Instruction Manual for Grantees of the
Advanced Nursing Education - Sexual Assault
Nurse Examiners Program

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.

1. All required performance measures are linked to the following legislative purpose(s) of the ANE-SANE grant program:

   **To improve access to highly qualified sexual assault nurse examiners across the country, which can result in better physical and mental health care for victims, better evidence collection, and higher prosecution rates.**

2. Data submitted by grantees of the program must cover all activities that took place between July 01, 2018 - June 30, 2019 (Referred to as Annual Performance Report).

3. The PRGCA is due no later than July 31, 2019. 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 PRGCAs submitted by grantees. In the case that revisions are needed, you will be granted the ability to re-enter 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.

5. We appreciate your feedback and assistance during this process. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center. All requests for technical assistance will be coordinated through the Call Center and responded to promptly: **Call Center Phone Number: 877-G04-HRSA (877-464-4772) or Call Center Online Assistance Form: click here.**
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 Workforces (BHW) (OMB # 0915-0061; Expiration Date: 03/31/2022). 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 that will assist you in completing each subform accurately (see below).

![Warning Icon]
Marks a warning statement. Please read information in **bold** carefully in order to complete each subform accurately.

![Tip Icon]
Marks a tip or important note for completing a specific column or subform in the BPMH system.

![End Icon]
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 to prepopulate specific columns 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.

![View Prior Period Data](image)

**Figure 1. Screenshot of View Prior Period Data Link**
Getting Started - How Performance Measure Data Fields Are Identified in the Forms

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.

1. **Column Numbers**: 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.

2. **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.

![Figure 2. Example of Performance Measures Data Table](image)

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Trainees by Training Category</th>
<th>Attrition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Enter # of Enrollees</td>
<td>Enter # of Graduates</td>
</tr>
<tr>
<td>1</td>
<td>Degree/Diploma</td>
<td>Block 1</td>
<td>Block 4</td>
</tr>
<tr>
<td></td>
<td>MD/MPH</td>
<td>20</td>
<td>5</td>
</tr>
</tbody>
</table>

Advanced Nursing Education - Sexual Assault Nurse Examiners Program
Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

1. 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.
2. 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.
3. 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.
4. 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.
5. 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](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:
   1. View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
   2. Glossary- Current definitions of key terms
   3. Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings**:
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)
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. **Government Project Officers**: Contact your Government Project Officer if you need further assistance on the content of your report.
10. **HRSA Call Center**: If you need additional assistance, contact the HRSA Call Center. 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: **Call Center Phone Number: 877-Go4-HRSA/877-464-4772 or Call Center Online Assistance Form click here.**
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.

<table>
<thead>
<tr>
<th>Order</th>
<th>Type of Form</th>
<th>Parent Form</th>
<th>Form ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Training Program</td>
</tr>
<tr>
<td>2</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSubforms</td>
<td>PC-1</td>
</tr>
<tr>
<td>3</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSubforms</td>
<td>PC-3</td>
</tr>
<tr>
<td>4</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSubforms</td>
<td>PC-5</td>
</tr>
<tr>
<td>5</td>
<td>Performance Data Form</td>
<td>IndividualCharacteristics-INDGENSubforms</td>
<td>IND-GEN</td>
</tr>
<tr>
<td>6</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-1</td>
</tr>
<tr>
<td>7</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-2</td>
</tr>
<tr>
<td>8</td>
<td>Performance Data Form</td>
<td>CourseDevelopmentandEnhancement-CDESubforms</td>
<td>CDE-1</td>
</tr>
<tr>
<td>9</td>
<td>Performance Data Form</td>
<td>CourseDevelopmentandEnhancement-CDESubforms</td>
<td>CDE-2</td>
</tr>
</tbody>
</table>
**Training Program - Setup**

**Training Program Setup - Selecting Type of Training Program**

*Warning:* A new entry in the Training Program Setup form is only needed if training programs other than those previously reported were supported through the grant during the annual reporting period. If no new training programs were supported through the grant other than those previously reported, skip to the last step for this subform.

![Add Training Program Form](image)

**Select Type of Training Program Offered:** The Training Program Setup form will configure all subforms specific to the various types of training programs supported through the grant. To begin completing the setup form, select the type(s) of training program(s) supported through the grant during the annual reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing one of the following options from the list below.

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)
- Non-degree structured training program (Structured)
- One-year retraining program (1 yr. Retraining)

*Note:* The mapping between the Grant purpose and applicable training programs is listed below:

- **E1, R1:** Degree/Diploma/Certificate training program
- **E2, P4:** Non-degree bearing structured training program
Advanced Nursing Education - Sexual Assault Nurse Examiners Program

- P1, P2, P3: Practicum/Field placement program
- R2, R4: Internship program or residency program
Training Program Setup - Loading Program Details

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

>Note: Clicking on the "Load Program Details" button will activate drop-down menus specific to the selection made in the previous step."
**Training Program Setup - Adding Structured Training Program**

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

For non-degree bearing structured training programs, use the following instructions:

<table>
<thead>
<tr>
<th><em>Add Training Program</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity</td>
</tr>
<tr>
<td>For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity</td>
</tr>
</tbody>
</table>

![Figure 5](#) Training Program Setup - Adding Structured Training Program

**For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity:** To complete the Training Program Setup form, select the type of structured training program offered during the annual reporting period by clicking on the drop-down menu next to “For a non-degree bearing Structured or Unstructured Training Program, Select Type of Activity" and choosing one of the following options:

- Preceptor Training
- Post-Baccalaureate Program
- Training activity for current health profession students residents and/or fellows

**For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity:** Next, enter a name for the activity selected in the previous step. Next, click on the "Add Record" button to save your entry. Repeat this process to capture all structured training programs offered during the annual reporting period.
Training Program Setup - Adding Degree/Diploma Program

For degree-bearing programs, use the following instructions:

**For a Degree/Diploma/Certificate Program, Select Type of Degree Offered:** To complete your entry, select the type of degree program supported through the grant during the annual reporting period by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered” and choosing **one** of the following options:

- AA
- BS
- BSN/DNP
- MPH
- DNAP
- DNSc / DNS
- MN
- MSN/MPH
- SANE - A/P
- AS
- BSN
- BSN/MS
- MS
- PhD
- EdD
- MSN/MBA
- Post-Masters Certificate
- SANE-A
- ADN
- DNP
- BSN/PHD
- MSN
- DNP/MPH
- MHA/MHSA
- MSN/MHA
- SANE
- SANE-P

**For a Degree/Diploma/Certificate Program, Select Primary Focus Area:** Next, select the degree program's primary focus area by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Primary Focus Area" and choosing **one** of the following options:

- Nursing - BS/BSN Completion
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care pediatric
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Forensics
- Nursing - NP - Adult
Select Delivery Mode Used to Offer Program: Next, select the primary mode used to deliver each degree program during the annual reporting period by clicking on the drop-down menu under and choosing one of the options listed below. Next, click on the "Add Record" button to save your entry. Repeat this process to capture the degree programs of all students who received a BHW-funded financial award during annual reporting period.

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

Advanced Nursing Education - Sexual Assault Nurse Examiners Program
**Training Program Setup - Adding Residency Program**

<table>
<thead>
<tr>
<th>Add Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained</td>
</tr>
</tbody>
</table>

**Figure 7. Training Program Setup - Adding Residency Program**

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: Select the primary profession and discipline of individuals who participated in a residency program (depending on your grant) by clicking on the drop-down menu next to the “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 options listed below and click on the "Add Record" button to save your entry.

- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse midwife
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Public health nurse
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- 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
- Other - Midwife
Training Program Setup - Adding Field Placement/Practicum Program

*Add Training Program

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

Add Record

Figure 8. Training Program Setup - Adding Field Placement/Practicum Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: Select the primary profession and discipline of individuals who participated in a field placement program by clicking on the drop-down menu next to the “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 options listed below and click on the "Add Record" button to save your entry.

- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse midwife
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Public health nurse
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- 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
- Other - Midwife
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.

*Add Training Program

| Add Record |

Figure 9. 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 primary profession and discipline of individuals who participated in an internship by clicking on the drop-down menu next to the “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 options listed below and click on the "Add Record" button to save your entry.

- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse midwife
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Public health nurse
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- 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
- Other - Midwife
Select Training Activity Status in the Current Reporting Period: Select the status of each training program at the end of the annual reporting period (i.e. June 30, 2019) by choosing one of the options listed below. Refer to the notes section of this step for more details.

- Active
- Complete
- Inactive
- Ongoing

Note:
• Select 'Ongoing' if a structured training program that did not conclude by June 30, 2019.

• Select 'Complete' if a structured training program that concluded at some point during the annual reporting period (i.e. July 01, 2018 - June 30, 2019).

• Select 'Inactive' if a training program with no activity (was not offered) during the annual reporting period (i.e. July 01, 2018 - June 30, 2019).

💡 To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs
PC-1 - Selecting Type(s) of Partners/Consortia

⚠️ Warning: For degree programs previously reported, Column 4 will appear as read-only and is not editable. If the delivery mode for a degree program previously reported has changed, this requires a new entry in the Training Program Setup form.

Select Type(s) of Partners/Consortia Used to Offer this Training

<table>
<thead>
<tr>
<th>(6)</th>
<th>Block 2</th>
</tr>
</thead>
</table>

Figure 11. PC-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select Type(s) of Partners/Consortia Used to Offer this Training: Complete Column 6 (Block 2) by selecting all of the type(s) of partnerships or consortia established for the purpose of offering each degree program during the current reporting period.

- 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 - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- 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)
### Health Resources and Services Administration
#### Bureau of Health Workforce

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

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

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

### Note: If you select the option "Other" please use the comment field to indicate the type of partnership used (include the certificate program name in your comment).
Advanced Nursing Education - Sexual Assault Nurse Examiners Program

PC-3: Program Characteristics – Non-degree bearing Structured Training Programs

PC-3 - Selecting Education Level(s) of Participants

Select Education Level(s) of Participants: To begin completing the PC-3 subform for new records, select the education level(s) of students who participated in each structured training program during the annual reporting period by clicking on the drop-down menu under Block 1e and choosing all that apply from the following options:

- Faculty
- Practitioner - Paramedic
- Practitioner - Physician
- Student - Bachelors Degree
- Student - Doctoral Degree
- Student - Post-high school / Pre-college
- Practitioner
- Practitioner - Pharmacist
- Practitioner - Social Worker
- Student - Diploma/Certificate (non-nursing)
- Student - Masters Degree
- Practitioner - Nurse
- Practitioner - Physical Therapist
- Student - Associates Degree
- Student - Diploma/Certificate (nursing)
- Student - Post - Masters Certificate
Select Type(s) of Partners/Consortia Used to Offer this Training: To complete the PC-3 subform, select the type(s) of partnerships or consortia used or established for the purpose of offering each structured training program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options:

- Academic department - outside the institution
- Academic department - within the institution
- Ambulatory practice sites
- Alzheimer’s Disease Resource Centers
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Geriatric consultation services
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non-faith based)
- Other
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- 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
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
Warning: You may not select "No partners/consortia used" in combination with any other option.

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

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-5: Program Characteristics – One Year Retraining Programs

PC-5 - Selecting Type(s) of Partners/Consortia

<table>
<thead>
<tr>
<th>Select Type(s) of Partners/Consortia Used to Offer This Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Block 2</td>
</tr>
</tbody>
</table>

| 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 - 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                                         |
| Academic department - within the institution                 |
| Ambulatory practice sites                                    |
| Community Health Center (CHC)                                |
| Educational institution (Grades K - 12)                      |
| Federal Government - ACL                                     |
| Federal Government - Department of Defense/Military          |
| Federal Government - NIH                                     |
| Federal Government - SAMHSA                                  |
| Geriatric ambulatory care and comprehensive units            |
| Health department - Local                                    |
| Health disparities research center                            |
| Hospice                                                      |
| Long-term care facility                                      |
| Nonprofit organization (non - faith based)                   |
| Alzheimer’s Association/Chapters                             |
| Area Agencies on Aging                                       |
| Community Mental Health Center                               |
| Extended care facilities                                     |
| 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                                   |
| Nurse Managed Health Clinics                                 |
| Physical therapy/Rehabilitation center                       |
| Quality improvement organization                             |

Figure 14. PC-5 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Complete Column 3 (Block 2) by selecting all of the type(s) of partnerships or consortia used or established for the purpose of offering one-year retraining programs to fellows during the annual reporting period.
Warning: You may not select "No partners/consortia used" in combination with any other option.
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 IND-GEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.

| Do you have either a) individuals who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for individuals who received direct financial support in a previous reporting period? | Yes (complete IND-GEN) | No (click Save and Validate button to proceed to the next form) |

Figure 15. IND-GEN - Setup

Do you have either a) individuals who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for individuals who received direct financial support in a previous reporting period?:

⚠️ 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 likely have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.

⚠️ Warning: Prior records cannot be deleted.
**IND-GEN - Selecting Type of Training Program**

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

Note: The options available in this dropdown menu will prepopulate with programs 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.
IND-GEN - Entering Trainee Unique ID

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

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

💡 Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.
Select Individual's Training or Awardee Category:

Select each individual’s training category by clicking on the drop-down menu in Column 3 and choosing the 'Faculty' option. If individuals receiving training or award(s) are preceptors, please make a note in the comment section indicating which INDGEN ID #s are preceptors.

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

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 Highest Degree Held by Individual

Select Highest Degree Held by Individual: Select the highest degree held by each individual by clicking the on the drop-down menu in Column 3b and selecting one of the following options:

- BS
- DMD
- MD
- MPAS
- PhD
- Master's Degree (not otherwise specified)
- BSN
- DNP
- MHS
- MSN
- PsyD
- DDS
- DO
- MMSc
- PharmD
- Doctoral Degree (not otherwise specified)
IND-GEN - Selecting Individual's Enrollment/Employment Status

Figure 20. IND-GEN - Selecting Individual's Enrollment/Employment Status

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

- Full-time
- Part-time
- On leave of absence
- Inactive
IND-GEN - Selecting Individual's Gender

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

- Female
- Male
- Not Reported

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

Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.
**IND-GEN - Entering Year of Birth**

**Enter Year of Birth:** Select each individual’s year of birth in the dropdown menu under Column 6a.

- 1917
- 1918
- 1919
- 1920
- 1921
- 1922
- 1923
- 1924
- 1925
- 1926
- 1927
- 1928
- 1929
- 1930
- 1931
- 1932
- 1933
- 1934
- 1935
- 1936
- 1937
- 1938
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- 1941
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- 1943
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- 1967
- 1968
- 1969
- 1970
- 1971
- 1972
- 1973
- 1974
- 1975
- 1976
- 1977
- 1978
- 1979
- 1980
- 1981
- 1982
Advanced Nursing Education - Sexual Assault Nurse Examiners Program

- 1983
- 1986
- 1989
- 1992
- 1995
- 1998
- 2001
- 2004
- 2007
- 2010
- 2013
- 2016
- 1984
- 1987
- 1990
- 1993
- 1996
- 1999
- 2002
- 2005
- 2008
- 2011
- 2014
- 2017
- 1985
- 1988
- 1991
- 1994
- 1997
- 2000
- 2003
- 2006
- 2009
- 2012
- 2015
- Not Reported
IND-GEN - Selecting Individual's Ethnicity

