Instruction Manual for Grantees of the Health Careers Opportunity 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 HCOP grant program:

- Recruitment;
- Facilitating Entry;
- Counseling, Mentoring and Other Services;
- Preliminary Education and Health Research Training;
- Financial Aid Information Dissemination;
- Primary Care Exposure Activities; and
- Development of a More Competitive Applicant Pool.

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).

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

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

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

Due to the nature of annual reporting, the BPMH system has been recently enhanced 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.

![Figure 1. Screenshot of View Prior Period Data Link](image)
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.
Getting Started: Browser Settings

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:
   - View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
   - Glossary- Current definitions of key terms
   - Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings**:
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.

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<thead>
<tr>
<th>Order</th>
<th>Type of Form</th>
<th>Parent Form</th>
<th>Form ID</th>
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<td>Performance Data Form</td>
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<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
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<td>IND-GEN</td>
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<td>Performance Data Form</td>
<td>IndividualCharacteristics-INDGENSubforms</td>
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<td>ExperientialCharacteristics-EXPSubforms</td>
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<td>12</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-2</td>
</tr>
</tbody>
</table>
Setup Forms
Setup Forms - Introduction
Training Program - Setup

Training Program Setup - Selecting Type of Training Program

*Add Training Program

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

Add Record

Load Program Details

Figure 3. Training Program Setup - Selecting Type of Training Program

Select Type of Training Program Offered: Select the type of training program offered through the grant during the current annual reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing the below listed option.

- Non-degree structured training program (Structured)
- Non-degree unstructured training program (Unstructured)

Note: Previously reported training programs (i.e., prior records) will prepopulate in the “Saved Records” table. If you have no NEW training programs to add, proceed to the instructions in the final step of this form ("Selecting Training Activity Status").
Figure 4. Training Program Setup - Loading Program Details

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

<table>
<thead>
<tr>
<th>Add Training Program</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>
<tr>
<td>Add Record</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: Select the type of training activity by clicking on the drop-down menu and choosing one of the following options:

- Afterschool Enrichment Activity
- Health Professions Academy
- Pre-Matriculation Program
- Summer Program
- Community-based outreach & education
- Post-Baccalaureate Program
- Saturday Academy

For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity: Enter a name for the activity selected in the previous step.
**Training Program Setup - Adding Unstructured Training Program**

<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>

Add Record

Figure 6. Training Program Setup - Adding Unstructured Training Program

**For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity:** Select the type of training activity by clicking on the drop-down menu and choosing **one** of the following options:

- Afterschool Enrichment Activity
- Financial Aid Information Dissemination
- Social Support
- College Academic Support
- Pre-college Preparation
- Socialization

**For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity:** Enter a name for the activity selected in the previous step.
Select Training Activity Status in the Current Reporting Period: For All Records: Select the status of each training program at the end of the current annual reporting period (i.e., June 30, 2019) by choosing one of the options below:

- Active
- Complete
- Inactive
- Ongoing

**Note:** Select 'Ongoing' for structured or unstructured programs that did not conclude by June 30, 2019.

**Note:** Select 'Complete' for structured or unstructured training programs that concluded at some point during the 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.
Program Characteristics—PC Subforms

PC Subforms - Introduction
PC-2: Program Characteristics – Non-degree bearing Unstructured Training Programs

PC-2 - Selecting Education Level(s) of Participants

Select Education Level(s) of Participants: Complete Column 4 (Block 1b) by selecting the education level(s) of trainees who participated in each unstructured training program during the current reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work/Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery - Integrated
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- 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 - Family
- Nursing - NP - Neonatal
- 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 - Profession Not Listed
- Other - Veterinary Medicine
- 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 Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non-nurse)
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health

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- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- 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 - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women’s health
- Nursing - Nurse educator
- Nursing - Other (e.g.; CNA; PCA)
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry
- Other - Podiatry
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing
- Student - Dental School
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- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - K - 8 (primary)
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women’s health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Pharmacy School
- Student - Podiatry School
- Student - Registered nurse (RN)
- Student - Undergraduate - Allied Health
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Optometry
- Student - Physician Assistant
- Student - Public Health Nurse
- Student - Speech Therapy
- Student - Undergraduate - Other
- Student - Undergraduate - Radiological Technician
- Public Health - Infectious Disease Control
- Student - 9 - 12 (secondary)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women’s health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non-nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse midwife
- Student - Occupational Therapy
- Student - Physical Therapy
- Student - Post-high school / Pre-college
- Student - Rehabilitation Therapy
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- Student - Undergraduate - Public Health
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

Note: Student disciplines are noted with the student identifier (e.g., Student- Medical School)

Note: Advanced trainee disciplines (residents, fellows, faculty, and practicing professionals) are noted with professional identifiers (e.g., Medicine- Dermatology)
Enter Length of Training Activity in Clock Hours

Figure 9. PC-2 - Entering Length of Training Activity

**Enter Length of Training Activity in Clock Hours:** Enter the duration, in clock hours, of each unstructured training program during the current reporting period by clicking on the drop-down menu in Column 5 (Block 1c).

