 (Block 8b).
- **For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8),** select whether attendance by faculty was for the purposes of acquiring or maintaining a professional certification by clicking on the drop-down menu under Column 4 (Block 8b) and choosing one of the following options:
 - Yes
 - No
 - N/A

FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours (5)	Select Delivery Mode Used to Offer Training Activity (6)	Select the Faculty Role(s) Addressed at Training Activity (7)
Block 9	Block 10	Block 11
<input type="text"/>	Select one <input type="text"/>	<input type="text"/>

Figure 97. FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours: Enter the duration, in clock hours, of each faculty development in the textbox.



Note: For activities less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. (e.g., a 15-minute course would be entered as $15/60 = .25$.)

FD-2a - Selecting Delivery Mode

Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
<input type="text"/>	Select one <input type="text"/>	<input type="text"/>

Figure 98. FD-2a - Selecting Delivery Mode

Select Delivery Mode Used to Offer Training Activity: Select the primary delivery mode used to offer each faculty development activity by clicking on the drop-down menu and choosing one of the following options:

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

FD-2a - Selecting Faculty Role(s)

Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
<input type="text"/>	Select one ▼	<input type="text"/>

Figure 99. FD-2a - Selecting Faculty Role(s)

Select the Faculty Role(s) Addressed at Training Activity: Select the faculty role(s) addressed in each activity by clicking on the drop-down menu and choosing all that apply from the following options:

- Administrator
- Clinician
- Educator
- Researcher



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.

FD-2b: Faculty Development - Faculty Trained By Profession/Discipline

FD-2b - Adding Profession and Discipline for Activities



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

Figure 100. FD-2b - Adding Profession and Discipline for Activities

Activity Name: Select an activity name by clicking on the drop-down menu next to "Activity Name" and choosing one of the available options (available options will be those entered and saved in the FD-2a subform).

Profession and Discipline of Faculty Trained: Select the profession(s)/discipline(s) of all faculty who participated in each faculty development activity during the current reporting period by choosing all that apply from the options below. Next, select "Add Record." Repeat this process to capture the profession/discipline of all faculty who participated in each faculty development activity during the current reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine

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- 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
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Midwife
- 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 gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Optometry
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- 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 - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Community Health Worker
- Other - Pharmacy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

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- Other - Podiatry
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Public Health - Other

FD-2b - Entering # Trained in the Profession and Discipline

Profession and Discipline of Faculty Trained (2)	Enter # Trained in this Profession and Discipline (3)
Block 12	Block 12
Behavioral Health - Clinical Psychology	<input type="text"/>

Figure 101. FD-2b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of faculty in each profession/discipline who participated in the faculty development activity during the current reporting period in the textbox. Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each faculty development activity during the current reporting period.



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.

Continuing Education Activities—CE Subforms

CE - Introduction

-  **Warning: Attention Users- Important changes have occurred with the CE-1 subform! Please read the following directions carefully.**

Purpose of CE Subforms:

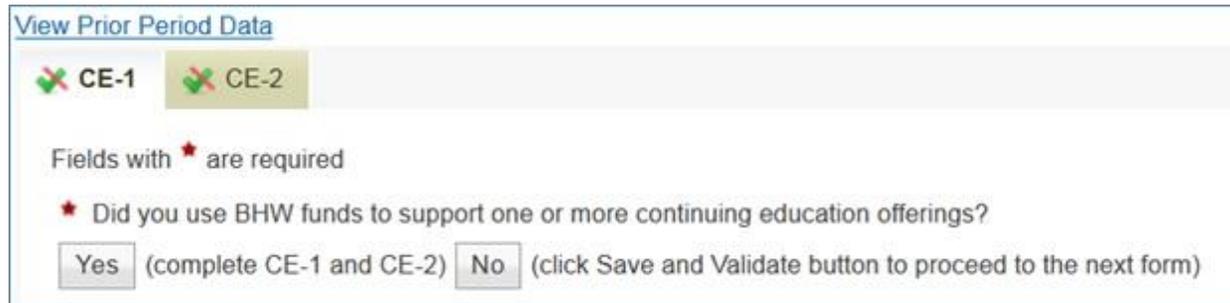
- The CE subforms are used to characterize continuing education course characteristics and trainees.
- The CE-1 form captures information about the continuing education courses and training activities offered in the current reporting period.
- The CE-2 subform collects information about the professions and disciplines of individuals trained in the offered CE courses or training activities.

