Instruction Manual for Grantees of the Postdoctoral Training in General, Pediatric, and Public Health Dentistry

Annual Performance Report
Welcome

Welcome to the Bureau of Health Workforce’s Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Performance Report for Grants and Cooperative Agreements (PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.

1. All required performance measures are linked to the following legislative purpose(s) of the Postdoctoral Training in General, Pediatric, and Public Health Dentistry grant program:
   - Plan, develop, and operate or participate in an approved professional training program
   - Support of an accredited master’s degree in a public health program for dental residents
   - Meet the costs of projects to establish, maintain, or improve postdoctoral training in primary care dentistry programs
   - Provide financial assistance to dental residents or practicing dentists

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

There are two (2) types of data entry field identifiers. Each data entry field in a performance measure is identified with both types of numbers when the measure appears like the example in the above Figure.

1. **Column Numbers:** The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.

2. **Block Numbers:** The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

### Figure 2. Example of Performance Measures Data Table

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Trainees by Training Category</th>
<th>Attrition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Enter # of Enrollees</td>
<td>Enter # of Graduates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>1</td>
<td>Degree/Diploma</td>
<td>MD/MPH Health Policy &amp; Management</td>
<td>(2) Block 1</td>
</tr>
</tbody>
</table>
Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

1. HRSA’s Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the ‘Recommended Settings’ tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.

2. There are multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: Recommended Settings.

3. Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the ‘Recommended Settings’ tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.

4. Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.

5. Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the ‘Recommended Settings’ tab.
Getting Started: Helpful Resources and Recommendations

The following is a list of resources and tips you may find helpful in the event you need assistance:

1. Begin PRGCA data entry early and submit your report prior to the deadline.
2. **Browser Settings:** Check your Internet browser and its settings by using ‘Recommended Settings’ tab on the EHB home screen within the yellow banner in the top left corner of the screen. Look for green check marks for all system requirements in order to meet system requirements and proceed.
3. **Reporting on Your Grant:** Several resources are available through HRSA’s “Reporting on Your Grant” link [http://bhw.hrsa.gov/grants/reporting/index.html](http://bhw.hrsa.gov/grants/reporting/index.html) including general EHB guidance as well as links to the performance measures and program manual.
4. **Resource Links:** Several resources are available via the ‘Resource’ tab on the EHB home screen including the following links:
   - 1. View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
   - 2. Glossary- Current definitions of key terms
   - 3. Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
6. **Grant Personnel:** Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
7. **Sequence of Forms:** Complete PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2)
8. **Saving and Validating:** You must click ‘Save and Validate’ in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.
9. **Government Project Officers:** Contact your Government Project Officer if you need further assistance on the content of your report.
10. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center. If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email: **Call Center Phone Number: 877-Go4-HRSA/877-464-4772** or Call Center Online Assistance Form [click here](#).
The following table shows the order that subforms will appear throughout the BPMH system for your specific grant program. Please note that clicking on the "Save and Validate" button at the end of each subform will cause the system to check all Blocks for errors and route you to the next required subform on the list. If you need to go back to any subform for any reason, simply click on the Form ID on the left sidebar of the Electronic Handbook (EHB). Please note that changing data that has already been saved will require you to click on the "Save and Validate" button and go through the validation process once more.

<table>
<thead>
<tr>
<th>Order</th>
<th>Type of Form</th>
<th>Parent Form</th>
<th>Form ID</th>
<th>Applicable Grant Purpose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Grant Purpose</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Training Program</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>3</td>
<td>Setup Form</td>
<td>SetupForms</td>
<td>Faculty Development</td>
<td>PDD-1,PDD-2,PDD-3,PDD-4</td>
</tr>
<tr>
<td>4</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSSubforms</td>
<td>PC-6</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>5</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSSubforms</td>
<td>PC-8</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>6</td>
<td>Performance Data Form</td>
<td>ProgramCharacteristics-PCSSubforms</td>
<td>PC-9</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>7</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>LR-1a</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>8</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>LR-2</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>9</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>DV-1</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>Order</td>
<td>Type of Form</td>
<td>Parent Form</td>
<td>Form ID</td>
<td>Applicable Grant Purpose(s)</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>10</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>DV-2</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>11</td>
<td>Performance Data Form</td>
<td>LegislativeRequirementsDemographicVariables-LRandDVSubforms</td>
<td>DV-3</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
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<td>Performance Data Form</td>
<td>IndividualCharacteristics-INDGENSubforms</td>
<td>IND-GEN</td>
<td>PDD-4</td>
</tr>
<tr>
<td>13</td>
<td>Performance Data Form</td>
<td>IndividualCharacteristics-INDGENSubforms</td>
<td>INDGEN-PY</td>
<td>PDD-4</td>
</tr>
<tr>
<td>14</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-1</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>15</td>
<td>Performance Data Form</td>
<td>ExperientialCharacteristics-EXPSubforms</td>
<td>EXP-2</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>16</td>
<td>Performance Data Form</td>
<td>CourseDevelopmentandEnhancement-CDESubforms</td>
<td>CDE-1</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>17</td>
<td>Performance Data Form</td>
<td>CourseDevelopmentandEnhancement-CDESubforms</td>
<td>CDE-2</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>18</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-1a</td>
<td>PDD-1,PDD-2,PDD-3,PDD-4</td>
</tr>
<tr>
<td>19</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-1b</td>
<td>PDD-1,PDD-2,PDD-3,PDD-4</td>
</tr>
<tr>
<td>20</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-2a</td>
<td>PDD-1,PDD-2,PDD-3,PDD-4</td>
</tr>
<tr>
<td>21</td>
<td>Performance Data Form</td>
<td>FacultyDevelopmentInstructionandRecruitment-FDSubforms</td>
<td>FD-2b</td>
<td>PDD-1,PDD-2,PDD-3,PDD-4</td>
</tr>
<tr>
<td>22</td>
<td>Performance Data Form</td>
<td>ContinuingEducationActivities-CESubforms</td>
<td>CE-1</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
<tr>
<td>23</td>
<td>Performance Data Form</td>
<td>ContinuingEducationActivities-CESubforms</td>
<td>CE-2</td>
<td>PDD-1,PDD-2,PDD-3</td>
</tr>
</tbody>
</table>
Setup Forms
Setup Forms - Introduction
Grant Purpose – Setup
Selecting Grant Purpose(s)

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

<table>
<thead>
<tr>
<th>Grant Purpose</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDD-1: Plan, develop, and operate or participate in an approved professional training program</td>
<td></td>
</tr>
<tr>
<td>PDD-2: Support of an accredited master’s degree in public health program for dental residents</td>
<td></td>
</tr>
<tr>
<td>PDD-3: Meet the costs of projects to establish, maintain, or improve post-doctoral training in primary care dentistry programs</td>
<td></td>
</tr>
<tr>
<td>PDD-4: Provide financial assistance to dental residents or practicing dentists</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 3. Selecting Grant Purpose(s)**

PDD-1: Plan, develop, and operate or participate in an approved professional training program:

PDD-2: Support of an accredited master’s degree in public health program for dental residents:

PDD-3: Meet the costs of projects to establish, maintain, or improve post-doctoral training in primary care dentistry programs:

PDD-4: Provide financial assistance to dental residents or practicing dentists:

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

⚠️ Warning: Some options in the Grant Purpose form will be preselected based on information provided in a previous reporting period. Unselecting a grant purpose will cause related forms and data to be deleted. If you need to unselect a grant purpose, contact your project.
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.
Training Program - Setup

Training Program Setup - Selecting Type of Training Program

Warning: Complete the Training Program Setup form only if grant funds were used to support programs other than those previously reported. You do not need to reenter information about programs previously reported. If no new programs were supported, skip to “Training Program Setup—Final Steps.”

Warning: You must have prior approval from your Government Project Officer before you choose the ‘Fellowship Program’ option below. All training programs in the Postdoctoral Training in Dentistry Program should typically choose ‘Residency Program.’

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

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

- Fellowship program
- Residency program
Click on the “Load Program Details” button to activate the remaining drop-down menus in this setup form. Drop-down menus that appear are specific to the selection made in the previous step.
Postdoctoral Training in General, Pediatric, and Public Health Dentistry

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

*Add Training Program

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

Add Record

Figure 6. Training Program Setup - Adding Internship Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: Select the profession/discipline of residents in each residency or fellowship program supported with grant funds by clicking on the drop-down menu next to “For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained" and choosing one of the available options. Click on the "Add Record" button to save your entry. Repeat this process to capture the primary profession/discipline of each new residency or fellowship program supported with grant funds during the current reporting period.

- Dentistry - Other
- Dentistry - General Dentistry - AEGD-1
- Dentistry - General Dentistry - AEGD-2
- Dentistry - Pediatric Dentistry-2
- Dentistry - General Dentistry - AEGD-3
- Dentistry - General Dentistry - GPR-2
- Dentistry - General Dentistry - GPR-1
- Dentistry - Pediatric Dentistry-3
- Dentistry - Pediatric Dentistry-1
- Dentistry - Public Health Dentistry

Note: If you have multiple accredited residency programs of the same type, you must report both as separate programs using the options above (e.g., use AEGD-1 for the first General Dentistry residency and AEGD-2 for the second General Dentistry residency).
Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period:

- **If training programs/activities are Active:** No action if needed for prior records.
- **If training programs/activities are Inactive:** If a prior record training program no longer has active enrollees (i.e., no residents or fellows are enrolled and all residents or fellows have already graduated), you may select ‘Inactive’ as the status of the program. Selecting ‘Inactive’ indicates the training program is completed, you are no longer administering it, and you have no active INDGEN records or faculty development programs. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records and CDE records) will be made inactive. Please confirm with your Government Project Officer before indicating a program is Inactive.

