

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Performance Report for Grants and Cooperative Agreements

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the
State Oral Health Workforce**

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.

Please note the following:

1. All required performance measures are linked to the following legislative purpose(s) of the **SOHWP** grant program:
 - **SOHWP-1: Loan forgiveness and repayment programs for dentists**
 - **SOHWP-2: Dental recruitment and retention efforts**
 - **SOHWP-3: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program**
 - **SOHWP-4: The establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools**
 - **SOHWP-5: Programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in dental health professional shortage areas**
 - **SOHWP-6: Placement and support of dental students, dental residents, and advanced dentistry trainees**
 - **SOHWP-7: Continuing dental education, including distance-based education**
 - **SOHWP-8: Practice support through teledentistry in accordance with State laws**
 - **SOHWP-9: Community-based prevention services such as water fluoridation and dental sealant programs**
 - **SOHWP-10: Coordination with local education agencies within the State to foster programs that promote children going into oral health or science professions**
 - **SOHWP-11: The establishment of faculty recruitment programs at accredited dental training institutions**
 - **SOHWP-12: The development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State**
 - **SOHWP-13: Policy**
 - **SOHWP-13: Grant Contracts**
 - **SOHWP-13: Strategic Efforts**
 - **SOHWP-13: Partnerships**
 - **SOHWP-13: Training**
 - **SOHWP-13: Prevention Activity**
 - **SOHWP-13: Workforce Development**
 - **SOHWP-13: Direct Financial Support**
 - **SOHWP-13: Other**

- **SOHWP-14: Integrating oral and primary care medical delivery systems for underserved communities**
- **SOHWP-15: Programs to support oral health providers practicing in advanced roles specifically designed to improve oral health access in underserved communities**
- **SOHWP-16: Practice support through teledentistry to improve access for underserved communities**
- **SOHWP-17: Community-based prevention service programs for underserved populations, such as water fluoridation and dental sealant programs**
- **SOHWP-18: Programs to establish or expand oral health services and facilities in Dental HPSAs, such as the establishment or expansion of community-based dental facilities, free-standing dental clinics, school-linked dental facilities, and mobile or portable dental clinics**
- **SOHWP-19: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program to enhance capacity, such as through equipment purchases or the sharing of overhead costs to allow for additional hours of operation**

2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2015 - June 30, 2016** (referred to as **Annual Performance Report**)

3. **The PRGCA is due no later than August 01, 2016.** 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 PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter 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.

We appreciate your feedback and assistance during this process. All requests for technical assistance will be coordinated through the Call Center and responded to promptly. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center via:

- Phone at **877-Go4-HRSA/877-464-4772** or
- Click this link to send us your inquiry: [click here](#).

National Center for Health Workforce Analysis

Performance Metrics and Evaluation Branch

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 Workforce (BHW) (OMB # **0915-0061**). 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 which 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 Block 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 so as to prepopulate specific Blocks 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.



The screenshot shows a web interface with a link labeled "View Prior Period Data" at the top left, enclosed in a red rectangular box. Below this link is a light blue horizontal bar containing the text "Add Training Program" with a red asterisk to its left. Underneath this bar, there is a label "Select Type of Training Program Offered" followed by a dropdown menu that currently displays "Select One". A small instruction in parentheses below the label reads "(Click the 'Load Program Details' button after selecting your training program)".

Figure 1. Screenshot of View Prior Period Data Link

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

No.	Type of Training Program	Trainees by Training Category		Attrition	
		Enter # of Enrollees	Enter # of Graduates	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion
	(1)	(2) Block 1	(5) Block 4	(7) Block 6	(8) Block 6a
1	Degree/Diploma MD/MPH Health Policy & Management	20	5	1	0

Figure 2. Example of Performance Measures Data Table

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.

Column Number: 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.

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

Getting Started: Browser Settings



Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

- 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.
- 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](#).
- 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.
- 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.
- 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> including general EHB guidance as well as links to the performance measures and program manual.
4. **Resource Links:** Several resources are available via the ‘Resource’ tab on the EHB home screen including the following links:
 - View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
 - Glossary- Current definitions of key terms
 - Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
 - View recorded videos of how to enter data in the BPMH system: <https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos>
 - View the recorded TA webinar provided for your grant program. Please access the recording by using the link provided by your Government Project Officer.
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; EXP-2, prior to EXP-3)
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. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center using the contact information below. 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.
 - Phone at 877-Go4-HRSA/877-464-4772; or
 - Click this link to send us your inquiry: [click here](#).
10. **Government Project Officers:** Contact your Government Project Officer if you need further assistance.

Order of Required Forms

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

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
1	Setup Form	Setup Forms	Grant Purpose	
2	Setup Form	Setup Forms	Training Program	SOHWP-4,SOHWP-6
3	Setup Form	Setup Forms	Faculty Development	SOHWP-11
4	Performance Data Form	Program Characteristics-PC Subforms	PC-1	SOHWP-16,SOHWP-17,SOHWP-18,SOHWP-6
5	Performance Data Form	Program Characteristics-PC Subforms	PC-6	SOHWP-16,SOHWP-17,SOHWP-18,SOHWP-19,SOHWP-6
6	Performance Data Form	Program Characteristics-PC Subforms	PC-8	SOHWP-16,SOHWP-17,SOHWP-18,SOHWP-19,SOHWP-4,SOHWP-6
7	Performance Data Form	Program Characteristics-PC Subforms	PC-9	SOHWP-18,SOHWP-4,SOHWP-6

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
8	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-1a	SOHWP-15,SOHWP-16,SOHWP-4
9	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-2	SOHWP-15,SOHWP-18,SOHWP-4
10	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-1	SOHWP-15,SOHWP-18,SOHWP-4
11	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-2	SOHWP-15,SOHWP-4
12	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-3	SOHWP-15,SOHWP-4
13	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN	SOHWP-1,SOHWP-10,SOHWP-13,SOHWP-16,SOHWP-17,SOHWP-18,SOHWP-19,SOHWP-3,SOHWP-4,SOHWP-6
14	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY	SOHWP-1,SOHWP-10,SOHWP-13,SOHWP-3,SOHWP-4,SOHWP-6
15	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1	SOHWP-14,SOHWP-15,SOHWP-16,SOHWP-17,SOHWP-18,SOHWP-19,SOHWP-4,SOHWP-6
16	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2	SOHWP-14,SOHWP-15,SOHWP-16,SOHWP-17,SOHWP-18,SOHWP-19,SOHWP-4,SOHWP-6
17	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3	SOHWP-14,SOHWP-15,SOHWP-16,SOHWP-17,SOHWP-18,SOHWP-19,SOHWP-4,SOHWP-6

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
18	Performance Data Form	Retention Form	RET	SOHWP-2
19	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1	SOHWP-14,SOHWP-16,SOHWP-17,SOHWP-18,SOHWP-19,SOHWP-4
20	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1a	SOHWP-14,SOHWP-17,SOHWP-4
21	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-2	SOHWP-14,SOHWP-19,SOHWP-4
22	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-5	SOHWP-11
23	Performance Data Form	Continuing Education Activities-CE Subforms	CE-1	SOHWP-13,SOHWP-16,SOHWP-17,SOHWP-18,SOHWP-19,SOHWP-7
24	Performance Data Form	Continuing Education Activities-CE Subforms	CE-2	SOHWP-13,SOHWP-19,SOHWP-7
25	Performance Data Form	State Oral Health Workforce-SOHWP Subforms	SOHWP-A	SOHWP-18,SOHWP-19,SOHWP-5
26	Performance Data Form	State Oral Health Workforce-SOHWP Subforms	SOHWP-B	SOHWP-18,SOHWP-19,SOHWP-5
27	Performance Data Form	State Oral Health Workforce-SOHWP Subforms	SOHWP-C	SOHWP-18,SOHWP-19,SOHWP-8

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
28	Performance Data Form	State Oral Health Workforce-SOHWP Subforms	SOHWP-D	SOHWP-13,SOHWP-16,SOHWP-17,SOHWP-9
29	Performance Data Form	State Oral Health Workforce-SOHWP Subforms	SOHWP-E	SOHWP-10,SOHWP-18,SOHWP-19
30	Performance Data Form	State Oral Health Workforce-SOHWP Subforms	SOHWP-F	SOHWP-12,SOHWP-18,SOHWP-19
31	Performance Data Form	State Oral Health Workforce-SOHWP Subforms	SOHWP-G	SOHWP-13

Grant Purpose - Setup

Selecting Grant Purpose(s)



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



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

To configure the BPMH system, please complete the Grant Purpose Setup form by selecting the specific type(s) of activities that were supported with grant funds during the annual reporting period (**July 01, 2015 - June 30, 2016**).

