Instruction Manual for Grantees of the
Nurse Workforce Diversity (NWD)

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 NWD grant program:
   - Assist underrepresented students throughout the educational pipeline to become registered nurses;
   - Facilitate diploma or associate degree registered nurses becoming baccalaureate prepared registered nurses; and
   - Prepare practicing registered nurses for advanced nursing education.

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

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](#).
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>
<th>Applicable Grant Purpose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Grant Purpose</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Training Program</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>3</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Faculty Development</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>4</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSubforms</td>
<td>PC-1</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>5</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSubforms</td>
<td>PC-2</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>6</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSubforms</td>
<td>PC-3</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>7</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>LR-1a</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>8</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>LR-2</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>9</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>DV-1</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>Order</td>
<td>Type of Form</td>
<td>Parent Form</td>
<td>Form ID</td>
<td>Applicable Grant Purpose(s)</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>---------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>10</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>DV-2</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>11</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>DV-3</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>12</td>
<td>Performance Data Form</td>
<td>IndividualCharacteristics-INDGENSubforms</td>
<td>IND-GEN</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>13</td>
<td>Performance Data Form</td>
<td>IndividualCharacteristics-INDGENSubforms</td>
<td>INDGEN-PY</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>14</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-1</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>15</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-2</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>16</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-1a</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
<tr>
<td>17</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-1b</td>
<td>NWD-1,NWD-2,NWD-3</td>
</tr>
</tbody>
</table>
Setup Forms
Setup Forms - Introduction
Grant Purpose – Setup
Selecting Grant Purpose(s)

To configure the BPMH system, please complete the Grant Purpose Setup form by selecting the specific type(s) of activities that were supported with grant funds during the annual reporting period (July 01, 2018 - June 30, 2019).

<table>
<thead>
<tr>
<th>Grant Purpose</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>NWD-1: Assist underrepresented students throughout the educational pipeline to become registered nurses.</td>
<td>☐</td>
</tr>
<tr>
<td>NWD-2: Facilitate diploma or associate degree registered nurses becoming baccalaureate prepared registered nurses.</td>
<td>☐</td>
</tr>
<tr>
<td>NWD-3: Prepare practicing registered nurses for advanced nursing education.</td>
<td>☐</td>
</tr>
</tbody>
</table>

Figure 3. Selecting Grant Purpose(s)

NWD-1: Assist underrepresented students throughout the educational pipeline to become registered nurses.: 

NWD-2: Facilitate diploma or associate degree registered nurses becoming baccalaureate prepared registered nurses.: 

NWD-3: Prepare practicing registered nurses for advanced nursing education.: 

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

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

💡 Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.
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.
Warning: A new entry in the Training Program Setup form is only needed if training programs other than those previously reported were supported through the grant during the annual reporting period. If no new programs were supported through the grant during the annual reporting period, skip to the “Training Program Setup—Final Steps.”

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

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)
- Non-degree structured training program (Structured)
- Non-degree unstructured training program (Unstructured)

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

Figure 5. Training Program Setup - Loading Program Details

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

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

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

**Figure 6. Training Program Setup - Adding Structured Training Program**

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

Select the type of 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:

- College Academic Support
- Nursing Preparation Program (Academic Retention)
- Post-Baccalaureate Conditional Admissions Program
- Saturday Academy (Academic Retention)
- Socialization
- Summer Program (Pre-entry Preparation)
- Health Professions Academy
- Nursing Preparation Program (Pre-entry Preparation)
- Pre-college Preparation
- Saturday Academy (Pre-entry Preparation)
- Summer Program
- High School Academy
- Post-Baccalaureate Program
- Pre-Matriculation Program
- Social Support
- Summer Program (Academic Retention)

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

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

*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 7. Training Program Setup - Adding Unstructured Training Program

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

Select the type of unstructured training activities 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:

- College Academic Support
- Nursing Preparation Program (Academic Retention)
- Post-Baccalaureate Conditional Admissions Program
- Saturday Academy (Academic Retention)
- Socialization
- Summer Program (Pre-entry Preparation)
- Health Professions Academy
- Nursing Preparation Program (Pre-entry Preparation)
- Pre-college Preparation
- Saturday Academy (Pre-entry Preparation)
- Summer Program
- High School Academy
- Post - Baccalaureate Program
- Pre-Matriculation Program
- Social Support
- Summer Program (Academic Retention)

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

Nurse Workforce Diversity (NWD)
Enter a name for the activity selected in the previous step. Then, click on the "Add Record" button to save your entry. Repeat these steps to capture all unstructured training programs offered during the annual reporting period.
Training Program Setup - Adding Degree/Diploma Program

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

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

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

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

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

- Nursing - BS/BSN Completion
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Family
Health Resources and Services Administration    
Bureau of Health Workforce    

Nurse Workforce Diversity (NWD)

- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - NP - Women's health
- Nursing - Nurse Educator
- Nursing - Nursing Informatics
- Other - Midwife

- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Other advanced nurse specialists
- Nursing - Nurse Administrator
- Nursing - Nurse Midwife
- Nursing - Pre-licensure

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- Nursing - CNS - Pediatrics
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Pediatrics
- Nursing - Nurse Anesthetist
- Nursing - Nurse Researchers/Scientists
- Nursing - Public Health Nurse

Select Delivery Mode Used to Offer Program:

Select the primary mode used to deliver each degree program during the annual reporting period by clicking on the drop-down menu under and choosing one of the options below. Next, click on the "Add Record" button to save your entry. Repeat this process to capture the degree programs supported through the grant during the annual reporting period.

- Campus-based program
- Distance learning program
- Hybrid program
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 annual reporting period (i.e. **June 30, 2019**) by choosing one of the options listed below. Refer to the notes section of this step for more details.

- Active
- Complete
- Inactive
- Ongoing

*Note: For Structured and Unstructured Training Programs, select either Ongoing or Complete.*
- **Ongoing:** A training program that did not conclude by **June 30, 2019.**

- **Complete:** A training program that concluded at some point during the current annual reporting period (i.e. **July 01, 2018 - June 30, 2019**).

**Note:** For Degree Programs, select either Active or Inactive

- **Active:** A degree program that was offered during the current annual reporting period. If you are reporting on a particular degree program, please select active.
- **Inactive:** A degree program that was NOT offered during the current annual reporting period. Selecting ‘Inactive’ indicates that the degree program is completed, you are no longer administering it, and you have no active INDGEN records. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records) will be made inactive.

**To Complete the Form:** Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
Faculty Development - Setup
Selecting Faculty Development Activities

**Purpose:** The Faculty Development Setup form will configure all subforms specific to faculty development.

<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>Faculty Instruction</td>
<td></td>
</tr>
<tr>
<td>No faculty-related activities conducted</td>
<td></td>
</tr>
</tbody>
</table>

**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 CDE forms) for instructions on how to update the status of each previously reported structured faculty development program.

**Structured Faculty Development Training Program:**

**Faculty Development Activity:**

**Faculty Instruction:**

**No faculty-related activities conducted:**

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

Complete Column 6 (Block 2) by selecting all of the type(s) of partnerships or consortia established to offer each degree program during the current reporting period.

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
Health Resources and Services Administration
Bureau of Health Workforce

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

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

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- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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

Note: If you select the option "Other" please use the comment field to indicate the type of partnership used (include the degree program name in your comment).
PC-1 - Entering Enrollment Information

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

For Column 7, enter the total number of students who participated in each degree program during the current reporting period. Count all students who participated, regardless of whether the student received a BHW-funded financial award.

<table>
<thead>
<tr>
<th>Enter Total # Enrolled (whether funded by BHW or not)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>(7) Block 3</td>
</tr>
</tbody>
</table>

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

**Enter Total # Enrolled (whether funded by BHW or not): URM:**

For Column 8, enter the number of students who participated in each degree program during the current reporting period who were underrepresented minorities.