*Note: For training programs less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60 (e.g., a 15-minute course would entered as 15/60 = .25).*
Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships or consortia established for the purposes of offering each unstructured training program during the current reporting period by clicking on the drop-down menu in Column 6 (Block 2) and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Area Health Education Center
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- 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 clinic
- Physical therapy/Rehabilitation center
Warning: You may not select "No partners/consortia used" in combination with any other option.

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
PC-3 - Selecting Education Level(s) of Participants

Select Education Level(s) of Participants: Complete Column 4 (Block 1e) by selecting the education level(s) of participants who participated in each structured training program during the current reporting period. Please select one of the following:

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work: Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
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• 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 - Family
• Nursing - NP - Neonatal
• 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 - Profession Not Listed
• Other - Veterinary Medicine

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• Medicine - Preventive Medicine/Pediatrics
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• Medicine - Thoracic Surgery
• Medicine - Vascular Surgery - Integrated
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• Nursing - Home Health Aide
• Nursing - NP - Acute care pediatric
• Nursing - NP - Adult Psychiatric/Mental health
• Nursing - NP - Family Psychiatric/Mental Health
• Nursing - NP - Pediatrics
• Nursing - Nurse anesthetist
• Nursing - Nurse midwife
• Nursing - Registered Nurse
• Other - Chiropractor
• Other - Facility Administrator
• Other - Health Informatics/Health Information Technology
• Other - Midwife (non-nurse)
• Other - Office/Support Staff
• Other - Physical Therapy
• Other - Respiratory Therapy
• Physician Assistant
• Public Health - Environmental Health

• Medicine - Preventive Medicine/Public Health
• Medicine - Radiology - Diagnostic
• Medicine - Thoracic Surgery - Integrated
• Nursing - Alternative/Complementary Nursing
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• Nursing - CNS - Pediatrics
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• Nursing - NP - Geropsychiatric
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• Nursing - Nurse educator
• Nursing - Other (e.g.; CNA; PCA)
• Nursing - Researcher/Scientist
• Other - Community Health Worker
• Other - First Responder/EMT
• Other - Lay and Family Caregiver
• Other - Nutritionist
• Other - Optometry
• Other - Podiatry
• Other - Speech Therapy
• Public Health - Biostatistics
• Public Health - Epidemiology
• Public Health - Injury Control & Prevention
• Student - Alternative/Complementary Nursing
• Student - CNL - Generalist
• Student - CNS - Geropsychiatric
• Student - CNS - Psychiatric/Mental health
• Student - Community Health Nursing
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</tr>
<tr>
<td><strong>Public Health - Health Policy &amp; Management</strong></td>
</tr>
<tr>
<td><strong>Public Health - Social &amp; Behavioral Sciences</strong></td>
</tr>
<tr>
<td><strong>Student - Certified Nursing Assistant</strong></td>
</tr>
<tr>
<td><strong>Student - CNS - Adult gerontology</strong></td>
</tr>
<tr>
<td><strong>Student - CNS - Neonatal</strong></td>
</tr>
<tr>
<td><strong>Student - CNS - Women’s health</strong></td>
</tr>
<tr>
<td><strong>Student - Dental Assistant</strong></td>
</tr>
<tr>
<td><strong>Student - Diploma/Certificate</strong></td>
</tr>
<tr>
<td><strong>Student - Graduate - Nursing Doctorate</strong></td>
</tr>
<tr>
<td><strong>Student - Graduate - Other Behavioral Health</strong></td>
</tr>
<tr>
<td><strong>Student - Graduate - Radiological Assistant</strong></td>
</tr>
<tr>
<td><strong>Student - K - 8 (primary)</strong></td>
</tr>
<tr>
<td><strong>Student - Medical School</strong></td>
</tr>
<tr>
<td><strong>Student - NP - Acute care pediatric</strong></td>
</tr>
<tr>
<td><strong>Student - NP - Adult</strong></td>
</tr>
<tr>
<td><strong>Student - NP - Family</strong></td>
</tr>
<tr>
<td><strong>Student - NP - Neonatal</strong></td>
</tr>
<tr>
<td><strong>Student - NP - Women’s health</strong></td>
</tr>
<tr>
<td><strong>Student - Nurse Educator</strong></td>
</tr>
<tr>
<td><strong>Student - Nursing Informatics</strong></td>
</tr>
<tr>
<td><strong>Student - Pharmacy School</strong></td>
</tr>
<tr>
<td><strong>Student - Podiatry School</strong></td>
</tr>
<tr>
<td><strong>Student - Registered nurse (RN)</strong></td>
</tr>
<tr>
<td><strong>Student - Undergraduate - Allied Health</strong></td>
</tr>
<tr>
<td><strong>Public Health - Infectious Disease Control</strong></td>
</tr>
<tr>
<td><strong>Student - 9 - 12 (secondary)</strong></td>
</tr>
<tr>
<td><strong>Student - Chiropractic School</strong></td>
</tr>
<tr>
<td><strong>Student - CNS - Family</strong></td>
</tr>
<tr>
<td><strong>Student - CNS - Pediatrics</strong></td>
</tr>
<tr>
<td><strong>Student - CNS - Women’s health and pediatrics</strong></td>
</tr>
<tr>
<td><strong>Student - Dental Hygiene</strong></td>
</tr>
<tr>
<td><strong>Student - Graduate - Allied Health</strong></td>
</tr>
<tr>
<td><strong>Student - Graduate - Nursing Masters</strong></td>
</tr>
<tr>
<td><strong>Student - Graduate - Psychology</strong></td>
</tr>
<tr>
<td><strong>Student - Graduate - Social Work</strong></td>
</tr>
<tr>
<td><strong>Student - Licensed Practical/Vocational Nurse (LPN/LVN)</strong></td>
</tr>
<tr>
<td><strong>Student - Midwife (non-nurse)</strong></td>
</tr>
<tr>
<td><strong>Student - NP - Adult</strong></td>
</tr>
<tr>
<td><strong>Student - NP - Child/Adolescent Psychiatric/Mental Health</strong></td>
</tr>
<tr>
<td><strong>Student - NP - Family Psychiatric/Mental Health</strong></td>
</tr>
<tr>
<td><strong>Student - NP - Other advanced nurse specialists</strong></td>
</tr>
<tr>
<td><strong>Student - Nurse Administrator</strong></td>
</tr>
<tr>
<td><strong>Student - Nurse midwife</strong></td>
</tr>
<tr>
<td><strong>Student - Occupational Therapy</strong></td>
</tr>
<tr>
<td><strong>Student - Physical Therapy</strong></td>
</tr>
<tr>
<td><strong>Student - Post-high school / Pre-college</strong></td>
</tr>
<tr>
<td><strong>Student - Rehabilitation Therapy</strong></td>
</tr>
</tbody>
</table>