Existing grantees funded prior to 2015 may choose from Grant Purposes 1 through 13.

NEW grantees funded in 2015 may choose from Grant Purposes 14, 15, 16, 17, 18, 19, and also Grant Purposes 4 and 6 (if applicable).

Grant Purpose	Select
SOHWP-1: Loan forgiveness and repayment programs for dentists	<input type="checkbox"/>
SOHWP-2: Dental recruitment and retention efforts	<input type="checkbox"/>
SOHWP-3: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program	<input type="checkbox"/>
SOHWP-4: The establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools	<input type="checkbox"/>
SOHWP-5: Programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in dental health professional shortage areas	<input checked="" type="checkbox"/>
SOHWP-6: Placement and support of dental students, dental residents, and advanced dentistry trainees	<input type="checkbox"/>
SOHWP-7: Continuing dental education, including distance-based education	<input checked="" type="checkbox"/>
SOHWP-8: Practice support through teledentistry in accordance with State laws in accordance with State laws	<input type="checkbox"/>
SOHWP-9: Community-based prevention services such as water fluoridation and dental sealant programs	<input checked="" type="checkbox"/>
SOHWP-10: Coordination with local education agencies within the State to foster programs that promote children going into oral health or science professions	<input type="checkbox"/>
SOHWP-11: The establishment of faculty recruitment programs at accredited dental training institutions	<input type="checkbox"/>
SOHWP-12: The development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State	<input checked="" type="checkbox"/>
SOHWP-13: Policy	<input type="checkbox"/>
SOHWP-13: Grant Contracts	<input type="checkbox"/>
SOHWP-13: Strategic Efforts	<input type="checkbox"/>
SOHWP-13: Partnerships	<input type="checkbox"/>
SOHWP-13: Training	<input type="checkbox"/>
SOHWP-13: Prevention Activity	<input checked="" type="checkbox"/>
SOHWP-13: Workforce Development	<input type="checkbox"/>
SOHWP-13: Direct Financial Support	<input type="checkbox"/>
SOHWP-13: Other	<input checked="" type="checkbox"/>
SOHWP-14: Integrating oral and primary care medical delivery systems for underserved communities	<input type="checkbox"/>
SOHWP-15: Programs to support oral health providers practicing in advanced roles specifically designed to improve oral health access in underserved communities	<input type="checkbox"/>
SOHWP-16: Practice support through teledentistry to improve access for underserved communities	<input type="checkbox"/>
SOHWP-17: Community-based prevention service programs for underserved populations, such as water fluoridation and dental sealant programs	<input type="checkbox"/>
SOHWP-18: Programs to establish or expand oral health services and facilities in Dental HPSAs, such as the establishment or expansion of community-based dental facilities, free-standing dental clinics, school-linked dental facilities, and mobile or portable dental clinics	<input type="checkbox"/>
SOHWP-19: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program to enhance capacity, such as through equipment purchases or the sharing of overhead costs to allow for additional hours of operation	<input type="checkbox"/>

Figure 3. Selecting Grant Purpose(s)



Warning: When multiple grant purposes are selected that use the same form (i.e., INDGEN), all cases (lines) must be entered for all applicable grant purposes when the form appears. Additionally, all blocks within a form associated with each grant purpose will appear at one time. Please contact your Government Project Officer if you have questions about answering a particular block that may not be applicable.



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 degree, residency, or fellowship programs other than those previously reported. You do not need to reenter information about degree, residency, or fellowship programs previously reported. If no new degree, residency, or fellowship programs were supported other than those previously reported, skip to the last step for this subform.

* Add Training Program

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

Select One

Load Program Details

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

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

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

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 various types of training programs. To begin completing the setup for **new records**, select the type(s) of training program(s) supported through the grant 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:

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)
- Fellowship program
- Residency program

Training Program Setup - Loading Program Details



The screenshot shows a web form titled "Add Training Program". The form has a blue header bar with the title. Below the header, there are four rows of input fields, each with a label and a dropdown menu. The first row is "Select Type of Training Program Offered" with a sub-label "(Click the 'Load Program Details' button after selecting your training program)". The dropdown menu for this row is open, showing "Residency program" and a "Load Program Details" button highlighted with a red box. The second row is "For a Degree/Diploma/Certificate Program, Select Type of Degree Offered". The third row is "For a Degree/Diploma/Certificate Program, Select Primary Focus Area". The fourth row is "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained". At the bottom left of the form is an "Add Record" button.

Figure 5. Training Program Setup - Loading Program Details

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

Training Program Setup - Adding Degree/Diploma Program



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

Figure 6. Training Program Setup - Adding Degree/Diploma Program

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: For new degree programs: Click on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program. Select Type of Degree Offered” and choose the type of degree program associated with students during the current reporting period from **one** of the following options:

- AA
- Bachelor's Degree not otherwise specified
- DDS
- Diploma
- DMD/MSPH
- Master's Degree Not Otherwise Specified
- MS
- AS
- BS
- DDS/MPH
- DMD
- Joint Degrees not otherwise specified
- MHA
- MSPH
- BA
- Certificate
- DDS/MSPH
- DMD/MPH
- MA
- MPH
- No Degree Earned

For a Degree/Diploma/Certificate Program, Select Primary Focus Area: Choose the primary focus area for each type of degree program chosen by clicking on the drop-down menu next to "For a Degree/Diploma/Certificate Program, Select Primary Focus Area" and choosing **one** of the following options:

Health Resources and Services Administration
Bureau of Health Workforce

- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry

- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry

Annual Performance Report
Academic Year 2015-2016

- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

Training Program Setup - Adding Fellowship Program



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

Figure 7. Training Program Setup - Adding Fellowship 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 individuals in each 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 fellowship program supported with grant funds during the current reporting period.

- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

Training Program Setup - Adding Residency Program



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

Figure 8. Training Program Setup - Adding Residency 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 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 program supported with grant funds during the current reporting period.

- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	New Record	Degree/Diploma MHA Dentistry - Endodontic Dentistry	Select one	Delete
2	New Record	Fellowship Dentistry - Periodontic Dentistry	Select one	Delete
3	New Record	Residency Dentistry - Prosthodontic Dentistry	Inactive Active	Delete

Figure 9. Training Program Setup - Selecting Training Activity Status

To complete the Training Program Setup form, please review the Saved Records Table to ensure that all training programs or training activities supported with grant funds during the current reporting period were captured accurately. **For new records**, review the information contained in the table for accuracy and, for any reason a record has to be deleted, simply click on the "Delete" link under the Option(s) column.

Select Training Activity Status in the Current Reporting Period: Select the Training Activity Status of all reported training programs. If you are reporting on a program, please choose 'Active.'

- Active
- Inactive



Note: No action is needed for prior records, if they remain Active. 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.



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 subsequent subforms specific to faculty development activities coordinated and/or supported through the grant during the current reporting period. To begin the setup, select whether faculty development activities were conducted during the current reporting period.

Faculty Development Activities	Select
Faculty Recruitment Activities	<input checked="" type="checkbox"/>
No faculty-related activities conducted	<input type="checkbox"/>

Figure 10. Selecting Faculty Development Activities



Warning: Checking "No faculty-related activities conducted" indicates that you have not conducted any type of faculty recruitment or retention activity using SOHWP grant funds. Contact your Government Project Officer if this is the case.



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

PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

PC-1 - Selecting Type(s) of Partners/Consortia



Warning: Only complete this form if you identified a degree program sponsored by the grant in the Training Program Setup form.



Warning: For degree programs previously reported, Block 1.k.1 will appear as read-only and is not editable. If the delivery mode for a degree program has changed, this requires a new entry in the Training Program Setup form.



Warning: If no new records were added in the Training Program Setup form, skip to the last step of the PC-1 subform for prior records.

Record Status	Type of Training Program (1) Block 1	Type of Degree Offered (2) Block 1j	Primary Focus Area (3) Block 1k	Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2
Prior Record	Degree/Diploma DMD Dentistry - General Dentistry	DMD	Dentistry - General Dentistry	4 items checked

Figure 11. PC-1 - 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 used or established for the purpose of offering each degree program during the current reporting period by clicking on the drop-down menu under Column 6 (Block 2) and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Academic department - within the institution
- Alzheimer’s Association/Chapters
- Alzheimer’s Disease Resource Centers
- Ambulatory practice sites
- Area Agencies on Aging
- Community Health Center (CHC)
- Community Mental Health Center

Health Resources and Services Administration
Bureau of Health Workforce

- 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)
- Other
- Professional Associations
- State Government

- 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

Annual Performance Report
Academic Year 2015-2016

- 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
- Tribal Organization



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



Note: If you select the option "Other" please use the comment field to indicate the type of partnership used (include the certificate program name in your comment).