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

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

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

Example:
**PC-1 - Entering Graduate Information**

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

<table>
<thead>
<tr>
<th>Enter Total # Graduated/Completed (whether funded by BHW or not)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>(10) Block 8</td>
</tr>
</tbody>
</table>

Figure 13. PC-1 - Entering Graduate Information

**Enter Total # Graduated/Completed (whether funded by BHW or not): Total:**

In Column 10 (Block 8), enter the total number of students who graduated from their degree program during the current reporting period. Count all students who graduated, regardless of whether the student directly received a BHW-funded financial award.

**Enter Total # Graduated/Completed (whether funded by BHW or not): URM:**

In Column 11 (Block 8a), enter the number of students who graduated from their degree program during the current reporting period and were underrepresented minorities.

*Note:* Column 10 is a subset of Column 7; Column 11 is a subset of Column 10.
Note: Students who permanently left their degree program before graduation (i.e., attrition) will be counted separately in Column 12 (Block 9).

Example:
PC-1 - Entering Attrition Information

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

| Enter Total # Who left the Program Before Completion (whether funded by BHW or not) |
|---------------------------------------------|----------------|
| **Total**                                  | **URM**       |
| (12) Block 9                               | (13) Block 9a |

Figure 14. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total:

In Column 12 (Block 9), enter the total number of students who permanently left their degree programs before completion during the current reporting period. Count all students who permanently left their degree programs regardless of whether or not the student directly received a BHW-funded financial award.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM:

In Column 13 (Block 9a), enter the number of students who permanently left their degree programs before completion during the current reporting period and were underrepresented minorities.
Note: Column 13 (Block 9a) is a subset of Column 12 (Block 9). The total entered in Column 12 (Block 9) is exclusive of the total number of students Column 7 (Block 3).

Example:

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
PC-2: Program Characteristics – Non-degree bearing Unstructured Training Programs

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

Select Education Level(s) of Participants:

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

Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.
**PC-2 - Entering Length of Training Activity**

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

Figure 16. PC-2 - Entering Length of Training Activity

**Enter Length of Training Activity in Clock Hours:** Enter the duration, in clock hours, of each unstructured training program during the current reporting period in the textbox in Column 5 (Block 1c).

💡 **Note:** For training programs less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60 (e.g., a 15-minute course would entered as 15/60 = .25).
Select Type(s) of Partners/Consortia Used to Offer this Training:

Select the type(s) of partnerships or consortia established for the purposes of offering each unstructured training program during the current reporting period by clicking on the drop-down menu in Column 6 (Block 2) and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
Nurse Workforce Diversity (NWD)

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

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

- Student - 9 - 12 (secondary)
- Student - Bachelors Degree
- Student - Diploma/Certificate (nursing)
- Student - K - 8 (primary)
- Student - Post - Masters Certificate
- Student - Associates Degree
- Student - Diploma/Certificate (non-nursing)
- Student - Doctoral Degree
- Student - Masters Degree
- Student - Post-high school / Pre-college

Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.
PC-3 - Entering Length of Training Program

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

**Figure 19. PC-3 - Entering Length of Training Program**

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

Enter the duration, in clock hours, of each structured training program during the current reporting period 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 (e.g., a 15-minute course would entered as 15/60 = .25).
PC-3 - Selecting Whether Clinical or Practicum Training Was Offered

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

Select Whether Clinical or Practicum Training Was Offered: For Column 7, select whether each structured program offered during the current reporting period included a clinical training or practicum component by choosing **one** of the following options:

- Yes
- No
PC-3 - Selecting Whether Cultural Competency Training Was Offered

Select Whether Cultural Competency Training Was Offered: For Column 8, select whether each structured training program offered during the current reporting period provided participants with cultural competency-related training by choosing one of the following options:

- Yes
- No
Select Type(s) of Partners/Consortia Used to Offer this Training:

Select the type(s) of partnerships or consortia used or established for the purpose of offering each structured training program during the current reporting period by clicking on the drop-down menu in Column 9 (Block 2) and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government - Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
Nurse Workforce Diversity (NWD)

- Local Government
- Nonprofit organization (faith-based)
- Nursing home
- Private/For-profit organization
- Senior Center
- Tribal Organization
- Other
- Professional Associations
- State Government
- Tribal Government

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

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
Warning: You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each training program or activity that was supported through the grant during the annual reporting period.
LR-1a: Trainees by Training Category
LR-1 - Entering Enrollees Count

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

![Figure 23. LR-1 - Entering Enrollees Count](image)

⚠️ Warning: If a structured training program or unstructured training activity was marked as "Completed" in the Training Program Setup form, Column 2 must be "0".

💡 Note: Do not count individuals who permanently left a training program before graduation during the reporting period in Column 6 (Block 5). These individuals will be captured separately in Column 7 (Block 6).
Warning: For the LR and DV forms, enrollees, graduates, and program completers must be counted separately (i.e., graduates and program completers are NOT a subset of enrollees).

Warning: For structured and unstructured programs, Column 5 should be "0".

Note: Do not count individuals who permanently left a training program before graduation during the reporting period in Column 5 (Block 4). These individuals will be captured separately in Column 7 (Block 6).
LR-1a: Trainees by Training Category
LR-1 - Entering Ongoing Trainees Count

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

Trainees by Training Category: Enter # of Ongoing Trainees: Enter the number of ongoing trainees enrolled in each training program in the textbox in Column 1a.

💡 Note: 'Ongoing trainees' are those students, fellows, and residents who have not yet completed their training programs.

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

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

#### Figure 26. LR-1 - Entering Program Completers Count

**Warning:** For degree programs, Column 6 should be "0".

<table>
<thead>
<tr>
<th>Type of Training Program</th>
<th>Trainees by Training Category</th>
<th>Attrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 1</td>
<td>Enter # of Enrollees (2)</td>
<td></td>
</tr>
<tr>
<td>Block 4</td>
<td>Enter # of Graduates (5)</td>
<td></td>
</tr>
<tr>
<td>Block 5</td>
<td>Enter # of Program Completers (6)</td>
<td>Enter # of Individuals who left the Program before Completion (7)</td>
</tr>
<tr>
<td>Block 6</td>
<td></td>
<td>Er</td>
</tr>
</tbody>
</table>

- Degree/Diploma | BSN | Nursing - Pre-licensure | Enter # of Enrollees | Enter # of Graduates | Enter # of Program Completers | Enter # of Individuals who left the Program before Completion |

- **Enter # of Enrollees (2)**
- **Enter # of Graduates (5)**
- **Enter # of Program Completers (6)**
- **Enter # of Individuals who left the Program before Completion (7)**
**LR-1 - Entering Graduates/Program Completers Count**

<table>
<thead>
<tr>
<th>Trainees by Training Category</th>
<th>Trainees by Training Category: Enter # of Graduates/ Program Completers</th>
</tr>
</thead>
</table>

(6a)

Figure 27. LR-1 - Entering Graduates/Program Completers Count

**Trainees by Training Category: Enter # of Graduates/ Program Completers**: Enter the aggregate number of graduates or program completers in the textbox in Column 6a.

💡 **Note**: Do not count individuals who permanently left a training program before graduation or completion during the current reporting period in Column 6a. 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>Attrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Individuals who left the Program before Completion</td>
</tr>
<tr>
<td>(7) Block 6</td>
</tr>
</tbody>
</table>

Figure 28. 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) by clicking the textbox 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 during the current reporting in the textbox under 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:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

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

<table>
<thead>
<tr>
<th>Type of Training Program</th>
<th>Age Group of Trainees</th>
<th>Sex: Male</th>
<th>Sex: Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Enter # of Enrollees</td>
<td>Enter # of Graduates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Blocks 1-6</td>
<td>(6) Blocks 37-42</td>
</tr>
<tr>
<td>Degree/Diploma</td>
<td>BSN</td>
<td>Nursing - Pre-licensure</td>
<td>19 and Under</td>
</tr>
</tbody>
</table>

**Figure 29. LR-2 - Entering Enrollees Count by Age and Gender**

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

💡 **Note:** Enter "0" if there were no males or females in a specific age group who participated in the training programs listed in this subform.
**LR-2 - Entering Graduates Count by Age and Gender**

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

![Figure 30. LR-2 - Entering Graduates Count by Age and Gender](image)

⚠️ **Warning:** For each degree program, the sum of graduates must be equal to the sum of graduates entered in LR-1.
LR-2: Trainees by Age & Gender

LR-2 - Entering Ongoing Trainees Count by Age and Gender

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
<th>Gender: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Ongoing Trainees</td>
<td>Enter # of Ongoing Trainees</td>
<td>Enter # of Ongoing Trainees</td>
</tr>
<tr>
<td>(2a)</td>
<td>(7a)</td>
<td>(12a)</td>
</tr>
</tbody>
</table>

**Figure 31. LR-2 - Entering Ongoing Trainees Count by Age and Gender**

**Gender: Male: Enter # of Ongoing Trainees:** Enter the number of male ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 2a.