  - Active
  - Inactive

**Note:** For new records, please review the information contained in the table for accuracy. If a record has to be deleted, simply click on the "Delete" link under the Option(s) column.

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

The Faculty Development Setup form will configure all subforms specific to faculty development. To complete the Faculty Development Setup form, select the type(s) of faculty development activities coordinated or supported with grant funds during the current reporting period under Block 1. Options on this setup form are pre-selected based on your prior annual reporting. Please see the warning statement below regarding unchecking an option.

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

Figure 8. Selecting Faculty Development Activities

Structured Faculty Development Training Program:

Faculty Development Activity:

No faculty-related activities conducted:

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

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

PC Subforms - Introduction
PC-6: Program Characteristics – Fellowship Programs

PC-6 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships and/or consortia established for the purpose of offering fellowship programs during the current reporting period. Choose all that apply from the following options:

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

- Nonprofit organization (non-faith based)
- Other
- Professional Associations
- State Government
- Tribal Government
- Senior Center
- Tribal Organization

Warning: You may not select "No partners/consortia used" in combination with any other option.
PC-6 - 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><strong>Total</strong></td>
</tr>
<tr>
<td>(4) Block 3</td>
</tr>
</tbody>
</table>

**Figure 10. PC-6 - Entering Enrollment Information**

**Enter Total # Enrolled (whether funded by BHW or not): Total:** In Column 4 (Block 3), enter the total number of fellows who participated in each fellowship program during the current reporting period. Count all fellows who participated in the fellowship program, regardless of whether the fellow directly received a BHW-funded financial award.

**Enter Total # Enrolled (whether funded by BHW or not): URM:** In Column 5 (Block 3a), enter the number of fellows who participated in the fellowship 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 fellows from disadvantaged backgrounds who participated in the fellowship program during the current reporting period but were not underrepresented minorities.

**Note:** Column 7 is a subset of Column 4; Column 8 is a subset of Column 7.
Note: Fellows who permanently left their fellowship before completion (i.e., attrition) will be counted separately in Column 9 (Block 9).

Reference: Refer to the glossary for definitions of "underrepresented minority" and "disadvantaged background."

Example:
The School of Dentistry had a total of 12 Pediatric Dentistry fellows in the fellowship program during the current reporting period. The school used BHW funds to provide stipends to 5 out of the 12 Pediatric Dentistry fellows. During this period, 1 fellow left the program before completing all fellowship requirements.

**In Column 4 (Block 3) of this form, the reporting official at the School of Dentistry would enter 11.**

Example:
The School of Dentistry had a total of 11 Pediatric Dentistry fellows maintain enrollment in the fellowship program during the current reporting period. Among the 11 fellows who were enrolled in the program, 2 are underrepresented minorities.

**In Column 5 (Block 3a), the reporting official at the School of Dentistry would enter 2.**

Example:
The School of Dentistry had a total of 11 Pediatric Dentistry fellows maintain enrollment in the fellowship program during the current reporting period. Among the 11 Pediatric Dentistry fellows who were enrolled in the program, 5 are from disadvantaged backgrounds. One (1) out of the 5 fellows from a disadvantaged background is also an underrepresented minority.

**In Column 6 (Block 3b), the reporting official at the School of Dentistry would enter 4.**
### PC-6 - 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>

**Enter Total # Graduated/Completed (whether funded by BHW or not): Total:** In Column 7 (Block 8), enter the total number of fellows who completed all fellowship requirements during the current reporting period. Count all fellows who completed the fellowship program, regardless of whether the fellow directly received a BHW-funded financial award.

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

**Note:** Column 7 is a subset of Column 4; Column 8 is a subset of Column 7.

**Note:** Fellows who permanently left their fellowship before completion (i.e., attrition) will be counted separately in Column 9 (Block 9).

**Example:**

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Example:
The School of Dentistry had a total of 11 Pediatric Dentistry fellows maintain enrollment in the fellowship program during the annual reporting period. Among the 11 fellows who were enrolled in the program, a total of 3 fellows completed all fellowship requirements during the reporting period.

*In Column 7 (Block 8), the reporting official at the School of Dentistry would enter 3.*

Example:
The School of Dentistry had a total of 11 Pediatric Dentistry fellows maintain enrollment in the fellowship program during the annual reporting period. Among the 11 fellows who were enrolled in the program, a total of 3 fellows completed all fellowship requirements during the reporting period; none who completed the fellowship program are underrepresented minorities.

*In Column 8 (Block 8a), the reporting official at the School of Dentistry would enter 0.*
PC-6 - Entering Attrition Information

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

| Enter Total # Who left the Program Before Completion (whether funded by BHW or not) |
|----------------------------------------|----------------------------------------|
| Total                                  | URM                                   |
| (9) Block 9                            | (10) Block 9a                          |

Figure 12. PC-6 - Entering Attrition Information

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 fellows who permanently left their fellowship before completion during the current reporting period. Count all fellows who permanently left their fellowships regardless of whether the fellow directly received a BHW-funded financial award.

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

Note: Column 10 is a subset of Column 9. The total entered in Column 9 is exclusive of the total number of enrollees (Column 4).

Example:
The School of Dentistry had a total of 12 Pediatric Dentistry fellows in the fellowship program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 fellows. During this period, 1 fellow left the program before completing all fellowship requirements.
In Column 9 (Block 9) of this form, the reporting official at the School of Dentistry would enter 1.

Example:
The School of Dentistry had a total of 12 Pediatric Dentistry fellows in the fellowship program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 fellows. During this period, 1 fellow left the program before completing all fellowship requirements; none who left were underrepresented minorities.

In Column 10 (Block 9a) of this form, the reporting official at the School of Dentistry would enter 0.

<table>
<thead>
<tr>
<th>Enter Total # Enrolled (whether funded by BHW or not)</th>
<th>Enter Total # Graduated/Completed (whether funded by BHW or not)</th>
<th>Enter Total # Who left the Program Before Completion (whether funded by BHW or not)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (4) Block 3</td>
<td>Total (7) Block 8</td>
<td>Total (9) Block 9</td>
</tr>
<tr>
<td>URM (5) Block 3a</td>
<td>URM (8) Block 8a</td>
<td>URM (10) Block 9a</td>
</tr>
<tr>
<td>Disadvantaged Background and not URM (6) Block 3b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 13. Example of PC-6 Subform

To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
PC-8: Program Characteristics – Residency Programs
PC-8 - Selecting Dental Residency Program

Warning: The PC-8 subform will only appear if "Residency Program" was selected in the Training Program Setup form.

Type of Dental Residency Program: Select the type of dental residency program by choosing one of the following options:

- Expanded
- New
- Previously Established
- Previously Expanded

Figure 14. PC-8 - Selecting Dental Residency Program
Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships and/or consortia established for the purpose of offering each residency program during the current reporting period. Choose all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community-based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non-faith based)
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government - Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith-based)
- Nursing home
- Private/For-profit organization
- Senior Center
Warning: You may not select "No partners/consortia used" in combination with any other option.
**PC-8 - 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</td>
</tr>
<tr>
<td>Total: In Column 5 (Block 3), enter the total number of residents who participated in each residency program during the current reporting period. Count all residents who participated in the residency program, regardless of whether the resident directly received a BHW-funded financial award.</td>
</tr>
<tr>
<td>Total: For Column 6 (Block 3a), enter the number of residents who participated in each residency program during the current reporting period and were underrepresented minorities.</td>
</tr>
<tr>
<td>Total: In Column 7 (Block 3b), enter the number of residents from disadvantaged backgrounds who participated in the residency program during the current reporting period but were not underrepresented minorities.</td>
</tr>
</tbody>
</table>

**Note:** Columns 6 and 7 are subsets of Column 5.

**Note:** Residents who permanently left their residency program before completion (i.e., attrition) will be counted separately in Column 10 (Block 9).
Postdoctoral Training in General, Pediatric, and Public Health Dentistry

Example:
The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the current reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements.

In Column 5 (Block 3) of this form, the reporting official at the School of Dentistry would enter 11.

Example:
The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the current reporting period. Among the 11 General Dentistry residents who were enrolled in the program, 2 are underrepresented minorities.

In Column 6 (Block 3a), the reporting official at the School of Dentistry would enter 2.

Example:
The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the current reporting period. Among the 11 General Dentistry residents who were enrolled in the program, 5 are from disadvantaged backgrounds. One (1) out of the 5 General Dentistry residents from a disadvantaged background is also an underrepresented minority.

In Column 7 (Block 3b), the reporting official at the School of Dentistry would enter 4.
**PC-8 - 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></td>
</tr>
<tr>
<td>(8) Block 8</td>
</tr>
<tr>
<td>(9) Block 8a</td>
</tr>
</tbody>
</table>

**Figure 17. PC-8 - Entering Graduate Information**

**Enter Total # Graduated/Completed (whether funded by BHW or not): Total:** In Column 8 (Block 8), enter the total number of residents who completed all requirements of their residency program during the current reporting period. Count all residents who completed residency programs, regardless of whether or not the resident directly received a BHW-funded financial award.

**Enter Total # Graduated/Completed (whether funded by BHW or not): URM:** In Column 9 (Block 8a), enter the number of residents who completed all requirements of their residency program during the current reporting period and were underrepresented minorities.

💡 **Note:** Column 8 is a subset of Column 5; Column 9 is a subset of Column 8.

💡 **Note:** Residents who permanently left their residency program before completion (i.e., attrition) will be counted separately in Column 10 (Block 9).

