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 PHTC grant program:
   - Field Placements for graduate-level public health students
   - Faculty-student collaboration projects
   - Continuing education offerings for the public health workforce
   - Needs assessments

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

3. The PRGCA is due no later than July 31, 2019. Failure to submit a PRGCA by this date may place your grant in a noncompliant status.

4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCAs submitted by grantees. In the case that revisions are needed, you will be granted the ability to re-enter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

5. We appreciate your feedback and assistance during this process. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center. All requests for technical assistance will be coordinated through the Call Center and responded to promptly: Call Center Phone Number: 877-G04-HRSA (877-464-4772) or Call Center Online Assistance Form: click here.
Getting Started

The Office of Management and Budget (OMB) has issued a 3-year approval for the annual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforces (BHW) (OMB # 0915-0061; Expiration Date: 03/31/2022). The BPMH system has been significantly enhanced to incorporate all approved subforms, as well as increase system performance and functionality. Throughout the manual, there are several icons that identify tips and other important information that will assist you in completing each subform accurately (see below).

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

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

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

Due to the nature of annual reporting, the BPMH system has been recently enhanced to prepopulate specific columns within certain subforms with data submitted in a previous reporting period. In addition, a "View Prior Period Data" link has been added at the top of each subform in order to provide you with easy access to data submitted by your organization in prior reporting periods.

![Figure 1. Screenshot of View Prior Period Data Link](image-url)
Getting Started - How Performance Measure Data Fields Are Identified in the Forms

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Trainees by Training Category</th>
<th>Attrition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Enter # of Enrollees</td>
<td>Enter # of Individuals who left the Program before Completion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Block 1</td>
<td>Block 4</td>
</tr>
</tbody>
</table>

| 1   | Degree/Diploma | 20 | 5 | 1 | 0 |

| Degree/Diploma | MD/MPH | Health Policy & Management |

Column Number
Block Number

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.
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](https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos).
**Order of Required Forms**

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

<table>
<thead>
<tr>
<th>Order</th>
<th>Type of Form</th>
<th>Parent Form</th>
<th>Form ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Training Program</td>
</tr>
<tr>
<td>2</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Faculty Development</td>
</tr>
<tr>
<td>3</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSubforms</td>
<td>PC-7</td>
</tr>
<tr>
<td>4</td>
<td>Performance Data Form</td>
<td>IndividualCharacteristics-INDGENSubforms</td>
<td>IND-GEN</td>
</tr>
<tr>
<td>5</td>
<td>Performance Data Form</td>
<td>IndividualCharacteristics-INDGENSubforms</td>
<td>INDGEN-PY</td>
</tr>
<tr>
<td>6</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-1</td>
</tr>
<tr>
<td>7</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-2</td>
</tr>
<tr>
<td>8</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-3</td>
</tr>
<tr>
<td>9</td>
<td>Performance Data Form</td>
<td>ContinuingEducationActivities-CESubforms</td>
<td>CE-1</td>
</tr>
<tr>
<td>Order</td>
<td>Type of Form</td>
<td>Parent Form</td>
<td>Form ID</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------</td>
<td>------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>10</td>
<td>Performance Data Form</td>
<td>ContinuingEducationActivities-CESubforms</td>
<td>CE-2</td>
</tr>
</tbody>
</table>
Training Program - Setup
Training Program Setup - Selecting Type of Training Program

Purpose: The Training Program Setup form will configure all subsequent subforms specific your training program(s).

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

Load Program Details

Add Record

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

Select Type of Training Program Offered: Adding NEW Training Programs:
Select the type of training program supported through the grant during the current annual reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing the following option:

- Practicum/Field Placement program

Warning: If you have no new practica/field placements, proceed to the manual section entitled “Training Program Setup: Final Steps.”
Training Program Setup - Loading Program Details

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

Figure 4. Training Program Setup - Loading Program Details
Figure 5. Training Program Setup - Adding Field Placement/Practicum Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: Select the primary profession and discipline of students in the practicum/field placement by clicking on the drop-down menu and choosing one of below listed option.

- Student - Graduate - Public Health
- Student - Undergraduate - Public Health

Add Record
Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period

Select the status of each practicum/field program at the end of the current reporting period (i.e., June 30, 2019) by choosing one of the options below:

- Active
- 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 Form
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>Faculty-Student Research or Collaboration Project</td>
<td></td>
</tr>
<tr>
<td>No faculty-related activities conducted</td>
<td></td>
</tr>
</tbody>
</table>

Figure 7. Selecting Faculty Development Activities

Select the type(s) of faculty development activities supported with grant funds during the current annual reporting period. Options on the Faculty Setup form will be automatically pre-selected if you have previously reported one or more training programs or activities through the FD-3 subform.

Faculty-Student Research or Collaboration Project:

No faculty-related activities conducted:

Warning: You may uncheck “Faculty Student Research or Collaboration Project” if you have nothing to report.

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

To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
PC-7: Program Characteristics – Practica and Field Placements

PC-7 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Complete Column 3 (Block 2) by selecting all of the type(s) of partnerships or consortia used or established for the purpose of offering each practicum/field placement program during the current annual reporting period. Choose all that apply from the following options:

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

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

- Nonprofit organization (faith-based)
- Nursing home
- Private/For-profit organization
- Senior Center
- Tribal Organization

**Warning:** You may not select "No partners/consortia used" in combination with any other option.
PC-7 - Entering Enrollment Information

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

<table>
<thead>
<tr>
<th>Enter Total # Enrolled (whether funded by BHW or not)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (4) Block 3</td>
</tr>
</tbody>
</table>

**Figure 9. PC-7 - Entering Enrollment Information**

**Enter Total # Enrolled (whether funded by BHW or not): Total:** In Column 4 (Block 3), enter the total number of students who participated in each practicum/field placement program during the current annual reporting period. Count all students who participated in the practicum/field placement program, regardless of whether or not the student directly received a BHW-funded financial award (i.e., stipend).

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

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

*Note: Blocks 3a and 3b are subsets of Block 3.*

*Note: Students who permanently left their practicum/field placement before completion (i.e. attrition) will be counted separately in Column 9.
Reference: Refer to the glossary for definitions of disadvantaged background and underrepresented minority.