**Annual Performance Report**  
**Academic Year 2018-2019**

| **Student - Graduate - Other** |
| **Student - Graduate - Public Health** |
| **Student - Home Health Aide** |
| **Student - Medical Assistant** |
| **Student - NP - Acute care adult gerontology** |
| **Student - NP - Adult gerontology** |
| **Student - NP - Emergency care** |
| **Student - NP - Geropsychiatric** |
| **Student - NP - Pediatrics** |
| **Student - Nurse Anesthetist** |
| **Student - Nurse Researchers/Scientists** |
| **Student - Optometry** |
| **Student - Physician Assistant** |
| **Student - Public Health Nurse** |
| **Student - Speech Therapy** |
| **Student - Undergraduate - Other** |
| **Student - Undergraduate - Radiological Technician** |
Health Resources and Services Administration
Bureau of Health Workforce

- Student - Undergraduate - Public Health
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

Note: Student disciplines are noted with the student identifier (e.g., Student- Medical School)

Note: Advanced trainee disciplines (residents, fellows, faculty, and practicing professionals) are noted with professional identifiers (e.g., Medicine- Dermatology)
Enter Length of Training Program in Clock Hours

<table>
<thead>
<tr>
<th>Enter Length of Training Program in Clock Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5) Block 1f</td>
</tr>
</tbody>
</table>

**Figure 12. PC-3 - Entering Length of Training Program**

**Enter Length of Training Program in Clock Hours:** Enter the duration, in clock hours, of each structured training program during the current reporting period by clicking on the drop-down menu in Column 5 (Block 1f).

💡 **Note:** For training programs less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60 (e.g., a 15-minute course would entered as 15/60 = .25).
PC-3 - Selecting Whether Cultural Competency Training Was Offered

Select Whether Cultural Competency Training Was Offered: Select whether each structured training program provided participants with cultural competency-related training by choosing one of the following options from the drop-down menu under Column 8 (Block 1i):

- Yes
- No

Figure 13. PC-3 - Selecting Whether Cultural Competency Training Was Offered
Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships or consortia established for the purposes of offering each structured training program during the current reporting period by clicking on the drop-down menu in Column 9 (Block 2) and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non-faith based)
- Other
- Professional Associations
- Academic department - within 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 - 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 clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith-based)
- Nursing home
- Private/For-profit organization
Health Resources and Services Administration
Bureau of Health Workforce

- State Government
- Tribal Government

- Senior Center
- Tribal Organization

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

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

LR and DV - Introduction

You must complete the LR and DV tables for each Training Program offered during the reporting period:

- **Structured** and **Unstructured** Training Programs:
  - **Ongoing** Programs: Enter data only for Enrollees (completer counts must be zeroes)
  - **Completed** Programs: Enter data only for Program Completers (enrollee counts must be zeroes)
LR-1a: Trainees by Training Category
LR-1 - Entering Enrollees Count

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

<table>
<thead>
<tr>
<th>Trainees by Training Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Enrollees</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>Block 1</td>
</tr>
</tbody>
</table>

Figure 15. LR-1 - Entering Enrollees Count

Trainees by Training Category: Enter # of Enrollees:

For ongoing structured and unstructured training programs, enter the number of students who participated in each training program in the textbox in Column 2. For completed structured and unstructured training programs, enter a zero (“0”) in Column 2.

💡 Note: Do not count individuals who permanently left a training program before completion during the reporting period Column 2. These individuals will be captured separately in Column 7.
LR-1 - Entering Program Completers Count

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

Trainees by Training Category: Enter # of Program Completers:

For completed structured and unstructured training programs, enter the number of program completers who finished each training program in Column 6. For ongoing structured and unstructured training programs, enter a zero (“0”) in Column 6.
LR-1 - Entering Attrition Information

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

<table>
<thead>
<tr>
<th>Attrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Individuals who left the Program before Completion</td>
</tr>
<tr>
<td>(7) Block 6</td>
</tr>
</tbody>
</table>

**Figure 17. LR-1 - Entering Attrition Information**

**Attrition: Enter # of Individuals who left the Program before Completion:** Enter the number of students who permanently left each training program before completion during the current annual reporting period in the textbox in Column 7 (Block 6).