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

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

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

Note: This 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

Select Individual's Race: Select each individual’s race by clicking on the drop-down menu in Column 8 (Block 7) and choosing all that apply from the following 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 column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.
IND-GEN - Selecting if Individual is from a Rural Residential Background

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

- Yes
- No
- Not Reported

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

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

Reference: Refer to the glossary for a definition of rural setting.
IND-GEN - Selecting if Individual is from a Disadvantaged Background

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

- Yes
- No
- Not Reported

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

💡 Note: This 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

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

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

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

**Note:** This 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 the various types of veteran statuses.
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

<table>
<thead>
<tr>
<th>Select Whether Individual Received BHW Financial Award?</th>
<th>Enter Individual's Financial Award Amount (BHW funds only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12) Block 11</td>
<td>Direct Financial Support</td>
</tr>
<tr>
<td>(20a) Block 11</td>
<td></td>
</tr>
</tbody>
</table>

Figure 28. IND-GEN - Entering BHW-Funded Financial Award Information

Select Whether Individual Received BHW Financial Award?: Select whether each student received a BHW-funded financial award during the annual reporting period by clicking on the drop-down menu under Block 11 and choosing one of the following options:

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Direct Financial Support:

- If the individual did receive a direct BHW-funded financial award, enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 20a.

- If the individual did not receive a direct BHW-funded financial award, enter ""0"" in the textbox in Column 20a.
IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

**Enter # of Academic Years the Individual has Received BHW Funding**

<table>
<thead>
<tr>
<th>(22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 12</td>
</tr>
</tbody>
</table>

Figure 29. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

**Enter # of Academic Years the Individual has Received BHW Funding:** Select the cumulative number of academic years that each student has received a BHW-funded financial award by clicking on the drop-down menu under Column 22 and choosing one of the following options:

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

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

Note: If an individual has received money for ½ an academic year, please round up. For example, if a resident or dentist has received a financial award for 1 ½ years, please enter 2.

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

- 1
- 2
- 3
- 4
- 5 or more
- N/A

Note: For faculty or preceptors, select N/A.
**IND-GEN - Selecting Topic Area(s) on which Individual was Trained**

<table>
<thead>
<tr>
<th>Select Topic Area(s) on which Individual was Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>(26a) Block 15</td>
</tr>
</tbody>
</table>

**Figure 31. IND-GEN - Selecting Topic Area(s) on which Individual was Trained**

**Select Topic Area(s) on which Individual was Trained:** Use the dropdown menu in Column 26a to select all that apply from the list of topic areas on which the individual was trained.
IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training

Select any HHS Priority Topic Area on which an Individual Received Training: Use the dropdown menu in Column 26b to select all that apply from the list of topic areas on which the individual was trained.

- Individual participated on a health care team delivering integrated behavioral health services in primary care
- Individual received a SAMHSA waiver to prescribe medication assisted treatment (MAT)
- Individual received training in opioid use treatment
- Individual received training in telehealth
- Individual received training on integrated behavioral health in primary care
- Individual received training in medication assisted treatment (MAT) for SUD/OUD
- Individual received training in substance use treatment
- None of the above
IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline: Select individual's profession and discipline by clicking on the drop-down menu in Column 27 (Block 16) and choosing the available options.

- Nursing - Forensics
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery - Integrated
- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Aerospace Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
<table>
<thead>
<tr>
<th>Professional Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine - Preventive Medicine/Internal Medicine</td>
</tr>
<tr>
<td>Medicine - Preventive Medicine/Public Health</td>
</tr>
<tr>
<td>Medicine - Radiology - Diagnostic</td>
</tr>
<tr>
<td>Medicine - Thoracic Surgery - Integrated</td>
</tr>
<tr>
<td>Nursing - Advanced Practice Nursing</td>
</tr>
<tr>
<td>Nursing - CNL - Generalist</td>
</tr>
<tr>
<td>Nursing - CNS - Geropsychiatric</td>
</tr>
<tr>
<td>Nursing - CNS - Psychiatric/Mental health</td>
</tr>
<tr>
<td>Nursing - Community health nursing</td>
</tr>
<tr>
<td>Nursing - NP - Acute care adult gerontology</td>
</tr>
<tr>
<td>Nursing - NP - Adult gerontology</td>
</tr>
<tr>
<td>Nursing - NP - Emergency care</td>
</tr>
<tr>
<td>Nursing - NP - Geropsychiatric</td>
</tr>
<tr>
<td>Nursing - NP - Women’s health</td>
</tr>
<tr>
<td>Nursing - Nurse educator</td>
</tr>
<tr>
<td>Nursing - Other (e.g. CNA PCA)</td>
</tr>
<tr>
<td>Nursing - Researcher/Scientist</td>
</tr>
<tr>
<td>Other - Community Health Worker</td>
</tr>
<tr>
<td>Other - First Responder/EMT</td>
</tr>
<tr>
<td>Other - Lay and Family Caregiver</td>
</tr>
<tr>
<td>Other - Nutritionist</td>
</tr>
<tr>
<td>Other - Optometry</td>
</tr>
<tr>
<td>Other - Podiatry</td>
</tr>
<tr>
<td>Other - Speech Therapy</td>
</tr>
<tr>
<td>Physician Assistant</td>
</tr>
<tr>
<td>Public Health - Environmental Health</td>
</tr>
<tr>
<td>Public Health - Infectious Disease Control</td>
</tr>
<tr>
<td>Medicine - Preventive Medicine/Occupational Medicine</td>
</tr>
<tr>
<td>Medicine - Psychiatry</td>
</tr>
<tr>
<td>Medicine - Surgery - General</td>
</tr>
<tr>
<td>Medicine - Urology</td>
</tr>
<tr>
<td>Nursing - Aggregate/Systems/Organizational</td>
</tr>
<tr>
<td>Nursing - CNS - Adult gerontology</td>
</tr>
<tr>
<td>Nursing - CNS - Neonatal</td>
</tr>
<tr>
<td>Nursing - CNS - Women’s health</td>
</tr>
<tr>
<td>Nursing - Home Health Aide</td>
</tr>
<tr>
<td>Nursing - NP - Acute care pediatric</td>
</tr>
<tr>
<td>Nursing - NP - Adult Psychiatric/Mental health</td>
</tr>
<tr>
<td>Nursing - NP - Family</td>
</tr>
<tr>
<td>Nursing - NP - Neonatal</td>
</tr>
<tr>
<td>Nursing - Nurse administrator</td>
</tr>
<tr>
<td>Nursing - Nurse informaticist</td>
</tr>
<tr>
<td>Nursing - Public health nurse</td>
</tr>
<tr>
<td>Other - Allied Health</td>
</tr>
<tr>
<td>Other - Direct Service Worker</td>
</tr>
<tr>
<td>Other - Health Education Specialist</td>
</tr>
<tr>
<td>Other - Medical Assistant</td>
</tr>
<tr>
<td>Other - Occupational Therapy</td>
</tr>
<tr>
<td>Other - Pharmacy</td>
</tr>
<tr>
<td>Other - Profession Not Listed</td>
</tr>
<tr>
<td>Other - Unknown</td>
</tr>
<tr>
<td>Public Health - Biostatistics</td>
</tr>
<tr>
<td>Public Health - Epidemiology</td>
</tr>
<tr>
<td>Public Health - Injury Control &amp; Prevention</td>
</tr>
<tr>
<td>Medicine - Preventive Medicine/Pediatrics</td>
</tr>
<tr>
<td>Medicine - Radiation Oncology</td>
</tr>
<tr>
<td>Medicine - Thoracic Surgery</td>
</tr>
<tr>
<td>Medicine - Vascular Surgery - Integrated</td>
</tr>
<tr>
<td>Nursing - Alternative/Complementary Nursing</td>
</tr>
<tr>
<td>Nursing - CNS - Family</td>
</tr>
<tr>
<td>Nursing - CNS - Pediatrics</td>
</tr>
<tr>
<td>Nursing - CNS - Women’s health and pediatrics</td>
</tr>
<tr>
<td>Nursing - Licensed practical/vocational nurse (LPN/LVN)</td>
</tr>
<tr>
<td>Nursing - NP - Adult</td>
</tr>
<tr>
<td>Nursing - NP - Child/Adolescent Psychiatric/Mental Health</td>
</tr>
<tr>
<td>Nursing - NP - Family</td>
</tr>
<tr>
<td>Nursing - NP - Psychiatric/Mental Health</td>
</tr>
<tr>
<td>Nursing - NP - Pediatrics</td>
</tr>
<tr>
<td>Nursing - Nurse anesthetist</td>
</tr>
<tr>
<td>Nursing - Nurse midwife</td>
</tr>
<tr>
<td>Nursing - Registered Nurse</td>
</tr>
<tr>
<td>Other - Chiropractor</td>
</tr>
<tr>
<td>Other - Facility Administrator</td>
</tr>
<tr>
<td>Other - Health Informatics/Health Information Technology</td>
</tr>
<tr>
<td>Other - Midwife (non - nurse)</td>
</tr>
<tr>
<td>Other - Office/Support Staff</td>
</tr>
<tr>
<td>Other - Physical Therapy</td>
</tr>
<tr>
<td>Other - Respiratory Therapy</td>
</tr>
<tr>
<td>Other - Veterinary Medicine</td>
</tr>
</tbody>
</table>
Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

