Instruction Manual for Grantees of the
Nurse Education, Practice, Quality and Retention
Interprofessional Collaborative Practice (IPCP)

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 NEPQR-IPCP grant program:
   - To strengthen nursing’s capacity to advance the health of patients, families and communities by supporting the development and implementation of innovative practice models that use collaborative interprofessional teams comprised of nurses and other health professionals.

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Trainees by Training Category</th>
<th>Attrition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Enter # of Enrollees</td>
<td>Enter # of Individuals who left the Program before Completion</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td>(2) Block 1</td>
<td>(5) Block 4</td>
</tr>
<tr>
<td>1</td>
<td>Degree/Diploma MD/MPH</td>
<td>20</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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:
   1. View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
   2. Glossary- Current definitions of key terms
   3. Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings**:
6. **Grant Personnel**: Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
7. **Sequence of Forms**: Complete PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2)
8. **Saving and Validating**: You must click ‘Save and Validate’ in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.
9. **Government Project Officers**: Contact your Government Project Officer if you need further assistance on the content of your report.
10. **HRSA Call Center**: If you need additional assistance, contact the HRSA Call Center. If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email: **Call Center Phone Number: 877-Go4-HRSA/877-464-4772** or Call Center Online Assistance Form [click here](#).
Order of Required Forms

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

<table>
<thead>
<tr>
<th>Order</th>
<th>Type of Form</th>
<th>Parent Form</th>
<th>Form ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Training Program</td>
</tr>
<tr>
<td>2</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Faculty Development</td>
</tr>
<tr>
<td>3</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSubforms</td>
<td>PC-3</td>
</tr>
<tr>
<td>4</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>LR-1a</td>
</tr>
<tr>
<td>5</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>LR-2</td>
</tr>
<tr>
<td>6</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>DV-1</td>
</tr>
<tr>
<td>7</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>DV-2</td>
</tr>
<tr>
<td>8</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>DV-3</td>
</tr>
<tr>
<td>9</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-1</td>
</tr>
<tr>
<td>Order</td>
<td>Type of Form</td>
<td>Parent Form</td>
<td>Form ID</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>10</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-3</td>
</tr>
<tr>
<td>11</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-1a</td>
</tr>
<tr>
<td>12</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-1b</td>
</tr>
<tr>
<td>13</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-2a</td>
</tr>
<tr>
<td>14</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-2b</td>
</tr>
</tbody>
</table>
Setup Forms

Setup Forms - Introduction
Training Program - Setup
Training Program Setup - Selecting Type of Training Program

⚠️ Warning: A new entry in the Training Program Setup form is only needed for training programs not previously reported. If no new training programs were supported through the grant in the current reporting period, skip to the Final Steps for this subform.

This table is used to input your IPCP student trainings held at an academic center. These IPCP structured training programs, including clinical rotation programs, refer to those offered to team members to expand knowledge base around coordinated care. For each program, you will need to identify a name (for example, you can select the name used in your NEPQR IPCP application, such as the "Interprofessional Collaborative Practice Diabetes Prevention Program"), and add it as a new record.

![Figure 3. Training Program Setup - Selecting Type of Training Program](image)

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

- Non-degree structured training program (Structured)

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

Next, click on the “Load Program Details” button. This will activate additional drop-down menus specific to the type of training program selected.

Note: Clicking on the "Load Program Details" button will activate drop-down menus specific to the selection made in Step 1.
Figure 5. Training Program Setup - Adding Structured Training Program

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

- Interprofessional Team-based Training

**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.
Next, click on the "Add Record" button to save your entry.
Repeat this process to capture all structured training programs offered during the annual reporting period.
Training Program Setup - Adding Unstructured Training Program

*Add Training Program

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

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

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

- Interprofessional Team-based Training

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. Next, click on the "Add Record" button to save your entry. Repeat this process to capture all unstructured training programs offered during the annual reporting period.
Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period:

Select the status of each training program at the end of the current reporting period by choosing one of the options listed below.

For Structured and Unstructured Training Programs, choose either Ongoing or Complete:

- Ongoing: A structured or unstructured training program that did not conclude by June 30, 2019.
- Complete: A structured or unstructured training program that concluded at some point during the reporting period (i.e. July 01, 2018 - June 30, 2019).

- Active
- Complete
- Inactive
- Ongoing

Warning: The status of each structured training program affects whether or not the BPMH system will allow counts to be reported for enrollees and program completers. If a program or activity is marked as "Complete", only program completers can be reported on the LR-1 through DV-3 subforms. If a program or activity is marked as "Ongoing", only enrollees can be reported on the LR-1 through DV-3 subforms.
To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
Faculty Development – Setup

Selecting Faculty Development Activities

<table>
<thead>
<tr>
<th>Faculty Development Activities</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured Faculty Development Training Program</td>
<td></td>
</tr>
<tr>
<td>Faculty Development Activity</td>
<td></td>
</tr>
<tr>
<td>No faculty-related activities conducted</td>
<td></td>
</tr>
</tbody>
</table>

Figure 8. Selecting Faculty Development Activities

The Faculty Development Setup form will configure all subforms specific to faculty development activities. To complete the Faculty Development Setup form, select the type(s) of faculty development activities coordinated or supported through the grant during the annual reporting period by choosing all that apply under Block 1.