Example: The John Doe School of Public Health had 18 graduate-level public health students participate in practicum/field placement programs during the current annual reporting period. Among the 18 graduate-level public health students who participated, 9 students were underrepresented minorities. In addition, 3 students were from disadvantaged backgrounds, but were not under-represented minorities.

In Column 4 (Block 3), the reporting official would enter 18.
In Column 5 (Block 3a), the reporting official would enter 9.
In Column 6 (Block 3b), the reporting official would enter 3.
PC-7 - 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>(7) Block 8</td>
</tr>
</tbody>
</table>

Figure 10. PC-7 - Entering Graduate Information

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

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

💡 Note: Notes: Block 8 is a subset of Block 3; Block 8a is a subset of Block 8.

💡 Note: Students who permanently left their practicum/field placement before completion (i.e. attrition) will be counted separately in Column 9 (Block 9).

Reference: Refer to the glossary for definitions of disadvantaged background and underrepresented minority.
Example: The John Doe School of Public Health had 18 graduate-level public health students participate in practicum/field placement programs during the current annual reporting period. Among the graduate-level public health students who participated in practicum/field placements, 3 completed all practicum/field placement requirements. Of those who completed practicum/field placements, none were underrepresented minorities. In Column 7 (Block 8), the reporting official would enter 3. In Column 8 (Block 8a), the reporting official would enter 0.
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: In Column 9 (Block 9), enter the total number of students who permanently left their practicum/field placement programs before completion during the current annual reporting period. Count all students who permanently left their practicum/field placement regardless of whether or not the student directly received a BHW-funded financial award (i.e., stipend).

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

Note: Block 9a is a subset of Block 9. The total entered in Block 9 is exclusive of the total number of enrollees (Block 3).

Reference: Refer to the glossary for definitions of disadvantaged background and underrepresented minority.
Example: The John Doe School of Public Health had 18 graduate-level public health students participate in practicum/field placements during the current annual reporting period. Among the graduate-level public health students who participated in practicum/field placements, 2 left the practicum/field placement program before completion. Neither student was an underrepresented minority.

In Column 9 (Block 9), the reporting official would enter 2.

In Column 10 (Block 9a), the reporting official would enter 0.

💡 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."
Public Health Training Centers

1. The Academic Year Total will display the amount entered for a given academic year.

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

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

IND-GEN - Setup

⚠️ Warning: 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.

| 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 12. 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

Figure 13. IND-GEN - Selecting Type of Training Program

Type of Training Program:

Select each NEW individual's training program by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing one of the available options. The options available in this menu will prepopulate with programs entered and saved in the Training Program Setup Form.

Warning: If an individual is a student who participated in field placements and received financial support by participating in a faculty-student collaboration project, you must complete 2 IND-GEN subforms using the following instructions.

Note: The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" should only be selected for faculty who received a BHW-funded financial award during the annual reporting period for participating in faculty development activities.

Example #1: John Snow, a graduate-level public health student at the John Doe School of Public Health, participated in a field placement and a faculty-student collaboration project during the reporting period. While he did not receive any financial award for his field placement, the John Doe School of Public Health awarded him $500.00 as a stipend participating in a faculty-student collaboration project. The John Doe School of Public Health will have to complete two entries for John Snow. Under "Type of Training Program", the reporting official at the school will select "Practicum/Field Placement program" and assign him a unique ID ending in "_FP" to denote field placement. Once all blocks have been completed for the field placement, the reporting official would enter a second entry for John Snow with a unique ID ending in "_CP" to denote the collaboration project. The system will allow the reporting official to copy and paste all necessary information from the first entry to the second to minimize burden.

Example #2: Jane Rain, also a graduate-level public health student at the John Doe School of Public Health, participated in a field placement and a
faculty-student collaboration project during the reporting period. Jane did not receive any type of financial award for participation in either training program. The John Doe School of Public Health will only have to complete 1 entry for Jane Rain related to her field placement. The unique ID entered by the reporting official can consist of any seven (7) characters as there is no need to denote between a field placement and a collaboration project.
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 annual updates for each individual.

💡 Note: If an individual is a student participated in field placements and received financial support by participating in a faculty-student collaboration project, you must complete 2 IND-GEN subforms using the following instructions:

- For the field placement activity record, enter a unique ID under Column 2 (Block 1) that ends with the characters "_FP".
- For the faculty-student collaboration project record, use the same unique ID; however, replace "_FP" with "_CP".
- In Block 11, select whether the student received any type of financial award as it relates to each type of training activity.
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)
- Faculty

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

Note: For students (enrollees), select type of trainee based on the delivery mode used to offer the training program associated with each individual.
IND-GEN - Selecting Individual's Enrollment/Employment Status

<table>
<thead>
<tr>
<th>Select Individual's Enrollment / Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>Block 3</td>
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</tbody>
</table>

**Figure 16. IND-GEN - Selecting Individual's Enrollment/Employment Status**

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

- Full-time
- Part-time
- On leave of absence
- Inactive

*Note: For students, select enrollment status based on the individual's participation in their degree program*
IND-GEN - Selecting Individual's Gender

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

- Female
- Male
- Not Reported

Note: 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.
Figure 18. IND-GEN - Entering Year of Birth

**Enter Year of Birth**: Enter each individual’s year of birth at the end of the current annual reporting period (i.e., as of June 30, 2019) in the textbox under Column 6a.

- 1917
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- 2008
- 2011
- 2014
- 2017
- 1976
- 1979
- 1982
- 1985
- 1988
- 1991
- 1994
- 1997
- 2000
- 2003
- 2006
- 2009
- 2012
- 2015
- Not Reported
IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity:

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

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

Note: 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.
Select Individual's Race:

Select each individual’s race by clicking on the drop-down menu in Column 8 (Block 7) and choosing all that apply from the following options. You may select more than one (1) option for individuals of multiple races:

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

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

**Note:** 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.
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

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

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

- Yes
- No
- Not Reported

Note: 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 individual's current veteran status by clicking on the drop-down menu in Column 11 (Block 10) and choosing one of the following options.

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

Note: 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>(12) Block 11</td>
<td>Stipend</td>
</tr>
<tr>
<td>(13) Block 11</td>
<td></td>
</tr>
</tbody>
</table>

**Select Whether Individual Received BHW Financial Award?:** Select whether each individual received a BHW-funded financial award during the current annual reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options.