参考：Refer to the glossary for definitions of "disadvantaged background" and "underrepresented minority."

**Example:**

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Example:
The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the current reporting period. Among the 11 General Dentistry residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period.

In Column 8 (Block 8), the reporting official at the School of Dentistry would enter 3.

Example:
The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the current reporting period. Among the 11 General Dentistry residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period; none who completed the residency program are underrepresented minorities.

In Column 9 (Block 8a), the reporting official at the School of Dentistry would enter 0.
**PC-8 - Entering Attrition Information**

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

| Enter Total # Who left the Program Before Completion (whether funded by BHW or not) |
|---------------------------------|---------------------------------|
| Total (10)                      | URM (11)                        |
| Block 9                         | Block 9a                        |

**Figure 18. PC-8 - Entering Attrition Information**

**Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total:** In Column 10 (Block 9), enter the total number of residents who permanently left their residency programs before completion during the current reporting period. Count all residents who permanently left their residency programs regardless of whether the resident directly received a BHW-funded financial award.

**Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM:** In Column 11 (Block 9a), enter the number of residents who permanently left their residency programs before completion during the current reporting period and were underrepresented minorities.

💡 **Note:** Column 11 is a subset of Column 10. The total entered in Column 10 is exclusive of the total number of residents in Column 5.

📖 **Reference:** Refer to the glossary for definitions of "disadvantaged background" and "underrepresented minority."

**Example:**

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Example:
The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the current reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements.

In Column 10 (Block 9) of this form, the reporting official at the School of Dentistry would enter 1.

Example:
The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the current reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements; none who left were underrepresented minorities.

In Column 11 (Block 9a) of this form, the reporting official at the School of Dentistry would enter 0.

<table>
<thead>
<tr>
<th>Total (5)</th>
<th>URM (6)</th>
<th>Disadvantaged Background and not URM (7)</th>
<th>Total (8)</th>
<th>URM (9)</th>
<th>Total (10)</th>
<th>URM (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 3</td>
<td>Block 3a</td>
<td>Block 3b</td>
<td>Block 8</td>
<td>Block 8a</td>
<td>Block 9</td>
<td>Block 9a</td>
</tr>
<tr>
<td>12</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 19. Example of PC-8 Subform

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.
The PC-9 form collects information about the total number of fellows and residents in the training program by training year.

**Type of Training Program**: Select a training program by clicking on the drop-down menu next to "Select Training Program" and choosing one of the available options. (The options available under "Type of Training Program" will prepopulate with information that was entered and saved in the Training Program Setup Form.)

⚠️ **Warning**: Complete the PC-9 Setup form only if grant funds were used to support residency programs other than those previously reported. You do not need to reenter information about residency programs previously reported. If no new residency programs were supported other than those previously reported, skip to the step named 'Entering Total # of Positions Recruited'.
PC-9 - Selecting Training Year

Training Year:

Select the types of training years that apply to the residency program supported through the grant by clicking on the drop-down menu next to "Select Training Year" and choosing all that apply from the available options. Click on the "Add Record" button to save your entry. Repeat this process as necessary to capture training years associated with each residency program supported through the grant.

- Fellowship Year 1
- Fellowship Year 3
- Residency Year 2
- Residency Year 4
- Fellowship Year 2
- Residency Year 1
- Residency Year 3

Note: You will be required to enter the total number of residents in the program by the type of training year selected in this step. Your entry(ies) will be saved in a table that will appear within the PC-9 subform.
PC-9 - Entering Total # of Positions Recruited For

Enter Total # of Positions Recruited For: Enter the number of residency or fellowship positions recruited for during the current reporting period.

Figure 22. PC-9 - Entering Total # of Positions Recruited For
PC-9 - Entering Total # of Positions Filled

Enter Total # of Positions Filled: Enter the total number of positions filled in the textbox.

Note: The sum of Column 5 (Block 6) across all years within a residency program will equal the number reported in PC-8 Block 3.
Enter Total # of Positions Expanded using BHW Funds: Enter the total number of positions expanded by training year during the current reporting period.

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

LR and DV - Introduction

⚠️ Warning: You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each type of training program supported through the grant during the current reporting period.
LR-1a: Trainees by Training Category
LR-1 - Entering Residents Count

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

![Trainees by Training Category]

Trainees by Training Category: Enter # of Residents: Enter the total number of residents in each residency program who received training as a result of the grant during the current reporting period. This number includes residents who received direct financial support from the grant plus any resident who was trained under a curriculum or course developed as a result of the grant.

💡 Note: Do not include individuals who either completed their residency or permanently left the program before completion during the reporting period.
LR-1 - Entering Program Completers Count

<table>
<thead>
<tr>
<th>Trainees by Training Category</th>
<th>Enter # of Program Completers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(6) Block 5</td>
</tr>
</tbody>
</table>

Figure 26. LR-1 - Entering Program Completers Count

**Trainees by Training Category: Enter # of Program Completers:** Enter the total number of program completers of the residency program or fellowship program during the current reporting period. This number includes any resident or fellow who completed the program as a result of the grant by having received direct financial support from the grant plus any resident or fellow who was trained under a curriculum or course sponsored by the grant.
LR-1 - Entering Attrition Information

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

<table>
<thead>
<tr>
<th>Attrition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Individuals who left the Program before Completion</td>
<td>Enter # of URM who left the Program before Completion</td>
</tr>
<tr>
<td><strong>(7)</strong> Block 6</td>
<td><strong>(8)</strong> Block 6a</td>
</tr>
</tbody>
</table>

**Figure 27. LR-1 - Entering Attrition Information**

**Attrition: Enter # of Individuals who left the Program before Completion:** Enter the total number of individuals who permanently left the training program before completion (and were being supported by the grant in some manner).

**Attrition: Enter # of URM who left the Program before Completion:** Enter the number of underrepresented minorities who permanently left the training program before completion during the current reporting period.

![Note: Counts reported in Column 8 (Block 6a) are a subset of those reported in Column 7 (Block 6).]

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

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
LR-2: Trainees by Age & Gender

LR-2 - Entering Residents Count by Age and Gender

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Residents</td>
<td>Enter # of Residents</td>
</tr>
<tr>
<td>(5) Blocks 25-30</td>
<td>(10) Blocks 31-36</td>
</tr>
</tbody>
</table>

Figure 28. LR-2 - Entering Residents Count by Age and Gender

**Gender: Male: Enter # of Residents:** For each training program, enter the aggregate number of male residents from each age category. If there were no male residents in a specific age category, enter a zero (“0”) in the appropriate textbox.

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

⚠️ **Warning:** For each training program, the sum of residents must be equal to the sum of residents entered in LR-1.
**LR-2 - Entering Program Completers Count by Age and Gender**

<table>
<thead>
<tr>
<th>Gender: Male</th>
<th>Gender: Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Program Completers</td>
<td>Enter # of Program Completers</td>
</tr>
<tr>
<td>(7) Blocks 49-54</td>
<td>(12) Blocks 55-60</td>
</tr>
</tbody>
</table>

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

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

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

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

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

**DV-1 - Entering Residents Count by Race and Ethnicity**

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic/Latino</th>
<th>Enter # of Residents</th>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
<th>Enter # of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(5) Blocks 15-21</td>
<td></td>
<td>(10) Blocks 50-56</td>
</tr>
</tbody>
</table>

Figure 30. DV-1 - Entering Residents Count by Race and Ethnicity

**Ethnicity: Hispanic/Latino: Enter # of Residents:** For each training program, enter the aggregate number of Hispanic/Latino residents from each race category. If there were no Hispanic/Latino residents in a specific race category, enter a zero (“0”) in the appropriate textbox.

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

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

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic/Latino</th>
<th>Ethnicity: Non-Hispanic/Non-Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Program Completers</td>
<td>Enter # of Program Completers</td>
</tr>
<tr>
<td>(7) Blocks 29-35</td>
<td>(12) Blocks 64-70</td>
</tr>
</tbody>
</table>

Figure 31. DV-1 - Entering Program Completers Count by Race and Ethnicity

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

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

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

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

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

<table>
<thead>
<tr>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Total # from Disadvantaged Background</td>
</tr>
<tr>
<td>Enter # from Disadvantaged Background who are not URM</td>
</tr>
<tr>
<td>(6) Block 5</td>
</tr>
<tr>
<td>(7) Block 6</td>
</tr>
</tbody>
</table>

**Figure 32. DV-2 - Entering Residents Count from Disadvantaged Background**

**Residents: Enter Total # from Disadvantaged Background:** For each training program, enter the aggregate number of residents from disadvantaged backgrounds.

**Residents: Enter # from Disadvantaged Background who are not URM:** For each training program, enter the aggregate number of residents from disadvantaged backgrounds who were not underrepresented minorities.

**Note:** Counts reported in Column 7 (Block 6) are a subset of counts reported in Column 6 (Block 5).

**Reference:** Refer to the glossary for definitions of "disadvantaged background" and "underrepresented minority."
### DV-2 - Entering Program Completers Count from Disadvantaged Background

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

**Program Completers: Enter Total # from Disadvantaged Background:** For each training program, enter the aggregate number of residency completers from disadvantaged backgrounds.

**Program Completers: Enter # from Disadvantaged Background who are not URM:** For each training program, enter the aggregate number of residency completers from disadvantaged backgrounds who were not underrepresented minorities.