Structured Faculty Development Training Program:

Faculty Development Activity:

No faculty-related activities conducted:

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

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

Reference: Refer to the glossary for a definition of each type of faculty development activity.
To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
Program Characteristics—PC Subforms
PC Subforms - Introduction
PC-3: Program Characteristics – Non-degree bearing Structured Training Programs
PC-3 - Selecting Education Level(s) of Participants

Select Education Level(s) of Participants:

Select the education level(s) of trainees who participated in each structured training program during the current reporting period by clicking on the dropdown in Column 4 (Block 1e) and choosing all of the options that apply:

- Faculty
- Practitioner - Paramedic
- Practitioner - Physician
- Student - Associates Degree
- Student - Diploma/Certificate (nursing)
- Student - Post - Masters Certificate
- Practitioner
- Practitioner - Pharmacist
- Practitioner - Social Worker
- Student - Bachelors Degree
- Student - Doctoral Degree
- Student - Post-high school / Pre-college
- Practitioner - Nurse
- Practitioner - Physical Therapist
- Student - 9 - 12 (secondary)
- Student - Diploma/Certificate (non-nursing)
- Student - Masters Degree

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.
**PC-3 - Entering Length of Training Program**

**Enter Length of Training Program in Clock Hours**

![Figure 10. PC-3 - Entering Length of Training Program](image)

**Enter Length of Training Program in Clock Hours:** Enter the duration, in clock hours, of each structured training program during the current reporting period in the textbox 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. *Example:* a 15-minute course would entered as 15/60 = .25.
Select Type(s) of Partners/Consortia Used to Offer this Training: To complete the PC-3 sub form, select the type(s) of partnerships or consortia used or established for the purpose of offering each structured training program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Area Agencies on Aging
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government - Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Academic department - within the institution
- Ambulatory Care Center
- Assisted Living
- Community Mental Health Center
- Extended care facilities
- Federal Government - AHRQ
- 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
- Alzheimer’s Association/Chapters
- Ambulatory practice sites
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other
- Federal Government - Others
- 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)
Warning: You may not select "No partners/consortia used" in combination with any other option.

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

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.
Legislative Requirements & Demographic Variables—LR and DV Subforms

LR and DV - Introduction

⚠️ Warning: You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each structured training program that was supported through the grant during the current reporting period. Counts provided in these forms must be for ALL program trainees (students and practicing professionals).
Faculty and trainees will also be captured in the EXP-3 subform.
LR-1a: Trainees by Training Category

LR-1 - Entering Enrollees Count

Trainees by Training Category

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

Figure 12. LR-1 - Entering Enrollees Count

Trainees by Training Category: Enter # of Enrollees: For programs marked as "Ongoing", follow the instructions below and then skip to the Final Steps for this subform.

Enter the number of trainees who participated in each structured training program during the annual reporting period in the textbox under Column 2.
Trainees by Training Category: Enter # of Program Completers: For programs marked as "Complete", follow the instructions below. Enter the number of students who completed each structured training program during the annual reporting period in the textbox under Column 6.

⚠️ Warning: If a structured training program was marked as "Completed" in the Training Program Setup form, Column 2 must be equal to "0" and Column 6 must be greater than "0".

💡 Note: Do not count individuals who permanently left a training program before completion during the annual reporting period in the textbox under Column 2. These individuals will be captured separately in Column 7.
**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>Block 6</th>
<th>Block 6a</th>
</tr>
</thead>
<tbody>
<tr>
<td>(7)</td>
<td>(8)</td>
</tr>
<tr>
<td>Enter # of Individuals who left the Program before Completion</td>
<td>Enter # of URM who left the Program before Completion</td>
</tr>
</tbody>
</table>

**Figure 14. LR-1 - Entering Attrition Information**

**Attrition: Enter # of Individuals who left the Program before Completion:**

Enter the total number of individuals who permanently left the training program before completion (and were being supported by the grant in some manner) in Column 7.

**Attrition: Enter # of URM who left the Program before Completion:**

Enter the number of underrepresented minorities who permanently left the training program before completion in Column 8.

*Note: Counts reported in Column 8 are a subset of those reported in Column 7.*

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 Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter # of Enrollees</strong></td>
<td><strong>Enter # of Enrollees</strong></td>
</tr>
<tr>
<td>(3) Blocks 1-6</td>
<td>(8) Blocks 7-12</td>
</tr>
</tbody>
</table>

Figure 15. LR-2 - Entering Enrollees Count by Age and Gender

**Gender: Male: Enter # of Enrollees:**

For each training program, enter the aggregate number of male enrollees from each age category in Column 3. If there were no male enrollees in a specific age category, enter a zero (“0”) in the appropriate textbox.

**Gender: Female: Enter # of Enrollees:**

For each training program, enter the aggregate number of female enrollees from each age category in Column 8. If there were no female enrollees in a specific age category, enter a zero (“0”) in the appropriate textbox.

⚠️ Warning: For each training program, the sum of enrollees must be equal to the sum of enrollees entered in LR-1.
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., program completers are NOT a subset of enrollees).

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
</tbody>
</table>

Figure 16. LR-2 - Entering Program Completers Count by Age and Gender

**Gender: Male: Enter # of Program Completers:**

For each training program, enter the aggregate number of male program completers from each age category in Column 7. If there were no male program completers in a specific age category, enter a zero (“0”) in the appropriate textbox.

**Gender: Female: Enter # of Program Completers:** For each training program, enter the aggregate number of female program completers from each age category in Column 12. If there were no female program completers in a specific age category, enter a zero (“0”) in the appropriate textbox.

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

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

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

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic/Latino</th>
<th>Enter # of Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(3) Blocks 1-7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
<th>Enter # of Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(8) Blocks 36-42</td>
</tr>
</tbody>
</table>

Figure 17. DV-1 - Entering Enrollees Count by Race and Ethnicity

**Ethnicity: Hispanic/Latino: Enter # of Enrollees:**

For each training program, enter the aggregate number of Hispanic/Latino enrollees from each race category in Column 3. If there were no Hispanic/Latino enrollees in a specific race category, enter a zero (“0”) in the appropriate textbox.

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Enrollees:**

For each training program, enter the aggregate number of Non-Hispanic/Non-Latino enrollees from each race category in Column 8. If there were no Non-Hispanic/Non-Latino in a specific race category, enter a zero (“0”) in the appropriate textbox.