**Gender: Female: Enter # of Ongoing Trainees:** Enter the number of female ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 7a.

**Gender: Not Reported: Enter # of Ongoing Trainees:** Enter the number of 'Gender: Not Reported' ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 12a.

⚠️ **Warning:** For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).
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).

Warning: For each structured or unstructured 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.
### LR-2 - Entering Graduates/Program Completers Count by Age and Gender

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
<th>Gender: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Graduates/Program Completers</td>
<td>Enter # of Graduates/Program Completers</td>
<td>Enter # of Graduates/Program Completers</td>
</tr>
<tr>
<td>(6a)</td>
<td>(11a)</td>
<td>(16a)</td>
</tr>
</tbody>
</table>

Figure 33. LR-2 - Entering Graduates/Program Completers Count by Age and Gender

**Gender: Male: Enter # of Graduates/Program Completers:** Enter the number of male graduates/program completers from each training program during the current reporting period in the textbox in Column 6a.

**Gender: Female: Enter # of Graduates/Program Completers:** Enter the number of female graduates/program completers from each training program during the current reporting period in the textbox in Column 11a.

**Gender: Not Reported: Enter # of Graduates/Program Completers:**

⚠️ **Warning:** For each training program, the sum of graduates/program completers must be equal to the sum of graduates/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, graduates, and program completers must be counted separately (i.e., graduates and program completers are NOT a subset of enrollees).

<table>
<thead>
<tr>
<th>Type of Training Program (1)</th>
<th>Race Category (2)</th>
<th>Ethnicity: Hispanic/Latino</th>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Enter # of Enrollees (3) Blocks 1-7</td>
<td>Enter # of Graduates (6) Blocks 22-28</td>
</tr>
</tbody>
</table>

#### Figure 34. DV-1 - Entering Enrollees Count by Race and Ethnicity

**Warning:** The sum of enrollees must be equal to the sum of enrollees entered in LR-1.
DV-1 - Entering Graduates 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>Ethnicity: Non-Hispanic/Non-Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Enrollees</td>
<td>Enter # of Graduates</td>
</tr>
<tr>
<td>(3) Blocks 1-7</td>
<td>(6) Blocks 22-28</td>
</tr>
<tr>
<td>Enter # of Program</td>
<td>Enter # of Program</td>
</tr>
<tr>
<td>Completers</td>
<td>Completers</td>
</tr>
<tr>
<td>(7) Blocks 29-35</td>
<td>(8) Blocks 36-42</td>
</tr>
<tr>
<td>Enter # of Enrollees</td>
<td>Enter # of Graduates</td>
</tr>
<tr>
<td>(11) Blocks 57-63</td>
<td>(12) Blocks 64-70</td>
</tr>
<tr>
<td>Enter # of Program</td>
<td></td>
</tr>
<tr>
<td>Completers</td>
<td></td>
</tr>
</tbody>
</table>

Figure 35. DV-1 - Entering Graduates Count by Race and Ethnicity

Warning: For each degree program, the sum of graduates must be equal to the sum of graduates entered in LR-1.
DV-1: Trainees by Racial & Ethnic Background
DV-1 - Entering Ongoing Trainees 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>Ethnicity: Non-Hispanic/Non-Latino</th>
<th>Ethnicity: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Ongoing Trainees</td>
<td>Enter # of Ongoing Trainees</td>
<td>Enter # of Ongoing Trainees</td>
</tr>
<tr>
<td>(2a)</td>
<td>(7a)</td>
<td>(12a)</td>
</tr>
</tbody>
</table>

Figure 36. DV-1 - Entering Ongoing Trainees Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Ongoing Trainees: Enter the number of Hispanic ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 2a.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Ongoing Trainees: Enter the number of Non-Hispanic ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 7a.

Ethnicity: Not Reported: Enter # of Ongoing Trainees: Enter the number of 'Ethnicity Not Reported' ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 12a.

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 Enrollees</td>
<td>Enter # of Graduates</td>
</tr>
<tr>
<td>(3) Blocks 1-7</td>
<td>(6) Blocks 22-28</td>
</tr>
<tr>
<td>Enter # of Program</td>
<td>Enter # of Program Completers</td>
</tr>
<tr>
<td>Completers</td>
<td>(7) Blocks 29-35</td>
</tr>
<tr>
<td>Enter # of Enrollees</td>
<td>Enter # of Graduates</td>
</tr>
<tr>
<td>(8) Blocks 36-42</td>
<td>(11) Blocks 57-63</td>
</tr>
<tr>
<td>Enter # of Program</td>
<td>Enter # of Program Completers</td>
</tr>
<tr>
<td>Completers</td>
<td>(12) Blocks 64-70</td>
</tr>
</tbody>
</table>

Figure 37. DV-1 - Entering Program Completers Count by Race and Ethnicity

Warning: For each structured or unstructured 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 - Entering Graduates/Program Completers Count by Race and Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic/Latino</th>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
<th>Ethnicity: Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Graduates/Program Completers</td>
<td>Enter # of Graduates/Program Completers</td>
<td>Enter # of Graduates/Program Completers</td>
</tr>
<tr>
<td>(6a)</td>
<td>(11a)</td>
<td>(16a)</td>
</tr>
</tbody>
</table>

**Figure 38. DV-1 - Entering Graduates/Program Completers Count by Race and Ethnicity**

**Ethnicity: Hispanic/Latino: Enter # of Graduates/ Program Completers:** Enter the number of Hispanic/Latino graduates/program completers from each training program during the current reporting period in the textbox in Column 6a.

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Graduates/ Program Completers:** Enter the number of Non-Hispanic/Non-Latino graduates/program completers from each training program during the current reporting period in theTextbox in Column 11a.

**Ethnicity: Not Reported: Enter # of Graduates/ Program Completers:** Enter the number of 'Ethnicity Not Reported' graduates/program completers from each training program in the textbox in Column 16a.

**Warning:** For each training program, the sum of graduates/program completers must be equal to the sum of graduates/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, graduates, and program completers must be counted separately (i.e., graduates and program completers are NOT a subset of enrollees).

![Figure 39. DV-2 - Entering Enrollees Count from Disadvantaged Background](image)

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

Reference: Refer to the glossary for a definition of disadvantaged background and underrepresented minority.
**DV-2 - Entering Graduates 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>Graduates</th>
<th>Program Completers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Total # from Disadvantaged Background</td>
<td>Enter Total # from Disadvantaged Background who are not URM</td>
</tr>
<tr>
<td>(8) Block 7</td>
<td>(10) Block 9</td>
</tr>
<tr>
<td>Enter # from Disadvantaged Background who are not URM</td>
<td>Enter # from Disadvantaged Background who are not URM</td>
</tr>
<tr>
<td>(9) Block 8</td>
<td>(11) Block 10</td>
</tr>
</tbody>
</table>

*Note: Counts reported in Column 9 are a subset of counts reported in Column 8.*

*Reference: Refer to the glossary for a definition of disadvantaged background and underrepresented minority.*
DV-2: Trainees from a Disadvantaged Background

**DV-2 - Entering Ongoing Trainees Count from Disadvantaged Background**

| Ongoing Trainees | Ongoing Trainees:
Enter Total # from Disadvantaged Background | Ongoing Trainees:
Enter # from Disadvantaged Background who are not URM |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(13)</td>
<td>(14)</td>
</tr>
</tbody>
</table>

**Figure 41. DV-2 - Entering Ongoing Trainees Count from Disadvantaged Background**

**Ongoing Trainees: Enter Total # from Disadvantaged Background:** Enter the number of ongoing trainees from a disadvantaged background enrolled in each training program in the textbox under Column 13.