**Attrition: Enter # of URM who left the Program before Completion:** Of the individuals reported in Column 7 (Block 6), enter the number of from underrepresented minority backgrounds in Column 8 (Block 6a).

---

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

---

*To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.*
LR-2: Trainees by Age & Gender
LR-2 - Entering Enrollees Count by Age and Gender

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

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
<th>Gender: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Enrollees</td>
<td>Enter # of Enrollees</td>
<td>Enter # of Enrollees</td>
</tr>
<tr>
<td>(3) Blocks 1-6</td>
<td>(8) Blocks 7-12</td>
<td>(13)</td>
</tr>
</tbody>
</table>

Figure 18. LR-2 - Entering Enrollees Count by Age and Gender

**Gender: Male: Enter # of Enrollees:** In Column 3, enter the number of male students, by age group, enrolled in each training program.

**Gender: Female: Enter # of Enrollees:** In Column 8, enter the number of female students, by age group, enrolled in each training program.

**Gender: Not Reported: Enter # of Enrollees:** In Column 13, enter the number of students whose gender was not reported, by age group, enrolled in each training program.

⚠️ Warning: For completed structured or unstructured training programs, all entries for enrollees in Columns 3, 8, and 13 must be zeroes (“0”).

⚠️ Warning: For each training program, the sum of enrollees across Columns 3, 8, and 13 must be equal to the number of enrollees entered in LR-1, Column 2.
LR-2 - Entering Program Completers Count by Age and Gender

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

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
<th>Gender: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Program Completers</td>
<td>Enter # of Program Completers</td>
<td>Enter # of Program Completers</td>
</tr>
<tr>
<td>(7) Blocks 49-54</td>
<td>(12) Blocks 55-60</td>
<td>(17)</td>
</tr>
</tbody>
</table>

Figure 19. LR-2 - Entering Program Completers Count by Age and Gender

Gender: Male: Enter # of Program Completers: In Column 7, enter the number of male program completers, by age group, who completed each training program during the current reporting period.

Gender: Female: Enter # of Program Completers:
In Column 12, enter the number of female program completers, by age group, who completed each training program during the current reporting period.

Gender: Not Reported: Enter # of Program Completers:
In Column 17, enter the number of program completers whose gender was not reported, by age group, who completed each training program during the current reporting period.

Warning: For ongoing structured or unstructured training programs, all entries for program completers in Columns 7, 12, and 17 must be zeroes (“0”).
Warning: For each training program, the sum of program completers across Columns 7, 12, and 17 must be equal to the number of program completers entered in LR-1, Column 6.

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
DV-1: Trainees by Racial & Ethnic Background
DV-1 - Entering Enrollees Count by Race and Ethnicity

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

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic/Latino</th>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
<th>Ethnicity: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Enrollees</td>
<td>Enter # of Enrollees</td>
<td>Enter # of Enrollees</td>
</tr>
<tr>
<td>(3) Blocks 1-7</td>
<td>(8) Blocks 36-42</td>
<td>(13)</td>
</tr>
</tbody>
</table>

Figure 20. DV-1 - Entering Enrollees Count by Race and Ethnicity

**Ethnicity: Hispanic/Latino: Enter # of Enrollees:** In Column 3, enter the number of Hispanic/Latino enrollees (by race) who participated in each training program.

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Enrollees:** In Column 8, enter the number of Non Hispanic/Non Latino enrollees (by race) who participated in each training program.

**Ethnicity: Not Reported: Enter # of Enrollees:** In Column 13, enter the number of enrollees whose ethnicity was not reported (by race) who participated in each training program.

⚠️ Warning: For completed structured and unstructured training programs, all entries for enrollees in Columns 3, 8, and 13 must be zeroes (“0”).

⚠️ Warning: For each program, the sum of enrollees across Columns 3, 8, and 13 must be equal to the number of enrollees entered in
**DV-1 - Entering Program Completers Count by Race and Ethnicity**

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

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic/Latino</th>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
<th>Ethnicity: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Program Completers</td>
<td>Enter # of Program Completers</td>
<td>Enter # of Program Completers</td>
</tr>
<tr>
<td>(7) Blocks 29-35</td>
<td>(12) Blocks 64-70</td>
<td>(17)</td>
</tr>
</tbody>
</table>

**Figure 21. DV-1 - Entering Program Completers Count by Race and Ethnicity**

**Ethnicity: Hispanic/Latino: Enter # of Program Completers:**

In Column 7, enter the number of Hispanic/Latino program completers (by race) who completed each training program.

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Program Completers:**

In Column 12, enter the number of non-Hispanic/non-Latino program completers (by race) who completed each training program.

**Ethnicity: Not Reported: Enter # of Program Completers:**

In Column 17, enter the number of program completers whose ethnicity was not reported (by race) who completed each training program.

**Warning:** For ongoing structured or unstructured training programs, all entries for program completers in Columns 7, 12, and 17 must be zeroes (“0”).
Warning: For each training program, the sum of program completers across Columns 7, 12, and 17 must be equal to the number of enrollees entered in LR-1, Column 6.