⚠️ Warning: The sum of enrollees must be equal to the sum of enrollees entered in LR-1.
DV-1 - Entering Program Completers Count by Race and Ethnicity

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

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic/Latino</th>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
</tbody>
</table>

Figure 18. DV-1 - Entering Program Completers Count by Race and Ethnicity

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

For each training program, enter the aggregate number of Hispanic/Latino program completers from each race category in Column 7. If there were no Hispanic/Latino program completers in a specific race category, enter a zero (“0”) in the appropriate textbox.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Program Completers: For each training program, enter the aggregate number of Non-Hispanic/Non-Latino program completers from each race category in Column 12. If there were no Non-Hispanic/Non-Latino program completers in a specific race category, enter a zero (“0”) in the appropriate textbox.

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

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

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

**Warning:** For the LR and DV forms, enrollees and graduates must be counted separately (i.e., graduates 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>
<tr>
<td>(2) Block 1</td>
</tr>
<tr>
<td>(3) Block 2</td>
</tr>
</tbody>
</table>

**Figure 19. DV-2 - Entering Enrollees Count from Disadvantaged Background**

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

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

**Enrollees: Enter # from Disadvantaged Background who are not URM:**

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

**Note:** Counts reported in Column 3 (Block 2) ARE a subset of counts reported in Column 2 (Block 1). 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., program completers are NOT a subset of enrollees).

<table>
<thead>
<tr>
<th>Program Completers</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>

(10) Block 9

(11) Block 10

**Figure 20. DV-2 - Entering Program Completers Count from Disadvantaged Background**

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

For each training program, enter the aggregate number of program completers from disadvantaged backgrounds in the textbox in Column 10 (Block 9).

**Program Completers: Enter # from Disadvantaged Background who are not URM:** For each training program, enter the aggregate number of program completers from disadvantaged backgrounds who were NOT URM trainees in the textbox in Column 11 (Block 10).

💡 **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 Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

![Figure 21. DV-3 - Entering Enrollees Count from Rural Residential Background](image)

Residential Background: Enter # of Enrollees from a Rural Background: For each training program, enter the aggregate number of enrollees from rural residential backgrounds in the textbox 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., program completers are NOT a subset of enrollees).

<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>Block 5</td>
</tr>
</tbody>
</table>

Figure 22. DV-3 - Entering Program Completers Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Program Completers from a Rural Background:

Enter # of program completers from a Rural Background: For each training program, enter the aggregate number of program completers from rural residential backgrounds in the textbox in Column 6 (Block 5).

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.
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-3 subform collects information about the profession and discipline of individuals on each training team.

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-3.

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 forms only 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:

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 a clinical site was NOT used in the current reporting period, then it will not appear on EXP-2 as a dropdown option in Column 1.
Note: If "No" is selected in Column 2, then you must provide a comment in describing why that site was not utilized in the current reporting period.
Select Type of Site Used:

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

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

- Tribal Health Department
- Surgery Clinic
- Tribal Organization
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)

Note: If you select "Other" in Column 3, provide an explanation in the comments field and reference the site name.
EXP-1 - Selecting 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:

**Select Type of Setting Where the Site was Located:**

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

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

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

**Reference:** To determine whether a site is located in a rural area, please visit HRSA’s Office of Rural Health Policy at http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx
EXP-1 - Selecting Type(s) of Partners/Consortia

**Select Type(s) of Partners/Consortia used to Offer Training at this Site**

(5)

**Figure 27. EXP-1 - Selecting Type(s) of Partners/Consortia**

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

- Academic department - outside the institution
- Day and home care programs (i.e. Home Health)
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - Department of Defense/Military
- Geriatric Behavioral or Mental Health Units
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other
- Hospital
- Long-term care facility
- Physical therapy/Rehabilitation center
- Senior Center
- Federally - qualified health center or look-alikes
- Health department - State
- Academic department - within the institution
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Educational institution (Grades K - 12)
- Geriatric ambulatory care and comprehensive units
- Federal Government - ACL
- Federal Government - CDC
- Extended care facilities
- Hospice
- Federal Government - SAMHSA
- Nursing home
- Professional Associations
- State Governmental Programs
- Tribal Organization
- Health department - Tribal
- Health policy center
- Community Health Center (CHC)
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Federal Government - Veterans Affairs
- Federal Government - Other HRSA Program
- Geriatric consultation services
- Federal Government - FDA
- Federal Government - NIH
- Federal Government - Other HHS Agency/Office
- Local Government
- Other
- Quality improvement organization
- Tribal Government
**Nurse Education, Practice, Quality and Retention**

**Interprofessional Collaborative Practice (IPCP)**

- Health insurance/Healthcare Provider Group (e.g., PPO/HMO)
- Nonprofit organization (non-faith based)
- No partners/consortia used

- Nurse Managed Health Clinics
- Health department - Local
- Health disparities research center
- Nonprofit organization (faith-based)
- Private/For-profit organization

**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.
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 used to train individuals during the reporting period by clicking on the drop-down menu in 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
- Chronically ill
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Unemployed
- Victims of abuse or trauma

⚠️ Warning: You may not select "None of the above" in combination with any other option.
EXP-1 - Entering Site's geographical Data

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

Figure 29. EXP-1 - Entering Site's geographical Data

State:

City:

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

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

Note: Four-digit zip code extension information can 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 30. 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-3: Experiential Characteristics - Team Based Care**

**EXP-3 - Selecting Type of Training Program**

⚠️ **Warning:** EXP-1 must be completed and validated before completing EXP-3. Please read instructions carefully. EXP-3 will appear blank; however, drop-down selections will populate with your completed EXP-1 training sites.

![Figure 32. EXP-3 - Selecting Type of Training Program](image)

**Type of Training Program:** The EXP-3 subform captures information about the composition of each Interprofessional team at each site used during the current reporting period. To begin completing this subform, select a training program by clicking on the drop-down menu under Column 1 and choosing one of the available options. Options are populated from the Training Program Setup Form.
Site Name: Select a site used during the current reporting period by clicking on the drop-down menu under Column 2 and choosing one of the available options. The options available under "Site Name" will prepopulate with information entered and saved in the EXP-1 subform. Only sites marked as "Used during the Reporting Period" will appear as options.