**Note:** Counts reported in Column 11 (Block 10) are a subset of counts reported in Column 10 (Block 9).

**Reference:** Refer to the glossary for definitions of "disadvantaged background" and "underrepresented minority."

**To Complete the Form:** Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.
DV-3: Trainees from a Rural Background

DV-3 - Entering Residents Count from Rural Residential Background

<table>
<thead>
<tr>
<th>Trainees from Rural Residential Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter # of Residents from a Rural Background</td>
</tr>
<tr>
<td>(4) Block 3</td>
</tr>
</tbody>
</table>

Figure 34. DV-3 - Entering Residents Count from Rural Residential Background

**Trainees from Rural Residential Background: Enter # of Residents from a Rural Background:** Enter the total number of residents from rural residential backgrounds.

*Reference: Refer to the glossary for a definition of "rural residential background."*
Trainees from Rural Residential Background: Enter # of Program Completers from a Rural Background: Enter the total number of program completers who reported coming from a rural residential background.

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

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

INDGEN - Introduction
Notice to Grantees about Individual-level Data:

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

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

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

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

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

IND-GEN - Setup

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

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

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

*Note:* The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.

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

**Example:** The School of Dentistry saved one (1) entry in the Training Program Setup form to reflect the type of program supported by the grant. Under "Type of Training Program" the School of Dentistry would see the following options:

- Residency program | Dentistry--General Dentistry-AEGD-1
IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each individual in the textbox.

⚠️ 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 and 1-year follow-up data for each individual.

💡 Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.
**IND-GEN - Entering NPI Number**

![Figure 39. IND-GEN - Entering NPI Number](image)

**NPI Number**: Enter the 10-digit National Provider Identifier (NPI) number for each individual in the textbox in Column 2a.
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 and choosing one of the following options:

- Fellow
- Practicing Professional
- Resident

Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.
**Select Individual's Enrollment / Employment Status:** Select each individual’s enrollment or employment status in their degree program by clicking on the drop-down menu and choosing one of the following options:

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

Select Individual's Gender: Select each individual’s gender by clicking on the drop-down menu and choosing one of the following options:

- Female
- Male
- Not Reported

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

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

Enter Year of Birth: Select each individual’s year of birth at the end of the current reporting period in the drop-down menu.

- 1917
- 1918
- 1919
- 1920
- 1921
- 1922
- 1923
- 1924
- 1925
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- 1931
- 1932
- 1933
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- 1971
- 1972
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- 1974
- 1975
- 1976
- 1977
- 1978
- 1979
- 1980
- 1981
- 1982
<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1983</td>
<td>1984</td>
<td>1985</td>
</tr>
<tr>
<td>1986</td>
<td>1987</td>
<td>1988</td>
</tr>
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<td>1992</td>
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<tr>
<td>2010</td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>2013</td>
<td>2014</td>
<td>2015</td>
</tr>
<tr>
<td>2016</td>
<td>2017</td>
<td>Not Reported</td>
</tr>
</tbody>
</table>
**IND-GEN - Selecting Individual's Ethnicity**

![Select Individual's Ethnicity]

**Figure 44. IND-GEN - Selecting Individual's Ethnicity**

**Select Individual's Ethnicity:** Select each individual’s ethnicity by clicking on the drop-down menu and choosing one of the following options:

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

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

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

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
IND-GEN - Selecting Individual's Race

Select Individual's Race: Select each individual’s race by clicking on the drop-down menu and choosing all that apply from the available options. You may select more than one option for individuals of multiple races:

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

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

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

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

**Select Whether Individual is from a Rural Residential Background:** Select whether each individual is from a rural residential background by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No
- Not Reported

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

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

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

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

- Yes
- No
- Not Reported

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

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

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

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

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

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

**Note:** This Block will prepopulate for prior records with data submitted in previous reporting periods. Prior data cannot be altered or deleted.

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

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

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

**Select Whether Individual Received BHW Financial Award?:** Select whether each individual received a BHW-funded financial award (i.e., salary and benefits) during the current reporting period by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No

**Enter Individual's Financial Award Amount (BHW funds only): Stipend:** If the individual received a BHW financial award, enter the total amount of BHW dollars provided during the current reporting period in the textbox under "Stipend." Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, conference expenses, tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations.

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

**Enter Individual's Financial Award Amount (BHW funds only): Traineeship:** If the individual received a BHW financial award, enter the total amount of BHW dollars provided during the current reporting period in the textbox under "Traineeship." Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, conference expenses, tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations.
expenses, as allowed by federal statutes and regulations.

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

Enter Individual's Financial Award Amount (BHW funds only): Scholarship: If the individual received a BHW financial award, enter the total amount of BHW dollars provided during the current reporting period in the textbox under "Scholarship." Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, conference expenses, tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations. If the individual did not receive a financial award, select "No" and enter "0" in all financial award columns where no money was disbursed.

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

Figure 50. 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 a dentist 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:

- Fellowship Year 1
- Fellowship Year 3
- Graduate Year 2
- Non-degree Training Year 1
- Residency Year 2
- Residency Year 4
- Fellowship Year 2
- Graduate Year 1
- Non-degree Training Program Year 2
- Residency Year 1
- Residency Year 3

Note: For practicing professionals, select Non-degree Training Program Year 1 or Year 2.
### IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training

<table>
<thead>
<tr>
<th>Select any HHS Priority Topic Area on which an Individual Received Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>(26b) Block 15</td>
</tr>
</tbody>
</table>

**Figure 52. IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training**

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

- Individual participated on a health care team delivering integrated behavioral health services in primary care
- Individual received a SAMHSA waiver to prescribe medication assisted treatment (MAT)
- Individual received training in opioid use treatment
- Individual received training in telehealth

- Individual received training on integrated behavioral health in primary care
- Individual received training in medication assisted treatment (MAT) for SUD/OUD
- Individual received training in substance use treatment
- None of the above
IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline: Select each individual's primary profession/discipline by clicking on the drop-down menu and choosing one of the following options:

- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

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

<table>
<thead>
<tr>
<th>Select Whether Individual Received Training</th>
<th>Enter # of Contact Hours</th>
<th>Enter # of Patient Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>(28) Block 17</td>
<td>(29) Block 17a</td>
<td>(30) Block 17b</td>
</tr>
</tbody>
</table>

**Figure 54. IND-GEN - Entering Training Information in a Primary Care Setting**

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

- Yes
- No

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

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

**Training in a Primary Care Setting: Enter # of Patient Encounters:**
• **If the resident or fellow received experiential training in a primary care setting**, enter the total number of patient encounters in this type of setting during the current reporting period in the textbox.

• **If the resident or fellow did not receive experiential training in a primary care setting**, leave the textbox blank.
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>
</tr>
</thead>
<tbody>
<tr>
<td>Select Whether Individual Received Training</td>
</tr>
<tr>
<td>Enter # of Contact Hours</td>
</tr>
<tr>
<td>(31) Block 18</td>
</tr>
<tr>
<td>(32) Block 18a</td>
</tr>
</tbody>
</table>

Figure 55. IND-GEN - Entering Training Information in a Medically Underserved Community

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

- Yes
- No

Training in a Medically Underserved Community: Enter # of Contact Hours: If the individual received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 31 (Block 18a).
If the individual did not receive clinical or experiential training in a MUC, leave the textbox in Column 31 (Block 18a) blank.
IND-GEN - Entering Training Information in a Rural Area

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

Figure 56. IND-GEN - Entering Training Information in a Rural Area

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

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

  - Yes
  - No

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

- If the individual received clinical or experiential training in a rural area, enter the total number of hours spent in this type of setting during the current reporting period in the textbox.
- If the individual did not receive clinical or experiential training in a rural area, leave the textbox blank.
IND-GEN - Selecting 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 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 Degree Earned</th>
<th>Select Individual's Post-Graduation/Completion Intentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(37) Block 22</td>
<td>(38) Block 22a</td>
<td>(39) Block 22b</td>
</tr>
</tbody>
</table>

**Figure 58. IND-GEN - Entering Graduation/Completion Information**

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

- Yes
- No

**Select Degree Earned:**

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

- Fellowship Certificate
- Fellowship Certificate/MSPH
- MPH
- Residency Certificate/Master’s Degree not otherwise specified
- Fellowship Certificate/Master’s Degree not otherwise specified
- Joint Degrees not otherwise specified
- MSPH
- Residency Certificate/MPH
- Fellowship Certificate/MPH
- Master's Degree Not Otherwise Specified
- Residency Certificate
- Residency Certificate/MSPH

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Select Individual's Post-Graduation/Completion Intentions:

- **If an individual graduated from their training program during the current reporting period,** select the individual’s training or employment intentions by clicking on the drop-down menu and choosing all that apply from the available options.
- **If the individual did not complete their training program,** select "N/A."