PC-1 - Entering Enrollment Information



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

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
200	35	25	50	10	2	0

Figure 12. PC-1 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: For Column 7 (Block 3), enter the total number of individuals who participated in each degree program during the current reporting period. Count all students who participated, regardless of whether the student received a BHW-funded financial award.

Enter Total # Enrolled (whether funded by BHW or not): URM: For Column 8 (Block 3a), enter the number of individuals who participated in each degree program during the current reporting period who were underrepresented minorities.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Column 9 (Block 3b), enter the number of individuals from disadvantaged backgrounds who participated in the degree program during the current reporting period but were not underrepresented minorities.



Note: Students who permanently left their degree program before graduation (i.e., attrition) will be counted separately in Column 12 (Block 9).



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

Example:

Example: The School of Dentistry had a total of 202 students enrolled in the DDS program. The school used BHW funds to provide funding to 25 students in the program during the annual reporting period. During this period, 2 students permanently left the DDS degree program before completion.

In Column 7 (Block 3), the School of Dentistry would enter 200.

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the annual reporting period. Among the 200 students enrolled in this degree program, 35 are underrepresented minorities.

In Column 8 (Block 3a), the School of Dentistry would enter 35.

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the annual reporting period. Among the 200 students enrolled in this degree program, a total of 45 students are from disadvantaged backgrounds. Twenty (20) out of the 45 students from a disadvantaged background are also underrepresented minorities.

In Column 9 (Block 3b), the School of Dentistry would enter 25.

PC-1 - Entering Graduate Information

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
200	35	25	50	10	2	0

Figure 13. PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: In Column 10 (Block 8), enter the total number of individuals who graduated from their degree program during the current reporting period. Count all individuals who graduated, regardless of whether the student directly received a BHW-funded financial award.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: In Column 11 (Block 8a), enter the number of individuals who graduated from their degree program during the current reporting period and were underrepresented minorities.



Note: Students who permanently left their degree program before graduation (i.e., attrition) will be counted separately in Column 12 (Block 9).

Example:

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the annual reporting period. Among the 200 students enrolled in this degree program, a total of 50 students completed all degree requirements and graduated during this reporting period.

In Column 10 (Block 8), the School of Dentistry would enter 50.

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the annual reporting period. Among the 200 students enrolled in this degree program, a total of 50 completed all degree requirements and graduated during this period. Ten (10) out of the 50 students who graduated are underrepresented minorities.
In Column 11 (Block 8a), the School of Dentistry would enter 10.

PC-1 - Entering Attrition Information

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
200	35	25	50	10	2	0

Figure 14. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: In Column 12 (Block 9), enter the total number of individuals who permanently left their degree programs before completion during the current reporting period. Count all individuals who permanently left their degree programs regardless of whether or not the student directly received a BHW-funded financial award.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: In Column 13 (Block 9a), enter the number of individuals who permanently left their degree programs before completion during the current reporting period and were underrepresented minorities.



Note: The total entered in Column 12 (Block 9) is exclusive of the total number of students Column 7 (Block 3).

Example:

Example: The School of Dentistry had a total of 202 students enrolled in the DDS program. The school used BHW funds to provide funding to 25 students in the program during the annual reporting period. During this period, 2 students permanently left the DDS degree program before completion.

In Column 12 (Block 9) of this form, the School of Dentistry would enter 2.

Example: The School of Dentistry had a total of 202 students enrolled in the DDS program. The school used BHW funds to provide funding to 25 students in the program during the annual reporting period. During this period, 2 students permanently left the DDS degree program before completion and none who left were underrepresented minorities.

In Column 13 (Block 9a) of this form, the School of Dentistry would enter 0.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
200	35	25	50	10	2	0

Figure 15. Example of Completed PC-1 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-6: Program Characteristics – Fellowship Programs

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



Warning: Only complete this form if you identified a fellowship program sponsored by the grant in the Training Program Setup form.

No. Record	Type of Training Program (1) Block 1	Primary Discipline of Individuals Trained (2) Block 1I	Select Type(s) of Partners/Consortia Used to Offer this Training (3) Block 2	Enter Total # Enrolled (whether funded by)	
				Total (4) Block 3	URM (5) Block 3a
1	Prior Record Fellowship Dentistry - Pediatric Dentistry-1	Dentistry - Pediatric Dentistry-1	<div style="border: 1px solid red; padding: 5px;"> <input checked="" type="checkbox"/> Academic department - within the institution <input type="checkbox"/> Academic department - outside the institution <input type="checkbox"/> Community Mental Health Center </div>		

Figure 16. PC-6 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Complete Column 3 (Block 2) by selecting all of the type(s) of partnerships or consortia used or established for the purpose of offering fellowship programs during the current reporting period.

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- 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
- 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 Resources and Services Administration
Bureau of Health Workforce

- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

- 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

Annual Performance Report
Academic Year 2015-2016

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



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

PC-6 - Entering Enrollment Information



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

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
11	2	4	3	0	1	0

Figure 17. PC-6 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: In Column 5 (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 6 (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 7 (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: Do not count individuals who permanently left their fellowship before completion (i.e. attrition). These individuals will be captured separately in Column 10 (Block 9).



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

Example:

Example: The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the annual 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 annual 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 annual 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-6 - Entering Graduate Information

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
11	2	4	3	0	1	0

Figure 18. PC-6 - Entering Graduate Information

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



Note: Fellows who permanently left their fellowship before completion (i.e., attrition) will be counted separately in Column 10 (Block 9).

Example:

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual 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 annual 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-6 - Entering Attrition Information

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
11	2	4	3	0	1	0

Figure 19. PC-6 - 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 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 11 (Block 9a), enter the number of fellows who permanently left their fellowships before completion during the current reporting period and were underrepresented minorities.

Example:

Example: The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the annual 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 annual 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.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
11	2	4	3	0	1	0

Figure 20. Example of Completed 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

No. Record	Record Status	Type of Training Program (1) Block 1	Primary Discipline of Individuals Trained (2) Block 11	Type of Dental Residency Program (3) Block 1m	Select Type(s) of Partners/Consortia Used to Offer this Training (4) Block 2
1	New Record	Residency Dentistry - Dental Assistant	Dentistry - Dental Assistant	<input type="text" value="Select one"/> <input type="text" value="Select one"/> New Previously Expanded	<input type="text"/>

Figure 21. PC-8 - Selecting Dental Residency Program

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

PC-8 - Selecting Type(s) of Partners/Consortia

No. Record	Type of Training Program (1) Block 1	Primary Discipline of Individuals Trained (2) Block 1l	Type of Dental Residency Program (3) Block 1m	Select Type(s) of Partners/Consortia Used to Offer this Training (4) Block 2
1	New Record	Residency Dentistry - Dental Assistant	Dentistry - Dental Assistant	<input type="text" value="Select one"/>

Figure 22. PC-8 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships or consortia used or established for the purpose of offering each program during the current reporting period by clicking on the drop-down menu in Column 4 (Block 2) and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- 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
- 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

Health Resources and Services Administration
Bureau of Health Workforce

- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

Annual Performance Report
Academic Year 2015-2016

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



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

PC-8 - Entering Enrollment Information



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

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
12	5	0	0	0	1	0

Figure 23. PC-8 - Entering Enrollment Information

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

Enter Total # Enrolled (whether funded by BHW or not): URM: For Column 6 (Block 3a), enter the number of residents who participated in the residency 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 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.



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



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

Example:

Example: The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the annual 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 annual 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 annual 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.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
<input type="text" value="12"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>

Figure 24. 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: Residents who permanently left their residency program before completion (i.e., attrition) will be counted separately in Column 10 (Block 9).

Example:

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual 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 annual 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 # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
<input type="text" value="12"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>

Figure 25. 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 or not 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.

Example:

Example: The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the annual 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 annual 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.*

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b	Total (8) Block 8	URM (9) Block 8a	Total (10) Block 9	URM (11) Block 9a
12	5	0	0	0	1	0

Figure 26. Example of Completed 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.

PC-9: Program Characteristics – Positions Description

PC-9 - Selecting Type of Training Program



The screenshot shows the PC-9 form interface. At the top, there are tabs for PC-1, PC-6, PC-8, and PC-9. Below the tabs, there is a section for 'Add Academic/Training Year' with a red asterisk indicating required fields. The 'Select Training Program' dropdown menu is highlighted with a red box and shows 'Select one' as the current selection. Below it is the 'Select Training Year' dropdown menu. An 'Add Record' button is located below the dropdowns. At the bottom, there is a table with columns for 'No.', 'Record Status', 'Type of Training Program', 'Training Year', 'Enter Total # of Positions Recruited For', 'Enter Total # of Positions Filled', and 'Enter Total # of Positions Expanded using BHW Funds'. The table is currently empty, displaying 'No records to display.'