The site name is where the IPCP practice team is providing care to the target population.
Select Team Number: Assign a team number for each Interprofessional team trained at each site by clicking on the drop-down menu under Column 3.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
### Select Profession and Discipline of Team Members

**Select Profession and Discipline of Team Members:** Select the profession and discipline of individuals in each Interprofessional team trained at each site by clicking on the drop-down menu under Column 4 and choosing one of the available options. Do not include any administrative personnel unless they are involved in the direct care of the target population.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Hospice/Palliative Care
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Hospitalist
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work
- Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatric Hematology
- Medicine - Plastic Surgery
<table>
<thead>
<tr>
<th>Interprofessional Collaborative Practice (IPCP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medicine - Otolaryngology</td>
</tr>
<tr>
<td>• Medicine - Pediatrics</td>
</tr>
<tr>
<td>• Medicine - Plastic Surgery - Integrated</td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Internal Medicine</td>
</tr>
<tr>
<td>• Medicine - Radiation Oncology</td>
</tr>
<tr>
<td>• Medicine - Thoracic Surgery</td>
</tr>
<tr>
<td>• Medicine - Vascular Surgery - Integrated</td>
</tr>
<tr>
<td>• Nursing - CNS - Adult gerontology</td>
</tr>
<tr>
<td>• Nursing - CNS - Neonatal</td>
</tr>
<tr>
<td>• Nursing - CNS - Women's health</td>
</tr>
<tr>
<td>• Nursing - NP - Acute care adult gerontology</td>
</tr>
<tr>
<td>• Nursing - NP - Adult gerontology</td>
</tr>
<tr>
<td>• Nursing - NP - Emergency care</td>
</tr>
<tr>
<td>• Nursing - NP - Geropsychiatric</td>
</tr>
<tr>
<td>• Nursing - NP - Women's health</td>
</tr>
<tr>
<td>• Nursing - Nurse educator</td>
</tr>
<tr>
<td>• Nursing - Nursing Assistant</td>
</tr>
<tr>
<td>• Nursing - Registered Nurse</td>
</tr>
<tr>
<td>• Other - Architecture and Environmental Engineering</td>
</tr>
<tr>
<td>• Other - Chiropractor</td>
</tr>
<tr>
<td>• Other - Facility Administrator</td>
</tr>
<tr>
<td>• Other - Health Informatics/Health Information Technology</td>
</tr>
<tr>
<td>• Other - Medical Assistant</td>
</tr>
<tr>
<td>• Other - Midwife</td>
</tr>
<tr>
<td>• Other - Occupational Therapy</td>
</tr>
<tr>
<td>• Other - Pharmacy</td>
</tr>
<tr>
<td>• Medicine - Pathology - Anatomical and Clinical</td>
</tr>
<tr>
<td>• Medicine - Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine</td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Public Health</td>
</tr>
<tr>
<td>• Medicine - Radiology - Diagnostic</td>
</tr>
<tr>
<td>• Medicine - Thoracic Surgery - Integrated</td>
</tr>
<tr>
<td>• Nursing - DNP - Generalist</td>
</tr>
<tr>
<td>• Nursing - CNS - Family</td>
</tr>
<tr>
<td>• Nursing - CNS - Pediatrics</td>
</tr>
<tr>
<td>• Nursing - Home Health Aide</td>
</tr>
<tr>
<td>• Nursing - NP - Acute care pediatric</td>
</tr>
<tr>
<td>• Nursing - NP - Adult</td>
</tr>
<tr>
<td>• Nursing - NP - Adult Psychiatric/Mental health</td>
</tr>
<tr>
<td>• Nursing - NP - Family</td>
</tr>
<tr>
<td>• Nursing - NP - Neonatal</td>
</tr>
<tr>
<td>• Nursing - NP - Nurse administrator</td>
</tr>
<tr>
<td>• Nursing - Nurse informaticist</td>
</tr>
<tr>
<td>• Nursing - Pre-licensure</td>
</tr>
<tr>
<td>• Nursing - Researcher/Scientist</td>
</tr>
<tr>
<td>• Other - Behavioral health (e.g. Therapists Counselors)</td>
</tr>
<tr>
<td>• Other - Community Health Worker</td>
</tr>
<tr>
<td>• Other - First Responder/EMT</td>
</tr>
<tr>
<td>• Other - Law Enforcement</td>
</tr>
<tr>
<td>• Other - Medical Interpreter</td>
</tr>
<tr>
<td>• Other - Midwife (non-nurse)</td>
</tr>
<tr>
<td>• Other - Office/Support Staff</td>
</tr>
<tr>
<td>• Other - Physical Therapy</td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Family Medicine</td>
</tr>
<tr>
<td>• Medicine - Psychiatry</td>
</tr>
<tr>
<td>• Medicine - Surgery - General</td>
</tr>
<tr>
<td>• Medicine - Urology</td>
</tr>
<tr>
<td>• Nursing - BS/BSN Completion</td>
</tr>
<tr>
<td>• Nursing - CNS - Geropsychiatric</td>
</tr>
<tr>
<td>• Nursing - CNS - Psychiatric/Mental health</td>
</tr>
<tr>
<td>• Nursing - Licensed practical/vocational nurse (LPN/LVN)</td>
</tr>
<tr>
<td>• Nursing - NP - Adult</td>
</tr>
<tr>
<td>• Nursing - NP - Child/Adolescent Psychiatric/Mental Health</td>
</tr>
<tr>
<td>• Nursing - NP - Family Psychiatric/Mental Health</td>
</tr>
<tr>
<td>• Nursing - NP - Pediatrics</td>
</tr>
<tr>
<td>• Nursing - Nurse anesthetist</td>
</tr>
<tr>
<td>• Nursing - Nurse midwife</td>
</tr>
<tr>
<td>• Nursing - Public health nurse</td>
</tr>
<tr>
<td>• Other - Allied Health</td>
</tr>
<tr>
<td>• Other - Care Manager</td>
</tr>
<tr>
<td>• Other - Direct Service Worker</td>
</tr>
<tr>
<td>• Other - Health Education Specialist</td>
</tr>
<tr>
<td>• Other - Lay and Family Caregiver</td>
</tr>
<tr>
<td>• Other - Mental health (e.g. LCSW Family Therapist)</td>
</tr>
<tr>
<td>• Other - Nutritionist</td>
</tr>
<tr>
<td>• Other - Optometry</td>
</tr>
<tr>
<td>• Other - Podiatry</td>
</tr>
<tr>
<td>• Other - Respiratory Therapy</td>
</tr>
<tr>
<td>• Other - Unknown</td>
</tr>
<tr>
<td>• Other - Promotora</td>
</tr>
</tbody>
</table>
Health Resources and Services Administration
Bureau of Health Workforce