**Ongoing Trainees: Enter # from Disadvantaged Background who are not URM:** Enter the number of ongoing trainees from a disadvantaged background (who are not underrepresented minorities) enrolled in each training program during the current reporting period in the textbox in Column 14.
**DV-2 - Entering Program Completers Count from Disadvantaged Background**

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

<table>
<thead>
<tr>
<th>Graduates</th>
<th>Program Completers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Total # from Disadvantaged Background (8) Block 7</td>
<td>Enter Total # from Disadvantaged Background who are not URM (10) Block 9</td>
</tr>
<tr>
<td>Enter # from Disadvantaged Background who are not URM (9) Block 8</td>
<td>Enter # from Disadvantaged Background who are not URM (11) Block 10</td>
</tr>
</tbody>
</table>

**Figure 42. DV-2 - Entering Program Completers Count from Disadvantaged Background**

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

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

<table>
<thead>
<tr>
<th>Graduates/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>
<tr>
<td>(15)</td>
</tr>
<tr>
<td>(16)</td>
</tr>
</tbody>
</table>

**Figure 43. DV-2 - Entering Graduates/Program Completers Count from Disadvantaged Background**

**Graduates/Program Completers: Enter Total # from Disadvantaged Background:** Enter the total number of graduates/program completers from disadvantaged backgrounds in each training program during the current reporting period in the textbox in Column 15.

**Graduates/Program Completers: Enter # from Disadvantaged Background who are not URM:** Enter the number of graduates/program completers from a disadvantaged background (who are not underrepresented minorities) in each training program in the textbox in Column 16.

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

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

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

<table>
<thead>
<tr>
<th>Trainees from Rural Residential Background</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter # of Graduates from a Rural Background</strong></td>
</tr>
<tr>
<td>(5) Block 4</td>
</tr>
<tr>
<td><strong>Enter # of Program Completers from a Rural Background</strong></td>
</tr>
<tr>
<td>(6) Block 5</td>
</tr>
</tbody>
</table>

Figure 45. DV-3 - Entering Graduates Count from Rural Residential Background

Reference: Refer to the glossary for a definition of rural residential background.
**DV-3: Trainees from a Rural Background**

**DV-3 - Entering Ongoing Trainees 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).

<table>
<thead>
<tr>
<th>Trainees from Rural Residential Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Ongoing Trainees from a Rural Background</td>
</tr>
<tr>
<td>(8)</td>
</tr>
</tbody>
</table>

**Figure 46. DV-3 - Entering Ongoing Trainees Count from Rural Residential Background**

**Trainees from Rural Residential Background:** Enter # of Ongoing Trainees from a Rural Background: Enter the number of ongoing trainees from a rural residential background enrolled in each training program during the current reporting period in the textbox in Column 8.
DV-3 - Entering Program Completers Count from Rural Residential Background

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

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.
## DV-3 - Entering Graduates/Program Completers Count from Rural Residential Background

<table>
<thead>
<tr>
<th>Trainees from Rural Residential Background</th>
<th>Enter # of Graduates/Program Completers from a Rural Background</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(9)</td>
</tr>
</tbody>
</table>

**Figure 48. DV-3 - Entering Graduates/Program Completers Count from Rural Residential Background**

Trainees from Rural Residential Background: Enter # of Graduates/Program Completers from a Rural Background: Enter the number of Graduates/Program Completers from a rural residential background enrolled in each training program during the current reporting period in the textbox in Column 9.

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

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

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

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

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

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

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

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

IND-GEN - Setup

To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals previously reported on IND-GEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.

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

Figure 49. IND-GEN - Setup

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

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

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

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

Type of Training Program:

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

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

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

Note: The type of training program entitled "Other" does not apply to this program.
IND-GEN - Entering Trainee Unique ID

Trainee Unique ID:

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

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

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

Select Individual's Training or Awardee Category:

Select each individual’s training category by clicking on the drop-down menu in Column 3 (Block 2) and choosing one of the following options:

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

Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.
IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status:

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

- Both Full-time and Part-time
- Full-time
- Part-time
- On leave of absence
- Inactive
Select Individual's Gender:

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

- Female
- Male
- Not Reported

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

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

**Figure 55. IND-GEN - Entering Year of Birth**

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

- 1917
- 1918
- 1919
- 1920
- 1921
- 1922
- 1923
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- 1982
Nurse Workforce Diversity (NWD)

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- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- Not Reported
IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity:

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

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

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

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

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

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

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

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

💡 Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.
IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background:

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

- Yes
- No
- Not Reported

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

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

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

Select Whether Individual is from a Disadvantaged Background: Select whether each student is from a disadvantaged background by clicking on the drop-down menu under Block 9 and choosing one of the following options:

- Yes
- No
- Not Reported

Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

Reference: Refer to the glossary for a definition of disadvantaged background.
**IND-GEN - Selecting Individual's Veteran Status**

**Select Individual's Veteran Status:** Select each student's current veteran status by clicking on the drop-down menu under Block 10 and choosing one of the following options:

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

*Note*: This Block will prepopulate for prior records with data submitted in previous reporting periods. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

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

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

<table>
<thead>
<tr>
<th>Select Whether Individual Received BHW Financial Award?</th>
<th>Enter Individual's Financial Award Amount (BHW funds only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stipend</td>
</tr>
<tr>
<td></td>
<td>Scholarship</td>
</tr>
<tr>
<td>(12) Block 11</td>
<td>(13) Block 11</td>
</tr>
<tr>
<td></td>
<td>(15) Block 11</td>
</tr>
</tbody>
</table>

Figure 61. IND-GEN - Entering BHW-Funded Financial Award Information

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

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Stipend: If a student received a BHW-funded financial award, enter the total amount of BHW dollars provided during the annual reporting period in the textbox under the column labeled "Stipend". The total amount reported should account for all BHW dollars including those applied to tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations.

If the student did not receive a financial award, select "No" under Block 11 and enter "0" in all financial award columns where no money was disbursed.

Enter Individual's Financial Award Amount (BHW funds only): Scholarship: If the student received a BHW financial award, enter the total amount of BHW dollars provided during the annual reporting period in the textbox under Scholarship. Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, conference expenses, tuition, fees, and reasonable living expenses, as
If the student did not receive a financial award, select "No" under Block 11 and enter "0" in all financial award columns where no money was disbursed.
**IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding**

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

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

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

**Note:** If a student received a BHW-funded financial award for the first time during the annual reporting period, select "1" under Block 12.
Selected Individual's Academic or Training Year

Select Individual's Academic or Training Year: Select each student's current training year by clicking on the drop-down menu under Block 15 and choosing one of the following options:

- Graduate Year 1
- Graduate Year 4
- Graduate Year 7
- Undergraduate Year 1
- Undergraduate Year 4
- Graduate Year 2
- Graduate Year 5
- Non-degree Training Program Year 2
- Undergraduate Year 2
- Undergraduate Year 5
- Graduate Year 3
- Graduate Year 6
- Non-degree Training Year 1
- Undergraduate Year 3

Note: For faculty or preceptors, select N/A.
*IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training*

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

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

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

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

Figure 65. IND-GEN - Entering Training Information in a Primary Care Setting

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

- Yes
- No

Training in a Primary Care Setting: Enter # of Contact Hours: If the individual received clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Block 17a. If the individual did not receive clinical or experiential training in a primary care setting, leave the textbox under Block 17a blank.
Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Figure 66. IND-GEN - Entering Training Information in a Medically Underserved Community

Training in a Medically Underserved Community: Select Whether Individual Received Training:

Select whether each individual received experiential training in a medically underserved community (MUC) during the annual reporting period by clicking on the drop-down menu under Column 31 and choosing one of the following options:

- Yes
- No

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

If the individual received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 31 (Block 18a). If the individual did not receive clinical or experiential training in a MUC, leave the textbox in Column 31 (Block 18a) blank.
IND-GEN - Enter Individual's Financial Award Amount (BHW funds only)

<table>
<thead>
<tr>
<th>Enter Individual's Financial Award Amount (BHW funds only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Year Total</td>
</tr>
<tr>
<td>(21b)</td>
</tr>
<tr>
<td>Block 11</td>
</tr>
</tbody>
</table>

Figure 67. IND-GEN - Enter Individual's Financial Award Amount (BHW funds only)

Enter Individual's Financial Award Amount (BHW funds only): Academic Year Total:
IND-GEN - Entering Training Information in a Rural Area

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

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

Figure 68. IND-GEN - Entering Training Information in a Rural Area

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

Select whether each individual received experiential training in a rural area during the annual reporting period by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No

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

- If the individual received clinical or experiential training in a rural area, enter the total number of hours spent in this type of setting during the current reporting period in the textbox.
- If the individual did not receive clinical or experiential training in a rural area, leave the textbox blank.
IND-GEN — Selecting Student Services Information

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

Figure 69. IND-GEN — Selecting Student Services Information

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

- Faculty or staff led counseling sessions
- Peer support advisors
- Service learning opportunities
- N/A
- Other social support services
- Peer support groups
- None of the above

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

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

Select Whether Individual Left the Program Before Completion: Select whether each student permanently left their training program before completion during the annual reporting period by clicking on the drop-down menu under Block 21 and choosing one of the following options:

- Yes
- No

Figure 70. IND-GEN - Selecting Whether Individual Left the Program Before Completion
IND-GEN - Entering Graduation/Completion Information

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

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

**Select Whether Individual Graduated/Completed the Program:** Select whether each student completed their training program during the annual reporting period by clicking on the drop-down menu under Block 22 and choosing one of the following options:

- Yes
- No

**Select Degree Earned:**

- **If an individual graduated from their training program during the current reporting period,** select the type of degree/certificate earned through the program by clicking on the drop-down menu and choosing one of the available options.
- **If the individual did not complete their training program,** select "N/A."

- AA
- BSN
- DNSc/DNS
- MN
- MSN
- AS
- DNAP
- EdD
- MPH
- MSN/MBA
- BS
- DNP
- EdD
- MHA/MHSA
- MS
- MSN/MBA
- MSN/MPH

Figure 71. IND-GEN - Entering Graduation/Completion Information
• PhD
• Post-Masters Certificate
• N/A

Select whether individual took and passed a certifying examination on the first attempt: Select whether each individual took and passed a certifying examination of the first attempt by clicking on the drop-down menu under Column 38b and choosing one of the following options:

• Yes
• No
• Not yet sat for exam
• N/A

Select Individual's Post-Graduation/Completion Intentions: If a student completed their training program during the annual reporting period, select the student's training or employment intentions by clicking on the drop-down menu under Block 22b and choosing all that apply from the following options:

If the student did not complete their training program, select "N/A" under Block 22b.

• Individual intends to apply to a baccalaureate nursing degree program
• Individual intends to apply to an advanced nursing degree program
• Individual intends to become employed or pursue further training in a primary care setting
• Individual intends to enroll in your degree program
• None of the above

• Individual intends to apply to a nursing program (diploma)
• Individual intends to become employed or pursue further training in a medically underserved community
• Individual intends to become employed or pursue further training in a rural setting
• Individual intends to remain enrolled in their nursing degree program for the next 12 months
• N/A

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

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

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

Figure 72. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Select whether status/employment data are available for the individual 1-year post graduation/completion: Select whether current employment data are available for each student who received a BHW-funded financial award and completed their degree one year prior to this report by clicking on the drop-down menu under Block 23 and choosing one of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status: Select the individual’s current training/employment status by clicking on the drop-down menu in Column 14 choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- Individual applied and was accepted into a baccalaureate nursing degree program
- Individual applied and was accepted into a nursing program (diploma)
- Individual applied and was accepted into an advanced nursing degree program

Nurse Workforce Diversity (NWD)
Health Resources and Services Administration
Bureau of Health Workforce

Nurse Workforce Diversity (NWD)

- Individual applied but was not accepted into a nursing program
- Individual applied to an advanced nursing degree program and has not yet received acceptance
- Individual is currently employed or is pursuing further training in a rural setting
- Individual remained actively enrolled in their nursing degree program
- Student enrolled in a degree program at your institution
- N/A

- Individual applied to a baccalaureate nursing degree program and has not yet received acceptance
- Individual is currently employed or is pursuing further training in a medically underserved community
- Individual is currently providing treatment or wrap-around services to individuals with substance use disorders
- Individual withdrew from their health professions training program
- Student is not practicing as an RN
- N/A

Select Whether Your Organization Hired this Individual:

Select whether your organization hired this individual following training program completion by clicking on the drop-down menu under Column 16 and choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- No
- Yes
- N/A

Select Whether a Partner Organization Hired this Individual:

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

- Yes
- No
- N/A

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- Individual applied to a nursing program (diploma) and has not yet received acceptance
- Individual is currently employed or is pursuing further training in a primary care setting
- Individual is currently working in a facility that provides substance use treatment services
- Individual is serving individuals with OUD/SUD
- 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.
Experiential Characteristics—EXP Subforms

EXP - Introduction

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

- The EXP-1 form collects information about the different clinical sites used to provide your trainees with experiential training.

- The EXP-2 subform collects information about the profession and discipline of individuals trained at each site used during the current reporting period.

2. Order of Forms:

- The EXP forms MUST be completed in order, otherwise drop-down menus will not populate correctly.

- You must complete and click ‘Save and Validate’ in EXP-1 before proceeding to EXP-2.

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

- The BPMH system will prepopulate saved information for each previously-used site (i.e., prior record) in the EXP-1 data table.

- You must indicate whether each previously-used site was used again during the current reporting period.

⚠️ Warning: Complete the EXP-1 and EXP-2 subforms only for sites used to train individuals who appear on the INDGEN 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 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.
Select Type of Site Used:

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

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

Nurse Workforce Diversity (NWD)

- Surgery Clinic
- Tribal Organization
- School-based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
- Tribal Health Department

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 Type of Setting Where the Site was Located:**

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

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

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

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

**Note:** To determine whether a site is located in a rural area, please visit HRSA’s Office of Rural Health Policy at [http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx](http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx)
**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 current reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing all that apply from the following options:

- Academic department - outside the institution
- Day and home care programs (i.e. Home Health)
- Ambulatory practice sites
- Community Mental Health Center
- Geriatric ambulatory care and comprehensive units
- Geriatric consultation services
- Federal Government - FDA
- Federal Government - NIH
- Federal Government - Other HHS Agency/Office
- Local Government
- Other
- Quality improvement organization
- Tribal Organization
- Health department - Tribal
- Health policy center
- Academic department - within the institution
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Educational institution (Grades K - 12)
- Federal Government - Other HRSA Program
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other
- Hospital
- Long-term care facility
- Physical therapy/Rehabilitation center
- Senior Center
- Health department - Local
- Health disparities research center
- Community Health Center (CHC)
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Federal Government - Veterans Affairs
- Geriatric Behavioral or Mental Health Units
- Federal Government - CDC
- Extended care facilities
- Hospice
- Federal Government - SAMHSA
- Nursing home
- Professional Associations
- Tribal Government
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Nonprofit organization (non - faith based)
- No partners/consortia used

---

**Figure 77. EXP-1 - Selecting Type(s) of Partners/Consortia**

Select Type(s) of Partners/Consortia used to Offer Training at this Site:
Health Resources and Services Administration
Bureau of Health Workforce

- Nurse Managed Health Clinics
- 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 (Block 4) and choosing all that apply from the following options:

- Adolescents
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Undocumented Immigrants
- Veterans
- None of the above
- Children
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Unemployed
- Victims of abuse or trauma
- Chronically ill
- 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

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 79. EXP-1 - Entering Site's geographical Data

City:

State:

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

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

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

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

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

Select any HHS Priorities Addressed at this Site:

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

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

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
EXP-2: Experiential Characteristics - Trainees by Profession/Discipline
EXP-2 - Selecting Training Program and Site Name

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

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

![Figure 82. EXP-2 - Selecting Training Program and Site Name](image)

**Type of Training Program:**

To begin completing the EXP-2 subform, select a training program by clicking on the drop-down menu under "Type of Training Program" and choosing one of the available options.