**IND-GEN - Selecting Training in Interprofessional Education and/or Practice**

Select whether each individual received experiential training in interprofessional education and/or practice during the annual reporting period by clicking on the drop-down menu under Column 27a and choosing one of the following options:

- Yes
- No
- N/A
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

<table>
<thead>
<tr>
<th>Training in a Primary Care Setting</th>
<th>Select Whether Individual Received Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>(28) Block 17</td>
<td></td>
</tr>
</tbody>
</table>

Figure 35. IND-GEN - Entering Training Information in a Primary Care Setting

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

- Yes
- No
- N/A
IND-GEN - Entering Training Information in a Medically Underserved Community

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

Training in a Medically Underserved Community: Select Whether Individual Received Training: If the individual received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 31 (Block 18a). If the individual did not receive clinical or experiential training in a MUC, leave the textbox in Column 31 (Block 18a) blank.

- Yes
- No
- N/A
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

**Figure 37. IND-GEN - Entering Training Information in a Rural Area**

**Training in a Rural Area: Select Whether Individual Received Training:**

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

- Yes
- No
- N/A
IND-GEN - Entering Total # of Patient Encounters Across All Settings Including Inpatients

**Figure 38. IND-GEN - Entering Total # of Patient Encounters Across All Settings Including Inpatients**

**Enter Total # of Patient Encounters Across All Settings Including Inpatients**: For each individual, enter the number of patient encounters across all settings, including inpatients, during the current reporting period in Column 34ab.
# IND-GEN - Total Number of Contact Hours Across All Settings

<table>
<thead>
<tr>
<th>Total Number of Contact Hours Across All Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Total # of Contact Hours This Academic Year</td>
</tr>
<tr>
<td>(34ac)</td>
</tr>
</tbody>
</table>

## Figure 39. IND-GEN - Total Number of Contact Hours Across All Settings

Enter Total # of Contact Hours This Academic Year:

Cumulative Total: Should be all academic year total.
IND-GEN - Selecting Individual's Field Placement Setting

Select Individual's Field Placement Setting: Select the type of setting where each student was placed during the annual reporting period by choosing one of the following options:

- Academic institution
- Aerospace operations setting
- Community-based care programs for elderly mentally challenged individuals
- Community Health Center (CHC)
- Day and home care programs (e.g., Home Health)
- Emergency Room
- Federal Government Office or Agency
- Geriatric Behavioral or Mental Health Units
- Hospital
- International nonprofit/nongovernmental organization
- Long-term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g., free clinic)
- Program of All Inclusive Care for the Elderly
- State Government Office or Agency
- Tribal Health Department
- N/A
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Behavioral Health Center
- Community Mental Health Center
- Dental Services
- Extended care facilities
- FQHC or look-alike
- Geriatric consultation services
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Acute care services
- Assisted Living Community
- Community care programs for elderly mentally challenged individuals
- Community-based organization
- Dentist Office
- Federal and State Bureau of Prisons
- Geriatric ambulatory care and comprehensive units
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association or affiliate
- Other
- Physician Office
- School-based clinic
- Surgery Clinic
- Veterans Affairs Hospital or clinic
Advanced Nursing Education - Sexual Assault Nurse Examiners Program

- Residential Living Facility
- State Health Department
- Tribal Organization

⚠️ Warning: For individuals associated with faculty-student collaboration projects, select "N/A" in the drop-down menu under Column 35 (Block 20).
IND-GEN — Selecting Student Services Information

Student Services: Select Social Support services used by Trainee: Select whether each trainee used social support services by clicking on the drop-down menu under Column 34a and choosing all that apply from the following options:

- Faculty or staff led counseling sessions
- Peer support advisors
- Service learning opportunities
- Other social support services
- Peer support groups
- None of the above
**IND-GEN - Selecting Whether Individual Left the Program Before Completion**

<table>
<thead>
<tr>
<th>Select Whether Individual Left the Program Before Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>(36) Block 21</td>
</tr>
</tbody>
</table>

**Figure 42. 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 in Column 36 (Block 21) and choosing one of the following options:

- Yes
- No
IND-GEN — Selecting Reason for Attrition or Inactive Status

Select Reason for Attrition or Inactive Status: Select the primary reason each individual discontinued participation by clicking on the drop-down menu under Column 36a and choosing one of the following options:

- Academic withdrawal
- Family obligations
- Military/Active duty
- Other
- Change in major
- Financial obligations
- Transfer to another institution
- None of the Above
- Discontinuous year in training program
- Medical leave of absence
- Transportation difficulties
- N/A

Figure 43. IND-GEN — Selecting Reason for Attrition or Inactive Status
### IND-GEN - Entering Graduation/Completion Information

<table>
<thead>
<tr>
<th>Select Whether Individual Graduated/Completed the Program</th>
<th>Select Degree Earned</th>
<th>Select whether individual earned degree on-schedule/on-time</th>
<th>Select whether individual took and passed a certifying examination on the first attempt</th>
<th>Select Individual's Post-Graduation/Completion Intentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(37) Block 22</td>
<td>(38) Block 22a</td>
<td>(38a)</td>
<td>(38b)</td>
<td>(39) Block 22b</td>
</tr>
</tbody>
</table>

**Figure 44. IND-GEN - Entering Graduation/Completion Information**

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

- Yes
- No

**Select Degree Earned:**

- DNAP
- MA
- MSN/MBA
- PhD
- DNP / DrNP
- MS
- MSN/MHA
- Post-Masters Certificate
- EdD
- MSN
- MSN/MPH
- N/A

**Select whether individual earned degree on-schedule/ on-time:**

- Yes
- No
Select whether individual took and passed a certifying examination on the first attempt:

- Yes
- No
- N/A

Select Individual's Post-Graduation/Completion Intentions:

- Individual intends to become a preceptor
- Individual intends to become employed or pursue further training in a primary care setting
- Individual intends to pursue further education
- N/A

- Individual intends to become employed or pursue further training in a medically underserved community
- Individual intends to become employed or pursue further training in a rural setting
- None of the above
IND-GEN - Entering # of Trainees Precepted

Enter # of Trainees Precepted: Enter number of trainees precepted by each preceptor in Column 45a.