- Individual intends to conduct research
- Individual intends to practice in a primary care setting
- Individual intends to teach
- Not Reported
- Individual intends to practice in a medically underserved area
- Individual intends to practice in a rural area
- None of the above
- N/A

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

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

<table>
<thead>
<tr>
<th>Select whether status/employment data are available for the individual 1-year post graduation/completion</th>
<th>Select Individual's Current Training/Employment Status</th>
<th>Select Whether Your Organization Hired this Individual</th>
<th>Select Whether a Partner Organization Hired this Individual</th>
<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 59. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion**

Select whether status/employment data are available for the individual 1-year post graduation/completion: Select whether current employment data are available for each resident who received a BHW-funded financial award and completed their residency one year prior to this report by clicking on the drop-down menu 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 currently practices in a medically underserved area
- Individual currently practices in a rural area
- Individual is currently teaching
- N/A
- Individual currently practices in a primary care setting
- Individual is currently conducting research
- None of the above

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
- Rural Health Clinic
- N/A
- Area Health Education Center
- FQHC or Look-Alike
- Private Dental Practice
- None of the Above

⚠️ 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.
Experiential Characteristics—EXP Subforms

EXP - Introduction

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

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

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

2. Order of Forms:

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

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

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

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

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

⚠️ Warning: Complete the EXP forms only for sites used to train individuals who appear on the LRDV subform.
EXP-1: Training Site Setup

EXP-1 - Entering Site Name

Site Name:

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

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

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

- 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 students during the current reporting period was located in a designated setting by clicking on the drop-down menu and choosing all that apply from the following options:

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

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

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

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

<table>
<thead>
<tr>
<th>Select Type(s) of Partners/Consortia used to Offer Training at this Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
</tr>
</tbody>
</table>

**Figure 64. EXP-1 - Selecting Type(s) of Partners/Consortia**

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

- Academic department - outside the institution
- Day and home care programs (i.e. Home Health)
- Ambulatory practice sites
- Educational institution (Grades K - 12)
- Geriatric ambulatory care and comprehensive units
- Federal Government - ACL
- 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
- Health policy center
- Academic department - within the institution
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Federal Government - Veterans Affairs
- Federal Government - Other HRSA Program
- 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
- Health disparities research center
- Nonprofit organization (faith - based)
- Community Health Center (CHC)
- Alzheimer's Disease Resource Centers
- Community Mental Health Center
- Federal Government - Department of Defense/Military
- Geriatric Behavioral or Mental Health Units
- 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)
Health Resources and Services Administration
Bureau of Health Workforce

- Nurse Managed Health Clinics
- Private/For-profit organization
- No partners/consortia used

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

💡 **Note:** If you select "Other" in Column 5, provide an explanation in the comments field and reference the site name.
Select Type(s) of Vulnerable Population:

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

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

Figure 66. EXP-1 - Entering Site's geographical Data

State:

City:

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

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

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

<table>
<thead>
<tr>
<th>Select whether the training site implements interprofessional education and/or practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>(13)</td>
</tr>
</tbody>
</table>

**Figure 67.** EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

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

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

<table>
<thead>
<tr>
<th>Select any HHS Priorities Addressed at this Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>(14)</td>
</tr>
</tbody>
</table>

**Figure 68. EXP-1 - Selecting any HHS Priorities Addressed at this Site**

**Select any HHS Priorities Addressed at this Site:** Select any HHS Priorities 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.
EX-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 69. EXP-2 - Selecting Training Program and Site Name

**Type of Training Program:** Select a training program by clicking on the drop-down menu in Column 1 and choosing one of the training program options.

**Site Name:** Pair the selected training program with a training site by clicking on the drop-down menu in Column 2 and choosing a site name. The options available will be sites that were marked as "Used" in the current reporting period on EXP-1.

💡 Note: The EXP-2 form will initially appear blank
### 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.

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

**Figure 70. EXP-2 - Selecting Profession and Discipline of Individuals Trained**

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Family Medicine
- Dentistry - General Dentistry/Public Health
- Medicine - Nuclear Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Student - Diploma/Certificate
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurological Surgery
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work
- Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Dentistry - Dental Hygiene/Public Health
- Medicine - Medical Genetics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical Pathology
- Medicine - Plastic Surgery
Postdoctoral Training in General, Pediatric, and Public Health Dentistry

- Medicine - Ophthalmology
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Medicine - Obstetrics and Gynecology
- Student - Physician Assistant
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Optometry
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Dental School/Public Health
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - Physical Therapy
- Student - Undergraduate - Other
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Other
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health
- Student - Dental Hygiene/Public Health
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Other advanced nurse specialists
- Student - Post - high school / Pre - college
- Student - Undergraduate - Public Health
- Student - Dental Assistant
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Pharmacy School
- Student - Registered nurse (RN)

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

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

**Figure 71. EXP-2 - Entering # Trained in the Profession and Discipline**

**Enter # Trained in this Profession and Discipline:** For each row, enter the number of "Principal" trainees in the profession/discipline listed.

*Note:* "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 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>(5)</th>
<th>Block 8</th>
</tr>
</thead>
</table>

**Figure 72. EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care**

**Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care:** For each row, enter the number of all "Other Interprofessional" trainees in each profession/discipline listed.

- **Note:** Counts provided should be based on individuals NOT reported on INDGEN. (or LR-1).

- **Note:** Do not count faculty, practicing professionals, or support staff.
## EXP-2 - Adding Individuals Trained Example 1

### Table: Adding Individuals Trained Example 1

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Site Name</th>
<th>Select Profession and Discipline of Individuals Trained</th>
<th>Enter # Trained in this Profession and Discipline</th>
<th>Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>North Regional Hospital</td>
<td>Dentistry-General Dentistry</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>North Regional Hospital</td>
<td>Medicine-Family Medicine</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>North Regional Hospital</td>
<td>Student-Graduate Psychology</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>Community Dentists</td>
<td>Dentistry-General Dentistry</td>
<td>14</td>
</tr>
<tr>
<td>5</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>Community Dentists</td>
<td>Student-Pharmacy School</td>
<td>0</td>
</tr>
</tbody>
</table>

### Example with Principal AND Interprofessional Trainees at the same site:

In the example on this page as below:

- At the first site, North Regional Hospital, the General Dentistry Residency program trained 24 General Dentistry residents. As part of Interprofessional team-based care, the General Dentistry Residency program also trained 2 Family Medicine residents and 3 graduate students in Psychology (rows 1-3).
- At a second site, the General Dentistry Residency program trained 14 of its General Dentistry residents alongside 4 pharmacy students who were part of interprofessional team-based care at the Community Dentists site (rows 4 and 5).
### EXP-2 - Adding Individuals Trained Example 2

**Example with Principal Trainees ONLY (no interprofessional trainees):**

In this example, the dental residents from the General Dentistry residency program do not have interprofessional experiences. The dental residents trained at 3 different clinical training sites.

- At the first site, there were 24 General Dentistry residents and no interprofessional trainees at North Regional Hospital (row 1).
- At the second site, there were 10 General Dentistry residents and no interprofessional trainees at Community Dentists (row 2).
- At the third site, there were 4 General Dentistry residents and no interprofessional trainees at the Dentist’s Clinic (row 3).

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Site Name</th>
<th>Select Profession and Discipline of Individuals Trained</th>
<th>Enter # Trained in this Profession and Discipline</th>
<th>Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>North Regional Hospital</td>
<td>Dentistry-General Dentistry</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>Community Dentists</td>
<td>Dentistry-General Dentistry</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>Dentist’s Clinic</td>
<td>Dentistry-General Dentistry</td>
<td>4</td>
</tr>
</tbody>
</table>

*Figure 74. EXP-2 - Adding Individuals Trained Example 2*
**EXP-2 - Adding Individuals Trained Example 3**

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training Program</th>
<th>Site Name</th>
<th>Select Profession and Discipline of Individuals Trained</th>
<th>Enter # Trained in this Profession and Discipline</th>
<th>Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>North Regional Hospital</td>
<td>Dentistry-General Dentistry</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>North Regional Hospital</td>
<td>Medicine-Internal Medicine</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>North Regional Hospital</td>
<td>Student-Dental School</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>Community Physicians</td>
<td>Dentistry-General Dentistry</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Residency</td>
<td>General Dentistry</td>
<td>Community Physicians</td>
<td>Student-Pharmacy School</td>
<td>0</td>
</tr>
</tbody>
</table>

**Example with both your trainees and interprofessional trainees of the same discipline at the same sites:**

In the example on this page as below.

- At the first site, the General Dentistry residency program trained 24 of its own residents at North Regional Hospital. As part of Interprofessional team-based care, the General Dentistry residency also trained 10 General Dentistry residents from different General Dentistry residency programs, 2 Internal Medicine residents, and 5 dental students (rows 1-3).
- At the second site, the General Dentistry residency program trained 10 of its own dental residents alongside 8 additional General Dentistry residents from different General Dentistry residency programs as well as 4 pharmacy students who were part of interprofessional team-based care (rows 4 and 5).
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 Behavioral Health Center
- Dentist Office
- Federal Government Office or Agency
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- School - based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
- Tribal Government
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Emergency Room
- FQHC or look - alike
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department
- Acute care services
- Community - based organization
- Community Health Center (CHC)
- Critical Access Hospital
- Federal and State Bureau of Prisons
- Hospice
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Postdoctoral Training in General, Pediatric, and Public Health Dentistry
EXP-2 - Selecting Type of Setting Where the Site was Located

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

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

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

CDE - Introduction

Purpose of CDE forms: The CDE forms are used to collect information about curriculum development and enhancement activities, including development status, delivery mode, course topic, etc. for courses offered during the current reporting period.

- CDE-1: Collects information about newly developed or enhanced courses offered during the current reporting period.
- CDE-2: Collects the number of individuals who participated in the CDE courses and training activities (grouped by course and primary discipline).

Order of Forms:

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

Pre-population of Prior Records:

- The BPMH system will prepopulate saved information for each previously offered courses (i.e. “Prior Records”) in the CDE-1 data table.
- For “Prior Records” you must indicate whether the course was offered during the current reporting period.

Creation of New Records:

- The BPMH system will allow you to enter information for newly offered courses or training activities (i.e., “New Record”) in the CDE-1 data table. “New Records” will populate below all “Prior Records”
- For “New Records” you must indicate whether the course was offered during the current reporting period.
Detailed guidance on how to make the correct selections for the CDE forms be found below~

⚠️ Warning: CDE-1 must be completed and validated prior to beginning CDE-2. If you reach the CDE-2 form, and no drop-down selections appear, you have not validated both CDE-1 subform.
# CDE-1: Course Development and Enhancement - Course Information

## CDE-1 - Setup

To begin providing data about courses and other training activities that have been developed or enhanced through the grant or to provide updates on previously reported activities, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.