**Site Name:** Next, select a site name by clicking on the drop-down menu under Block 1 and choosing one of the available options.

💡 Note: The EXP-2 form will initially appear blank
**Select Profession and Discipline of Individuals Trained:**

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology Social Work or Substance Abuse/Addictions Counseling
- Behavioral Health - Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Home Health Aide
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work Substance Abuse/Addictions Counseling
- Student - Diploma/Certificate
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
<table>
<thead>
<tr>
<th>Nurse Workforce Diversity (NWD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medicine - General Preventive Medicine</td>
</tr>
<tr>
<td>• Medicine - Integrative Medicine</td>
</tr>
<tr>
<td>• Medicine - Internal Medicine/Pediatrics</td>
</tr>
<tr>
<td>• Medicine - Neurology</td>
</tr>
<tr>
<td>• Medicine - Occupational Medicine</td>
</tr>
<tr>
<td>• Medicine - Orthopaedic Surgery</td>
</tr>
<tr>
<td>• Medicine - Pathology - Anatomical and Clinical</td>
</tr>
<tr>
<td>• Medicine - Plastic Surgery</td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Aerospace Medicine</td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Occupational Medicine</td>
</tr>
<tr>
<td>• Medicine - Psychiatry</td>
</tr>
<tr>
<td>• Medicine - Surgery - General</td>
</tr>
<tr>
<td>• Medicine - Urology</td>
</tr>
<tr>
<td>• Nursing - CNL - Generalist</td>
</tr>
<tr>
<td>• Nursing - CNS - Geropsychiatric</td>
</tr>
<tr>
<td>• Nursing - CNS - Psychiatric/Mental health</td>
</tr>
<tr>
<td>• Nursing - Community health nursing</td>
</tr>
<tr>
<td>• Nursing - NP - Acute care adult gerontology</td>
</tr>
<tr>
<td>• Nursing - NP - Adult gerontology</td>
</tr>
<tr>
<td>• Nursing - NP - Emergency care</td>
</tr>
<tr>
<td>• Nursing - NP - Geropsychiatric</td>
</tr>
<tr>
<td>• Nursing - NP - Women's health</td>
</tr>
<tr>
<td>• Nursing - Nurse educator</td>
</tr>
<tr>
<td>• Nursing - Other (e.g. CNA PCA)</td>
</tr>
<tr>
<td>• Nursing - Researcher/Scientist</td>
</tr>
<tr>
<td>• Other - Chiropractor</td>
</tr>
<tr>
<td>• Other - Facility Administrator</td>
</tr>
<tr>
<td>• Medicine - Internal Medicine</td>
</tr>
<tr>
<td>• Medicine - Medical Genetics</td>
</tr>
<tr>
<td>• Medicine - Nuclear Medicine</td>
</tr>
<tr>
<td>• Medicine - Ophthalmology</td>
</tr>
<tr>
<td>• Medicine - Other</td>
</tr>
<tr>
<td>• Medicine - Pediatrics</td>
</tr>
<tr>
<td>• Medicine - Plastic Surgery - Integrated</td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Family Medicine</td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Pediatrics</td>
</tr>
<tr>
<td>• Medicine - Radiation Oncology</td>
</tr>
<tr>
<td>• Medicine - Thoracic Surgery</td>
</tr>
<tr>
<td>• Medicine - Vascular Surgery - Integrated</td>
</tr>
<tr>
<td>• Nursing - CNS - Adult gerontology</td>
</tr>
<tr>
<td>• Nursing - CNS - Neonatal</td>
</tr>
<tr>
<td>• Nursing - CNS - Women's health</td>
</tr>
<tr>
<td>• Nursing - Home Health Aide</td>
</tr>
<tr>
<td>• Nursing - NP - Acute care pediatric</td>
</tr>
<tr>
<td>• Nursing - NP - Adult Psychiatric/Mental health</td>
</tr>
<tr>
<td>• Nursing - NP - Family</td>
</tr>
<tr>
<td>• Nursing - NP - Neonatal</td>
</tr>
<tr>
<td>• Nursing - Nurse administrator</td>
</tr>
<tr>
<td>• Nursing - Nurse informaticist</td>
</tr>
<tr>
<td>• Nursing - Public health nurse</td>
</tr>
<tr>
<td>• Other - Allied Health</td>
</tr>
<tr>
<td>• Other - Community Health Worker</td>
</tr>
<tr>
<td>• Other - First Responder/EMT</td>
</tr>
<tr>
<td>• Other - Lay and Family Caregiver</td>
</tr>
<tr>
<td>• Other - Midwife</td>
</tr>
<tr>
<td>• Other - Occupational Therapy</td>
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<tr>
<td>• Other - Other</td>
</tr>
<tr>
<td>• Other - Podiatry</td>
</tr>
<tr>
<td>• Other - Podiatry</td>
</tr>
</tbody>
</table>

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| Medicine - Internal Medicine/Family Medicine |
| Medicine - Neurological Surgery |
| Medicine - Obstetrics and Gynecology |
| Student - Physician Assistant |
| Medicine - Otolaryngology |
| Medicine - Physical Medicine and Rehabilitation |
| Medicine - Preventive Medicine |
| Medicine - Preventive Medicine/Internal Medicine |
| Medicine - Preventive Medicine/Public Health |
| Medicine - Radiology - Diagnostic |
| Medicine - Thoracic Surgery - Integrated |
| Nursing - Alternative/Complementary Nursing |
| Nursing - CNS - Family |
| Nursing - CNS - Pediatrics |
| Nursing - CNS - Women's health and pediatrics |
| Nursing - Licensed practical/vocational nurse (LPN/LVN) |
| Nursing - NP - Adult |
| Nursing - NP - Child/Adolescent Psychiatric/Mental Health |
| Nursing - NP - Family Psychiatric/Mental Health |
| Nursing - NP - Pediatrics |
| Nursing - Nurse anesthetist |
| Nursing - Nurse midwife |
| Nursing - Registered Nurse |
| Other - Audiology |
Nurse Workforce Diversity (NWD)