Order of Subforms:

- CE subforms **MUST** be completed in order, otherwise drop-down menus will not prepopulate correctly.
- You must complete and 'Save and Validate' CE-1 first before proceeding to CE-2.

CE-1: Continuing Education - Course Characteristics and Content

CE-1 - Setup



View Prior Period Data

CE-1 CE-2

Fields with * are required

* Did you use BHW funds to support one or more continuing education offerings?

Yes (complete CE-1 and CE-2) No (click Save and Validate button to proceed to the next form)

Figure 102. CE-1 - Setup

To begin providing information about continuing education courses offered during the current reporting period, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel form that will allow you to begin data entry. If you did not offer CE courses during the reporting period, click "No" to bypass the CE forms.

CE-1 - Entering Course Title

Record Status	Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit
	(1) Block 1	(1a)	(2) Block 2
	<input type="text"/>		

Figure 103. CE-1 - Entering Course Title

Course Title: Enter the name of each course offered under Column 1 (Block 1) of the CE-1 subform.



Warning: Course titles are limited to 200 characters.



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

CE-1 - Selecting Whether Course is Approved for Continuing Education Credit



Warning: Attention Users--Important changes have occurred with the CE-1 subform! Please read the following directions carefully.

Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours
(1) Block 1	(1a)	(2) Block 2	(3) Block 3

Figure 104. CE-1 - Selecting Whether Course is Approved for Continuing Education Credit

Select Whether Course is Approved for Continuing Education Credit: Select whether each course is accredited for continuing education credit by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No



Reference: Refer to the glossary for a definition of "continuing education course accreditation."

CE-1 - Entering Course Duration

Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours
(1a)	(2) Block 2	(3) Block 3
		<input style="border: 2px solid red;" type="text"/>

Figure 105. CE-1 - Entering Course Duration

Enter the Duration of the Course in Clock Hours: Enter the duration, in clock hours, of each course offering in the textbox.



Note: For courses less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. (e.g., a 15-minute course would entered as $15/60 = .25$.)



*Note: For instructional activities offered via distance learning, enter the **intended duration** of each activity in Column 3 (Block 3).*

CE-1 - Entering # of Times Course was Offered

Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours	Enter # of Times Course was Offered
(1a)	(2) Block 2	(3) Block 3	(4) Block 4

Figure 106. CE-1 - Entering # of Times Course was Offered

Enter # of Times Course was Offered: Enter the total number of times the course was offered during the current reporting period in the textbox.

 *Note: For instructional activities offered via archived/self-paced distance learning on an ongoing basis, enter 999.*

CE-1 - Selecting Delivery Mode

Enter # of Times Course was Offered	Select Delivery Mode Used to Offer Course	Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course
(4) Block 4	(5) Block 5	(6) Block 6
	<input type="text" value="Select one"/> Classroom-based	

Figure 107. CE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer Course: Select the primary delivery mode used to offer each course during the current reporting period by clicking on the drop-down menu and choosing one of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Hybrid

CE-1 - Selecting Type(s) of Partnership(s)

Enter # of Times Course was Offered	Select Delivery Mode Used to Offer Course	Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course
(4) Block 4	(5) Block 5	(6) Block 6
		<input type="checkbox"/> Academic department - outsi

Figure 108. CE-1 - Selecting Type(s) of Partnership(s)

Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course: Select the type(s) of partnerships or consortia established for the purposes of delivering each course by clicking on the drop-down menu 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 - CDC
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Federal Government - Veterans Affairs
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Academic department - within the institution
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Day and home care programs (i.e. Home Health)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing Home
- Private/For - profit organization

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- Hospice
- Long - Term Care Facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Governmental Programs
- Quality improvement organization
- N/A

- Senior Center



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

CE-1 - Entering Employment Location Data for Individuals Trained



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

Select Whether Employment Location Data are Available for Individuals Trained	Enter # of Individuals Trained by Employment Location (not mutually exclusive)		
	Primary Care Setting	Medically Underserved Community	Rural Area
(8) Block 9	(9) Block 9a	(10) Block 9b	(11) Block 9c

Figure 109. CE-1 - Entering Employment Location Data for Individuals Trained

Select Whether Employment Location Data are Available for Individuals Trained: Select whether employment location data are available for individuals who participated in each course during the current reporting period by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No

Enter # of Individuals Trained by Employment Location (not mutually exclusive): Primary Care Setting:

- If "Yes" was selected in Column 8 (Block 9), enter the total number of participants who are employed in a primary care setting in Column 9 (Block 9a). If none of the participants are employed in this setting, enter "0."
- If "No" was selected in Column 8 (Block 9), enter "N/A" in Column 9 (Block 9a).