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

**Figure 78. CDE-1 - Setup**

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

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

- **Warning:** CDE-1 must be completed and validated prior to beginning CDE-2. If you reach the CDE-2 form, and no drop-down selections appear, you have not validated the CDE-1 subform.
CDE-1 - Entering the Name of Course/Training Activity

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

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

Warning: Complete the CDE-1 Setup form only if grant funds were used to develop or enhance NEW courses or training activities other than those previously reported.
Select Type of Course or Training Activity: Select the type of course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Column 2 (Block 2) and choosing one of the following options:

- Academic course
- Clinical rotation
- Faculty development programs or activities
- Field placement/practicum
- Grand rounds
CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced:

Select whether each course or training activity identified under Column 1 (Block 1) was newly developed or was enhanced by clicking on the drop-down menu under Column 3 (Block 3) and choosing one of the following options:

- Enhanced
- Newly developed

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

Note: Select "Enhanced" for courses or training activities that were in existence prior to the grant and were modified or restructured through
CDE-1 - Entering Development/Enhancement Status

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

Select Status of Development or Enhancements

<table>
<thead>
<tr>
<th>(4) Block 4</th>
</tr>
</thead>
</table>

Figure 82. CDE-1 - Entering Development/Enhancement Status

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

- Developed not yet implemented
- Implemented
- Under development
CDE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity: Select the primary mode used to deliver each course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Column 8 (Block 6) and choosing one of the following options:

- Classroom-based
- Clinical Rotation
- Grand rounds
- Simulation-based Training
- Distance learning (Online Webinar)
- Experiential/Field-based
- Hybrid
- Hybrid
CDE-1 - Selecting Primary Topic Area

Select Primary Topic Area: Select the primary topic area for each course or training activity that was developed or enhanced by clicking on the drop-down menu under Column 11 and choosing one of the following options:

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

Note: You may only choose one selection for primary topic area.
CDE-1 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period:

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

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

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

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

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

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

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

**CDE-2 - Adding Courses and Profession/Disciplines**

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

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

**Figure 86. CDE-2 - Adding Courses and Profession/Disciplines**

**Name of Course or Training Activity:**

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

**Profession and Discipline of Individuals Trained:**

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
<table>
<thead>
<tr>
<th>Postdoctoral Training in General, Pediatric, and Public Health Dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentistry - General Dentistry</td>
</tr>
<tr>
<td>Dentistry - Other</td>
</tr>
<tr>
<td>Dentistry - Dental Hygiene/Public Health</td>
</tr>
<tr>
<td>Dentistry - Public Health Dentistry</td>
</tr>
<tr>
<td>Medicine - Aerospace Medicine</td>
</tr>
<tr>
<td>Medicine - Colon and Rectal Surgery</td>
</tr>
<tr>
<td>Medicine - Family Medicine</td>
</tr>
<tr>
<td>Medicine - Integrative Medicine</td>
</tr>
<tr>
<td>Medicine - Internal Medicine</td>
</tr>
<tr>
<td>Medicine/Pediatrics</td>
</tr>
<tr>
<td>Medicine - Neurology</td>
</tr>
<tr>
<td>Medicine - Occupational Medicine</td>
</tr>
<tr>
<td>Medicine - Other</td>
</tr>
<tr>
<td>Medicine - Pediatrics</td>
</tr>
<tr>
<td>Medicine - Plastic Surgery - Integrated</td>
</tr>
<tr>
<td>Medicine - Preventive Medicine - Internal Medicine</td>
</tr>
<tr>
<td>Medicine - Preventive Medicine - Public Health</td>
</tr>
<tr>
<td>Medicine - Radiation Oncology</td>
</tr>
<tr>
<td>Medicine - Thoracic Surgery</td>
</tr>
<tr>
<td>Medicine - Vascular Surgery - Integrated</td>
</tr>
<tr>
<td>Nursing - CNS - Geropsychiatric</td>
</tr>
<tr>
<td>Nursing - CNS - Psychiatric/Mental health</td>
</tr>
<tr>
<td>Nursing - Licensed practical/vocational nurse (LPN/LVN)</td>
</tr>
<tr>
<td>Nursing - NP - Adult gerontology</td>
</tr>
<tr>
<td>Nursing - NP - Emergency care</td>
</tr>
<tr>
<td>Nursing - NP - Geropsychiatric</td>
</tr>
<tr>
<td>Nursing - NP - Women's health</td>
</tr>
<tr>
<td>Dentistry - Pathology Dentistry</td>
</tr>
<tr>
<td>Dentistry - Periodontic Dentistry</td>
</tr>
<tr>
<td>Dentistry - General Dentistry/Public Health</td>
</tr>
<tr>
<td>Medicine - Allergy and Immunology</td>
</tr>
<tr>
<td>Medicine - Dermatology</td>
</tr>
<tr>
<td>Medicine - Geriatric Psychiatry</td>
</tr>
<tr>
<td>Medicine - Internal Medicine</td>
</tr>
<tr>
<td>Medicine - Medical Genetics</td>
</tr>
<tr>
<td>Medicine - Nuclear Medicine</td>
</tr>
<tr>
<td>Medicine - Ophthalmology</td>
</tr>
<tr>
<td>Medicine - Otolaryngology</td>
</tr>
<tr>
<td>Medicine - Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>Medicine - Preventive Medicine</td>
</tr>
<tr>
<td>Medicine - Preventive Medicine/Public Health</td>
</tr>
<tr>
<td>Medicine - Radiology - Diagnostic</td>
</tr>
<tr>
<td>Medicine - Thoracic Surgery - Integrated</td>
</tr>
<tr>
<td>Nursing - CNS - Adult gerontology</td>
</tr>
<tr>
<td>Nursing - CNS - Neonatal</td>
</tr>
<tr>
<td>Nursing - CNS - Women's health</td>
</tr>
<tr>
<td>Nursing - NP - Acute care adult gerontology</td>
</tr>
<tr>
<td>Nursing - NP - Adult Psychiatric/Mental health</td>
</tr>
<tr>
<td>Nursing - NP - Family</td>
</tr>
<tr>
<td>Nursing - NP - Neonatal</td>
</tr>
<tr>
<td>Nursing - Nurse administrator</td>
</tr>
<tr>
<td>Nursing - Nurse informatician</td>
</tr>
<tr>
<td>Nursing - Registered Nurse</td>
</tr>
<tr>
<td>Other - Chiropractic</td>
</tr>
<tr>
<td>Annual Performance Report Academic Year 2018-2019</td>
</tr>
<tr>
<td>Dentistry - Prosthodontic Dentistry</td>
</tr>
<tr>
<td>Dentistry - Radiology Dentistry</td>
</tr>
<tr>
<td>Medicine - Anesthesiology</td>
</tr>
<tr>
<td>Medicine - Emergency Medicine</td>
</tr>
<tr>
<td>Medicine - Geriatrics</td>
</tr>
<tr>
<td>Medicine - Internal Medicine/Family Medicine</td>
</tr>
<tr>
<td>Medicine - Neurological Surgery</td>
</tr>
<tr>
<td>Medicine - Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Medicine - Orthopaedic Surgery</td>
</tr>
<tr>
<td>Medicine - Pathology - Anatomical and Clinical</td>
</tr>
<tr>
<td>Medicine - Plastic Surgery</td>
</tr>
<tr>
<td>Medicine - Preventive Medicine/Family Medicine</td>
</tr>
<tr>
<td>Medicine - Psychiatry</td>
</tr>
<tr>
<td>Medicine - Surgery - General</td>
</tr>
<tr>
<td>Medicine - Urology</td>
</tr>
<tr>
<td>Nursing - CNS - Family</td>
</tr>
<tr>
<td>Nursing - CNS - Pediatrics</td>
</tr>
<tr>
<td>Nursing - Home Health Aide</td>
</tr>
<tr>
<td>Nursing - NP - Acute care pediatric</td>
</tr>
<tr>
<td>Nursing - NP - Child/Adolescent Psychiatric/Mental Health</td>
</tr>
<tr>
<td>Nursing - NP - Family Psychiatric/Mental Health</td>
</tr>
<tr>
<td>Nursing - NP - Pediatrics</td>
</tr>
<tr>
<td>Nursing - Nurse anesthetian</td>
</tr>
<tr>
<td>Nursing - Nurse midwife</td>
</tr>
<tr>
<td>Nursing - Researcher/Scientist</td>
</tr>
<tr>
<td>Other - Community Health Worker</td>
</tr>
<tr>
<td>Other - First Responder/EMT</td>
</tr>
<tr>
<td>Other - Lay and Family Caregiver</td>
</tr>
<tr>
<td>Other - Midwife</td>
</tr>
<tr>
<td>Other - Optometry</td>
</tr>
<tr>
<td>Other - Profession Not Listed</td>
</tr>
<tr>
<td>Other - Respiratory Therapy</td>
</tr>
</tbody>
</table>
Postdoctoral Training in General, Pediatric, and Public Health Dentistry

- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Pharmacy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Occupational Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care pediatric
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Office/Support Staff
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown
- Other - Physical Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Physical Therapy
- Student - Registered Nurse (RN)
- Student - Undergraduate - Public Health
- Other - Veterinary Medicine
- Other - Speech Therapy
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Physician Assistant
- Student - Registered Nurse - BSN
- Student - Dental Hygiene/Public Health
- Student - NP - Other advanced nurse specialists
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Undergraduate - Other
- Student - Dental School/Public Health

Note: Only the names of courses/training activities that were marked as "Offered" or "Re-offered" in the CDE-1 form will appear as options in the drop-down menu.
CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline

(3) Block 7

Figure 87. CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

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

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

Select Type of Course or Training Activity:

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

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

Figure 88. CDE-2 - Selecting Type of Course or Training Activity
CDE-2 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced:

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

- Enhanced
- Newly developed
Select Delivery Mode Used to Offer this Course or Training Activity:

Column 7 (Block 6), Delivery mode will automatically populate with response from CDE-1 form.