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
**DV-2: Trainees from a Disadvantaged Background**

**DV-2 - Entering Enrollees Count from Disadvantaged Background**

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

<table>
<thead>
<tr>
<th>Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Total # from Disadvantaged Background</td>
</tr>
<tr>
<td>Enter # from Disadvantaged Background who are not URM</td>
</tr>
</tbody>
</table>

(2) Block 1

(3) Block 2

**Figure 22. DV-2 - Entering Enrollees Count from Disadvantaged Background**

**Enrollees: Enter Total # from Disadvantaged Background:**

For each training program, enter the number of enrollees from disadvantaged backgrounds in Column 2.

**Enrollees: Enter # from Disadvantaged Background who are not URM:** For each training program, enter the number of enrollees from disadvantaged backgrounds who were NOT URM students in Column 3.

⚠️ Warning: For completed structured and unstructured programs, enter zeroes for enrollee counts in Columns 10 and 11.

*Note: Counts reported in Column 3 (Block 2) ARE a subset of counts reported in Column 2 (Block 1).*
Reference: Refer to the glossary for a definition of disadvantaged background and underrepresented minority.
**DV-2 - Entering Program Completers Count from Disadvantaged Background**

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

<table>
<thead>
<tr>
<th>Program Completers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter Total # from Disadvantaged Background</strong></td>
<td><strong>Enter # from Disadvantaged Background who are not URM</strong></td>
</tr>
<tr>
<td>(10) Block 9</td>
<td>(11) Block 10</td>
</tr>
</tbody>
</table>

*Figure 23. DV-2 - Entering Program Completers Count from Disadvantaged Background*

**Program Completers: Enter Total # from Disadvantaged Background:**

**Program Completers: Enter # from Disadvantaged Background who are not URM:**

For each training program, enter the number of program completers from disadvantaged backgrounds and are not underrepresented minorities in Column 11.

*Warning: For ongoing structured and unstructured programs, enter zeroes for program completer counts in Columns 10 and 11.*

*Note: Counts reported in Column 11 are a subset of counts reported in Column 10.*

*Reference: Refer to the glossary for a definition of disadvantaged background and underrepresented minority.*
To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
DV-3: Trainees from a Rural Background
DV-3 - Entering Enrollees Count from Rural Residential Background

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

<table>
<thead>
<tr>
<th>Trainees from Rural Residential Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Enrollees from a Rural Background</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>Block 1</td>
</tr>
</tbody>
</table>

Figure 24. DV-3 - Entering Enrollees Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Enrollees from a Rural Background: In Column 2, enter the total number of enrollees from a rural residential background who participated in each training program.

⚠️ Warning: For completed structured or unstructured programs, enter a zero for enrollees in Column 2 (Block 1).

Reference: Refer to the glossary for a definition of rural residential background.
DV-3 - Entering Program Completers Count from Rural Residential Background

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

Figure 25. DV-3 - Entering Program Completers Count from Rural Residential Background

<table>
<thead>
<tr>
<th>Trainees from Rural Residential Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Program Completers from a Rural Background</td>
</tr>
<tr>
<td>(6) Block 5</td>
</tr>
</tbody>
</table>

Trainees from Rural Residential Background: Enter # of Program Completers from a Rural Background: In Column 6, enter the total number of program completers from a rural residential background who completed in each training program.

Warning: For completed structured or unstructured programs, enter a zero for program completers in Column 6.

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

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

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

- You must complete an INDGEN record for each individual who received a BHW-funded financial award during the annual reporting period. In addition, annual updates are required for individuals who were previously reported on INDGEN and were not marked as having graduated, completed or attrited from their training program by July 01, 2018 - June 30, 2019.

- For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each individual. All other fields must be updated on an annual basis until the individual graduates from, completes, or permanently leaves their training program.

- The INDGEN subform will automatically calculate and display read-only columns labeled "Academic Year Total" and "Cumulative BHW Financial Award Total."
1. The Academic Year Total will display the amount entered for a given academic year.

2. The Cumulative BHW Financial Award Total will sum all amounts entered for this individual in the BMPH system.

- Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from INDGEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.
Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.
IND-GEN: Individual Characteristics

IND-GEN - Setup

**Warning:** The HCOP program requires all Structured Program participants to be listed on the INDGEN form, regardless of whether they received stipends.

| 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 26. 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 have used the INDGEN form before, this answer is pre-selected ‘Yes’ for you. You do not need to answer this question again. Please move ahead to the INDGEN form by using the form list located on the left side of your screen.

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

**Warning:** Gray fields in prior records cannot be edited.
Warning: Prior records cannot be deleted.
**IND-GEN - Selecting Type of Training Program**

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

**Figure 27. IND-GEN - Selecting Type of Training Program**

**Type of Training Program:**

Select a training program by clicking on the drop-down menu under Column 1 and choosing one of the available options. The options available in this menu will prepopulate with programs entered and saved in the Training Program Setup Form.

- **Note:** Column 1 (Type of Training Program) will prepopulate for prior records with data submitted in the previous annual reporting period.