- Yes
- No

**Enter Individual's Financial Award Amount (BHW funds only): Stipend:**

- If the individual did receive a BHW-funded financial award, select “Yes” in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current annual reporting period in the textbox in Column 13.
- If the individual did not receive a BHW-funded financial award, select “No” in Column 12 (Block 11) and enter "0" in the textbox in Column 13.
Note: The amount reported under the column labeled "Stipend" should be the total monies from the grant provided to an individual during the current reporting period for the purposes of participating in the training program that was selected under the column labeled "Type of Training Program." The total amount reported should account for all BHW dollars including those applied to tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations. Do not include dollars that came from other sources of funding. If an individual participated in more than one (1) program and received stipends for each program, multiple entries on IND-GEN are required to capture participation and stipend amounts for each program separately.
IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

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

Figure 25. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

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

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

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

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

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

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

- Faculty
- Graduate Year 3
- Graduate Year 6
- Undergraduate Year 2
- N/A
- Graduate Year 1
- Graduate Year 4
- Graduate Year 7
- Undergraduate Year 3
- Graduate Year 2
- Graduate Year 5
- Undergraduate Year 1
- Undergraduate Year 4

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Behavioral Health - Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
<table>
<thead>
<tr>
<th>Field</th>
<th>Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine - Preventive Medicine/Internal Medicine</td>
<td>Medicine - Preventive Medicine/Aerospace Medicine</td>
</tr>
<tr>
<td>Medicine - Preventive Medicine/Public Health</td>
<td>Medicine - Preventive Medicine/Occupational Medicine</td>
</tr>
<tr>
<td>Medicine - Radiology - Diagnostic</td>
<td>Medicine - Psychiatry</td>
</tr>
<tr>
<td>Medicine - Thoracic Surgery - Integrated</td>
<td>Medicine - Surgery - General</td>
</tr>
<tr>
<td>Nursing - Alternative/Complementary Nursing</td>
<td>Medicine - Urology</td>
</tr>
<tr>
<td>Nursing - CNS - Family</td>
<td>Nursing - CNL - Generalist</td>
</tr>
<tr>
<td>Nursing - CNS - Pediatrics</td>
<td>Nursing - CNS - Geropsychiatric</td>
</tr>
<tr>
<td>Nursing - CNS - Women’s health and pediatrics</td>
<td>Nursing - CNS - Psychiatric/Mental health</td>
</tr>
<tr>
<td>Nursing - Licensed practical/vocational nurse (LPN/LVN)</td>
<td>Nursing - Community health nursing</td>
</tr>
<tr>
<td>Nursing - NP - Adult</td>
<td>Nursing - NP - Acute care adult gerontology</td>
</tr>
<tr>
<td>Nursing - NP - Emergency care</td>
<td>Nursing - NP - Adult gerontology</td>
</tr>
<tr>
<td>Nursing - NP - Geropsychiatric</td>
<td>Nursing - NP - Family</td>
</tr>
<tr>
<td>Nursing - NP - Psychiatric/Mental health</td>
<td>Nursing - NP - Neonatal</td>
</tr>
<tr>
<td>Nursing - Nurse anesthetist</td>
<td>Nursing - NP - Women’s health</td>
</tr>
<tr>
<td>Nursing - Nurse informaticist</td>
<td>Nursing - NP - Neonatal</td>
</tr>
<tr>
<td>Nursing - Public health nurse</td>
<td>Nursing - NP - Women’s health</td>
</tr>
<tr>
<td>Other - Chiropractor</td>
<td>Nursing - NP - Neonatal</td>
</tr>
<tr>
<td>Other - First Responder/EMT</td>
<td>Nursing - NP - Women’s health</td>
</tr>
<tr>
<td>Other - Home Health Aide</td>
<td>Nursing - Nurse Assistant/Patient Care Associate (PCA)</td>
</tr>
<tr>
<td>Other - Nutritionist</td>
<td>Nursing - Nurse midwife</td>
</tr>
<tr>
<td>Other - Optometry</td>
<td>Nursing - Nurse Registered Nurse</td>
</tr>
<tr>
<td>Other - Podiatry</td>
<td>Other - Community Health Worker</td>
</tr>
<tr>
<td>Other - Speech Therapy</td>
<td>Other - Health Education Specialist</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>Other - Medical Assistant</td>
</tr>
<tr>
<td>Public Health - Environmental Health</td>
<td>Other - Occupational Therapy</td>
</tr>
<tr>
<td>Public Health - Infectious Disease Control</td>
<td>Other - Pharmacy</td>
</tr>
<tr>
<td>Public Health - Injury Control &amp; Prevention</td>
<td>Other - Profession Not Listed</td>
</tr>
<tr>
<td>Public Health - Biostatistics</td>
<td>Other - Unknown</td>
</tr>
<tr>
<td>Public Health - Epidemiology</td>
<td>Public Health - Disease Prevention &amp; Health Promotion</td>
</tr>
<tr>
<td>Public Health - Injury Control &amp; Prevention</td>
<td>Public Health - Health Policy &amp; Management</td>
</tr>
<tr>
<td>Public Health - Social &amp; Behavioral Sciences</td>
<td>Public Health - Radiation Oncology</td>
</tr>
<tr>
<td>Student - CNS - Adult gerontology</td>
<td>Medicine - Thoracic Surgery</td>
</tr>
<tr>
<td>Student - CNS - Neonatal</td>
<td>Medicine - Vascular Surgery - Integrated</td>
</tr>
<tr>
<td>Student - CNS - Women’s health</td>
<td>Nursing - CNS - Adult gerontology</td>
</tr>
<tr>
<td>Student - CNS - Neonatal</td>
<td>Nursing - CNS - Adult gerontology</td>
</tr>
<tr>
<td>Student - CNS - Woman’s health</td>
<td>Nursing - CNS - Adult gerontology</td>
</tr>
</tbody>
</table>
Public Health Training Centers