No.	Record Status	Type of Training Program (1)	Training Year (2)	Enter Total # of Positions Recruited For (4)	Enter Total # of Positions Filled (5)	Enter Total # of Positions Expanded using BHW Funds (6)
		Block 1		Block 5	Block 6	Block 7

Figure 27. PC-9 - Selecting Type of Training Program

Type of Training Program: The PC-9 form collects information about the total number of students, residents, and/or fellows in the training program by class (training) year. To begin completing the PC-9 subform, select a training program by clicking on the drop-down menu next to "Select Training Program" and choosing **one** of the available options.



Warning: Complete the PC-9 Setup form only if grant funds were used to support degree, residency, and/or fellowship programs other than those previously reported. You do not need to reenter information about training programs previously reported. If no new degree, residency, or fellowship programs were supported other than those previously reported, skip to the step 'PC-9 — Entering Total # of Positions Filled'.



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

PC-9 - Selecting Training Year

✓ PC-6 ✓ PC-8 ✗ PC-9

Fields with * are required

* Add Academic/Training Year

Select Training Program: Residency | Dentistry - General Dentistry - GPR-1

Select Training Year: Residency Year 1

Residency Year 1
 Residency Year 2

Add Record

Figure 28. PC-9 - Selecting Training Year

Training Year: Select the types of training years that apply to the training 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 degree, residency, and fellowship program supported through the grant.

- Residency Year 1
- Residency Year 2
- Residency Year 3
- Residency Year 4
- Training Year 1
- Training Year 2
- Training Year 3
- Training Year 4
- Training Year 5
- Training Year 6



Note: All degree programs, please use Training Years 1-6 to denote each class year. Residency and Fellowships, please use Residency Years 1-4.

PC-9 - Entering Total # of Positions Recruited For

No.	Record Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Positions Recruited For (4) Block 5
1	Prior Record	Fellowship Dentistry - Pediatric Dentistry-1	Fellowship Year 1	<input type="text"/>

Figure 29. PC-9 - Entering Total # of Positions Recruited For

Enter Total # of Positions Recruited For: Indicate the number of student, residency, or fellowship positions recruited for during the current reporting period by clicking on the textbox located under Column 4 (Block 5).

PC-9 - Entering Total # of Positions Filled

No. Record	Record Status	Type of Training Program (1) Block 1	Training Year (2)	Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6
1	Prior Record	Fellowship Dentistry - Pediatric Dentistry-1	Fellowship Year 1	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>

Figure 30. PC-9 - Entering Total # of Positions Filled

Enter Total # of Positions Filled: Enter the total number of student, resident, and/or fellow positions filled during the current reporting period in the textbox in Column 5 (Block 6) (regardless of funding source; this is a total program headcount by training year).



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.

PC-9 - Entering Total # of Positions Expanded using BHW Funds

Enter Total # of Positions Recruited For (4) Block 5	Enter Total # of Positions Filled (5) Block 6	Enter Total # of Positions Expanded using BHW Funds (6) Block 7
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 31. PC-9 - Entering Total # of Positions Expanded using BHW Funds

Enter Total # of Positions Expanded using BHW Funds: Enter the total number of positions expanded by training year during the current reporting period using BHW grant funding by clicking on the textbox in Column 6 (Block 7).



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

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 training program or activity that was supported through the grant during the current reporting period.

LR-1a: Trainees by Training Category

LR-1 - Entering Residents Count

No. Record Status	Type of Training Program (1)	Trainees by Training Category			Attrition	
		Enter # of Residents (4) Block 3	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a	
1 New Record	Residency Dentistry - Dental Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Figure 32. LR-1 - Entering Residents Count

Trainees by Training Category: Enter # of Residents: Enter the total number of residents in the identified residency program who received training as a result of the grant during the current reporting period in the textbox in Column 4 (Block 3). 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. Do not include individuals who either completed their residency or permanently left the program before completion during the current reporting period.

LR-1 - Entering Program Completers Count

No. Record Status	Type of Training Program (1)	Trainees by Training Category			Attrition	
		Enter # of Residents (4) Block 3	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a	
		1	New Record	Residency Dentistry - Dental Assistant	<input type="text"/>	<input type="text"/>

Figure 33. 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 during the current reporting period in the textbox in Column 6 (Block 5). This number includes any resident who completed the program as a result of the grant by having received direct financial support from the grant and by training 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.

No. Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition	
		Enter # of Residents (4) Block 3	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a
1 New Record	Residency Dentistry - Dental Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Figure 34. 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 residency program before completion (and were being supported by the grant in some manner) in the textbox in Column 7 (Block 6).

Attrition: Enter # of URM who left the Program before Completion: Enter the number of underrepresented minorities who permanently left the residency program before completion during the current reporting period in the textbox in Column 8 (Block 6a).



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

LR-2: Trainees by Age & Sex

LR-2 - Entering Residents Count by Age and Gender

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

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

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female	
			Enter # of Residents (5) Blocks 25-30	Enter # of Program Completers (7) Blocks 49-54	Enter # of Residents (10) Blocks 31-36	Enter # of Program Completers (12) Blocks 55-60
1	New Record	Residency Dentistry - Dental Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 35. LR-2 - Entering Residents Count by Age and Gender

Sex: Male: Enter # of Residents: For each training program, enter the total number of male residents from each age category in Column 5 (Blocks 25-30). If there were no male residents in a specific age category, enter the zero ("0") in the appropriate textbox.

Sex: Female: Enter # of Residents: For each training program, enter the total number of female residents from each age category in Column 10 (Blocks 31-36). If there were no female residents in a specific age category, enter the zero ("0") in the appropriate textbox.



Note: Do not count individuals who completed a residency program during the current reporting period in the textboxes under Columns 5 or 10. These individuals will be captured in the next step.

LR-2 - Entering Program Completers Count by Age and Gender

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female		
			Enter # of Residents (5) Blocks 25-30	Enter # of Program Completers (7) Blocks 49-54	Enter # of Residents (10) Blocks 31-36	Enter # of Program Completers (12) Blocks 55-60	
1	New Record	Residency Dentistry - Dental Assistant	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 36. LR-2 - Entering Program Completers Count by Age and Gender

Sex: Male: Enter # of Program Completers: For each training program, enter the total number of males who completed residency program requirements in Column 7 (Blocks 49-54).

Sex: Female: Enter # of Program Completers: For each training program, enter the total number of females who completed residency program requirements in Column 12 (Blocks 55-60).



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



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

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		
			Enter # of Residents (5) Blocks 15-21	Enter # of Program Completers (7) Blocks 29-35	Enter # of Residents (10) Blocks 50-56	Enter # of Program Completers (12) Blocks 64-70	
1	New Record	Residency Dentistry - Dental Assistant	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Ethnicity: Hispanic/Latino: Enter # of Residents: For each training program, enter the total number of Hispanic/Latino residents from each race category in Column 5 (Blocks 15-21). If there were no Hispanic/Latino residents in a specific race category, enter a zero ("0") in the appropriate category.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Residents: For each training program, enter the total number of non-Hispanic/non-Latino residents from each race category in Column 10 (Blocks 50-56). If there were no non-Hispanic/non-Latino residents in a specific race category, enter a zero ("0") in the appropriate category.



Note: Do not count residents who completed a residency program during the current reporting period in the textboxes under Columns 5 or 10. These individuals will be captured in the next step.

DV-1 - Entering Program Completers Count by Race and Ethnicity

Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino	
Enter # of Residents (5) Blocks 15-21	Enter # of Program Completers (7) Blocks 29-35	Enter # of Residents (10) Blocks 50-56	Enter # of Program Completers (12) Blocks 64-70
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Ethnicity: Hispanic/Latino: Enter # of Program Completers: For each residency program, enter the total number of Hispanic/Latino residency completers from each race category in Column 7 (Blocks 29-35). 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 residency program, enter the total number of Non-Hispanic/Non-Latino program completers from each race category in Column 12 (Blocks 64-70). If there were no Non-Hispanic/Non-Latino program 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.

No. Record Status	Type of Training Program (1)	Residents		Program Completers	
		Enter Total # from Disadvantaged Background (6) Block 5	Enter # from Disadvantaged Background who are not URM (7) Block 6	Enter Total # from Disadvantaged Background (10) Block 9	Enter # from Disadvantaged Background who are not URM (11) Block 10
1 New Record	Degree/Diploma MPH Dentistry - Endodontic Dentistry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 New Record	Fellowship Dentistry - Dental Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 39. DV-2 - Entering Residents Count from Disadvantaged Background

Residents: Enter Total # from Disadvantaged Background: For each training program, enter the total number of residents from disadvantaged backgrounds in the textbox in Column 6 (Block 5).