<table>
<thead>
<tr>
<th>Other - Health Informatics/Health Information Technology</th>
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<tbody>
<tr>
<td>Other - Medical Laboratory Technology</td>
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<td>Other - Nutritionist</td>
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<td>Other - Optometry</td>
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<td>Other - Physical Therapy</td>
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<td>Other - Radiologic technology</td>
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<td>Other - Research</td>
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<tr>
<td>Other - Speech Therapy</td>
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<tr>
<td>Physician Assistant</td>
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<tr>
<td>Public Health - Environmental Health</td>
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<tr>
<td>Public Health - Health Policy &amp; Management</td>
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<td>Public Health - Nutrition</td>
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<td>Nursing - Nurse Generalist</td>
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<td>Student - Nursing - Licensed Practical/Vocational Nurse (LPN/LVN)</td>
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<tr>
<td>Student - Alternative/Complementary Nursing</td>
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<td>Student - CNL - Generalist</td>
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<td>Student - CNS - Geropsychiatric</td>
</tr>
<tr>
<td>Student - CNS - Psychiatric/Mental Health</td>
</tr>
<tr>
<td>Student - Community Health Nursing</td>
</tr>
<tr>
<td>Student - Dental School</td>
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<td>Student - Graduate - Allied Health</td>
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<td>Student - Graduate - Nursing</td>
</tr>
<tr>
<td>Student - Graduate - Other</td>
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<tr>
<td>Student - Graduate - Public Health</td>
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<td>Student - Health Informatics</td>
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<td>Student - Licensed Practical/Vocational Nurse (LPN/LVN)</td>
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<td>Public Health - Epidemiology</td>
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<td>Public Health - Infectious Disease Control</td>
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<td>Nursing - NP - Other advanced nurse specialists</td>
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<td>Nursing - Nurse Researchers/Scientists</td>
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<tr>
<td>Student - Nursing - Nurse midwife</td>
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<td>Student - Certified Nursing Assistant</td>
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<tr>
<td>Student - CNS - Adult gerontology</td>
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<tr>
<td>Student - CNS - Neonatal</td>
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<td>Student - CNS - Women’s health</td>
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<td>Student - Dental Assistant</td>
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<td>Student - Dietician</td>
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<td>Student - Graduate - Nursing Doctorate</td>
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<td>Student - Graduate - Other Behavioral Health</td>
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<td>Student - Graduate - Radiological Assistant</td>
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<td>Student - Home Health Aide</td>
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<td>Student - NP - Acute care adult gerontology</td>
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<td>Other - Midwife (non-nurse)</td>
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<td>Other - Office/Support Staff</td>
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<td>Other - Pharmacy</td>
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<td>Other - Registered Dietician</td>
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<td>Other - Speech Pathology</td>
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<td>Other - Veterinary Medicine</td>
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<td>Public Health - Disease Prevention &amp; Health Promotion</td>
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<td>Public Health - Health Administration</td>
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<td>Public Health - Injury Control &amp; Prevention</td>
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<td>Public Health - Social &amp; Behavioral Sciences</td>
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<td>Nursing - Nursing Informatics</td>
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<td>Student - Nursing - Registered nurse (RN)</td>
</tr>
<tr>
<td>Student - Chiropractic School</td>
</tr>
<tr>
<td>Student - CNS - Family</td>
</tr>
<tr>
<td>Student - CNS - Pediatrics</td>
</tr>
<tr>
<td>Student - CNS - Women’s health and pediatrics</td>
</tr>
<tr>
<td>Student - Dental Hygiene</td>
</tr>
<tr>
<td>Student - EMT</td>
</tr>
<tr>
<td>Student - Graduate - Clinical Laboratory Services</td>
</tr>
<tr>
<td>Student - Graduate - Nursing Masters</td>
</tr>
<tr>
<td>Student - Graduate - Psychology</td>
</tr>
<tr>
<td>Student - Graduate - Social Work</td>
</tr>
<tr>
<td>Student - Law School</td>
</tr>
<tr>
<td>Student - Medical School</td>
</tr>
</tbody>
</table>
Health Resources and Services Administration  
Bureau of Health Workforce  

- Student - Midwife (non-nurse)  
- Student - NP - Adult  
- Student - NP - Child/Adolescent Psychiatric/Mental Health  
- Student - NP - Family Psychiatric/Mental Health  
- Student - NP - Other advanced nurse specialists  
- Student - Nurse Administrator  
- Student - Nurse Midwife  
- Student - Nursing BS/BSN Completion  
- Student - Nursing Pre-licensure  
- Student - Pharmacy  
- Student - Podiatry School  
- Student - Registered nurse (RN)  
- Student - Speech Therapy  
- Student - Undergraduate - Other  
- Student - Undergraduate - Radiological Technician  

- Student - Occupational Therapy  
- Student - Pharmacy School  
- Student - Post - high school / Pre - college  
- Student - Registered Nurse - BSN  
- Student - Undergraduate - Allied Health  
- Student - Undergraduate - Public Health

Note: Principal trainees are those who were directly or indirectly supported through your grant. For your grant program, these are the individuals reported on the INDGEN form. “Other Interprofessional” trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not received support from or have an association with your HRSA grant.

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

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

**Figure 84. EXP-2 - Entering # Trained in the Profession and Discipline**

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

For each row, enter the number of "Principal" trainees in the profession/discipline listed.

- **Note:** Principal trainees are those who were directly or indirectly supported through your grant. For your grant program, these are the individuals reported on the INDGEN form.

- **Note:** Do not enter counts for faculty, site staff, or other non-trainees.
**EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care**

<table>
<thead>
<tr>
<th>Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
</tr>
<tr>
<td>Block 8</td>
</tr>
</tbody>
</table>

Figure 85. EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care

**Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care:** For each row, enter the number of all "Other Interprofessional" trainees in each profession/discipline listed. Counts provided should be based on individuals NOT reported on PC-7 from non-HRSA-funded programs.

**Warning:** Do not count faculty or non-trainees. Counts provided should be based on individuals NOT reported on LR-1.

**Note:** "Other Interprofessional" trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not received support from or have an association with your HRSA grant.
EXP-2 - Adding Individuals Trained Example 1

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Site Name</th>
<th>Select Profession and Discipline of Individuals Trained</th>
<th>Enter # Trained in this Profession and Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Practicum/Field Placement</td>
<td>Site 1</td>
<td>Student-Medical School</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Practicum/Field Placement</td>
<td>Site 2</td>
<td>Student-Medical School</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Practicum/Field Placement</td>
<td>Site 3</td>
<td>Student-Medical School</td>
<td>4</td>
</tr>
</tbody>
</table>

Figure 86. EXP-2 - Adding Individuals Trained Example 1

Example 1. Principal Trainees ONLY (no interprofessional trainees): In Example 1, medical students program did not participate in interprofessional experiences, so only principal trainees are being reported. The principal medical students trained at 3 different clinical training sites.

- At Site 1, there were 24 principal medical students and no “other interprofessional” trainees (see row 1).
- At Site 2, there were 10 principal medical students and no “other interprofessional” trainees (see row 2).
- At Site 3, there were 4 principal medical students and no “other interprofessional” trainees (see row 3).
EXP-2 - Adding Individuals Trained Example 2

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Site Name</th>
<th>Select Profession and Discipline of Individuals Trained</th>
<th>Enter # Trained in this Profession and Discipline</th>
<th>Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Practicum/Field Placement</td>
<td>Site 1</td>
<td>Student-Medical School</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Practicum/Field Placement</td>
<td>Site 1</td>
<td>Student-Pharmacy School</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Practicum/Field Placement</td>
<td>Site 1</td>
<td>Medicine - Psychiatry</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Practicum/Field Placement</td>
<td>Site 2</td>
<td>Student-Medical School</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Practicum/Field Placement</td>
<td>Site 2</td>
<td>Student-Pharmacy School</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Figure 87. EXP-2 - Adding Individuals Trained Example 2

Example 2. Principal and Other Interprofessional Trainees (different disciplines): In Example 2, medical students participated in interprofessional training experiences alongside other trainees.

- At Site 1, 24 principal medical students trained alongside “other interprofessional” trainees: 2 Pharmacy students and 3 Psychiatry residents who were not associated with the HRSA grant (see rows 1-3).
- At Site 2, 15 principal medical students trained alongside “other interprofessional” trainees: 4 pharmacy students who were not associated with the HRSA grant (see rows 4 and 5).
Example 3. Principal and Other Interprofessional Trainees (same disciplines): In Example 3, medical students participated in interprofessional training experiences alongside other trainees, including other medical students who were not associated with the HRSA grant.

- At Site 1, 24 principal medical students trained alongside “other interprofessional” trainees: 2 Psychiatry residents and 10 other medical students who were not associated with the HRSA grant (see rows 1 and 2).

- At Site 2, 10 principal medical students trained alongside “other interprofessional” trainees: 5 dental students and 22 other medical students who were not associated with the HRSA grant (see rows 3 and 4).
EXP-2 - Selecting Type of Site Used

Select Type of Site Used:

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

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Community Behavioral Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- FQHC or look - alike
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association
- Hospital - academic center
- Nursing Home
- Hospital - non profit
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Dental Services
- Hospice
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Hospital - community
- Hospital - for profit
- Other community health center (e.g.; free clinic)
- School - based clinic
- Acute care services
- Community - based organization
- Community Mental Health Center
- Critical Access Hospital
- Emergency Room
- Federal Government Office or Agency
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Hospital - federal
- Other
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department
• Tribal Organization
• Residential Living Facility
• State Government Office or Agency
• Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
EXP-2 - Selecting Type of Setting Where the Site was Located

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

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

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
FD-1a: Faculty Development - Structured Faculty Development Training Programs
FD-1a - Adding Structured Faculty Development Programs

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

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

⚠️ Warning: Complete the FD-1a Setup form only if award funds were used to support structured faculty development programs other than those previously reported and still ongoing. To provide updates for these programs, go to the next page. Once a program has been completed, it will need to be re-entered as a new record if the program is run again with a new cohort.
Select Program Status in the Current Reporting Period: For all records, select the status of each structured faculty development program at the end of the annual reporting period by clicking on the drop-down menu under Block 1a and choosing one of the following options:

- Complete
- Ongoing

Note:

Select 'Ongoing' if the training program did not conclude by June 30, 2019.