• Student - Alternative/Complementary Nursing
• Student - CNS - Family
• Student - CNS - Pediatrics
• Student - CNS - Women’s health and pediatrics
• Student - Dental Hygiene
• Student - Graduate - Allied Health
• Student - Graduate - Nursing Masters
• Student - Graduate - Psychology
• Student - Graduate - Social Work
• Student - Medical Assistant
• 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 - NP - Women’s health
• Student - Nurse Educator
• Student - Nursing Informatics
• Student - Pharmacy School
• Student - Post - high school / Pre - college
• Student - Rehabilitation Therapy
• Student - Undergraduate - Clinical Laboratory Services
• Student - Undergraduate - Radiological Assistant
• Student - CNL - Generalist
• Student - CNS - Geropsychiatric
• Student - CNS - Psychiatric/Mental health
• Student - Community Health Nursing
• Student - Dental School
• Student - Graduate - Clinical Laboratory Services
• Student - Graduate - Other
• Student - Graduate - Public Health
• Student - Home Health Aide
• Student - Medical School
• Student - NP - Acute care adult gerontology
• Student - NP - Adult gerontology
• Student - NP - Emergency care
• Student - NP - Geropsychiatric
• Student - NP - Pediatrics
• Student - Nurse Administrator
• Student - Nurse midwife
• Student - Occupational Therapy
• Student - Physical Therapy
• Student - Public Health Nurse
• Student - Speech Therapy
• Student - Undergraduate - Other
• Student - Undergraduate - Radiological Technician
• Student - CNS - Women’s health
• Student - Dental Assistant
• Student - Diploma/Certificate
• Student - Graduate - Nursing Doctorate
• Student - Graduate - Other Behavioral Health
• Student - Graduate - Radiological Assistant
• Student - Licensed Practical/Vocational Nurse (LPN/LVN)
• Student - Midwife
• Student - NP - Acute care pediatric
• Student - NP - Adult Psychiatric/Mental health
• Student - NP - Family
• Student - NP - Neonatal
• Student - NP - Psychiatric/Mental health
• Student - Nurse Anesthetist
• Student - Nurse Researchers/Scientists
• Student - Optometry
• Student - Physician Assistant
• Student - Registered nurse (RN)
• Student - Undergraduate - Allied Health
• Student - Undergraduate - Public Health
• Student - Unknown
Note: For students who participated in field placements during the annual reporting period, select the profession and discipline by clicking on the drop-down menu under Block 16 and choosing Student- Graduate- Public Health or Student- Undergraduate- Public Health.

Note: For individuals who received a BHW-funded financial award for participating in a faculty-student collaboration project during the annual reporting period, select the profession and discipline by clicking on the drop-down menu under Block 16 and choosing one of the available options.
**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 29. IND-GEN - Entering Training Information in a Primary Care Setting**

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

- Yes
- No
- N/A

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

- If the individual did receive clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Column 29 (Block 17a).
  If the individual did NOT receive clinical or experiential training in a primary care setting, leave the textbox blank under Column 29 (Block 17a).
Warning: For individuals associated with faculty-student collaboration projects, select "N/A" in the drop-down menu in Column 28 (Block 17) and leave the textbox blank under Column 29 (Block 17a).
IND-GEN - Entering Training Information in a Medically Underserved Community

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

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

Figure 30. IND-GEN - Entering Training Information in a Medically Underserved Community

Training in a Medically Underserved Community: Select Whether Individual Received Training: If the individual received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 31 (Block 18a).

If the individual did not receive clinical or experiential training in a MUC, leave the textbox in Column 31 (Block 18a) blank.

- Yes
- No
- N/A

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.

Warning: For individuals associated with faculty-student collaboration projects, select "N/A" in the drop-down menu in Column 31 (Block 18) and leave the textbox blank under Column 32 (Block 18a).
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>Training in a Rural Area</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>

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

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

- Yes
- No
- N/A

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.
Warning: For individuals associated with faculty-student collaboration projects, select "N/A" in the drop-down menu in Column 33 (Block 19) and leave the textbox blank under Column 34 (Block 19a).
Select Individual's Field Placement Setting: Select the type of setting where each student was placed during the annual reporting period by choosing one of the following options:

- Academic institution
- Aerospace operations setting
- Community-based care programs for elderly mentally challenged individuals
- Community Health Center (CHC)
- Day and home care programs (e.g. Home Health)
- Emergency Room
- Federal Government Office or Agency
- Geriatric Behavioral or Mental Health Units
- Hospital
- International nonprofit/nongovernmental organization
- Long-term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g. free clinic)
- Program of All Inclusive Care for the Elderly
- State Government Office or Agency
- Tribal Health Department
- N/A
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Behavioral Health Center
- Community Mental Health Center
- Dental Services
- Extended care facilities
- FQHC or look-alike
- Geriatric consultation services
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Acute care services
- Assisted Living Community
- Community care programs for elderly mentally challenged individuals
- Community-based organization
- Dentist Office
- Federal and State Bureau of Prisons
- Geriatric ambulatory care and comprehensive units
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association or affiliate
- Other
- Physician Office
- School-based clinic
- Surgery Clinic
- Veterans Affairs Hospital or clinic
Warning: For individuals associated with faculty-student collaboration projects, select "N/A" in the drop-down menu under Column 35 (Block 20).
IND-GEN - Selecting Whether Individual Left the Program Before Completion

Figure 33. IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion: Select whether each individual permanently left their training program before completion during the current reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing one of the following options.

- Yes
- No
IND-GEN - 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 Individual's Post-Graduation/Completion Intentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(37) Block 22</td>
<td>(39) Block 22b</td>
</tr>
</tbody>
</table>

Figure 34. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program: Select whether each individual completed their field placement or faculty-student collaboration project during the current reporting period by clicking on the drop-down menu in Column 37 (Block 22) and choosing one of the following options:

- Yes
- No

Select Individual's Post-Graduation/Completion Intentions:

- If a student did not complete their field placement program during the annual reporting period or for individuals associated with faculty-student collaboration projects, select “N/A” in Column 39 (Block 22b).
- If a student completed their field placement program during the annual reporting period, select “Yes” in Column 37 (Block 22) and select the student’s training or employment intentions by clicking on the drop-down menu in Column 39 (Block 22b) and choosing all that apply from the options below:
  - 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 primary care setting
  - None of the above
Public Health Training Centers

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

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

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

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

**Figure 35. 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 training/employment data are available for each individual who received a BHW-funded financial award and completed their training program one year prior to this reporting period by clicking on the drop-down menu in Column 13 (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 is currently employed or is pursuing further training in a medically underserved community
- Individual is currently employed or is pursuing further training in a primary care setting
- Individual is currently employed or is pursuing further training in a rural setting
- None of the above
- 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

**Select Employment Location:**

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

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

Note: One-year post-completion employment data are not required for faculty.