- Classroom-based
- Clinical Rotation
- Grand rounds
- Simulation-based Training
- Distance learning (Online Webinar)
- Experiential/Field-based
- Hybrid

Figure 90. CDE-2 - Selecting Delivery Mode
Select Primary Topic Area:

Column 8, Primary Topic Area will automatically populate with response from CDE-1 form.

- Behavioral Health - Primary Care Integration
- Behavioral Health - Suicide
- Chronic Disease - Alzheimer/Dementia
- Clinical Training - Community-Based Collaboration
- Clinical Training - Healthcare delivery systems
- Clinical Training - Public Health
- Clinical Training - Skills - Communications Skills
- Clinical Training - Technology - Other
- Infectious Disease - HIV/AIDS
- Population - Maternal Child Health
- Population - Veterans Health
- Setting - Medically-Underserved Communities
- Setting - Other
- Behavioral Health - Substance Abuse - General
- Behavioral Health - Treatment
- Chronic Disease - Management
- Clinical Training - Cultural Competency/Health Disparities
- Clinical Training - Interprofessional education/team-based training
- Clinical Training - Quality Improvement/Patient Safety
- Clinical Training - Skills - Leadership and Management
- Clinical Training - Telehealth
- Infectious Disease - Other
- Population - Minority Health
- Population - Womens Health
- Setting - Primary Care
- Other-Topic Not Listed
- Behavioral Health - Substance Abuse - Opioids
- Behavioral Health - Other
- Chronic Disease - Other
- Clinical Training - Evidence-based Practice
- Clinical Training - Oral Health
- Clinical Training - Research
- Clinical Training - Technology - Simulation-based training
- Clinical Training - Unspecified
- Population - Geriatric Health
- Population - Rural Health
- Population - Other
- Setting - Rural
CDE-2 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

<table>
<thead>
<tr>
<th>Select Whether the Course or Training Activity was Offered in the Current Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9)</td>
</tr>
</tbody>
</table>

Figure 92. CDE-2 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period:

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

- Offered
- Not Offered
- Re-offered

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

FD-1a - Adding Structured Faculty Development Programs

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

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

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

⚠️ Warning: Complete the FD-1a Setup form only if grant funds were used to support structured faculty development programs other than those previously reported and still ongoing. To provide updates for these programs, go to the next page. Once a program has been completed, it will need to be re-entered as a new record if the program is run again with a new cohort.

*Example:* The John Doe School of Nursing used BHW funds to support TeamSTEPPS training for ten (10) faculty members. In the first semester, the school used grant funds to pay for the costs of training three (3) faculty members. In the second semester, the school used grant funds to pay for the costs of training an additional seven (7) faculty members.

Since each faculty development program supported through the grant must be reported separately, the John Doe School of Nursing would have 2
Postdoctoral Training in General, Pediatric, and Public Health Dentistry

entries—TeamSTEPPS #1 and TeamSTEPPS #2 (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-1a and FD-1b subforms for each of these programs.
FD-1a - Selecting Program Status

Select Program Status in the Current Reporting Period: Select the status of each structured faculty development program at the end of the current reporting period by clicking on the drop-down menu and choosing one of the following options:

- Complete
- Ongoing

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

💡 Note:

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

💡 Note: Select 'Complete' if the training program concluded at some point during the current reporting period (i.e. **July 01, 2018 - June 30, 2019**).
FD-1a - Entering Program Information for Degree/Non-Degree Programs

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

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

Figure 95. FD-1a - Entering Program Information for Degree/Non-Degree Programs

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

- Yes
- No

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

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

- BA
- BS
- BSW
- BCHS
- Certificate
- DC
- BPH
- BSN
- DDS
- DDS
• DDS/MPH
• DMD
• DNAP
• DO
• DO/MSPH
• DrPH
• Joint Degrees not otherwise specified
• MBA
• MD/DrPH
• MD/PhD
• MHA
• MMS/DrPH
• MMS/ScD
• MPAS
• MPAS/MSPH
• MS
• MSHS
• MSN/MHA
• MSPH
• No Degree Earned
• PhD
• N/A

• DDS/MSPH
• DMD/MPH
• DNP
• DO/DrPH
• DO/ScD
• DVM
• MA
• MCHS
• MD/MPH
• MD/ScD
• MHS
• MMS/MPH
• MN
• MPAS/DrPH
• MPAS/ScD
• MS-CTS
• MSN
• MSN/MPH
• MSSW
• PharmD
• PsyD
• Diploma
• DMD/MSPH
• DNSc
• DO/MPH
• Doctoral Degree Not Otherwise Specified
• EdD
• Master's Degree Not Otherwise Specified
• MD
• MD/MSPH
• MEd
• MMS
• MMS/MSPH
• MPAP
• MPAS/MPH
• MPH
• MSCR
• MSN/MBA
• MSPAS
• MSW
• Post-Masters Certificate
• ScD

For Degree-bearing Programs: Select Primary Focus Area:

• If you selected "No" in Column 2 (Block 2), select "N/A" in Column 4 (Block 2b).
• If you selected "Yes" in Column 2 (Block 2), select the primary focus area of the degree-bearing structured faculty development program by clicking on the drop-down menu in Column 4 (Block 2b) and choosing one of the options below.

• Business Administration
• Dentistry - Dental Assistant
• Dentistry - General Dentistry
• Dentistry - Dental Hygiene
• Dentistry - Oral Surgery Dentistry

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours:

- **If you selected "Yes" in Column 2 (Block 2),** enter a zero ("0") in Column 5 (Block 3).
- **If you selected "No" in Column 2 (Block 2),** enter the duration (in clock hours) of each non-degree bearing structured faculty development program in the textbox in Column 5 (Block 3).
FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

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

| Enter the % of Time Spent Developing Competencies for the Following Roles |
|-------------------------------|--------------------|--------------------|--------------------|
| Clinician                    | Administrator      | Educator           | Researcher         |
| (6) Block 5                  | (7) Block 5        | (8) Block 5        | (9) Block 5        |

Figure 96. FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

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

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

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

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

Note: Percentages of time spent across the four roles must sum up to 100%.
FD-1a - Entering # of Faculty Who Completed the Program

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

Figure 97. FD-1a - Entering # of Faculty Who Completed the Program

Enter # of Faculty Who Completed the Program:

- **If you marked a program as "Complete" in Column 1a**, enter the number of faculty who completed each structured faculty development program during the current reporting period in the textbox in Column 10 (Block 6).
- **If you selected "Ongoing" in Column 1a**, enter a zero ("0") in the textbox in Column 10 (Block 6).
FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

<table>
<thead>
<tr>
<th>Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>(11)</td>
</tr>
<tr>
<td>Block 7</td>
</tr>
</tbody>
</table>

Figure 98. FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

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

- Yes
- No

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

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

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

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

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

Figure 99. FD-1b - Adding Profession and Discipline for Structured Programs

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

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

- Nursing - CNS - Psychiatric/Mental health
- Other - Community Health Worker
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - NP - Family
- Other - Direct Service Worker
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Women's health
- Nursing - NP - Adult gerontology
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Other - Allied Health
- Nursing - Registered Nurse
- Other - Profession Not Listed
- Nursing - CNS - Family
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Geropsychiatric
- Nursing - Nurse anesthetist
- Nursing - Researcher/Scientist

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Postdoctoral Training in General, Pediatric, and Public Health Dentistry

- Nursing - Alternative/Complementary Nursing
- Other - Midwife (non-nurse)
- Nursing - Other (e.g. CNA PCA)
- Nursing - NP - Psychiatric/Mental health
- Nursing - Public health nurse
- Nursing - Community health nursing
- Nursing - Nurse midwife

Note: Information regarding the names of faculty development programs will prepopulate with the information that was entered and saved in the FD-1a subform.
FD-1b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline

(3)
Block 4

Figure 100. FD-1b - Entering # Trained in the Profession and Discipline

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

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

FD-2a - Entering Faculty Development Activities

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

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

### Activity Name

**Activity Name:** Enter the name of each unstructured faculty development activity coordinated and/or supported through the grant during the current reporting period. Next, click on "Add Record" to save your entry. Repeat this process to enter each faculty development activity coordinated and/or supported through the grant during the current reporting period.

⚠️ Warning: If a previously-completed faculty development activity (prior record) is being offered again with a new cohort, it will need to be re-created as a new record.

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

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

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

Figure 102. FD-2a - Selecting Type of Faculty Development Activity Offered

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

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

For Courses or Workshops: Select Whether Activity is Accredited for Continuing Education Credit:

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

- For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8), select N/A for Column 4 (Block 8b).
- For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8), select whether attendance by faculty was for the purposes of acquiring or maintaining a professional certification by clicking on the drop-down menu under Column 4 (Block 8b) and choosing one of the following options:

  - Yes
  - No
  - N/A
FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours

(5)
Block 9

Figure 103. FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours: Enter the duration, in clock hours, of each faculty development in the textbox.