Residents: Enter # from Disadvantaged Background who are not URM: For each training program, enter the total number of residents from disadvantaged backgrounds (who are not underrepresented minorities) in the textbox in Column 7 (Block 6).



Note: Do not count individuals who completed a training program during the current reporting period in the textbox under Blocks 5 or 6. These individuals will be captured in the next step.



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

DV-2 - Entering Program Completers Count from Disadvantaged Background

Program Completers	
Enter Total # from Disadvantaged Background (10) Block 9	Enter # from Disadvantaged Background who are not URM (11) Block 10
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Figure 40. DV-2 - Entering Program Completers Count from Disadvantaged Background

Program Completers: Enter Total # from Disadvantaged Background: For each training program, enter the total number of residents from disadvantaged backgrounds who are completing residency program requirements in the textbox in Column 10 (Block 9).

Program Completers: Enter # from Disadvantaged Background who are not URM: For each training program, enter the total number of residents from disadvantaged backgrounds (not underrepresented minorities) who are completing residency program requirements in the textbox in Column 11 (Block 10).



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

No.	Record Status	Type of Training Program (1)	Trainees from Rural Residential Background	
			Enter # of Residents from a Rural Background (4) Block 3	Enter # of Program Completers from a Rural Background (6) Block 5
1	New Record	Degree/Diploma MPH Dentistry - Endodontic Dentistry	<input type="text"/>	<input type="text"/>
2	New Record	Fellowship Dentistry - Dental Assistant	<input type="text"/>	<input type="text"/>

Figure 41. DV-3 - Entering Residents Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Residents from a Rural Background: For each training program, enter the total number of residents from rural residential backgrounds in the textbox in Column 4 (Block 3).



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

DV-3 - Entering Program Completers Count from Rural Residential Background

Trainees from Rural Residential Background	
Enter # of Residents from a Rural Background (4) Block 3	Enter # of Program Completers from a Rural Background (6) Block 5
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Figure 42. DV-3 - Entering Program Completers Count from Rural Residential Background

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



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



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

Individual Characteristics—INDGEN Subforms

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

- You must complete an INDGEN subform for each individual who received a BHW-funded financial award during the current reporting period.
- The INDGEN subform will automatically calculate and display read-only columns labeled “Academic Year Total” and "Cumulative BHW Financial Award Total."
- Records of individuals who were reported as having completed their training program in the previous reporting period will transfer from the INDGEN subform to the INDGEN-PY subform in the current reporting period.

IND-GEN: Individual Characteristics

IND-GEN - Setup

To begin providing individual-level data for students, residents, fellows, faculty, or other dental professionals who received a BHW-funded financial award during the current reporting period or to provide updates for students, residents, and fellows 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) students, trainees or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for students or trainees who received direct financial support in a previous reporting period? Yes

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Figure 43. IND-GEN - Setup



Warning: If you have used the INDGEN form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. 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.

IND-GEN - Selecting Type of Training Program

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category
	(1)	(2) Block 1	(3) Block 2
Prior Record	Degree/Diploma DMD Dentistry - General Dentistry		Enrollee (campus-based only)
	<div style="border: 1px solid red; padding: 5px;"> Select one Degree/Diploma DMD Dentistry - General Dentistry Other </div>		

Figure 44. IND-GEN - Selecting Type of Training Program

Type of Training Program: Select each individual's training program by clicking on the drop-down menu in Column 1 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 previous reporting periods.

Example:

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

- *Residency program | Dentistry—General Dentistry*

IND-GEN - Entering Trainee Unique ID

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category
	(1)	(2) Block 1	(3) Block 2
Prior Record	Degree/Diploma DMD Dentistry - General Dentistry	1031299	Enrollee (campus-based only)
	<div style="border: 1px solid gray; padding: 2px;"> Select one Degree/Diploma DMD Dentistry - General Dentistry Other </div>		

Figure 45. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each individual in the textbox in Column 2 (Block 1). Please contact your Government Project Officer for guidance on identifiers if you do not have them.



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

IND-GEN - Selecting Individual's Training or Awardee Category

Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status
(2) Block 1	(3) Block 2	(4) Block 3
1031299	Enrollee (campus-based only)	
	<div style="border: 1px solid red; padding: 2px;"> Select one Enrollee (campus-based only) Enrollee (online only) </div>	

Figure 46. IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category: Select each individual's training category by clicking on the drop-down menu in Column 3 (Block 2) and choosing **one** of the following options:

- Enrollee (campus-based only)
- Enrollee (distance learning only)
- Enrollee (hybrid)
- Faculty
- Fellow
- Practicing Professional
- Resident



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

IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(3) Block 2	(4) Block 3	(5) Block 4
Enrollee (campus-based only)		Female
	<input type="text" value="Select one"/> Full-time Part-time	

Figure 47. IND-GEN - Selecting Individual's Enrollment/Employment Status

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

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

IND-GEN - Selecting Individual's Sex

Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age
(4) Block 3	(5) Block 4	(6) Block 5
	Female	
	Select one	
	Male	

Figure 48. IND-GEN - Selecting Individual's Sex

Select Individual's Sex: Select each individual's sex by clicking on the drop-down menu in Column 5 (Block 4) and choosing **one** of the following options:

- Female
- Male
- Not Reported



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



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

IND-GEN - Selecting Individual's Age

Trainee Unique ID	Select Individual's Age	Select Individual's Ethnicity
(2) Block 1	(6) Block 5	(7) Block 6
1031299	<div style="border: 1px solid red; padding: 2px;"> Select one 12 13 </div>	Not Reported

Figure 49. IND-GEN - Selecting Individual's Age

Select Individual's Age: Select each individual's age at the end of the current reporting period in the drop-down menu in Column 6 (Block 5).

- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65

Health Resources and Services Administration
Bureau of Health Workforce

- 66
- 69
- 72
- 75
- 67
- 70
- 73
- Not Reported
- 68
- 71
- 74

Annual Performance Report
Academic Year 2015-2016

IND-GEN - Selecting Individual's Ethnicity

Trainee Unique ID	Select Individual's Ethnicity	Select Individual's Race
(2) Block 1	(7) Block 6	(8) Block 7
1031299	Not Reported <input type="text" value="Select one"/> Hispanic/Latino	Black or African-American

Figure 50. IND-GEN - Selecting Individual's Ethnicity

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

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



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



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

IND-GEN - Selecting Individual's Race

Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background
(7) Block 6	(8) Block 7	(9) Block 8
	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	

Figure 51. IND-GEN - Selecting Individual's Race

Select Individual's Race: Select each individual's race by clicking on the drop-down menu in Column 8 (Block 7) and choosing **all that apply** from the 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.



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

IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background
(8) Block 7	(9) Block 8	(10) Block 9
	<input type="text" value="Select one"/> <input type="text" value="Yes"/>	

Figure 52. IND-GEN - Selecting if Individual is from a Rural Residential Background

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

- Yes
- No
- Not Reported



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



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



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

IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(9) Block 8	(10) Block 9	(11) Block 10
	<input type="text" value="Select one"/> <input type="text" value="Yes"/>	

Figure 53. IND-GEN - Selecting if Individual is from a Disadvantaged Background

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

- Yes
- No
- Not Reported



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 Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status	Select Whether Individual Received BHP Financial Award?
(10) Block 9	(11) Block 10	(12) Block 11
	<div style="border: 1px solid red; padding: 2px;">Select one Active Duty Military Reservist</div>	

Figure 54. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status: Select each individual's current veteran status by clicking on the drop-down menu in Column 11 (Block 10) and choosing **one** of the following options:

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

Select Whether Individual Received BHW Financial Award?	Stipend	Traineeship	Scholarship
(12) Block 11	(13) Block 11	(14) Block 11	(15) Block 11
<div style="border: 1px solid red; padding: 2px;"> Select one Yes No </div>			

Figure 55. IND-GEN - Entering BHW-Funded Financial Award Information

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

- Yes
- No

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

If the individual did not receive a stipend, enter "0" in the textbox under the column labeled "Stipend".

Enter Individual's Financial Award Amount (BHW funds only): Traineeship: If the individual received a BHW-funded traineeship, enter the **total** amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Traineeship". Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable

living expenses, as allowed by federal statutes and regulations.

If the individual did not receive traineeship, enter "0" in the textbox under the column labeled "Traineeship".

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

If the individual did not receive scholarship, enter "0" in the textbox under the column labeled "Scholarship".