- Other - Profession Not Listed
- Other - Social Worker
- Other - Veterinary Medicine
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Student - Athletic Trainer
- Student - CNL
- Student - Dietary
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Psychology
- Student - Graduate-Music Therapy
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Pastoral Care
- Student - Physician Assistant
- Student - RN
- Student - Undergraduate - Other

- Other - Registered Dietician
- Other - Speech Therapy
- Other - Audiologist
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Audiology
- Student - Dental Hygiene
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Technician
- Student - Pharmacy
- Student - Post - high school / Pre-college
- Student - Social Work
- Student - Undergraduate - Public Health

- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - BSN
- Student - Dental School
- Student - Emergency Medical Services
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Informatics
- Student - MSN
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Occupational therapy
- Student - Physical therapy
- Student - Respiratory Therapy
- Student - Speech therapy

Nurse Education, Practice, Quality and Retention
Interprofessional Collaborative Practice (IPCP)
**EXP-3 - Entering # of Team Members**

Enter # of Team Members in this Profession and Discipline: Enter the number of individuals in each profession and discipline that was selected in the previous step in the textbox under Column 5.

Repeat this process to capture the total number of individuals who participated in IPCP training at each site during the current reporting period.
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
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Federal Government Office or Agency
- Hospice
- International nonprofit/nongovernmental organization
- Long-term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department

- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Critical Access Hospital
- Emergency Room
- FQHC or look-alike
- Federal Government - Other
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization

- Acute care services
- Community - based organization
- Community Mental Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- Federal Government - Department of Defense / Military
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- School - based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
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-3 - 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.
Faculty Development, Instruction, and Recruitment—FD Subforms

FD - Introduction

Purpose: The FD-1 subforms collect information about the characteristics and the trainees of structured faculty development programs. Purpose: The FD-2 subforms collect information about the characteristics and the trainees of faculty development activities.

The FD forms capture all IPCP team training activities during the project period. The activities include case conferences, huddles, seminars, or workshops that IPCP team members participate in during the current reporting period. Clinician-specific trainings or conferences are not included here unless they have a specific IPCP team focus.

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

⚠️ Warning: The FD-2a and FD-1b subforms will only appear if "Faculty Development Training Activity" was selected in the Faculty Development Setup form.
FD-1a: Faculty Development - Structured Faculty Development Training Programs
FD-1a - Adding Structured Faculty Development Programs

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

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

Figure 39. FD-1a - Adding Structured Faculty Development Programs

Program Name:
For NEW records:

- To begin completing the FD-1a subform, enter the name of each structured faculty development program coordinated and/or supported through the grant during the annual reporting period.
- Next, click the "Add Record" button to save your entry.
- Repeat this process to enter each faculty development program that was coordinated and/or supported through the grant during the current reporting period.

⚠️ Warning: Complete the FD-1a Setup form only if grant funds were used to support structured faculty development programs other than those previously reported and still ongoing. To provide updates to prior records, go to the next page. Once a program has been completed, it will need to be re-entered as a new record if the program is run again with a new cohort.
Note: If an entry needs to be deleted for any reason, simply click on “Delete” under the column labeled "Options".

Example: The John Doe School of Nursing used BHW funds to support TeamSTEPPS training for ten (10) faculty members. In the first semester, the school used grant funds to pay for the costs of training three (3) faculty members. In the second semester, the school used grant funds to pay for the costs of training an additional seven (7) faculty members. Since each faculty development program supported through the grant must be reported separately, the John Doe School of Nursing would have 2 entries—TeamSTEPPS #1 and TeamSTEPPS #2 (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-1a and FD-1b subforms for each of these programs.
FD-1a - Selecting Program Status

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

- Complete
- Ongoing

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

💡 Note:

- Select 'Ongoing' if the training program did not conclude by **June 30, 2019**.
- Select 'Complete' if the training program concluded at some point during the annual reporting period (i.e. **July 01, 2018 - June 30, 2019**).
**FD-1a - Entering Program Information for Degree/Non-Degree Programs**

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

<table>
<thead>
<tr>
<th>Select Whether this was a Degree Bearing Program</th>
<th>For Degree-bearing Programs</th>
<th>For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Block 2</td>
<td>(3) Block 2a</td>
<td>(5) Block 3</td>
</tr>
<tr>
<td></td>
<td>(4) Block 2b</td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes
- No

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

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

- Certificate
- DNSc
- DNP
- Master's Degree Not Otherwise Specified

Nurse Education, Practice, Quality and Retention
Interprofessional Collaborative Practice (IPCP)
For Degree-bearing Programs: Select Primary Focus Area: For Degree-bearing Programs: Select Primary Focus Area:
1. If you selected "No" in Column 2 (Block 2), select "N/A" in Column 4 (Block 2b).
2. If you selected "Yes" in Column 2 (Block 2), select the primary focus area of the degree-bearing structured faculty development program by clicking on the drop-down menu in Column 4 (Block 2b) and choosing one of the options below.