- **Note:** The option "Other" does not apply to this grant program.
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 and 1-year follow-up data for each trainee.
IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category:

Select each individual’s training category by clicking on the drop-down menu in Column 3 and choosing one of the following options:

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

Note: For students (enrollees), select type of trainee based on the delivery mode used to offer the training program associated with each individual.
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

Note: The "Not Reported" option may not be selected for prior records.
### IND-GEN - Entering Year of Birth

**Enter Year of Birth:** Enter each individual’s year of birth in Column 6a.

- 1917
- 1918
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Health Careers Opportunity Program

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- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- Not Reported

Note: The "Not Reported" option may not be selected for prior records.
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

Note: The "Not Reported" option may not be selected for prior records.
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 (1) 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.

**Note**: The "Not Reported" option may not be selected for prior records.
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

Note: The "Not Reported" option may not be selected for prior records.

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

Note: The "Not Reported" option may not be selected for prior records.

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

*Note: The "Not Reported" option may not be selected for prior records.*

*Reference: Refer to the glossary for a definition of the various types of veteran statuses.*
### IND-GEN - Entering BHW-Funded Financial Award Information

<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>Stipend</td>
</tr>
<tr>
<td>(13) Block 11</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 38. 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): Stipend**: If the student received a BHW-funded financial award, enter the total amount of BHW dollars provided during the annual reporting period in the textbox in Column 13. If the student did not receive a BHW-funded financial award, enter "0" in the textbox in Column 13.

**Note**: Columns 21a, 21b, and 21c are not editable and will be automatically populated when you select the "Save and Validate" button.

**Note**: The amount reported under the column labeled "Stipend" should be the total monies from the grant provided to an individual during the current reporting period for the purposes of participating in the training program that was selected under the column labeled "Type of Training Program." The total amount reported should account for all BHW dollars including those applied to tuition, fees, and reasonable living expenses, as

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allowed by federal statutes and regulations. Do not include dollars that came from other sources of funding. If an individual participated in more than one (1) program and received stipends for each program, multiple entries on IND-GEN are required to capture participation and stipend amounts for each program separately.
**IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding**

<table>
<thead>
<tr>
<th>Enter # of Academic Years the Individual has Received BHW Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>(22)</td>
</tr>
<tr>
<td>Block 12</td>
</tr>
</tbody>
</table>

**Figure 39. 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:** If an individual received a BHW-funded financial award for the first time during the current reporting period, select "1" under Column 22 (Block 12).

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

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

- Non-degree Training Program Year 2
- Non-degree Training Year 1

Note: For faculty or preceptors, select N/A.
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 each individual’s profession and discipline by clicking on the drop-down menu in Column 27 (Block 16) and choosing one of the available options.

- Student - 9-12 (secondary)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women’s health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non-nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - K-8 (primary)
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women’s health
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Student - NP - Other advanced nurse specialists
Student - Nurse Administrator
Student - Nurse midwife
Student - Occupational Therapy
Student - Physical Therapy
Student - Post-high school / Pre-college
Student - Rehabilitation Therapy
Student - Undergraduate - Clinical Laboratory Services
Student - Undergraduate - Radiological Assistant

Student - Nurse Researchers/Scientists
Student - Optometry
Student - Physician Assistant
Student - Public Health Nurse
Student - Speech Therapy
Student - Undergraduate - Other
Student - Undergraduate - Radiological Technician

Student - Nurse Educator
Student - Nursing Informatics
Student - Pharmacy School
Student - Podiatry School
Student - Registered nurse (RN)
Student - Undergraduate - Allied Health
Student - Undergraduate - Public Health
IND-GEN - Entering Training Information in a Primary Care Setting

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

<table>
<thead>
<tr>
<th>Training in a Primary Care Setting</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Whether Individual Received Training</td>
<td>Enter # of Contact Hours</td>
</tr>
<tr>
<td>(28) Block 17</td>
<td>(29) Block 17a</td>
</tr>
</tbody>
</table>

Figure 43. 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 annual reporting period by clicking on the drop-down menu in Column 28 (Block 17) and choosing one of the following options:

- Yes
- No

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

If the individual did receive clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Column 29 (Block 17a). If the individual did not receive clinical or experiential training in a primary care setting, leave the textbox blank under Column 29 (Block 17a).
IND-GEN - Entering Training Information in a Medically Underserved Community

<table>
<thead>
<tr>
<th>Training in a Medically Underserved Community</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Whether Individual Received Training</td>
<td>Enter # of Contact Hours</td>
</tr>
<tr>
<td>(31) Block 18</td>
<td>(32) Block 18a</td>
</tr>
</tbody>
</table>

Figure 44. IND-GEN - Entering Training Information in a Medically Underserved Community

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

Training in a Medically Underserved Community: Enter # of Contact Hours: 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.
## IND-GEN - Entering Training Information in a Rural Area

<table>
<thead>
<tr>
<th>Training in a Rural Area</th>
<th>Select Whether Individual Received Training</th>
<th>Enter # of Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(33) Block 19</td>
<td>(34) Block 19a</td>
</tr>
</tbody>
</table>

**Figure 45. 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

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

- **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.
**IND-GEN — Selecting Student Services Information**

<table>
<thead>
<tr>
<th>Student Services</th>
<th>Select Social Support services used by Trainee</th>
<th>Select Academic Support services used by Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>(34a)</td>
<td>(34b)</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 46. 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
- N/A
- Other social support services
- Peer support groups
- None of the above

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

- Academic coaching
- Faculty or staff led advising sessions
- Individual tutoring
- Study skills training
- None of the above
- Academic support program
- Group tutoring
- Other academic support service
- Time management training
- N/A
IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion: Select whether each student permanently left their training program before completion during the annual reporting period by clicking on the drop-down menu under Column 36 and choosing one of the following options:

- Yes
- No

Figure 47. IND-GEN - Selecting Whether Individual Left the Program Before Completion
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
- Medical leave of absence
- Transfer to another institution
- Other
- N/A
- Change in major
- Financial obligations
- Military/Active duty
- Transportation difficulties
- None of the Above
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 49. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program: Select whether each individual completed their training program during the current reporting period by clicking on the drop-down menu in Column 37 and choosing below listed options.