Enter # of Individuals Trained by Employment Location (not mutually exclusive): Medically Underserved Community:

- **If "Yes" was selected in Column 8 (Block 9)**, enter the total number of participants who are employed in a medically underserved community in Column 10 (Block 9b). If none of the participants are employed in this setting, enter "0."
- **If "No" was selected in Column 8 (Block 9)**, enter "N/A" in Column 10 (Block 9b).

Enter # of Individuals Trained by Employment Location (not mutually exclusive): Rural Area:

- **If "Yes" was selected in Column 8 (Block 9)**, enter the total number of participants who are employed in a rural area in Column 11 (Block 9c). If none of the participants are employed in this setting, enter "0."
- **If "No" was selected in Column 8 (Block 9)**, enter "N/A" in Column 11 (Block 9c).



Note: Individuals can be counted multiple times if their place of employment is located in more than one type of designated setting. As a result, counts provided in Columns 9-11 (Blocks 9a, 9b, 9c) are not meant to be mutually exclusive.

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- Communication Skills
- Data collection and analysis
- Evidence - based medicine
- Genomics
- Health care and older adults
- Health promotion
- Healthy aging
- Homeless
- Infectious diseases
- Injury prevention
- Interprofessional education
- Long - Term Care
- Medical economics
- Nutrition
- Other
- Patient simulators
- Professional development
- Program management
- Quality Improvement
- Rural health
- Tobacco cessation
- Urban health
- Virtual simulation
- Community - based care
- Epidemiology
- Evidence - based practices
- Geriatrics
- Health Disparities
- Health promotion and disease prevention
- HIV/AIDS
- Infant health
- Informatics
- Interdisciplinary training
- Leadership training
- Managed care
- Medications
- Obesity
- Pain management
- Perioperative care
- Program design
- Public health
- Rehabilitation
- Teledentistry
- Training
- Urgent care
- Women's health
- Cultural competencies
- Ethics and confidentiality
- Genetics
- Grant writing
- Health information technology
- Health Reform/Health Insurance Marketplaces
- Home health
- Infection control
- Information Technology
- Interpersonal skills
- Lesbian/Gay/Bisexual/Transgender individuals
- Maternal and child health
- Minority Health
- Oral health
- Patient safety
- Pharmacology
- Program evaluation
- Public health law
- Research
- Telehealth
- Trauma
- Veteran Related
- Wound care



Note: If "Other" is selected, please specify the primary topic area for the course in the comments field. Please include the course name in the comment.



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.

CE-2: Continuing Education - Individuals Trained by Profession/Discipline

CE-2 - Selecting Profession and Discipline of Individuals Trained



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

Course Title	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1) Block 1	(2) Block 8	(3) Block 8
	<div style="border: 2px solid red; padding: 2px;"> <input type="text" value="Select one"/> </div> <ul style="list-style-type: none"> Dentistry - Endodontic Dentistry Dentistry - General Dentistry Dentistry - Oral Surgery Dentistry Dentistry - Orthodontic Dentistry Dentistry - Other Dentistry - Pathology Dentistry Dentistry - Pediatric Dentistry Dentistry - Periodontic Dentistry Dentistry - Prosthodontic Dentistry Dentistry - Public Health Dentistry Dentistry - Radiology Dentistry Medical Interpreter 	

Figure 111. CE-2 - Selecting Profession and Discipline of Individuals Trained

Course Title: Enter the course title in the textbox under Column 1.

Select Profession and Discipline of Individuals Trained: Select the profession/discipline of trainees who participated in each course by clicking on the drop-down menu and choosing one of the following options:

- Dentistry - Endodontic Dentistry
- Dentistry - General Dentistry
- Dentistry - Oral Surgery Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Other
- Dentistry - Pathology Dentistry

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- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry

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- Dentistry - Prosthodontic Dentistry
- Medical Interpreter

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

Course Title	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1) Block 1	(2) Block 8	(3) Block 8

Figure 112. CE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of trainees in that profession/discipline in the textbox. Repeat this process to capture the total number of trainees by profession/discipline who participated in each course during the current reporting period.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA. You have not submitted your PRGCA until you receive a message indicating that your report has been successfully submitted, and you have received a tracking number. 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 with 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.