Note: For students and faculty, leave Column 45a blank.
### IND-GEN - Entering # of Hours Spent Precepting

<table>
<thead>
<tr>
<th>Enter # of Hours Spent Precepting</th>
</tr>
</thead>
<tbody>
<tr>
<td>(45b)</td>
</tr>
<tr>
<td>Block 26</td>
</tr>
</tbody>
</table>

**Figure 46. IND-GEN - Entering # of Hours Spent Precepting**

**Enter # of Hours Spent Precepting:** Enter number of hours spent precepting for each preceptor in Column 45b.

- **Note:** For students and faculty, leave Column 45b blank.

**Click Save and Validate to complete the form.**
EXP-1: Training Site Setup

**EXP-1 - Entering Site Name**

Site Name:

Enter the name of any new sites used to train individuals during the current reporting period in the row labeled, “Enter the Site’s Name.” Next, click the “Add Record” button. New sites will be listed at the bottom of the data table, beneath all previously used sites (i.e., prior records). Repeat this process as necessary to enter the names of each NEW site used during the current reporting period.

💡 **Note:** There is an option to delete both new and prior records on EXP-1. This option should only be used if the clinical sites will not be used in the future, or were erroneously entered. The delete option is not reversible (i.e. if the site was erroneously deleted, it will need to be re-entered again).
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 reporting period by clicking on the drop-down menu in Column 2 and choosing one of the following options:

- Yes
- No

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

Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.
**Select Type of Site Used:** Select the type of sites used to train residents or fellows during the annual reporting period by clicking on the drop-down menu under Block 1a and choosing from one of the following options.

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Federal Government Office or Agency
- Hospice
- International nonprofit/nongovernmental organization
- Long-term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Critical Access Hospital
- Emergency Room
- FQHC or look-alike
- Federal Government - Other
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization
- Acute care services
- Community - based organization
- Community Mental Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- Federal Government - Department of Defense / Military
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- School - based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
**Select Type of Setting Where the Site was Located:** Select whether each site used to train students during the annual reporting period was located in designated settings by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options.

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above
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
- Academic department - within the institution
- Day and home care programs (i.e. Home Health)
- Alzheimer's Association/Chapters
- Ambulatory practice sites
- Area Agencies on Aging
- Educational Institutions (Grades K-12)
- Community Mental Health Center
- Federal Government - Department of Defense/Military
- Geriatric ambulatory care and comprehensive units
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - ACL
- Federal Government - CDC
- Federal Government - Veterans Affairs
- Federal Government - Other HRSA Program
- Federal Government - Other
- Federal Government - FDA
- Federal Government - NIH
- Health department - Local
- Hospice
- Health disparities research center
- Health disparities research center
- Senior Center
- No partners
- Tribal Organization
- Health department - State
- Health policy center
- Nurse Managed Health Clinics
- Community Health Center (CHC)
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Federal Government - Veterans Affairs
- Federal Government - Other HRSA Program
- Geriatric consultation services
- Federal Government - ACL
- Federal Government - CDC
- Extended care facilities
- Federal Government - Other
- Hospital
- Other
- Quality improvement organization
- State Governmental Programs
- Federally - qualified health center or look - alikes
- Health department - Tribal
- Health disparities research center
- Federal Government - SAMHSA
- Physical therapy/Rehabilitation center
- Senior Center
- No partners
- Tribal Organization
- Health department - State
- Health policy center
- Nurse Managed Health Clinics
Warning: You may not select "No partners/consortia used" in combination with any other option.
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 reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing all that apply from the following options:

- Adolescents
- College Residents
- 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 Populations
- 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.
**EXP-1 - Entering Site's geographical Data**

<table>
<thead>
<tr>
<th>Enter Zip Code</th>
<th>City</th>
<th>State</th>
<th>Four Digit Zip Code Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8)</td>
<td>(9)</td>
<td>(10)</td>
<td>(11)</td>
</tr>
</tbody>
</table>

**State:**

**City:**

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

**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.

Note: Four-digit zip code extension information can accessed at [https://tools.usps.com/go/ZipLookupAction_input](https://tools.usps.com/go/ZipLookupAction_input). Do not enter invalid responses or placeholder entries. If you need assistance when entering the address information for your training sites, contact your Government Project Officer for guidance. Upon saving and validating the EXP-1 form, the city and state information will auto-populate.
EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

<table>
<thead>
<tr>
<th>Select whether the training site implements interprofessional education and/or practice</th>
</tr>
</thead>
</table>

Figure 54. EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

Select whether the training site implements interprofessional education and/or practice: Select whether the training site implements interprofessional education and/or practice

- Yes
- No
**EXP-1 - Selecting any HHS Priorities Addressed at this Site**

![Select any HHS Priorities Addressed at this Site](image)

**Figure 55. EXP-1 - Selecting any HHS Priorities Addressed at this Site**

**Select any HHS Priorities Addressed at this Site:**

Using the dropdown menu in Column 14, select all that apply from the list of HHS priorities that were addressed at this site.

- This site offers integrated behavioral health services in a primary care setting
- This site offers opioid use treatment services
- This site offers telehealth services
- This site offers medication assisted treatment (MAT) for OUD
- This site offers substance use treatment services
- None of the above

💡 **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: Experiential Characteristics - Trainees by Profession/Discipline

EXP-2 - Selecting Training Program and Site Name

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

<table>
<thead>
<tr>
<th>Type of Training Program</th>
<th>Site Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2) Block 1</td>
</tr>
</tbody>
</table>

**Figure 56. EXP-2 - Selecting Training Program and Site Name**

**Type of Training Program:** To begin completing the EXP-2 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:** Pair the selected training program with a training site by clicking on the drop-down menu in Column 2 and choosing a site name. The options available will be sites that were marked as "Used" in the current reporting period on EXP-1.
**Select Profession and Discipline of Individuals Trained:**

Select the profession/discipline of individuals trained for each training program/site combination by clicking on the drop-down menu in Column 3. Be sure to select the disciplines of your principal trainees as well as any “other interprofessional” trainees who participated in team-based care at the clinical site. Repeat as necessary to identify all profession/discipline of all individuals trained at each site.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Student - Physician Assistant
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Student - Diploma/Certificate
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Orthopaedic Surgery
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
Health Resources and Services Administration
Bureau of Health Workforce

- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Nursing-NP-Pediatric
- Medicine - Surgery - General
- Medicine - Thoracic Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- 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 - Women's health
- Nursing - Nurse educator
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry
- Other - Physical Therapy
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Urology
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Allied Health
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Podiatry
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Other - Other - Profession Not Listed
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Certified Nursing Assistant
• Other - Respiratory Therapy
• Other - Veterinary Medicine
• Public Health - Disease Prevention & Health Promotion
• Public Health - Health Policy & Management
• Public Health - Social & Behavioral Sciences
• Student - Chiropractic School
• Student - CNS - Family
• Student - CNS - Pediatrics
• Student - Dental Hygiene
• Student - Graduate - Nursing Doctorate
• Student - Graduate - Other Behavioral Health
• Student - Home Health Aide
• Student - NP - Acute care adult gerontology
• Student - NP - Adult Psychiatric/Mental health
• Student - NP - Family
• Student - NP - Neonatal
• Student - Nurse Anesthetist
• Student - Podiatry School
• Student - Undergraduate - Public Health

• Public Health - Infectious Disease Control
• Student - Alternative/Complementary Nursing
• Student - CNL - Generalist
• Student - CNS - Geropsychiatric
• Student - CNS - Psychiatric/Mental health
• Student - Dental School
• Student - Graduate - Nursing Masters
• Student - Graduate - Psychology
• 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 - Nurse Midwife
• Student - Post - high school / Pre - college

Note: Principal trainees are those who were directly or indirectly supported through your grant. For your grant program, these are the individuals reported on the INDGEN form. “Other Interprofessional” trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not received support from or have an association with your HRSA grant.
Note: Do not select professions/disciplines for faculty, site staff, or other non-trainees.
### EXP-2 - Entering # Trained in the Profession and Discipline

<table>
<thead>
<tr>
<th>Enter # Trained in this Profession and Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>Block 3</td>
</tr>
</tbody>
</table>

**Figure 58. EXP-2 - 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.
**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.