- Yes
- No

Select Degree Earned:

If an individual graduated from their degree program during the reporting period, select the type of degree earned by clicking on the drop-down menu in Column 38 and choosing one of the options from the list below. If the individual did not graduate, select "N/A" under Column 38.

- AA
- Bachelor's Degree not otherwise specified
- BSW
- DDS/MPH
- DNAP
- DO
- DO/MSPH
- AS
- BPH
- DC
- DDS/MSPH
- DNP
- DO/DrPH
- DO/ScD
- BA
- BS
- DDS
- DMD
- DNSc
- DO/MPH
- DPT

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

Select whether each individual earned their degree on-schedule/on-time by clicking on the drop-down menu under Column 38a and choosing one of the options below.

(Note- For Associates Degree programs, on-schedule/on-time completion is defined as 3 years or less)

(Note- For Bachelor's Degree programs, on-schedule/on-time completion is defined as 6 years or less)

(Note- For Health Professions programs, on-schedule/on-time completion is defined as 5 years or less)

(Note- For single or dual track Doctoral programs, on-schedule/on-time completion is defined as 7-10 years or less)

• Yes
• No
• N/A
Select whether individual took and passed a certifying examination on the first attempt: Select whether each individual took and passed a certifying examination of the first attempt by clicking on the drop-down menu under Column 38b and choosing one of the following options:

- Yes
- No
- N/A

Select Individual's Post-Graduation/Completion Intentions:

If an individual did complete their training program during the annual reporting period and select the individual’s training or employment intentions at the time of completion by clicking on the drop-down menu in Column 39 (Block 22b) and choosing all that apply from the below listed options. If an individual did not complete their training program, select “N/A” in Column 39 (Block 22b).

- Individual intends to apply to a health professions training program within the next 12 months
- Individual intends to become employed or pursue further training in a primary care setting
- Individual intends to remain enrolled in their health professions training program
- Not Reported
- 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
- N/A

Warning: None of the above, Not reported, and N/A cannot be selected in combination with any other option.

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

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

<table>
<thead>
<tr>
<th>Select whether status/employment data are available for the individual 1-year post graduation/completion</th>
<th>Select Individual's Current Training/Employment Status</th>
<th>Select Whether Your Organization Hired this Individual</th>
<th>Select Whether a Partner Organization Hired this Individual</th>
<th>Select Employment Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>(13) Block 23</td>
<td>(14) Block 23a</td>
<td>(16)</td>
<td>(17)</td>
<td>(18)</td>
</tr>
</tbody>
</table>

### Figure 50. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

**Select whether status/employment data are available for the individual 1-year post graduation/completion:** Select whether current employment data are available for each student who received a BHW-funded financial award and completed their training one year prior to this report by clicking on the drop-down menu under Column 13 and choosing one of the following options:

- Yes
- No

### Select Individual's Current Training/Employment Status:

Select the individual’s current training/employment status by clicking on the drop-down menu in Column 14 and choosing all that apply. If current training/employment data are not available, select “N/A” in Column 14.

- Individual applied and was accepted in a health professions training program
- Individual applied to a health professions training program but has not received acceptance
- Individual is currently employed or is pursuing further training in a primary care setting
- Individual applied and was not accepted in a health professions training program
- Individual is currently employed or is pursuing further training in a medically underserved community
- Individual is currently employed or is pursuing further training in a rural setting
Select Whether Your Organization Hired this Individual:
Select whether your organization hired this individual following training program completion by clicking on the drop-down menu under Column 16 and choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- No
- Yes
- N/A

Select Whether a Partner Organization Hired this Individual:
Select whether a partner organization hired this individual following training program completion by clicking on the drop-down menu under Column 17 and choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- Yes
- No
- N/A

Select Employment Location:
Select the type of employment location where the individual was hired following training program completion by clicking on the drop-down menu under Column 18 and choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- Academic Institution
- Critical Access Hospital
- Other Clinical Training Site
- Area Health Education Center
- FQHC or Look-Alike
- Rural Health Clinic
Warning: “None of the above” and “N/A” cannot be selected in combination with any other option.

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

EXP - Introduction

1. Purpose: The EXP forms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.

- The EXP-1 form collects information about the different clinical sites used to provide your trainees with experiential training.
- The EXP-2 subform collects information about the profession and discipline of individuals trained at each site used during the current reporting period.

2. Order of Forms:

- The EXP forms MUST be completed in order, otherwise drop-down menus will not populate correctly.
- You must complete and click ‘Save and Validate’ in EXP-1 before proceeding to EXP-2.