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.
Training Site and Training Experience 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 forms only for sites used to train individuals who appear on the INDGEN subform.
EXP-1: Training Site Setup

EXP-1 - Entering Site Name

![Diagram of Site Name entry]

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 current reporting period by clicking on the drop-down menu located in Column 2 and choosing one of the following options:

- Yes
- No

Warning: For new sites, you must select “Yes” in Column 2.

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

Note: If a clinical site was NOT used in the current reporting period, then it will not appear on EXP-2 as a dropdown option in Column 1.
**Select Type of Site Used:** Select the type of sites used to train individuals during the current reporting period by clicking on the drop-down menu under Block 1a and choosing from one of the following options:

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

- Other community health center (e.g.; free clinic)
- School-based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
- Veterans Affairs Hospital or clinic

**State Health Department**

**Tribal Health Department**

<table>
<thead>
<tr>
<th>Note: If you select &quot;Other&quot; in Column 3, provide an explanation in the comments field and reference the site name.</th>
</tr>
</thead>
</table>

**Annual Performance Report**

**Academic Year 2018-2019**

- National health association or affiliate
- Nursing Home
- Hospital - non profit
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization
**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 designated settings by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options.

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

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

**Note**: To determine whether a site is located in a rural area, please visit HRSA’s Office of Rural Health Policy at http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx

**Figure 39. EXP-1 - Selecting Type of Setting Where the Site was Located**
Select Type(s) of Partners/Consortia used to Offer Training at this Site: Select the type(s) of partnerships or consortia used or established at each site during the annual 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)
- Alzheimer's Disease Resource Centers
- Community Mental Health Center
- Federal Government - Department of Defense/Military
- Geriatric Behavioral or Mental Health Units
- Health center (e.g.; free clinic)
- Federal Government - IHS
- Hospice
- Federal Government - SAMHSA
- Nursing home
- Professional Associations
- State Governmental Programs
- Tribal Organization
- Health department - Tribal
- Academic department - within the institution
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Educational institution (Grades K - 12)
- Geriatric ambulatory care and comprehensive units
- Geriatric consultation services
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - Other HHS Agency/Office
- Local Government
- Other
- Quality improvement organization
- Tribal Government
- Health department - Local
- Community Health Center (CHC)
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Federal Government - Veterans Affairs
- Federal Government - Other HRSA Program
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other
- Hospital
- Long-term care facility
- Physical therapy/Rehabilitation center
- Senior Center
- Federally - qualified health center or look - alikes
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Nonprofit organization (non - faith based)
Public Health Training Centers

- Health policy center
- Nurse managed health clinic
- Health disparities research center
- Nonprofit organization (faith-based)
- Private/For-profit organization

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

**Note:** If you select "Other" in Column 5, provide an explanation in the comments field and reference the site name.
EXP-1 - Selecting Primary Training Competency

Select Primary Training Competency Addressed at this Site: Select the **primary training competency** addressed at each site during the current reporting period by clicking on the drop-down menu in Column 6 (Block 6) and choosing one of the following options:

- Analytical/assessment skills
- Community dimensions of practice skills
- Financial planning and management skills
- Policy development program planning skills
- Communication skills
- Cultural competency skills
- Leadership and systems thinking skills
- Public health sciences skills
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 42. 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:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Figure 43. EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

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

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

Select any HHS Priorities Addressed at this Site:

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

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

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

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

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

Figure 45. EXP-2 - Selecting Training Program and Site Name

**Type of Training Program**: Select a training program by clicking on the drop-down menu in Column 1 and choosing one of the available options (programs that were marked on the Training Program Setup Form as “active” in the current reporting period).

**Site Name**: Pair the selected training program with a site name by clicking on the drop-down menu in Column 2 (Block 1) and choosing one of the available options (sites that were marked in EXP-1 as “used” in the current reporting period). Repeat this process until all used Training Program/Site combinations used in EXP-2 are present.

💡 Note: If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.

💡 Note: If the same program used multiple training sites, then multiple entries are required in the EXP-2 subform.
EXP-2 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained:

Select the profession/discipline of individuals trained for each training program/site combination by clicking on the drop-down menu in Column 3. 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.

- Student - Graduate - Public Health
- Student - Registered Nurse - BSN
- Student - Undergraduate - Public Health

Note: Include disciplines of both principal (INDGEN) trainees and other interprofessional trainees serving on teams at training sites with the principal trainees.

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 receive 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

Enter # Trained in this Profession and Discipline

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(4)</td>
<td>Block 3</td>
</tr>
</tbody>
</table>

Figure 47. EXP-2 - Entering # Trained in the Profession and Discipline

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

- **Note:** Principal Trainee counts provided in the textbox in Column 4 (Block 3) should be based on individuals reported on INDGEN.

- 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

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care

<table>
<thead>
<tr>
<th></th>
<th>EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
</tr>
<tr>
<td>Block 8</td>
<td></td>
</tr>
</tbody>
</table>

Figure 48. 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 and discipline listed.

⚠️ Warning: Do not count faculty or non-trainees.

💡 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.

💡 Note: Do not enter counts for faculty, site staff, or other non-trainees.
Example 1. Principal Trainees ONLY (no interprofessional trainees): In Example 1, students from the Psychology internship program did not participate in interprofessional experiences, so only principal trainees are being reported. The principal Psychology internship students trained at 3 different clinical training sites.

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

<table>
<thead>
<tr>
<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>Practicum/Field Placement</td>
<td>Block 1</td>
<td>Student-MedicalSchool</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Practicum/Field Placement</td>
<td>Block 3</td>
<td>Medicine-Psychiatry</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Practicum/Field Placement</td>
<td>Block 3</td>
<td>Student-MedicalSchool</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>Practicum/Field Placement</td>
<td>Block 3</td>
<td>Student-DentalSchool</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

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

- School-based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
- Veterans Affairs Hospital or clinic
- Tribal Health Department
- National health association or affiliate
- Nursing Home
- Hospital - non profit
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization

⚠️ Warning: Site types are linked to the name of training sites in EXP-1. To change the associated site type with a particular site name, return to EXP-1.
Select Type of Setting Where the Site was Located: Following the selection of a training site in EXP-1, the associated settings will be automatically populated when the save and validate button is selected.