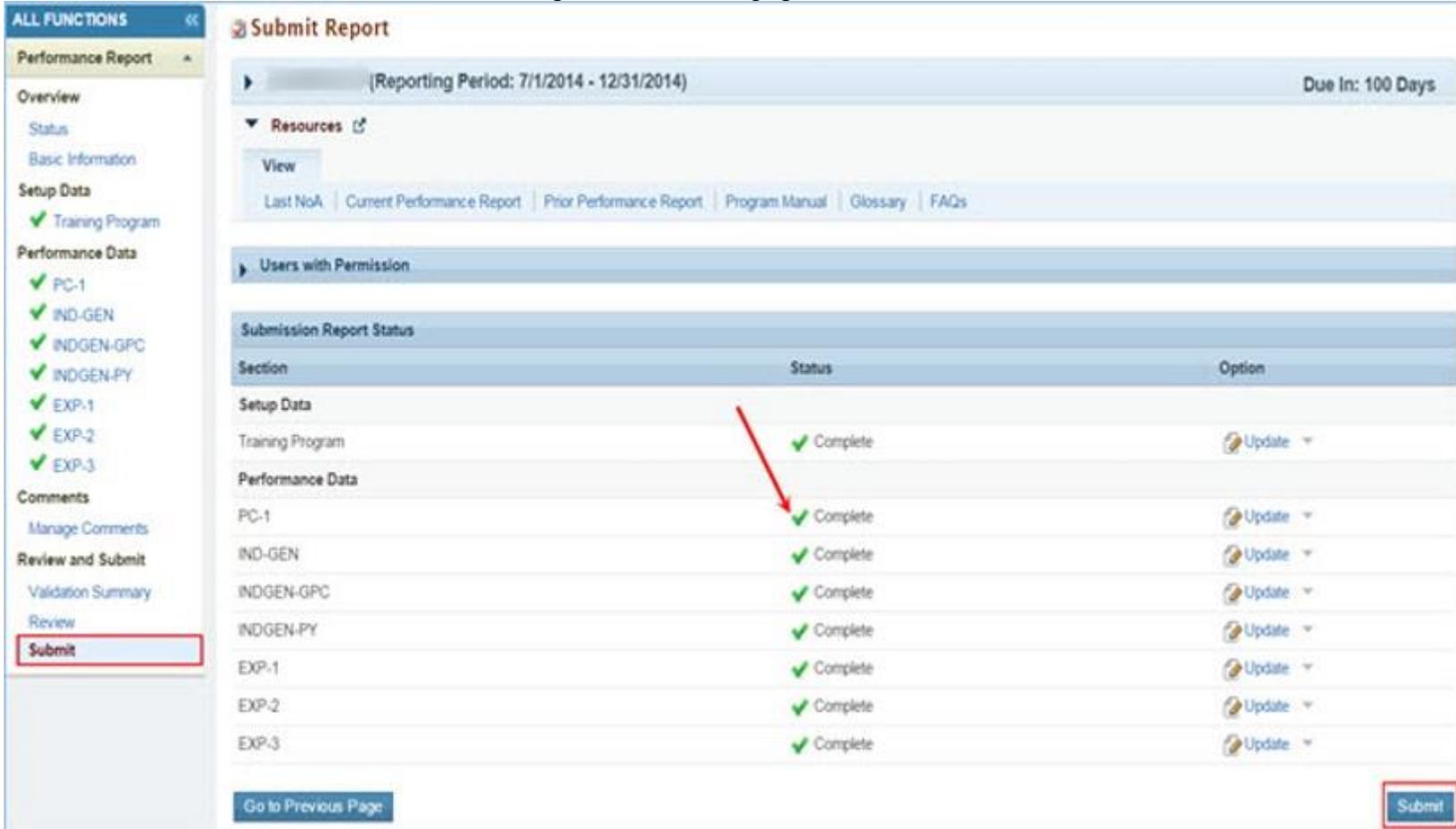
Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View ▼
PC	HTML	View ▼
IND-GEN	HTML	View ▼
INDGEN-GPC	HTML	View ▼
INDGEN-PY	HTML	View ▼
EXP	HTML	View ▼
Comments and Certification	HTML	View ▼

Figure 113. 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', 'Overview', 'Setup Data', 'Performance Data', 'Comments', and 'Review and Submit'. The 'Submit' link is highlighted in the 'Review and Submit' section. The main content area shows a 'Submit Report' header with a reporting period of 7/1/2014 - 12/31/2014 and a 'Due In: 100 Days' indicator. Below this is a table titled 'Submission Report Status' with columns for 'Section', 'Status', and 'Option'. A red arrow points to the 'Complete' status of the 'PC-1' row. A 'Submit' button is located at the bottom right of the page.

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 114. 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 115. 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 116. 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.