Enter Individual's Financial Award Amount (BHW funds only): Loan: If the individual received a BHW-funded loan, enter the **total** amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Loan". Total amount reported should account for all BHW dollars including those applied to the loan, as allowed by federal statutes and regulations.

If the individual did not receive loan, enter "0" in the textbox under the column labeled "Loan".

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

If the individual did not receive a career award, enter "0" in the textbox under the column labeled "Career Award".

Enter Individual's Financial Award Amount (BHW funds only): Loan Repayment: If the individual received a BHW-funded loan repayment, enter the **total** amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Loan Repayment". Total amount reported should account for all BHW dollars including those applied to loan repayment and forgiveness, as allowed by federal statutes and regulations.

If the individual did not receive a loan repayment, enter "0" in the textbox under the column labeled "Loan Repayment".

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

If the individual did not receive a grant, enter "0" in the textbox under the column labeled "Grant".

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

If the individual did not receive a fellowship, enter "0" in the textbox under the column labeled "Fellowship".



Note: Below is the list of BHW-funded financial award types and the corresponding grant purpose(s) to which they apply:

- *Stipend: SOHWP-4, SOHWP-6, SOHWP-13*
- *Traineeship: SOHWP-13*
- *Scholarship: SOHWP-10, SOHWP-13*
- *Loan: SOHWP-3, SOHWP-13*
Career Award: SOHWP-13
- *Loan Repayment: SOHWP-1, SOHWP-13*
- *Grant: SOHWP-3, SOHWP-13*
Fellowship: SOHWP-13

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

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Enter Balance of Individual's Loan
(1)	(2) Block 1	(22) Block 12	(23) Block 13
		<div style="border: 1px solid black; padding: 2px;"> Select one 0 1 2 3 4 5 or more </div>	

Figure 56. 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 in which each individual has received BHW-funded financial awards by clicking on the drop-down menu in Column 22 (Block 12) 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 1/2 an academic year, please round up. For example, if a resident or dentist has received a financial award for 1 1/2 years, please enter 2.



Note: If an individual received a BHW-funded financial award for the first time during the annual reporting period, select "1" under Block 12.

IND-GEN - Entering Balance of Individual's Loan

Trainee Unique ID	Enter Balance of Individual's Loan
(2) Block 1	(23) Block 13

Figure 57. IND-GEN - Entering Balance of Individual's Loan

Enter Balance of Individual's Loan: Enter the individual's loan balance at the beginning of the current reporting period **before any amount was paid off** in Column 23 (Block 13). You may use up to two (2) decimal points to denote cents. Report this amount in US dollars.

IND-GEN - Entering % of Loan Paid Off

Trainee Unique ID	Enter % of Loan Paid Off
(2) Block 1	(24) Block 13a

Figure 58. IND-GEN - Entering % of Loan Paid Off

Enter % of Loan Paid Off: Enter the percentage (%) of the loan paid off using BHW grant funds during the current reporting period in Column 24 (Block 13a). **Do not report other types of monies that may have been used to pay off this individual's loan.**

IND-GEN - Selecting Individual's Academic or Training Year

Enter % of Loan Paid Off	Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(24) Block 13a	(26) Block 15	(27) Block 16
0	<div style="border: 2px solid red; padding: 2px;"> ▼ </div>	Dentistry - General Dentistry

Figure 59. IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year: Select each individual's current training year by clicking on the drop-down menu in Column 26 (Block 15) and choosing **one** of the following options:

- Fellowship Year 1
- Graduate Year 1
- Graduate Year 4
- Non-degree Training Year 1
- Residency Year 3
- Undergraduate Year 2
- Undergraduate Year 5
- Fellowship Year 2
- Graduate Year 2
- Graduate Year 5
- Residency Year 1
- Residency Year 4
- Undergraduate Year 3
- N/A
- Fellowship Year 3
- Graduate Year 3
- Non-degree Training Program Year 2
- Residency Year 2
- Undergraduate Year 1
- Undergraduate Year 4



Note: For students in degree programs, use Undergraduate or Graduate Year as applicable. For students in non-degree programs, use Non-degree Training Program Year 1 or 2. For dental residents, use Residency Year. For dental fellows, use Fellowship Year.



Note: For faculty, select Non-degree Training Program Year 1.

IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Academic or Training Year	Select Individual's Primary Discipline	Select Whether Individual Received Training
(26) Block 15	(27) Block 16	(28) Block 17
	<div style="border: 1px solid red; padding: 5px;"> Select one Student - Dental School Student - Dental School/Public Health </div>	

Figure 60. 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 in Column 27 (Block 16) and choosing **one** of the following options:

- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Student - Dental Hygiene/Public Health
- Student - Undergraduate
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Student - Dental Assistant
- Student - Dental School
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Student - Dental Hygiene
- Student - Dental School/Public Health



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 Training Information in a Primary Care Setting

Trainee Unique ID	Training in a Primary Care Setting	
	Select Whether Individual Received Training	Enter # of Contact Hours
(2) Block 1	(28) Block 17	(29) Block 17a

Figure 61. IND-GEN - Entering Training Information in a Primary Care Setting

Training in a Primary Care Setting: Select Whether Individual Received Training: Select whether each student, 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 in Column 28 (Block 17) and choosing **one** of the following options:

- Yes
- No
- N/A

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

- **If the student, 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 in Column 29 (Block 17a).
- **If the student, resident, or fellow did not receive clinical or experiential training in a primary care setting,** leave the textbox in Column 29 (Block 17a) blank.

Training in a Primary Care Setting: Enter # of Patient Encounters:

- **If the student, resident, or fellow received clinical or 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 in Column 30 (Block 17b).
- **If the student, resident, or fellow did not receive clinical or experiential training in a primary care setting**, leave the textbox in Column 30 (Block 17b) blank.

IND-GEN - Entering Training Information in a Medically Underserved Area



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

Trainee Unique ID	Training in a Medically Underserved Area		Training in
	Select Whether Individual Received Training	Enter # of Contact Hours	Select Whether Individual Received Training
(2) Block 1	(31) Block 18	(32) Block 18a	(33) Block 19

Figure 62. IND-GEN - Entering Training Information in a Medically Underserved Area

Training in a Medically Underserved Area: Select Whether Individual Received Training: Select whether each student, resident, or fellow received clinical or experiential training in a medically underserved community (MUC) during the current reporting period by clicking on the drop-down menu in Column 31 (Block 18) and choosing **one** of the following options:

- Yes
- No
- N/A

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

- **If the student, resident, or fellow 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 32 (Block 18a).
- **If the student, resident, or fellow did not receive clinical or experiential training in a MUC,** leave the textbox in Column 32 (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.

Trainee Unique ID	Training in a Rural Area		Select Whether Individual Left the Program Before Completion
	Select Whether Individual Received Training	Enter # of Contact Hours	
(2) Block 1	(33) Block 19	(34) Block 19a	(36) Block 21

Figure 63. IND-GEN - Entering Training Information in a Rural Area

Training in a Rural Area: Select Whether Individual Received Training: Select whether each student, resident, or fellow received clinical or experiential training in a rural area during the current reporting period by clicking on the drop-down menu in Column 33 (Block 19) and choosing **one** of the following options:

- Yes
- No
- N/A

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

- **If the student, resident, or fellow 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 in Column 34 (Block 19a).
- **If the student, resident, or fellow did not receive clinical or experiential training in a rural area,** leave the textbox in Column 34 (Block 19a) blank.

IND-GEN - Selecting Whether Individual Left the Program Before Completion

Trainee Unique ID	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program
(2) Block 1	(36) Block 21	(37) Block 22
	<input type="text" value="Select one"/> Yes No	

Figure 64. 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 degree, non-degree, residency, or fellowship program before completion during the current reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing **one** of the following options:

- Yes
- No

IND-GEN - Entering Graduation/Completion Information



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

Trainee Unique ID	Select Whether Individual Graduated/Completed the Program	Select Degree Earned
(2) Block 1	(37) Block 22	(38) Block 22a
	<div style="border: 1px solid red; padding: 2px;"> Select one Yes No </div>	

Figure 65. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program: Select whether each individual completed their training program during the current reporting period by clicking on the drop-down menu in Column 37 (Block 22) and choosing **one** of the following options:

- Yes
- No

Select Degree Earned:

- **If an individual graduated from their degree program during the current reporting period,** select the type of degree earned through the program by clicking on the drop-down menu in Column 38 (Block 22a) and choosing **one** of the options from the list below.
- **If an individual did not graduate,** select "N/A" in Column 38 (Block 22a). Dental residents, fellows and loan repayment dentists, choose N/A.