Note: For activities 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.)
FD-2a - Selecting Delivery Mode

Select Delivery Mode Used to Offer Training Activity

(6)
Block 10

Figure 104. FD-2a - Selecting Delivery Mode

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

- Classroom-based
- Distance learning (Online Webinar)
- Experiential/Field-based
- Clinical Rotation
- Hybrid
- Grand Rounds
FD-2a - Selecting Faculty Role(s)

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

- Administrator
- Clinician
- Educator
- Researcher

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

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

![Figure 106. FD-2b - Adding Profession and Discipline for Activities](image)

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

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Other Psychology
- Behavioral Health - Other Social Work Substance Abuse/Addictions Counseling
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Emergency Medicine
- Medicine - Family Medicine
- Nursing - NP - Family
- Behavioral Health - Clinical Social Work
- Behavioral Health - Marriage and Family Therapy
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Nursing - CNS - Psychiatric/Mental health
- Behavioral Health - Counseling Psychology
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
Postdoctoral Training in General, Pediatric, and Public Health Dentistry

- Medicine - Other
- Medicine - Pediatrics
- Medicine - Aerospace Medicine
- Medicine - Allergy and Immunology
- Other - Pharmacy
- Medicine - Dermatology
- Public Health - Health Policy & Management
- Medicine - Preventive Medicine/Family Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Epidemiology
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Nursing - CNS - Family
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Nursing - NP - Acute care adult gerontology
- Medicine - Plastic Surgery - Integrated
- Nursing - NP - Emergency care
- Medicine - Radiation Oncology
- Medicine - Radiology - Diagnostic
- Medicine - Surgery - General
- Medicine - Thoracic Surgery - Integrated
- Nursing - Researcher/Scientist
- Other - Optometry
- Nursing - NP - Neonatal
- Nursing - Public health nurse
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Nursing - Registered Nurse
- Medicine - Internal Medicine/Family Medicine
- Medicine - Psychiatry
- Nursing - Other
- Medicine - Colon and Rectal Surgery
- Medicine - Occupational Medicine
- Public Health - Other
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Medicine - Nuclear Medicine
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Adult
- Nursing - NP - Adult gerontology
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Women's health
- Nursing - Nurse anesthetist
- Medicine - Thoracic Surgery
- Medicine - Urology
- Nursing - CNS - Urology
- Nursing - CNS - Neonatal
- Medicine - Geriatrics
- Medicine - Integrative Medicine
- Other - Community Health Worker
- Medicine - Preventive Medicine
- Medicine - Medical Genetics
- Medicine - Anesthesiology
- Medicine - Obstetrics and Gynecology
- Physician Assistant
- Medicine - Physical Medicine and Rehabilitation
- Public Health - Biostatistics
- Public Health - Environmental Health
- Public Health - Injury Control & Prevention
- Medicine - Neurological Surgery
- Nursing - CNS - Adult gerontology
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Medicine - Plastic Surgery
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Geropsychiatric
- Nursing - Nurse administrator
- Nursing - Nurse educator
- Nursing - Nurse informaticist
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Pediatrics
- Other - Podiatry
- Nursing - Nurse midwife
- Nursing - NP - Acute care pediatric
- Nursing - NP - Pediatrics
- Other - Midwife
- Other - Veterinary Medicine
Enter # Trained in this Profession and Discipline

<table>
<thead>
<tr>
<th>Block 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3)</td>
</tr>
</tbody>
</table>

Figure 107. FD-2b - Entering # Trained in the Profession and Discipline

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

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

CE - Introduction

- **Warning:** Attention Users- Important changes have occurred with the CE-1 subform! Please read the following directions carefully.

Purpose of CE Subforms:

- The CE subforms are used to characterize continuing education course characteristics and 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 professions and disciplines of individuals trained in the offered CE courses or training activities.

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.
CE-1: Continuing Education - Course Characteristics and Content

CE-1 - Setup

To begin providing information 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. If you did not offer CE courses during the reporting period, click "No" to bypass the CE forms.
**Course Title**: Enter the name of each course offered under Column 1 (Block 1) of the CE-1 subform.

**Warning**: Course titles are limited to 200 characters.

**Note**: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.
Warning: Attention Users--Important changes have occurred with the CE-1 subform! Please read the following directions carefully.

Select Whether Course is Approved for Continuing Education Credit

Select whether each course is accredited for continuing education credit by clicking on the drop-down menu 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 offering in the textbox.

- **Note:** For courses 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 current reporting period in the textbox.

Note: For instructional activities offered via archived/self-paced 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 and choosing one of the following options:

- Classroom-based
- Distance learning (Online Webinar)
- Hybrid
Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course:

Select the type(s) of partnerships or consortia established for the purposes of delivering each course by clicking on the drop-down menu and choosing all that apply from the following options:

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

⚠️ Warning: You may not select "No partners/consortia used" in combination with any other option.
CE-1 - Entering Employment Location Data for Individuals Trained

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

| Select Whether Employment Location Data are Available for Individuals Trained | Enter # of Individuals Trained by Employment Location (not mutually exclusive) |
|---|---|---|
| | Primary Care Setting | Medically Underserved Community | Rural Area |
| (8) Block 9 | (9) Block 9a | (10) Block 9b | (11) Block 9c |

Figure 115. 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 individuals who participated in each course during the current reporting period by clicking on the drop-down menu 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 Column 8 (Block 9), enter the total number of participants who are employed in a primary care setting in Column 9 (Block 9a). If none of the participants are employed in this setting, enter "0."
- If "No" was selected in Column 8 (Block 9), enter "N/A" in Column 9 (Block 9a).

Enter # of Individuals Trained by Employment Location (not mutually exclusive): Medically Underserved Community:
• If "Yes" was selected in Column 8 (Block 9), enter the total number of participants who are employed in a medically underserved community in Column 10 (Block 9b). If none of the participants are employed in this setting, enter "0."

• If "No" was selected in Column 8 (Block 9), enter "N/A" in Column 10 (Block 9b).

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

• If "Yes" was selected in Column 8 (Block 9), enter the total number of participants who are employed in a rural area in Column 11 (Block 9c). If none of the participants are employed in this setting, enter "0."

• If "No" was selected in Column 8 (Block 9), enter "N/A" in Column 11 (Block 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 in Columns 9-11 (Blocks 9a, 9b, 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 - HIV/AIDS
- Population - Maternal Child Health
- Population - Veterans Health
- Setting - Medically-Underserved Communities
- Behavioral Health - Substance Abuse - General
- Behavioral Health - Treatment
- Chronic Disease - Management
- Clinical Training - Cultural Competency/Health Disparities
- Clinical Training - Interprofessional education/team-based training
- Clinical Training - Quality Improvement/Patient Safety
- Clinical Training - Skills - Leadership and Management
- Clinical Training - Telehealth
- Infectious Disease - Other
- Population - Minority Health
- Population - Womens Health
- Setting - Primary Care
- Other-Topic Not Listed
- Behavioral Health - Substance Abuse - Opioids
- Behavioral Health - Other
- Chronic Disease - Other
- Clinical Training - Evidence-based Practice
- Clinical Training - Oral Health
- Clinical Training - Research
- Clinical Training - Technology - Simulation-based training
- Clinical Training - Unspecified
- Population - Geriatric Health
- Population - Rural Health
- Population - Other
- Setting - Rural
Note: If "Other" is selected, please specify the primary topic area for the course in the comments field. Please include the course name in the comment.

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-2: Continuing Education - Individuals Trained by Profession/Discipline

CE-2 - Selecting Profession and Discipline of Individuals Trained

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

Course Title: Enter the course title in the textbox under Column 1.

Select Profession and Discipline of Individuals Trained: Select the profession/discipline of trainees who participated in each course by clicking on the drop-down menu and choosing one of the following options:

- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medical Interpreter
CE-2 - Entering # Trained in the Profession and Discipline

**Figure 118. CE-2 - Entering # Trained in the Profession and Discipline**

**Enter # Trained in this Profession and Discipline:** Enter the number of trainees in that profession/discipline in the textbox. Repeat this process to capture the total number of trainees by profession/discipline who participated in each course during the current reporting period.

💡 **To Complete the Form:** Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA. You have not submitted your PRGCA until you receive a message indicating that your report has been successfully submitted, and you have received a tracking number. You must validate your report, and then the report must be certified by the submitting official at your institution before it is submitted to HRSA. Please ensure that this process is completed in a timely manner. See instructions on the following pages.
Printing Your Performance Report

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

Figure 119. 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 120. Screenshot of the Submit Report Page
2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the ‘Certification’ section and click the ‘Confirm’ button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

![Submit Report - Confirm](image)

Figure 121. 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.

Postdoctoral Training in General, Pediatric, and Public Health Dentistry
FAQs about Technical Support & Assistance

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

FAQs about the Training Program Setup forms

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

FAQs about the Program Characteristics (PC) forms

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

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

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

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

FAQs about the LR-1 through DV-3 forms

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

**FAQs about the INDGEN form**

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

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

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

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

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

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

**Can we use our institution’s definitions/standards for disadvantaged background?**
The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution’s definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

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

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

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

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

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

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

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

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

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

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

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

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**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.

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**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.

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Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Where can I find the 4-digit zip code extension?
You can locate your site's 4-digit zip code extension by visiting the US Postal Service website:
https://tools.usps.com/go/ZipLookupAction_input

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

**What if courses are created using a variety of funding sources?**
Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

**For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?**
For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

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

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

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

**What is the difference between a structured faculty development program and an unstructured faculty development activity?**
Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds. **What are the definitions for the roles of educator and administrator?**
The educator role deals with instruction and training, course preparation, grading, and generally involves imparting knowledge or skills to others. Administrative responsibilities are support functions, such as committee work.

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

**For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?**
Count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.
In creating and enhancing courses for continuing education, what should the site be?
Enter N/A for these courses.

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

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