- Nursing - CNL - Generalist
- Nursing - CNS - Family
- Nursing - CNS - Neonatal
- Nursing - CNS - Women’s health
- Nursing - NP - Acute care pediatric
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - NP - Psychiatric/Mental health
- Nursing - Nurse Anesthetist
- Nursing - Nurse Researchers/Scientists
- Nursing - Public Health Nurse
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Gerontology
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Adult gerontology
- Nursing - NP - Gerontology
- Nursing - NP - Other advanced nurse specialty
- Nursing - NP - Women’s health
- Nursing - Nurse Educator
- Nursing - Nursing Assistant
- Other - Midwife
- Nursing - CNS - Community Health
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Pediatrics
- Nursing - Nurse Administrator
- Nursing - Nurse Midwife
- Nursing - Nursing Informatics
- N/A

For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours: For Non-Degree-Bearing Program, Enter Length of Training Program in Clock Hours:
1. If you selected "Yes" in Column 2 (Block 2), enter a zero ("0") in Column 5 (Block 3).
2. If you selected "No" in Column 2 (Block 2), enter the length of each non-degree bearing structured faculty development program in clock hours in the textbox in Column 5 (Block 3).
FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

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

<table>
<thead>
<tr>
<th>Enter the % of Time Spent Developing Competencies for the Following Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician</td>
</tr>
<tr>
<td>(6) Block 5</td>
</tr>
</tbody>
</table>

Figure 42. FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

Enter the % of Time Spent Developing Competencies for the Following Roles: Clinician: Enter the percentage of time spent in each structured faculty development program developing competencies associated with 'Clinician' in Column 6.

Enter the % of Time Spent Developing Competencies for the Following Roles: Administrator: Enter the percentage of time spent in each structured faculty development program developing competencies associated with 'Administrator' in Column 7 (Block 5).

Enter the % of Time Spent Developing Competencies for the Following Roles: Educator: Enter the percentage of time spent in each structured faculty development program developing competencies associated with 'Educator' in Column 8 (Block 5).

Enter the % of Time Spent Developing Competencies for the Following Roles: Researcher: Enter the percentage of time spent in each structured faculty development program developing competencies associated with 'Researcher' in Column 9 (Block 5).

Note: Percentages of time spent across the four roles must sum up to 100%.
Note: These Blocks will prepopulate for prior records with data submitted in the previous reporting period.
Enter # of Faculty Who Completed the Program: If you marked a program as "Complete" in Column 1a, enter the number of faculty who completed each structured faculty development program during the current reporting period in the textbox in Column 10 (Block 6). If you selected "Ongoing" in Column 1a, enter a zero ("0") in the textbox in Column 10 (Block 6).

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
**FD-1b: Faculty Development - Faculty Trained By Profession/Discipline**

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

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

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Profession and Discipline of Faculty Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2) Block 4</td>
</tr>
</tbody>
</table>

**Figure 44. FD-1b - Adding Profession and Discipline for Structured Programs**

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

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Other Psychology
- Behavioral Health - Other Social Work Substance Abuse/Addictions Counseling
- Dentistry - Oral Surgery Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Marriage and Family Therapy
- Dentistry - Endodontic Dentistry
- Dentistry - Dental Hygiene
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Nursing - CNS - Psychiatric/Mental health
<table>
<thead>
<tr>
<th>Health Resources and Services Administration</th>
<th>Annual Performance Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau of Health Workforce</td>
<td>Academic Year 2018-2019</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Education, Practice, Quality and Retention</td>
<td>Medicine - General Preventive Medicine</td>
</tr>
<tr>
<td>Interprofessional Collaborative Practice (IPCP)</td>
<td>Nursing - NP - Family</td>
</tr>
<tr>
<td></td>
<td>Medicine - Other</td>
</tr>
<tr>
<td></td>
<td>Medicine - Internal Medicine/Family Medicine</td>
</tr>
<tr>
<td></td>
<td>Medicine - Psychiatry</td>
</tr>
<tr>
<td></td>
<td>Medicine - Allergy and Immunology</td>
</tr>
<tr>
<td></td>
<td>Other - Office/Support Staff</td>
</tr>
<tr>
<td></td>
<td>Medicine - Colon and Rectal Surgery</td>
</tr>
<tr>
<td></td>
<td>Medicine - Dermatology</td>
</tr>
<tr>
<td></td>
<td>Public Health - Health Policy &amp; Management</td>
</tr>
<tr>
<td></td>
<td>Medicine - Hospitalist</td>
</tr>
<tr>
<td></td>
<td>Public Health - Biostatistics</td>
</tr>
<tr>
<td></td>
<td>Medicine - Preventive Medicine/Public Health</td>
</tr>
<tr>
<td></td>
<td>Public Health - Infectious Disease Control</td>
</tr>
<tr>
<td></td>
<td>Public Health - Social &amp; Behavioral Sciences</td>
</tr>
<tr>
<td></td>
<td>Nursing - CNL - Generalist</td>
</tr>
<tr>
<td></td>
<td>Nursing - CNS - Family</td>
</tr>
<tr>
<td></td>
<td>Medicine - Orthopaedic Surgery</td>
</tr>
<tr>
<td></td>
<td>Medicine - Pathology - Anatomical and Clinical</td>
</tr>
<tr>
<td></td>
<td>Nursing - NP - Acute care adult gerontology</td>
</tr>
<tr>
<td></td>
<td>Medicine - Plastic Surgery - Integrated</td>
</tr>
<tr>
<td></td>
<td>Medicine - Preventive Medicine/Aerospace Medicine</td>
</tr>
<tr>
<td></td>
<td>Nursing - NP - Geropsychiatric</td>
</tr>
<tr>
<td></td>
<td>Nursing - NP - Women's health</td>
</tr>
<tr>
<td></td>
<td>Nursing - Nurse anesthetist</td>
</tr>
</tbody>
</table>