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

Warning: Site settings are linked to the name of training sites in EXP-1. To change the associated site settings with a particular site name, return to EXP-1.

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

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

Reference: To determine whether a site is located in a rural area, please visit HRSA’s Office of Rural Health Policy at http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx
To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
Faculty Development: FD SUBFORMS
FD - Introduction

The FD-3 subform will appear if you have checked the “Faculty Student Research or Collaboration Project” option in the Faculty Development setup form.
FD-3: Faculty Development - Faculty-Student Collaboration Projects
FD-3 - Adding Faculty-Student Collaboration Projects

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

**Project Name:**

- Enter the name of each NEW faculty-student collaboration project coordinated and/or supported through the grant during the current reporting period in the textbox next to "Project Name".
- Select “Add Record”
- Repeat this process as necessary
Select Project Status in the Current Reporting Period: Select the status of each faculty-student collaboration project at the end of the current reporting period by clicking on the drop-down menu in Column 1a and choosing one of the following options:

- Complete
- Ongoing
FD-3 - Entering Project Description

Figure 56. FD-3 - Entering Project Description

Describe the Faculty-Student Project: For each faculty-student collaboration project, provide a brief text description of each faculty-student collaboration project in the textbox under block 13.

Note: The maximum number of characters allowed is 1,000. It is recommended that grantees develop the description of each project in a word processor to ensure accurate spelling; and then cut and paste the finished description into the textbox.
Select the Purpose of the Project: For each faculty-student collaboration project, select the purpose of each project by clicking on the drop-down menu in Column 3 (Block 13a) and choosing one of the following options:

- Community health assessments
- Environmental health assessments
- Materials supporting health department accreditation
- Development of evidence-based programs for community partner
- Grant application for community organization
- Other
FD-3 - Entering # of Faculty and Students Involved in the Project

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

<table>
<thead>
<tr>
<th>Enter # of Faculty Members Involved in the Project</th>
<th>Enter # of Students Involved in the Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>URM</td>
<td>URM</td>
</tr>
</tbody>
</table>

| (4) Block 14 | (5) Block 14a | (6) Block 15 | (7) Block 15a |

**Figure 58. FD-3 - Entering # of Faculty and Students Involved in the Project**

**Enter # of Faculty Members Involved in the Project: Total:**

Enter the **total** number of faculty involved in each faculty-student collaboration project during the current reporting period.

**Enter # of Faculty Members Involved in the Project: URM:**

Enter the total number of faculty involved in each faculty-student collaboration project during the current reporting period who were **underrepresented minorities**.

**Enter # of Students Involved in the Project: Total:**

Enter the **total** number of students involved in each faculty-student collaboration project during the current reporting period.

**Enter # of Students Involved in the Project: URM:**

Public Health Training Centers
Enter the total number of faculty involved in each faculty-student collaboration project during the current reporting period who were **underrepresented minorities**.

**Note:** Block 14a is a subset of Block 14; Block 15a is a subset of Block 15.

**Reference:** Refer to the glossary for a definition of underrepresented minority.

**Example:** The John Doe School of Public Health coordinated 2 faculty-student collaboration projects during the reporting period. The first faculty-student collaboration project was a community health needs assessments where 2 associate professors and 1 visiting professor served as mentors to 10 public health students and 3 students of other health professions programs. The second faculty-student collaboration project coordinated by the John Doe School of Public Health was an environmental health assessment where 1 full professor served as a mentor to 2 public health students and 1 environmental sciences student.

Among the 4 faculty who participated in faculty-student collaboration projects, 1 was an underrepresented minority.

Among the 16 students who participated in faculty-student collaboration projects, 4 are underrepresented minorities.

- In Block 14, the John Doe School of Public Health would enter 4.
- In Block 14a, the John Doe School of Public Health would enter 1.
- In Block 15, the John Doe School of Public Health would enter 16.
- In Block 15a, the John Doe School of Public Health would enter 4.
Select whether any Faculty Received any type of BHW-Funded Financial Award

<table>
<thead>
<tr>
<th>(8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 16</td>
</tr>
</tbody>
</table>

**Figure 59. FD-3 - Selecting whether Faculty Received BHW-Funded Financial Award**

**Select whether any Faculty Received any type of BHW-Funded Financial Award:** Select whether any faculty members or students who participated in each faculty-student collaboration project **received any type of BHW-funded financial award** by clicking on the drop-down menu in Column 8 (Block 16) and choosing **one** of the following options:

- Yes
- No

**Warning:** You must complete a separate IND-GEN subform for each faculty or student who received a BHW-funded financial award during the current reporting period for participating in faculty-student collaboration project.
FD-3 - Selecting Type(s) of Vulnerable Population

Figure 60. FD-3 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Studied at this Site: Select the type(s) of vulnerable population studied in this project during the current reporting period by clicking on the drop-down menu in Column 9 and choosing all that apply from the following options:

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

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

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

CE - Introduction

1. Purpose:

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

2. Order of Subforms:

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

3. Pre-population of Prior Records (CE Courses) reported previously:

- Each reporting period, the CE-1 form will appear blank.
- The ONLY courses or activities to be entered are those that were offered during the current reporting period.
- To view data submitted in the previous reporting period, click on the "View Prior Data" link.
CE-1: Continuing Education - Course Characteristics and Content

CE-1 - Setup

To provide data about continuing education courses offered during the current reporting period, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.

Figure 61. CE-1 - Setup
**Course Title**: Enter the name of each course offered during the current reporting period by typing the name in the textbox in Column 1 (Block 1).

*Note: Course titles are limited to 200 characters.*
Select Whether Course is Approved for Continuing Education Credit: Select whether each course was approved for continuing education credit by clicking on the drop-down menu in Column 2 (Block 2) and choosing one of the following options.

- Yes
- No

Reference: Refer to the glossary for a definition of continuing education course accreditation.
Enter the Duration of the Course in Clock Hours: Enter the duration, in clock hours, of each course offered during the current reporting period in the textbox under Column 3 (Block 3).