<table>
<thead>
<tr>
<th>Type of Site Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Academic institution</td>
</tr>
<tr>
<td>• Aerospace operations setting</td>
</tr>
<tr>
<td>• Community care programs for elderly mentally challenged individuals</td>
</tr>
<tr>
<td>• Day and home care programs (e.g. Home Health)</td>
</tr>
<tr>
<td>• Dentist Office</td>
</tr>
<tr>
<td>• Federal Government Office or Agency</td>
</tr>
<tr>
<td>• Hospice</td>
</tr>
<tr>
<td>• International nonprofit/nongovernmental organization</td>
</tr>
<tr>
<td>• Long-term Care Facility</td>
</tr>
<tr>
<td>• National health association</td>
</tr>
<tr>
<td>• Nursing Home</td>
</tr>
<tr>
<td>• Other Oral Health Facility</td>
</tr>
<tr>
<td>• Program of All Inclusive Care for the Elderly</td>
</tr>
<tr>
<td>• Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)</td>
</tr>
<tr>
<td>• State Health Department</td>
</tr>
<tr>
<td>• Tribal Health Department</td>
</tr>
<tr>
<td>• Acute Care for the Elderly (ACE) Units</td>
</tr>
<tr>
<td>• Ambulatory practice sites</td>
</tr>
<tr>
<td>• Community Health Center (CHC)</td>
</tr>
<tr>
<td>• Critical Access Hospital</td>
</tr>
<tr>
<td>• Emergency Room</td>
</tr>
<tr>
<td>• FQHC or look-alike</td>
</tr>
<tr>
<td>• Federal Government - Other</td>
</tr>
<tr>
<td>• Independent Living Facility</td>
</tr>
<tr>
<td>• Local Government Office or Agency</td>
</tr>
<tr>
<td>• Mobile Clinic/Site</td>
</tr>
<tr>
<td>• Other</td>
</tr>
<tr>
<td>• Physician Office</td>
</tr>
<tr>
<td>• Senior Centers</td>
</tr>
<tr>
<td>• Rural Health Clinic</td>
</tr>
<tr>
<td>• Surgery Clinic</td>
</tr>
<tr>
<td>• Tribal Organization</td>
</tr>
<tr>
<td>• Acute care services</td>
</tr>
<tr>
<td>• Community - based organization</td>
</tr>
<tr>
<td>• Community Mental Health Center</td>
</tr>
<tr>
<td>• Extended care facilities</td>
</tr>
<tr>
<td>• Federal and State Bureau of Prisons</td>
</tr>
<tr>
<td>• Federal Government - Department of Defense / Military</td>
</tr>
<tr>
<td>• Hospital</td>
</tr>
<tr>
<td>• Indian Health Service (IHS) site</td>
</tr>
<tr>
<td>• Local health department</td>
</tr>
<tr>
<td>• Nurse Managed Health Clinics</td>
</tr>
<tr>
<td>• Other community health center (e.g.; free clinic)</td>
</tr>
<tr>
<td>• School - based clinic</td>
</tr>
<tr>
<td>• Residential Living Facility</td>
</tr>
<tr>
<td>• State Government Office or Agency</td>
</tr>
<tr>
<td>• Veterans Affairs Healthcare (e.g. VA Hospital or clinic)</td>
</tr>
</tbody>
</table>
Warning: Site types are linked to the name of training sites in EXP-1. To change the associated site type with a particular site name, return to EXP-1.
EXP-2 - Selecting Type of Setting Where the Site was Located

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.

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

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.

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
CDE-1: 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.

<table>
<thead>
<tr>
<th>Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant?</th>
<th>Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)</th>
</tr>
</thead>
</table>

**Figure 61. CDE-1 - Setup**

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

⚠️ **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.

⚠️ **Warning:** CDE-1 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 the CDE-1 subform.
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.

**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. All previously reported courses will be saved in the data table from your past performance reports and labeled as “Prior Records.” To report on a NEW course, enter the course name in the “Add Course” box at the top of your screen. Click ‘Add Record’ after each entry and the new courses will appear at the bottom of the data table below, in column 1. Repeat this process to enter each course or training activity that was developed or enhanced through the grant separately.

Warning: Complete the CDE-1 Setup form only if grant funds were used to develop or enhance NEW courses or training activities other than those previously reported.
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 under Column 2 (Block 2) and choosing one of the following options:

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

Figure 63. CDE-1 - Selecting Type of Course or Training Activity
**CDE-1 - Selecting whether Course was Newly Developed or Enhanced**

<table>
<thead>
<tr>
<th>Select whether Course or Training Activity was Newly Developed or Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>Block 3</td>
</tr>
</tbody>
</table>

**Figure 64. 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 under Column 1 (Block 1) was newly developed or was enhanced by clicking on the drop-down menu under Column 3 (Block 3) and choosing one of the following options:

- Enhanced
- Newly developed

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

**Note:** Select "Enhanced" for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

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

- Developed not yet implemented
- Implemented
- Under development
Select Delivery Mode Used to Offer this Course or Training Activity: Select the primary mode used to deliver each course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Column 8 (Block 6) and choosing one of the following options:

- Archived/Self-paced distance learning
- Clinical Rotation
- Hybrid
- Simulation-based Training
- Classroom-based
- Experiential/Field-based
- Real-time/Live distance learning
Select Primary Topic Area: Select the primary topic area for each course or training activity that was developed or enhanced by clicking on the drop-down menu under Column 11 and choosing one of the following options:

- Behavioral Health - Primary Care Integration
- Behavioral Health - Suicide
- Chronic Disease - Alzheimer/Dementia
- Clinical Training - Community-Based Collaboration
- Clinical Training - Healthcare delivery systems
- Clinical Training - Public Health
- Clinical Training - Skills - Communications Skills
- Clinical Training - Technology - Other
- Infectious Disease - HIV/AIDS
- Population - Maternal Child Health
- Population - Veterans Health
- Setting - Medically-Underserved Communities
- Setting - Other
- Behavioral Health - Substance Abuse - General
- Behavioral Health - Treatment
- Chronic Disease - Management
- Clinical Training - Cultural Competency/Health Disparities
- Clinical Training - Interprofessional education/team-based training
- Clinical Training - Quality Improvement/Patient Safety
- Clinical Training - Skills - Leadership and Management
- Clinical Training - Telehealth
- Infectious Disease - Other
- Population - Minority Health
- Population - Womens Health
- Setting - Primary Care
- Other-Topic Not Listed
- Behavioral Health - Substance Abuse - Opioids
- Behavioral Health - Other
- Chronic Disease - Other
- Clinical Training - Evidence-based Practice
- Clinical Training - Oral Health
- Clinical Training - Research
- Clinical Training - Technology - Simulation-based training
- Clinical Training - Unspecified
- Population - Geriatric Health
- Population - Rural Health
- Population - Other
- Setting - Rural
Note: **Clinical Training-Public health** incorporates the following topic areas: health promotion and disease prevention, health policy/advocacy, emergency preparedness and response, environmental health, nutrition, epidemiology, data collection and analysis etc. **Clinical Training - Technology - Other** incorporates the following topic areas: telemedicine, informatics, electronic medical records etc.