Note: Select 'Complete' if the training program concluded at some point during the current reporting period (i.e. July 01, 2018 - June 30, 2019).
FD-1a - Selecting Whether this was a Preceptor Training Program

Select Whether this was a Preceptor Training Program: Select whether preceptors were trained in each program by clicking on the drop-down menu under Column 1b and choosing one of the following options:

• Yes
• No
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>
</tbody>
</table>

Figure 94. FD-1a - Entering Program Information for Degree/Non-Degree Programs

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

- Yes
- No

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

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

- BA
- BS
- BCHS
- Certificate
- BPH
- BSN
For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours: If "Yes" was selected for Block 2, enter "0" in Block 3.
If "No" was selected in Block 2, enter the length of each program in clock hours in the textbox under 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.

Enter the % of Time Spent Developing Competencies for the Following Roles:

<table>
<thead>
<tr>
<th>Role</th>
<th>Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician</td>
<td>Block 5</td>
</tr>
<tr>
<td>Administrator</td>
<td>Block 5</td>
</tr>
<tr>
<td>Educator</td>
<td>Block 5</td>
</tr>
<tr>
<td>Researcher</td>
<td>Block 5</td>
</tr>
</tbody>
</table>

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

---

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

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

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

**Enter the % of Time Spent Developing Competencies for the Following Roles: Researcher:** Enter the percentage of time spent in each faculty development program developing competencies associated with the 'Researcher' role (Column #9).
Note: These Blocks will prepopulate for prior records with data submitted in previous reporting periods.
**FD-1a - Entering # of Faculty Who Completed the Program**

<table>
<thead>
<tr>
<th>Enter # of Faculty Who Completed the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>(10)</td>
</tr>
<tr>
<td>Block 6</td>
</tr>
</tbody>
</table>

Figure 96. FD-1a - Entering # of Faculty Who Completed the Program

**Enter # of Faculty Who Completed the Program:** For structured training programs marked as "Complete" in Block 1a, enter the number of faculty, fellows, and community providers who completed each program during the annual reporting period in the textbox under Block 6.
FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

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

- Yes
- No

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

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

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

<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 98. FD-1b - Adding Profession and Discipline for Structured Programs

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

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

- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Nursing - CNS - Psychiatric/Mental Health
- Medicine - General Preventive Medicine
- Nursing - NP - Family
- Medicine - Other
- Medicine - Pediatrics
- Other - Direct Service Worker
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Nursing - Registered Nurse
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Integrative Medicine
- Other - Community Health Worker
- Medicine - Preventive Medicine
- Medicine - Psychiatry
Nurse Workforce Diversity (NWD)

- Other - Health Education Specialist
- Nursing - Other
- Medicine - Anesthesiology
- Other - Physical Therapy
- Medicine - Occupational Medicine
- Public Health - Other
- 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 - 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
- Nursing - Aggregate/Systems/Organizational
- Other - Allied Health
- Nursing - CNS - Neonatal
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non-nurse)
- Other - Podiatry
- Nursing - NP - Neonatal

- Medicine - Internal Medicine/Family Medicine
- Medicine - Aerospace Medicine
- Medicine - Medical Genetics
- Other - Occupational Therapy
- Other - Pharmacy
- Medicine - Obstetrics and Gynecology
- Physician Assistant
- Medicine - Physical Medicine and Rehabilitation
- Public Health - Biostatistics
- Medicine - Preventive Medicine/Public Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Nursing - CNL - Generalist
- Nursing - CNS - Family
- Medicine - Orthopaedic Surgery
- Nursing - CNS - Women's health and Pediatrics
- 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
- Medicine - Radiology - Diagnostic
- Medicine - Surgery - General

- Medicine - Allergy and Immunology
- Other - Office/Support Staff
- Medicine - Colon and Rectal Surgery
- Medicine - Dermatology
- Public Health - Health Policy & Management
- 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
- Medicine - Pathology - Anatomical and Clinical
- Nursing - NP - Acute care adult gerontology
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Aerospace Medicine
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse anesthetist
- Medicine - Thoracic Surgery
- Medicine - Urology
- Nursing - Advanced Practice Nursing
- Nursing - Alternative/Complementary Nursing
- Other - Facility Administrator
<table>
<thead>
<tr>
<th>Nurse Workforce Diversity (NWD)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nursing - Public health nurse</td>
<td>• Medicine - Thoracic Surgery - Integrated</td>
</tr>
<tr>
<td>• Other - Nutritionist</td>
<td>• Nursing - Other (e.g., CNA, PCA)</td>
</tr>
<tr>
<td></td>
<td>• Nursing - Researcher/Scientist</td>
</tr>
<tr>
<td></td>
<td>• Other - Chiropractor</td>
</tr>
<tr>
<td></td>
<td>• Other - First Responder/EMT</td>
</tr>
<tr>
<td></td>
<td>• Other - Medical Assistant</td>
</tr>
<tr>
<td></td>
<td>• Other - Optometry</td>
</tr>
<tr>
<td></td>
<td>• Other - Respiratory Therapy</td>
</tr>
<tr>
<td></td>
<td>• Nursing - NP - Pediatrics</td>
</tr>
<tr>
<td></td>
<td>• Other - Lay and Family Caregiver</td>
</tr>
<tr>
<td></td>
<td>• Other - Veterinary Medicine</td>
</tr>
</tbody>
</table>

|  | Annual Performance Report |
|  | Academic Year 2018-2019 |
|  | • Nursing - CNS - Pediatrics |
|  | • Nursing - Community health nursing |
|  | • Nursing - NP - Acute care pediatric |
|  | • Other - Speech Therapy |
|  | • Nursing - Nurse midwife |
|  | • Other - Midwife |
FD-1b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline

(3)
Block 4

Figure 99. FD-1b - Entering # Trained in the Profession and Discipline

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

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
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.
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 101. Screenshot of the Submit Report Page
2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the ‘Certification’ section and click the ‘Confirm’ button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

![Submit Report - Confirm](image)

**Figure 102. 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.

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

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

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

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

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

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

FAQs about the Training Program Setup forms

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

FAQs about the Program Characteristics (PC) forms

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

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

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

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

FAQs about the LR-1 through DV-3 forms

In the LR and DV tables, are the counts for graduates and/or program completers a subset of the total trainee number, or are they to be reported separately?
On the LR and DV forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.
Which address should we use to determine whether an individual is from a rural residential background?
The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

FAQs about the INDGEN form

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

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

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

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

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

Is reporting the underrepresented Asian distinction no longer included?
The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

Can we use our institution's definitions/standards for disadvantaged background?
The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.
Do we report full time faculty who receive salary support for teaching or administrative responsibilities?
If the faculty member is already accounted for in the grant’s personnel log, then do include this individual on the INDGEN table. If the faculty member who received financial support is not listed in the grant personnel log, then he/she should be reported on INDGEN.

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

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

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

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

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

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

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

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

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

I submitted a report last year using the 'not reported' option for trainee demographics. Why am I getting an error this year?
FAQs about the INDGEN-PY form

How do I use the INDGEN-PY form?
One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual’s employment/enrollment status.

FAQs about the Experiential Training (EXP) forms

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

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

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

How can I report interprofessional team-based care at the training sites?
Interprofessional team-based care reporting is a three-step process on the EXP-2 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including that of the principal HRSA-sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who participated at the site, alongside the principal trainees, but who were not enrolled in the HRSA-sponsored program.

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

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

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

Nurse Workforce Diversity (NWD)
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.