- **Nursing - NP - Child/Adolescent Psychiatric/Mental Health**
- **Medicine - Geriatric Psychiatry**
- **Medicine - Internal Medicine**
- **Nursing - Registered Nurse**
- **Medicine - Preventive Medicine**
- **Other - Health Education Specialist**
- **Nursing - Other**
- **Medicine - Anesthesiology**
- **Other - Physical Therapy**
- **Medicine - Occupational Medicine**
- **Public Health - Other**
- **Medicine - Preventive Medicine/Family Medicine**
- **Medicine - Preventive Medicine/Occupational Medicine**
- **Public Health - Environmental Health**
- **Public Health - Injury Control & Prevention**
- **Medicine - Neurological Surgery**
- **Medicine - Nuclear Medicine**
- **Nursing - CNS - Geropsychiatric**
- **Nursing - CNS - Women's health**
- **Nursing - Home Health Aide**
- **Nursing - NP - Adult**
- **Nursing - NP - Adult gerontology**
- **Nursing - NP - Emergency care**
- **Medicine - Preventive Medicine/Pediatrics**
- **Nursing - Nurse administrator**
- **Nursing - Nurse educator**
- **Nursing - Nurse informaticist**
- **Medicine - Vascular Surgery - Integrated**
- **Medicine - Emergency Medicine**
- **Medicine - Family Medicine**
- **Medicine - Geriatrics**
- **Medicine - Integrative Medicine**
- **Other - Community Health Worker**
- **Other - Direct Service Worker**
- **Medicine - Medical Genetics**
- **Other - Occupational Therapy**
- **Other - Pharmacy**
- **Medicine - Obstetrics and Gynecology**
- **Physician Assistant**
- **Medicine - Physical Medicine and Rehabilitation**
- **Medicine - Preventive Medicine/Internal Medicine**
- **Public Health - Disease Prevention & Health Promotion**
- **Public Health - Epidemiology**
- **Medicine - Internal Medicine/Pediatrics**
- **Medicine - Neurology**
- **Nursing - CNS - Adult gerontology**
- **Medicine - Ophthalmology**
- **Medicine - Otolaryngology**
- **Nursing - Licensed practical/vocational nurse (LPN/LVN)**
- **Medicine - Plastic Surgery**
- **Nursing - NP - Adult Psychiatric/Mental health**
- **Nursing - NP - Family Psychiatric/Mental Health**
- **Medicine - Radiation Oncology**
Nurse Education, Practice, Quality and Retention
Interprofessional Collaborative Practice (IPCP)

- Nursing - Researcher/Scientist
- Other - Chiropractor
- Other - First Responder/EMT
- Other - Medical Assistant
- Other - Optometry
- Other - Respiratory Therapy
- Nursing - NP - Pediatrics
- Nursing - Public health nurse
- Other - Nutritionist

- Medicine - Radiology - Diagnostic
- Medicine - Surgery - General
- Medicine - Thoracic Surgery - Integrated
- Nursing - Advanced Practice Nursing
- Nursing - Alternative/Complementary Nursing
- Other - Facility Administrator
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women’s health and pediatrics
- Nursing - NP - Acute care pediatric
- Other - Speech Therapy
- Nursing - Nurse midwife
- Other - Lay and Family Caregiver
- Other - Veterinary Medicine

- Other - Allied Health
- Nursing - CNS - Neonatal
- Other - Health Informatics/Health Information Technology
- Nursing - Community health nursing
- Other - Podiatry
- Nursing - NP - Neonatal
- Nursing - Other (e.g. CNA PCA)
- Other - Midwife (non - nurse)
Enter # Trained in this Profession and Discipline: For each structured faculty development program, enter the number of faculty in each profession/discipline who participated in the program during the current reporting period in the textbox in Column 3 (Block 4). Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each structured faculty development program during the current reporting period.

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
FD-2a: Faculty Development - Faculty Development Activities
FD-2a - Entering Faculty Development Activities

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

⚠️ Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.
Faculty development activities include IPCP team case conferences, huddles, and monthly meetings used to help IPCP teams work more effectively. Clinician-specific activities should not be included here unless they have an IPCP team focus.

![Activity Name](activity-name.png)

**Figure 46. FD-2a - Entering Faculty Development Activities**

Activity Name: Enter the name of each new faculty development activity coordinated and/or supported through the grant during the current reporting period in Column 1 (Block 1).
Select “Add Record.”
Repeat this process as necessary to enter each new faculty development activity that was coordinated and/or supported through the grant during the current reporting period.

⚠️ Warning: If a previously-completed faculty development activity (prior record) is being offered again with a new cohort, it will need to be re-created as a new record.
Example: The John Doe School of Nursing used BHW funds to pay for the cost of sending five (5) faculty members to the annual Academy Health conference. In addition, the school also used BHW funds to pay for the cost of sending two (2) faculty members to a local workshop on the integration of behavioral health and primary care. Since each faculty development activity supported through the grant must be reported separately, the John Doe School of Nursing would have 2 entries—one entry for the Academy Health Annual Conference and one for the Integration of Behavioral Health and Primary care workshop (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-2a and FD-2b subforms for each of these activities.
FD-2a - Selecting Type of Faculty Development Activity Offered

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

<table>
<thead>
<tr>
<th>Select Type of Faculty Development Activity Offered</th>
<th>For Courses or Workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Select Whether Activity is Accredited for Continuing Education Credit</td>
</tr>
<tr>
<td>(2) Block 8</td>
<td>(3) Block 8a</td>
</tr>
</tbody>
</table>

Figure 47. FD-2a - Selecting Type of Faculty Development Activity Offered

Select Type of Faculty Development Activity Offered: Select the type of faculty development activity supported and/or coordinated through the grant during the current reporting period by clicking on the drop-down menu under Column 2 (Block 8) and choosing one of the following options:

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

For Courses or Workshops: Select Whether Activity is Accredited for Continuing Education Credit: 1. For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8), Select "N/A" for Column 3 (Block 8a).
2. For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8), select whether these activities are accredited for continuing education credit by clicking on the drop-down menu under Column 3 (Block 8a) and choosing one of the following options:

- Yes
- No
For Courses or Workshops: Select Whether Attendance was to Acquire or Maintain Professional Certification: 1. For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8), Select "N/A" for Column 4 (Block 8b).
2. For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8), select whether attendance by faculty was for the purposes of acquiring or maintaining a professional certification by clicking on the drop-down menu under Column 4 (Block 8b) and choosing one of the following options:

- Yes
- No
- N/A
Enter Duration of Training Activity in Clock Hours: Enter the duration (in clock hours) of each faculty development activity in the textbox in Column 5 (Block 9).