- | | | |
|---|-----------|---------------|
| • AA | • AS | • BA |
| • Bachelor's Degree not otherwise specified | • BPH | • BS |
| • BSN | • BSW | • Certificate |
| • DDS | • DDS/MPH | • DDS/MSPH |

Health Resources and Services Administration
Bureau of Health Workforce

Annual Performance Report
Academic Year 2015-2016

- Diploma
- DMD/MSPH
- Master's Degree Not Otherwise Specified
- MS
- N/A
- DMD
- Joint Degrees not otherwise specified
- MHA
- MSPH
- DMD/MPH
- MA
- MPH
- No Degree Earned

Select Individual's Post-Graduation/Completion Intentions: Select the professional's training or employment intentions by clicking on the drop-down menu under Block 22b and choosing **all that apply** from the options listed below.

If the individual did not complete their grant or loan program, select "N/A" under Block 22b.

- Individual intends to practice in a medically underserved area
- Individual intends to practice in a rural area
- None of the above
- N/A
- Individual intends to practice in a primary care setting
- Individual intends to pursue health professions training
- Not Reported

IND-GEN - Entering Time Obligated to Serve in Dental Program

Trainee Unique ID	Enter Total Time Obligated to Serve (in weeks)
(2) Block 1	(50) Block 28
	<input data-bbox="1029 516 1249 587" type="text"/>

Figure 66. IND-GEN - Entering Time Obligated to Serve in Dental Program

Enter Total Time Obligated to Serve (in weeks): Enter the **total** number of weeks this individual is obligated to serve in the dental loan repayment program in Column 50 (Block 28).

IND-GEN - Selecting Individual's Current Designated Practice Settings

Trainee Unique ID	Select Individual's Current Designated Practice Settings	Select Whether individual is Enrolled in Medicaid/CHIP Program
(2) Block 1	(51) Blocks 29-31	(52) Block 32
	<input type="checkbox"/> Public Health Facility <input type="checkbox"/> Dental HPSA	

Figure 67. IND-GEN - Selecting Individual's Current Designated Practice Settings

Select Individual's Current Designated Practice Settings: Select the individual's current practice setting(s) in Column 51 (Blocks 29-31) by selecting **all that apply** from the following choices:

- Dental HPSA
- Public Health Facility
- Rural Area
- None of the above
- N/A

IND-GEN - Select if Individual is Enrolled in Medicaid/CHIP Program

Trainee Unique ID	Select Whether individual is Enrolled in Medicaid/CHIP Program
(2) Block 1	(52) Block 32
	Select one Yes

Figure 68. IND-GEN - Select if Individual is Enrolled in Medicaid/CHIP Program

Select Whether individual is Enrolled in Medicaid/CHIP Program: Select whether each individual is enrolled in the Medicaid/CHIP Program in Column 52 (Block 32) by choosing **one** of the following options:

- Yes
- No
- N/A

IND-GEN - Select if Individual is Accepting new Medicaid/CHIP Patients

Trainee Unique ID	Select Whether individual is Enrolled in Medicaid/CHIP Program	Select Whether individual is Accepting new Medicaid/CHIP Patients
(2) Block 1	(52) Block 32	(53) Block 32a
	Select one	

Figure 69. IND-GEN - Select if Individual is Accepting new Medicaid/CHIP Patients

Select Whether individual is Accepting new Medicaid/CHIP Patients: Select whether the individual is accepting new Medicaid/CHIP patients in Column 53 (Block 32a) by choosing **one** of the available options. **If “No” was selected in Block 32**, select “N/A” in Column 53 (Block 32a).

- Yes
- No
- N/A

IND-GEN - Entering Total # of Patient Encounters

Select Whether individual is Accepting new Medicaid/CHIP Patients	Enter Total # of Patient Encounters	Enter # of Medicaid/CHIP Patient Encounters
(53) Block 32a	(54) Block 33	(55) Block 33a

Figure 70. IND-GEN - Entering Total # of Patient Encounters

Enter Total # of Patient Encounters: Enter the total number of patient encounters this individual has had during the current reporting period in Column 54 (Block 33).

Enter # of Medicaid/CHIP Patient Encounters: Enter the total number of Medicaid/CHIP patient encounters this individual has had during the current reporting period in Column 55 (Block 33a). This number is a subset of Column 54 (Block 33). If the individual does not see Medicaid/CHIP patients, enter “0”.



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

INDGEN-PY: Individual Prior Year

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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Post-Graduation/Completion Intentions	Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status	Select Whether Your Organization Hired this Individual
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(12) Block 22b	(13) Block 23	(14) Block 23a	(16)

Figure 71. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Grayed fields are provided here for identification purposes only.

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

- Yes
- No

Select Individual's Current Training/Employment Status: If employment status is available, select each individual's current employment location by clicking on the drop-down menu under Block 23a choosing **all that apply** from the following options listed below. **If "No" was selected in Block 23**, choose "N/A" in Block 23a.

- Individual currently practices in a medically underserved area
- Individual currently practices in a rural area
- None of the above
- Individual currently practices in a primary care setting
- Individual pursued health professions training
- N/A

Select Whether Your Organization Hired this Individual: Select whether your organization hired this individual following training program completion by clicking on the drop-down menu under Column 16 and choosing **one** of the following options:

- No
- Yes
- N/A



Note: Repeat these steps for all rows in the INDGEN-PY table and enter selections for all blank fields under Blocks 23 and 23a.



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 subforms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.
- The EXP-1 Setup form captures information about the names of sites used by grantees to provide trainees with clinical or experiential training, and collects general information about each training site used during the reporting period.
- The EXP-2 subform collects information on partnerships established, and vulnerable populations served, at each training site during the reporting period.
- The EXP-3 subform collects information about the profession/discipline of individuals, and interprofessional training experiences, at each site that was entered in the EXP-1 Setup form.

2. Order of Subforms:

EXP subforms **MUST** be completed in order, otherwise drop-down menus will not prepopulate correctly. You must complete and ‘Save and Validate’ EXP-1 first before proceeding to EXP-2. Likewise, you must complete and then ‘Save and Validate’ EXP-2 before proceeding to EXP-3.

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

- The BPMH system will pre-populate the names each site previously reported in the Saved Records Table within the EXP-1 subform. You must indicate whether each previously-reported site was used during the current reporting period.
- **If "Yes" was selected**, the BPMH system will pre-populate certain blocks in the EXP-2 subform and display it as an option in the EXP-3 subform.
- **If "No" was selected**, the BPMH system will not include the site as an option in the EXP-2 and EXP-3 subforms.



Warning: Complete the EXP-1, EXP-2, and EXP-3 subforms only for sites used to train individuals who appear on the INDGEN subform.

EXP-1: Training Site Setup

EXP-1 - Entering Site Name



Warning: Complete the EXP-1, EXP-2, and EXP-3 subforms only for sites used to train individuals who appear on the INDGEN subform.

Fields with * are required

* Add Site

Enter the Site's Name

Add Record

No.	Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10	Test Site1 1	Yes	Select one	

Figure 72. EXP-1 - Entering Site Name

Site Name: Enter the name of the site used to train students, residents, or fellows supported by the grant during the current reporting period in the textbox next to the row labeled "Enter the Site's Name". Click on the "Add Record" button to save your entry. Repeat the process as necessary to capture the names of each NEW site used during the current reporting period.

EXP-1 - Selecting Whether the Site was Used in the Current Period

Fields with * are required

* Add Site

Enter the Site's Name

Add Record

No.	Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10	Test Site1 1	<input type="text" value="Yes"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 73. EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period: Select whether a particular site was used during the current reporting period by clicking on the drop-down menu in Column 2 and choosing **one** of the following options:

- Yes
- No



Warning: For NEW sites, you must select "YES" in Column 2.



Note: If "No" is selected in Column 2, then the training site will not populate in the drop-down menus on the EXP-2 and EXP-3 subforms.

EXP-1 - Selecting Type of Site Used

The screenshot shows a web form for 'EXP-1'. At the top, there are three tabs: 'EXP-1' (active, green checkmark), 'EXP-2' (inactive, red X), and 'EXP-3' (inactive, red X). Below the tabs, a message states 'Fields with * are required'. A blue header bar contains a red star icon and the text 'Add Site'. Below this is a text input field labeled 'Enter the Site's Name'. A button labeled 'Add Record' is positioned below the input field. The main part of the form is a table with the following columns: 'No. Record Status', 'Site Name (1) Block (2)', 'Select Whether the Site was Used in the Current Reporting Period (2)', 'Select Type of Site Used (3) Block 1a', and 'Select Type of Setting Where the Site was Located (4) Block 2'. The first row of data shows '1' in the 'No. Record' column, '10' in the 'Status' column, 'Test Site1' in the 'Site Name' column, '1' in the 'Block (2)' column, 'Yes' in the 'Select Whether' column, 'Select one' in the 'Select Type of Site Used' column (highlighted with a red border), and an empty dropdown in the 'Select Type of Setting' column.