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

- **Note:** For instructional activities offered via distance learning, enter the intended duration of each activity in Column 3 (Block 3).
CE-1 - Entering # of Times Course was Offered

Enter # of Times Course was Offered: Enter the total number of times the course was offered during the annual reporting period in the textbox in Column 4 (Block 4).

⚠️ Warning: If a prior record was NOT offered in the current reporting period (i.e., “No” was selected in Column 1a), enter a zero (“0”) in Column 4 (Block 4).

💡 Note: For instructional activities offered via distance learning on an ongoing basis, enter 999.
Select Delivery Mode Used to Offer Course: Select the primary delivery mode used to offer each course during the current reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing one of the following options.

- Archived/Self-paced Distance Learning
- Classroom-based
- Hybrid
- Other
- Real-time/Live distance learning
Select Type(s) of Partnership(s) Establish for the Purposes of Delivering this Course:

1. Academic department - outside the institution
2. Alzheimer’s Association/Chapters
3. Area Agencies on Aging
4. Community Mental Health Center
5. Federal Government - AHRQ
6. Federal Government - FDA
7. Federal Government - Other
8. Federal Government - SAMHSA
9. Geriatric ambulatory care and comprehensive units
10. Health center (e.g.; free clinic)
11. Health department - Tribal
12. Health policy center
13. Local Government
14. Nonprofit organization (faith - based)
15. Nursing Home
16. Private/For - profit organization
17. Acute Care for the Elderly (ACE) Units
18. Ambulatory practice sites
19. Community Health Center (CHC)
20. Educational institution (Grades K - 12)
21. Federal Government - Department of Defense/Military
22. Federal Government - NIH
23. Federal Government - Other HRSA Program
24. FQHC or look-alike
25. Geriatric consultation services
26. Health department - State
27. Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
28. Hospital
29. No partners/consortia used
30. Nurse Managed Health Clinics
31. Physical therapy/Rehabilitation center
32. Quality improvement organization
Warning: You may not select "No partners/consortia used" in combination with any other option.

Note: If a prior record was NOT offered in the current reporting period (i.e., “No” was selected in Column 1a), type “N/A” in Column 6 (Block 6) and unselect all other partnership options.
**CE-1 - Entering Employment Location Data for Individuals Trained**

<table>
<thead>
<tr>
<th>Select Whether Employment Location Data are Available for Individuals Trained</th>
<th>Enter # of Individuals Trained by Employment Location (not mutually exclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary Care Setting</td>
</tr>
<tr>
<td>(8) Block 9</td>
<td>(9) Block 9a</td>
</tr>
</tbody>
</table>

**Figure 68. CE-1 - Entering Employment Location Data for Individuals Trained**

**Select Whether Employment Location Data are Available for Individuals Trained:** Select whether employment location data are available for trainees who participated in each course during the current reporting period by clicking on the drop-down menu under Block 9 and choosing one of the following options:

- Yes
- No

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

- If "Yes" was selected in the drop-down under Block 9, enter the number of individuals who are employed in a primary care setting in Column 9 (Block 9a)
- If "No" was selected in the drop-down menu under Block 9, enter "N/A" in Blocks 9a.

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

- If "Yes" was selected in the drop-down under Block 9, enter the total number of participants who are employed in a rural area in Column 11 (Block 9c).
- If "No" was selected in the drop-down menu under Block 9, enter "N/A" in Blocks 9c.

⚠️ Warning: If a prior record was NOT offered in the current reporting period (i.e., “No” was selected in Column 1a), select “No” in Column 8 (Block 9) and type “N/A” for Columns 9-11 (Blocks 9a, 9b, and 9c)

💡 Note: Individuals can be counted multiple times if their place of employment is located in more than one type of designated setting. As a result, counts provided under Blocks 9a, 9b and 9c are not meant to be mutually exclusive.
### Select the Course's Primary Topic Area

Select the primary topic area addressed in each course offered during the current reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options:

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

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

Select the Primary Competency Addressed by the Course

| (13) |
| Block 12 |

Figure 70. CE-1 - Selecting Primary Competency

Select the Primary Competency Addressed by the Course: Select the primary competency addressed in each course offered during the current reporting period by clicking on the drop-down menu in Column 13 (Block 12) and choosing one or more of the following options:

- Analytical/assessment skills
- Community dimensions of practice skills
- Financial planning and management skills
- Policy development program planning skills
- N/A
- Communication skills
- Cultural competency skills
- Leadership and systems thinking skills
- Public health sciences skills
Select the Competency Tier for this Course: Select the primary competency tier addressed in each course offered during the current reporting period by clicking on the drop-down menu in Column 14 (Block 13) and choosing one of the following options:

- Tier 1
- Tier 2
- Tier 3

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
CE-2: Continuing Education - Individuals Trained by Profession/Discipline

CE-2 - Selecting Profession and Discipline of Individuals Trained

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Select Profession and Discipline of Individuals Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Block 1</td>
<td>(2) Block 8</td>
</tr>
</tbody>
</table>

Figure 72. CE-2 - Selecting Profession and Discipline of Individuals Trained

Course Title: Select course title from one of the available options in Column 1 (Block 1)

Select Profession and Discipline of Individuals Trained: For each course title, select the profession and discipline of individuals trained at each site during the current reporting period by clicking on the drop-down menu in Column 2 (Block 8) and choosing one of the following options:

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medical Interpreter
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
<table>
<thead>
<tr>
<th>Health Resources and Services Administration</th>
<th>Annual Performance Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau of Health Workforce</td>
<td>Academic Year 2018-2019</td>
</tr>
<tr>
<td>• Medicine - Geriatrics</td>
<td>• Medicine - Ophthalmology</td>
</tr>
<tr>
<td>• Medicine - Internal</td>
<td>• Medicine - Otolaryngology</td>
</tr>
<tr>
<td>Medicine/Family Medicine</td>
<td>• Medicine - Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>• Medicine - Neurological Surgery</td>
<td>• Medicine - Preventive Medicine/Internal Medicine</td>
</tr>
<tr>
<td>• Medicine - Obstetrics and Gynecology</td>
<td>• Medicine - Preventive Medicine/Aerospace Medicine</td>
</tr>
<tr>
<td>• Medicine - Orthopaedic Surgery</td>
<td>• Medicine - Preventive Medicine/Occupational Medicine</td>
</tr>
<tr>
<td>• Medicine - Pathology - Anatomical and Clinical</td>
<td>• Medicine - Psychiatry</td>
</tr>
<tr>
<td>• Medicine - Plastic Surgery</td>
<td>• Medicine - Surgery - General</td>
</tr>
<tr>
<td>• Medicine - Preventive</td>
<td>• Medicine - Urology</td>
</tr>
<tr>
<td>Medicine/Family Medicine</td>
<td>• Nursing - CNL - Generalist</td>
</tr>
<tr>
<td>• Medicine - Preventive</td>
<td>• Nursing - CNS - Geropsychiatric</td>
</tr>
<tr>
<td>Medicine/Pediatrics</td>
<td>• Nursing - CNS - Psychiatric/Mental health</td>
</tr>
<tr>
<td>• Medicine - Radiation Oncology</td>
<td>• Nursing - Community health nursing</td>
</tr>
<tr>
<td>• Medicine - Thoracic Surgery</td>
<td>• Nursing - NP - Acute care adult gerontology</td>
</tr>
<tr>
<td>• Medicine - Vascular Surgery - Integrated</td>
<td>• Nursing - NP - Adult gerontology</td>
</tr>
<tr>
<td>• Nursing - CNS - Adult gerontology</td>
<td>• Nursing - NP - Emergency care</td>
</tr>
<tr>
<td>• Nursing - CNS - Neonatal</td>
<td>• Nursing - NP - Geropsychiatric</td>
</tr>
<tr>
<td>• Nursing - CNS - Women's health</td>
<td>• Nursing - NP - Women's health</td>
</tr>
<tr>
<td>• Nursing - Home Health Aide</td>
<td>• Nursing - Nurse educator</td>
</tr>
<tr>
<td>• Nursing - NP - Acute care pediatric</td>
<td>• Nursing - Other</td>
</tr>
<tr>
<td>• Nursing - NP - Adult</td>
<td>• Nursing - Registered Nurse</td>
</tr>
<tr>
<td>Psychiatry/Mental health</td>
<td>• Other - Chiropractor</td>
</tr>
<tr>
<td>• Nursing - NP - Family</td>
<td>• Other - Facility Administrator</td>
</tr>
<tr>
<td>• Nursing - NP - Neonatal</td>
<td>• Other - Health Informatics/Health Information Technology</td>
</tr>
<tr>
<td>• Nursing - Nurse administrator</td>
<td>• Other - Midwife (non-nurse)</td>
</tr>
<tr>
<td>• Nursing - Nurse informaticist</td>
<td>• Other - Office/Support Staff</td>
</tr>
<tr>
<td>• Nursing - Other (e.g. CNA PCA)</td>
<td>• Other - Physical Therapy</td>
</tr>
<tr>
<td>• Nursing - Researcher/Scientist</td>
<td>• Other - Respiratory Therapy</td>
</tr>
<tr>
<td>• Medicine - Other</td>
<td>• Other - Veterinary Medicine</td>
</tr>
<tr>
<td>• Medicine - Pediatrics</td>
<td>• Public Health - Disease Prevention &amp; Health Promotion</td>
</tr>
<tr>
<td>• Medicine - Plastic Surgery - Integrated</td>
<td></td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Internal Medicine</td>
<td></td>
</tr>
<tr>
<td>• Medicine - Preventive Medicine/Public Health</td>
<td></td>
</tr>
<tr>
<td>• Medicine - Radiology - Diagnostic</td>
<td></td>
</tr>
<tr>
<td>• Medicine - Thoracic Surgery - Integrated</td>
<td></td>
</tr>
<tr>
<td>• Nursing - Alternative/Complementary Nursing</td>
<td></td>
</tr>
<tr>
<td>• Nursing - CNS - Family</td>
<td></td>
</tr>
<tr>
<td>• Nursing - CNS - Pediatrics</td>
<td></td>
</tr>
<tr>
<td>• Nursing - CNS - Women's health and pediatrics</td>
<td></td>
</tr>
<tr>
<td>• Nursing - Licensed practical/vocational nurse (LPN/LVN)</td>
<td></td>
</tr>
<tr>
<td>• Nursing - NP - Adult</td>
<td></td>
</tr>
<tr>
<td>• Nursing - NP - Child/Adolescent Psychiatric/Mental Health</td>
<td></td>
</tr>
<tr>
<td>• Nursing - NP - Family Psychiatric/Mental Health</td>
<td></td>
</tr>
<tr>
<td>• Nursing - NP - Pediatrics</td>
<td></td>
</tr>
<tr>
<td>• Nursing - Nurse anesthetist</td>
<td></td>
</tr>
<tr>
<td>• Nursing - Nurse midwife</td>
<td></td>
</tr>
<tr>
<td>• Nursing - Public health nurse</td>
<td></td>
</tr>
<tr>
<td>• Other - Allied Health</td>
<td></td>
</tr>
<tr>
<td>• Other - Direct Service Worker</td>
<td></td>
</tr>
<tr>
<td>• Other - Health Education Specialist</td>
<td></td>
</tr>
<tr>
<td>• Other - Medical Assistant</td>
<td></td>
</tr>
<tr>
<td>• Other - Occupational Therapy</td>
<td></td>
</tr>
<tr>
<td>• Other - Pharmacy</td>
<td></td>
</tr>
<tr>
<td>• Other - Profession Not Listed</td>
<td></td>
</tr>
</tbody>
</table>
Public Health Training Centers

- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry
- Other - Podiatry
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control

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

- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
CE-2 - Entering # Trained in the Profession and Discipline

Figure 73. CE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

Enter the number of trainees in each profession and discipline in the textbox in Column 3 (Block 8).

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

- To print the entire performance report, expand the left side menu of your report and click the ‘Review’ link under the ‘Review and submit’ section. You will be directed to the Review page.
- Next, click the ‘Print All Forms’ button below the Resources section of the Review Page.

![Screenshot of Printing Your Performance Report](image)

Figure 74. Screenshot of Printing Your Performance Report
Submitting Your Performance Report

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

![Figure 75. Screenshot of the Submit Report Page](image-url)
2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the ‘Certification’ section and click the ‘Confirm’ button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

Figure 76. 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.
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.
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.