Note: You may only choose one selection for primary topic area.
Select Whether the Course or Training Activity was Offered in the Current Reporting Period:

Select whether the course or training activity that was developed or enhanced has been offered, re-offered or not offered in the current reporting period by clicking on the drop-down menu under Column 12. Listed below is guidance on which option to select.

- For “Prior Records”, courses that have been ‘Implemented’ the available options will include:
  - Not offered in the current reporting period; or
  - Re-offered in the current reporting period

- For “Prior Records”, courses that have been ‘Developed not yet implemented’ or ‘Under development’ the available options will include:
  - Not offered in the current reporting period; or
  - Offered in the current reporting period. Select “offered” if this is the first time the course has been implemented.

- For “New Records”, courses that have been ‘Implemented’, the available option will be:
  - Offered in the current reporting period.

- For “New Records”, courses that are ‘Developed not yet implemented’ or ‘Under development’, the available option will be:
  - Not offered in the current reporting period.
• Offered
• Not Offered
• Re-offered

Note: Information on courses that were ‘Offered’ or ‘Re-offered’ will carry over onto CDE-2 form.

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
CDE-2: Course Development and Enhancement - Trainees by Profession/Discipline
CDE-2 - Adding Courses and Profession/Disciplines

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

<table>
<thead>
<tr>
<th>Name of Course or Training Activity</th>
<th>Profession and Discipline of Individuals Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Block 1</td>
<td>(2) Block 7</td>
</tr>
</tbody>
</table>

Figure 69. CDE-2 - Adding Courses and Profession/Disciplines

**Name of Course or Training Activity:** Begin by selecting the name of the course or training activity from the dropdown menu at the top of the screen. Available course names will prepopulate from the CDE-1 form. Only the names of courses that were marked as "Offered" or “Re-offered” from CDE-1 form will appear as options in the drop-down menu.

**Profession and Discipline of Individuals Trained:** Select the profession(s) and discipline(s) of individuals trained through each course offered (or re-offered) during the current reporting period by choosing all that apply from the options listed below. Click on the "Add Record" button to save your entry. Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity during the current reporting period.

- Behavioral Health - Other Social Work
- Substance Abuse/Addictions Counseling
- Student-NP-Women's health
- Behavioral Health - Counseling Psychology
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Student - Graduate - Social Work
- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Student-CNS-Women's health
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Public Health Dentistry
Advanced Nursing Education - Sexual Assault Nurse Examiners Program

- Dentistry - Radiology Dentistry
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Nursing-Other (e.g., CNA, PCA)
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Office/Support Staff
- Other - Podiatry

- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Chiropractor

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- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic Imaging
- Medicine - Thoracic Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- 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 - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
Advanced Nursing Education - Sexual Assault Nurse Examiners Program

- Other - Unknown
- Other - Occupational Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- 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 - Nurse Midwife
- Student - Post - high school / Pre - college
- Student - Pharmacy
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non-nurse)
- Other - Optometry
- Other - Profession Not Listed
- Other - Veterinary Medicine
- Other - Physical Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Physician Assistant
- Student - Undergraduate - Other
- Nursing-NP-Pediatric
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Pharmacy
- Other - Respiratory Therapy
- Other - Allied Health
- Other - Speech Therapy
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Home Health Aide
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - Nurse Anesthetist
- Student - Podiatry School
- Student - Undergraduate - Public Health
Note: Only the names of courses/training activities that were marked as "Offered" or "Re-offered" in the CDE-1 form will appear as options in the drop-down menu.
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

<table>
<thead>
<tr>
<th>Enter # Trained in this Profession and Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>Block 7</td>
</tr>
</tbody>
</table>

Figure 70. CDE-2 - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:**

For each course, enter the number of participants from the professions/disciplines you have indicated under Column 3 (Block 7). Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity during the current reporting period.

Once you have completed Columns 1 through 3 for all rows, click ‘Save and Validate’ to automatically populate Columns 4 through 9 with responses from CDE-1.
CDE-2 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity:

Column 4 (Block 2), Type of Course or Training Activity will automatically populate with response from CDE-1 form.

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

Figure 71. CDE-2 - Selecting Type of Course or Training Activity
Select whether Course or Training Activity was Newly Developed or Enhanced:

Column 5 (Block 3), selection of whether the Course or Training Activity was Newly Developed or Enhanced will automatically populate with response from CDE-1 form.

- Enhanced
- Newly developed
Select Delivery Mode Used to Offer this Course or Training Activity: Column 7 (Block 6), Delivery mode will automatically populate with response from CDE-1 form.

- Archived/Self-paced distance learning
- Clinical Rotation
- Hybrid
- Simulation-based Training
- Classroom-based
- Experiential/Field-based
- Real-time/Live distance learning
Select Primary Topic Area: Column 8, Primary Topic Area will automatically populate with response from CDE-1 form.

- Behavioral Health - Primary Care Integration
- Behavioral Health - Suicide
- Chronic Disease - Alzheimer/Dementia
- Clinical Training - Community-Based Collaboration
- Clinical Training - Healthcare delivery systems
- Clinical Training - Public Health
- Clinical Training - Skills - Communications Skills
- Clinical Training - Technology - Other
- Infectious Disease - HIV/AIDS
- Population - Maternal Child Health
- Population - Veterans Health
- Setting - Medically-Underserved Communities
- Setting - Other
- Behavioral Health - Substance Abuse - General
- Behavioral Health - Treatment
- Chronic Disease - Management
- Clinical Training - Cultural Competency/Health Disparities
- Clinical Training - Interprofessional education/team-based training
- Clinical Training - Quality Improvement/Patient Safety
- Clinical Training - Skills - Leadership and Management
- Clinical Training - Telehealth
- Infectious Disease - Other
- Population - Minority Health
- Population - Womens Health
- Setting - Primary Care
- Other-Topic Not Listed
- Behavioral Health - Substance Abuse - Opioids
- Behavioral Health - Other
- Chronic Disease - Other
- Clinical Training - Evidence-based Practice
- Clinical Training - Oral Health
- Clinical Training - Research
- Clinical Training - Technology - Simulation-based training
- Clinical Training - Unspecified
- Population - Geriatric Health
- Population - Rural Health
- Population - Other
- Setting - Rural
Select Whether the Course or Training Activity was Offered in the Current Reporting Period:

Column 9, selection of whether the course was offered will automatically populate with response from CDE-1 form.

- Offered
- Not Offered
- Re-offered

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.
Printing Your Performance Report

- 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.
- Next, click the ‘Print All Forms’ button below the Resources section of the Review Page.

Figure 76. Screenshot of Printing Your Performance Report
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.

Figure 77. 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](image)

**Figure 78. Screenshot of the Submit Report - Confirm Page**
Appendix A: Glossary

https://bhw.hrsa.gov/grants/resourcecenter/glossary
Appendix B: FAQs

**General FAQs**

**When is the due date for the performance report?**
Performance reports are due by **July 31, 2019** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by the due date may place your grant in a non-compliant status.

**What dates does the performance report cover?**
The performance report submitted by grantees should cover all activities conducted through the grant during the current reporting period **July 01, 2018 - June 30, 2019**.