Note: For activities less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. Example: a 15-minute course would entered as 15/60 = .25.
FD-2a - Selecting Delivery Mode

Select Delivery Mode Used to Offer Training Activity: Select the primary delivery mode used to offer each faculty development activity by clicking on the drop-down menu in Column 6 (Block 10) and choosing one of the following options:

- Classroom-based
- Clinical Rotation
- Hybrid
- Other
- Archived/Self-paced distance learning
- Distance learning (Online Webinar)
- Real-time/Live distance learning
FD-2a - Selecting Faculty Role(s)

Select the Faculty Role(s) Addressed at Training Activity: Select the faculty role(s) addressed in each faculty development activity by clicking on the drop-down menu in Column 7 (Block 11) and choosing all that apply from the following options:

- Administrator
- Clinician
- Educator
- Researcher

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
**FD-2b: Faculty Development - Faculty Trained By Profession/Discipline**

**FD-2b - Adding Profession and Discipline for Activities**

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

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Profession and Discipline of Faculty Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td></td>
<td>(2) Block 12</td>
</tr>
</tbody>
</table>

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

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

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

Nurse Education, Practice, Quality and Retention Interprofessional Collaborative Practice (IPCP)
Interprofessional Collaborative Practice (IPCP)

- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Integrative Medicine
- Other - Community Health Worker
- Other - Direct Service Worker
- Medicine - Medical Genetics
- Other - Occupational Therapy
- Other - Pharmacy
- Medicine - Obstetrics and Gynecology
- Physician Assistant
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Internal Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Epidemiology
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Nursing - CNS - Adult gerontology
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Medicine - Plastic Surgery
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
Interprofessional Collaborative Practice (IPCP)

- Medicine - Vascular Surgery - Integrated
- Nursing - Researcher/Scientist
- Other - Chiropractor
- Other - First Responder/EMT
- Other - Medical Assistant
- Other - Optometry
- Other - Respiratory Therapy
- Nursing - NP - Pediatrics
- Nursing - Public health nurse
- Other - Nutritionist

- Medicine - Radiation Oncology
- Medicine - Radiology - Diagnostic
- Medicine - Surgery - General
- Medicine - Thoracic Surgery - Integrated
- Nursing - Advanced Practice Nursing
- Nursing - Alternative/Complementary Nursing
- Other - Facility Administrator
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women’s health and pediatrics
- Nursing - NP - Acute care pediatric
- Other - Speech Therapy
- Nursing - Nurse midwife
- Other - Lay and Family Caregiver
- Other - Veterinary Medicine

- Nursing - Nurse anesthetist
- Medicine - Thoracic Surgery
- Medicine - Urology
- Nursing - Aggregate/Systems/Organizational
- Other - Allied Health
- Nursing - CNS - Neonatal
- Other - Health Informatics/Health Information Technology
- Nursing - Community health nursing
- Other - Podiatry
- Nursing - NP - Neonatal
- Nursing - Other (e.g. CNA PCA)
- Other - Midwife (non-nurse)
FD-2b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline

(3)
Block 12

Figure 52. FD-2b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of faculty in each profession/discipline who participated in the faculty development activity during the current reporting period in the textbox in Column 3 (Block 12). Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each faculty development activity during the current reporting period.

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, click on the “Submit” button in the left hand side of the EHB to begin the submission process of your PRGCA.
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 53. Screenshot of Printing Your Performance Report](image)
Submitting Your Performance Report

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

Figure 54. Screenshot of the Submit Report Page
2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the ‘Certification’ section and click the ‘Confirm’ button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

Figure 55. Screenshot of the Submit Report - Confirm Page
Appendix A: Glossary

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

General FAQs

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

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

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

Where will grantees be able to locate the instruction manuals for the performance reports?
Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at [http://bhw.hrsa.gov/grants/reporting/index.html](http://bhw.hrsa.gov/grants/reporting/index.html).

Is there a way to look at the data forms required for my program without logging into EHB?
Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at [http://bhw.hrsa.gov/grants/reporting/index.html](http://bhw.hrsa.gov/grants/reporting/index.html).

Are reports from prior years stored in the EHBs?
Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:
   a) Clicking the 'view prior period data' link within a form or under your Resources tab;
   b) Going into your grant folder and searching for previously completed reports; or
   c) Clicking on the "submissions" link in the left side navigation menu.

Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?
Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes his/her specific training program or permanently leaves before completion.

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

When specific data, such as "N/A" is required after completing a cell, can those cells populate automatically?
No, grantees are required to enter all data themselves due to Section 508 requirements.

**FAQs about Technical Support & Assistance**

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

**FAQs about the Training Program Setup forms**

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

**FAQs about the Program Characteristics (PC) forms**

Do I need to set up my training program again if it is being reused in the current reporting period?
No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of ‘Prior Record’ displayed.

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

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

Are we required to report on trainees at our institution beyond those who are participating in HRSA-funded programs?
The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

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

In the LR and DV tables, are the counts for graduates and/or program completers a subset of the total trainee number, or are they to be reported separately?
Health Resources and Services Administration
Bureau of Health Workforce

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

Which address should we use to determine whether an individual is from a rural residential background?
The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

FAQs about the INDGEN form

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

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

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

Last year we created unique IDs in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant?
The purpose of the Unique ID is to track an individual’s training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same “unique ID-training program” combination cannot be present more than once.

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

Is reporting the underrepresented Asian distinction no longer included?
The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.
Can we use our institution’s definitions/standards for disadvantaged background?
The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution’s definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

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

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

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

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

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

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

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

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

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

On the prior report we indicated that a trainee graduated when he had not. Because of that, he is not showing up on the current report. Can he be moved back to the INDGEN form?
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?
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.