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

- The BPMH system will prepopulate saved information for each previously-used site (i.e., prior record) in the EXP-1 data table.
- You must indicate whether each previously-used site was used again during the current reporting period.

⚠️ Warning: Complete the EXP-1 and EXP-2 subforms for sites used to train individuals who appear on the LR-1 subform.
**EXP-1: Training Site Setup**

**EXP-1 - Entering Site Name**

![Site Name](image)

**Figure 51. 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: If the clinical site was used in the current reporting period, then you must enter or update information for all subsequent columns in that row. If the clinical site was NOT used in the current reporting period, then the remaining columns are not required.

Note: If "No" is selected in Column 2, then the training site will not populate in the dropdown menus on the EXP-2 subform.
**Select Type of Site Used**

Select the type of sites used to train individuals during the current reporting period by clicking on the drop-down menu under Column 3 and choosing from one of the following options:

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

• Surgery Clinic
• Tribal Organization

Note: If you select "Other" in Column 3, provide an explanation in the comments field and reference the site name.
Select Type of Setting Where the Site was Located: Select whether each site used to train individuals during the current reporting period was located in designated settings by clicking on the drop-down menu under Column 4 and choosing all that apply from the following options:

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

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

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

Note: To determine whether a site is located in a rural area, please visit HRSA’s Office of Rural Health Policy at http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx
Select Type(s) of Partners/Consortia used to Offer Training at this Site:

- Academic department - outside the institution
- Day and home care programs (i.e. Home Health)
- Alzheimer's Disease Resource Centers
- Community-based health center (e.g., free clinic)
- Federal Government - Department of Defense/Military
- Geriatric Behavioral or Mental Health Units
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - Other HHS Agency/Office
- Local Government
- Nursing home
- Professional Associations
- Tribal Government
- Health department - Local
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Academic department - within the institution
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Educational institution (Grades K - 12)
- Geriatric ambulatory care and comprehensive units
- Geriatric consultation services
- Federal Government - FDA
- Federal Government - Other
- Hospital
- Long-term care facility
- Other
- Quality improvement organization
- Federally - qualified health center or look - alikes
- Health department - State
- Private/For-profit organization
- Community Health Center (CHC)
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Federal Government - Veterans Affairs
- Federal Government - Other HRSA Program
- Federal Government - AHRQ
- Federal Government - IHS
- Hospice
- Federal Government - SAMHSA
- Nonprofit organization
- Physical therapy/Rehabilitation center
- Senior Center
- Tribal Organization
- Health department - Tribal
- No partners/consortia used
Warning: You may not select "No partners/consortia used" in combination with any other option.

Note: If you select "Other" in Column 5, provide an explanation in the comments field and reference the site name.
Figure 56. EXP-1 - Selecting Type(s) of Vulnerable Population

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

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

Note: If you select "Other" in Column 7, provide an explanation in the comments field and reference the site name.
**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>

**Figure 57. EXP-1 - Entering Site's geographical Data**

City:

State:

**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 be 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

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

- Yes
- No

Figure 58. EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice
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)</td>
</tr>
<tr>
<td>Block 1</td>
<td></td>
</tr>
</tbody>
</table>

Figure 60. EXP-2 - Selecting Training Program and Site Name

Type of Training Program:

Select a training program by clicking on the drop-down menu in Column 1 and choosing one of the training program options. The options available will be programs marked as "Active" on the Training Program Setup Form.

Site Name: Next, 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.

💡 Note: The EXP-2 form will initially appear blank.
## EXP-2 - Selecting Profession and Discipline of Individuals Trained

<table>
<thead>
<tr>
<th>Select Profession and Discipline of Individuals Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Block 3</td>
</tr>
</tbody>
</table>

### Figure 61. EXP-2 - Selecting Profession and Discipline of Individuals Trained

**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. Repeat as necessary to identify all profession/discipline of all individuals trained at each site.

- Student - Diploma/Certificate
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - K - 8 (primary)
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - Physician Assistant
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental Assistant
- Student - Graduate - Social Work
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non - nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - 9 - 12 (secondary)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women’s health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist

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- Student - NP - Neonatal
- Student - NP - Women’s health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Registered Nurse - BSN
- Student - Undergraduate - Allied Health
- Student - Undergraduate - Public Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Occupational Therapy
- Student - Physical Therapy
- Student - Public Health Nurse
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

Note: Do not select professions/disciplines for faculty, site staff, or other non-trainees.
### EXP-2 - Entering # Trained in the Profession and Discipline

#### Figure 62. 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) Block 3</td>
</tr>
</tbody>
</table>

**Enter # Trained in this Profession and Discipline:** In Column 4 (Block 3), enter the number of HCOP students in the profession and discipline selected in the previous step that were trained at each site during the current annual reporting period.

*Note: Counts provided should be based on individuals reported on LR-1*
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.

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

💡 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 65. Screenshot of Printing 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 66. Screenshot of the Submit Report Page
Health Resources and Services Administration  
Bureau of Health Workforce  

Annual Performance Report  
Academic Year 2018-2019

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.

Figure 67. Screenshot of the Submit Report - Confirm Page
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.

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.

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.
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**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.

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**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.

Health Careers Opportunity Program
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?
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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.

Health Careers Opportunity 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.
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.