**Is it possible to change data entered incorrectly in a prior reporting period?**
No. Data entered in a previous reporting period cannot be edited. It is important that grantees provide accurate data during each reporting period.

**Where will grantees be able to locate the instruction manuals for the performance reports?**
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](http://bhw.hrsa.gov/grants/reporting/index.html).

**Is there a way to look at the data forms required for my program without logging into EHB?**
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](http://bhw.hrsa.gov/grants/reporting/index.html).

**Are reports from prior years stored in the EHBs?**
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.

**Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?**
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 his/her specific training program or permanently leaves before completion.

**Does this report allow us to submit any attachments?**
No, you cannot add attachments to the performance report.

**When specific data, such as “N/A” is required after completing a cell, can those cells populate automatically?**
No, grantees are required to enter all data themselves due to Section 508 requirements.
FAQs about Technical Support & Assistance

Who do we contact if we need technical assistance entering data in EHB?
Grantees should contact HRSA’s Call Center for any questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

FAQs about the Training Program Setup forms

The wrong program name was entered last year. Going forward, should we list the correct name?
If the grantee changes the program name, all the previous years’ data will be reset (everything entered in the past will not reappear this year). The best course of action is to make a note in the comments field and leave the program name as-is.

FAQs about the Program Characteristics (PC) forms

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

What are the status options for the different types of programs?
Structured and Unstructured Training programs use program status options “Ongoing” or “Complete.” All other training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, residencies) use the status options “Active” or “Inactive.”

In the PC forms, do we count all trainees in our program, regardless of the year of study; do we include full-time/part-time trainees, etc.?
Yes, as long as trainees are enrolled or participating in the training program identified in Column 1.

Are we required to report on trainees at our institution beyond those who are participating in HRSA-funded programs?
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

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?
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.
Which address should we use to determine whether an individual is from a rural residential background?
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

Where do we get the Trainee Unique ID?
Grantees are responsible for developing a unique ID for each individual for whom an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide follow-up data through the BPMH system.

What are the characters of the 7-digit unique ID?
Each unique ID must be made up of 7 alphanumeric characters. Do not include any personally identifiable information in the ID (name, birthdate, SSN, etc.).

Are INDGEN records from the last reporting period stored in the EHB?
Yes; they will appear in the INDGEN table as ‘Prior Records’ until (a) the individual is marked as a graduate/program completer, or (b) the individual permanently discontinues participation in the training program.

Last year we created unique IDs 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?
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 more than once.

What if an individual already listed on INDGEN did not receive a financial award during the reporting period?
If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Column 12. The record will remain on INDGEN until this individual is marked as a graduate/program completer or permanently leaves the training program prior to completion.

Is reporting the underrepresented Asian distinction no longer included?
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.

Can we use our institution’s definitions/standards for disadvantaged background?
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.
Do we report full time faculty who receive salary support for teaching or administrative responsibilities?
If the faculty member is already accounted for in the grant’s personnel log, then do include this individual on the INDGEN table. If the faculty member who received financial support is not listed in the grant personnel log, then he/she should be reported on INDGEN.

Do conference registration fees count as financial support?
Yes, but only for non-project staff.

How do we find out an individual’s family income?
The institution’s financial aid office should have that information, as part of the required application for financial aid.

For veteran status, are we asking only for the trainee’s status, or the trainee’s family status (e.g. dependent of veteran, spouse of veteran, etc.)?
Only the trainee’s status should be reported.

How is the academic year funding total calculated?
Once you have validated the form, the academic year total is automatically calculated in EHB as the sum of funding during the academic year.

How is the cumulative funding total calculated?
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.

Can I cut and paste rows in the INDGEN table?
The cut and paste capability is currently set up at the row level, rather than individual data elements. After a row of data has been copied and pasted, edits will need to be made to individual cells using the dropdowns. Please note that the system does not accept data that has been cut and pasted from sources outside the report itself.

Do we include faculty or preceptors on this form?
If direct funds were given to the individuals AND the individuals were not already included in the grant application, then yes, include them on INDGEN. Otherwise, do not include them.

In INDGEN Column 13, Stipend, should we include salaries?
The individual’s salary (unless it’s paid by the grant) should not be included. However, the BHW funding should be included.

On the prior report we indicated that a trainee graduated when he had not. Because of that, he is not showing up on the current report. Can he be moved back to the INDGEN form?
If the individual moves to the INDGEN-PY form you can locate the record of the mislabeled graduate. Scroll all the way to the right, and use the link called “Move to INDGEN”, which will allow you to reset that record back to the INDGEN table for continued reporting.

I submitted a report last year using the ‘not reported’ option for trainee demographics. Why am I getting an error this year?
Health Resources and Services Administration
Bureau of Health Workforce
You may only select the 'not reported' option during the first reporting period for each trainee. Demographics are required information and grantees are expected to collect and report the information in all subsequent reports.

FAQs about the INDGEN-PY form

How do I use the INDGEN-PY form?
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

Which training sites do I need to report on this form? Is it all of the sites our program uses?
Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?
You should list the specific clinics and offices within the hospital that provide training to supported trainees.

Do I need to list a site more than once on EXP-2?
For sites that provide training to students, trainees, and faculty from different training programs, the site should be listed on the form for each training program the grant sponsors.

How can I report interprofessional team-based care at the training sites?
Interprofessional team-based care reporting is a three-step process on the EXP-2 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 that 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 participated at the site, alongside the principal trainees, but who were not enrolled in the HRSA-sponsored program.

What training sites do I report on EXP if I don't have directly-funded individuals in INDGEN?
You should report all training sites used to train individuals touched by your grant funding. If no individuals are reported in INDGEN, consider those you reported on the LR-1 form.

The values I added in EXP-1 aren't prepopulating in EXP-2. Why can I only see my active prior records?
You must select each program-site combination using the drop down menus in columns 1 and 2. The values you added in EXP-1 will load in the dropdown menu in EXP-2 column 2.

Why do I need to enter the zip code of my training sites?
The zip codes allow HRSA to identify sites that are in rural areas, medically underserved communities, and health professions shortage areas. Because the designation of each location may change over time, the zip code allows HRSA to adjust the way it labels a site.

Advanced Nursing Education - Sexual Assault Nurse Examiners Program
Where can I find the 4-digit zip code extension?
You can locate your site's 4-digit zip code extension by visiting the US Postal Service website: https://tools.usps.com/go/ZipLookupAction_input

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

**What if courses are created using a variety of funding sources?**
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.

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

**In the CDE-1 table, I have entered a course that has been implemented, but when I try to select the site where the course was taught, I receive an error message that based on my responses for columns 2 and 4, this site is not allowed. Shall I use N/A as the site?**
If it is an academic course or training/workshop for health professions students, fellows, or residents, then N/A will need to be used.

**Can I delete a course from last year?**
You will not be able to delete a previously used course. You may indicate that the course from last year was not used again this year.

**FAQs about the Faculty Development (FD) forms**

**What is the difference between a structured faculty development program and an unstructured faculty development activity?**
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. **What are the definitions for the roles of educator and administrator?**
The educator role deals with instruction and training, course preparation, grading, and generally involves imparting knowledge or skills to others. Administrative responsibilities are support functions, such as committee work.

**FAQs about the Continuing Education (CE) forms**

**For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?**
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.
Health Resources and Services Administration
Bureau of Health Workforce

**In creating and enhancing courses for continuing education, what should the site be?**
Enter N/A for these courses.

**When should I use the ‘Other’ option for type of continuing education?**

The ‘Other’ option is available if there was a CE activity that the grantee does not identify as an unstructured training or structured CE course. We anticipate that few (if any) grantees will need to use this option.