Figure 74. EXP-1 - Selecting Type of Site Used

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

- Academic institution
- Aerospace operations setting
- Community - based organization
- Community Health Center (CHC)
- Dentist Office
- Federal Government Office or Agency
- Hospital
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Behavioral Health Center
- Critical Access Hospital
- Emergency Room
- FQHC or look - alike
- Independent Living Facility
- Local Government Office or
- Acute care services
- Assisted Living Community
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g., Home Health)
- Federal and State Bureau of Prisons
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association

Health Resources and Services Administration
Bureau of Health Workforce

- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- School - based clinic
- State Government Office or Agency
- Tribal Government
- Veterans Affairs Healthcare (e.g., VA Hospital or clinic)

- Agency
- Mobile Clinic/Site
 - Nursing Home
 - Other Oral Health Facility
 - Residential Living Facility
 - Senior Centers
 - State Health Department
 - Tribal Health Department

Annual Performance Report
Academic Year 2015-2016

- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Tribal Organization

EXP-1 - Selecting Type of Setting Where the Site was Located

No. Record	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1 10	Test Site1 1	Yes	Select one	

Figure 75. EXP-1 - Selecting Type of Setting Where the Site was Located

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

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



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



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



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

EXP-1 - Entering Site's geographical Data

City (8)	State (9)	Zip Code (10)	Four Digit Zip Code Extension (11)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 76. EXP-1 - Entering Site's geographical Data

City: Enter the name of the city where each training site is located by clicking on the textbox in Column 8.

State: Enter the two-letter abbreviation for the state where each training site is located by clicking on the textbox in Column 9.

Zip Code: Enter the zip code (5 digits) where each training site is located by clicking on the textbox in Column 10.

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.



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

EXP-2: Training Site Characteristics

EXP-2 - Selecting Training Program and Site Name



Warning: Complete the EXP-1, EXP-2, and EXP-3 subforms only for sites used to train individuals who appear on the INDGEN subform.



Warning: EXP-1 must be completed and validated prior to beginning EXP-2. You may delete pre-populated prior records in this form if they are no longer applicable.

Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4
<input type="text"/>	<input type="text"/>				

Figure 77. EXP-2 - Selecting Training Program and Site Name

Type of Training Program: Select the training program associated with each clinical site by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options. The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.

Site Name: Pair the selected training program with a site name by clicking on the drop-down menu in Column 2 (Block 1) and choosing **one** of the available options (sites that were marked in EXP-1 as "used" in the current reporting period).

Example:

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

- Residency program / Dentistry—General Dentistry

EXP-2 - Selecting Type of Site Used

Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located
(1)	(2) Block 1	(3) Block 1a	(4) Block 2
Major Participating Site/Rotation Site Medical Specialties (Primary Care) - Pediatrics (General Pediatrics)	University Pediatric Hospital	Academic institution	None of the above

Figure 78. EXP-2 - Selecting Type of Site Used

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



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

EXP-2 - Selecting Type of Setting Where the Site was Located

Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site
(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5
University Pediatric Hospital	Academic institution	None of the above	Academic department - outside the institution, Academic department - within the institution, Ambulatory practice sites, Health department - Local, Hospital, Professional Associations, Quality improvement organization

Figure 79. 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.



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



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

EXP-2 - Selecting Type(s) of Partners/Consortia

Type of Training Program	Site Name	Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4
				<input type="checkbox"/> Academic department <input type="checkbox"/> Academic department	

Figure 80. EXP-2 - 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 in Column 5 (Block 5) 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 - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- Academic department - within the institution
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- Federally - qualified health center or look-alikes
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Other
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Day and home care programs (i.e. Home Health)
- Federal Government - Department of Defense/Military
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)

Health Resources and Services Administration
Bureau of Health Workforce

- Long-term care facility
- Nonprofit organization (non - faith based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization
- Professional Associations
- State Governmental Programs

Annual Performance Report
Academic Year 2015-2016

- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government



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

EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site	City	State	Zip Code	Four Digit Zip Code Extension
(7) Block 4	(8)	(9)	(10)	(11)
<input type="checkbox"/> College students <input type="checkbox"/> Health Insurance Marketplace				

Figure 81. EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site during the current reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing **all that apply** from the following options:

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



Warning: You may not select "None of the above" in combination with any other option.



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

EXP-3: Experiential Characteristics - Trainees by Profession/Discipline

EXP-3 - Selecting Training Program and Site Name



Warning: EXP-2 must be completed and validated before completing EXP-3. Please read instructions carefully. EXP-3 will appear blank; however, drop-down selections will populate with your completed EXP-2 training sites.



Warning: Complete the EXP-3 subform for all trainees who received education or training at sites, regardless of grant funding.



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

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1)	(2) Block 1	(3) Block 3	(4) Block 3
<input type="text"/>	<input type="text"/>		

Figure 82. EXP-3 - Selecting Training Program and Site Name

Type of Training Program: To begin completing the EXP-3 subform, select a training program by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.

Site Name: Select a clinical site name by clicking on the drop-down menu in Column 2 (Block 1) 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: The options available in Column 2 (Block 1) will prepopulate with information entered and saved in the EXP-1 subform.



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

EXP-3 - Selecting Profession and Discipline of Individuals Trained

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1)	(2) Block 1	(3) Block 3	(4) Block 3
		<div style="border: 1px solid black; padding: 2px;"> Select one Student - CNL - Generalist Student - CNS - Adult gerontology Student - CNS - Family </div>	

Figure 83. EXP-3 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained:

- Select the profession and discipline of individuals trained for each training program/site combination used during the current reporting period by clicking on the drop-down menu in Column 3 (Block 3) and choosing **one** of the available options.
- Repeat as necessary to identify each profession/discipline of all individuals trained at each site (including interdisciplinary and interprofessional trainees who participated in team-based care).
- Each reported profession/discipline must be reported on a separate line even if they trained at the same site under the same program.

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Behavioral Health - Clinical Psychology • Behavioral Health - Marriage and Family Therapy • Behavioral Health - Pastoral/Spiritual Care • Dentistry - Dental Hygiene/Public Health • Dentistry - General Dentistry/Public Health • Dentistry - Other • Dentistry - Periodontic Dentistry | <ul style="list-style-type: none"> • Behavioral Health - Clinical Social Work • Behavioral Health - Other Psychology • Dentistry - Dental Assistant • Dentistry - Endodontic Dentistry • Dentistry - Oral Surgery Dentistry • Dentistry - Pathology Dentistry • Dentistry - Prosthodontic Dentistry • Medicine - Aerospace Medicine • Medicine - Colon and Rectal Surgery • Medicine - Family Medicine • Medicine - Integrative Medicine | <ul style="list-style-type: none"> • Behavioral Health - Counseling Psychology • Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling • Dentistry - Dental Hygiene • Dentistry - General Dentistry • Dentistry - Orthodontic Dentistry • Dentistry - Pediatric Dentistry • Dentistry - Public Health Dentistry • Medicine - Allergy and Immunology • Medicine - Dermatology • Medicine - Geriatric Psychiatry • Medicine - Internal Medicine |
|--|---|---|

Health Resources and Services Administration
Bureau of Health Workforce

- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- 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

- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- 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 &

Annual Performance Report
Academic Year 2015-2016

- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- 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
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control

Health Resources and Services Administration
Bureau of Health Workforce

- 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 - Dental Assistant
- Student - Dental School
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Other advanced nurse specialists
- Student - Physician Assistant
- Student - Undergraduate - Other

- Management
- Public Health - Nutrition
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Dental School/Public Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Undergraduate - Public Health

Annual Performance Report
Academic Year 2015-2016

- Public Health - Other
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental Hygiene/Public Health
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - Physical Therapy
- Student - Registered nurse (RN)



Note: For students in degree programs, use the student categories. For residents and fellows use the profession & discipline options (i.e.,

Medicine—Internal Medicine, Dentistry—General Dentistry; do not use the student options).



Note: Do not list faculty and other non-trainees who are also at each training site. Only select trainee categories.

EXP-3 - Entering # Trained in the Profession and Discipline

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1)	(2) Block 1	(3) Block 3	(4) Block 3

Figure 84. EXP-3 - 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: Counts provided for 'Principal' trainees in Column 4 (Block 3) should be based on individuals reported on the INDGEN and/or LR-1 forms.



Note: Do not count faculty, practicing professionals, or support staff.

EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8

Figure 85. EXP-3 - 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. See examples on the following pages.

EXP-3 - Adding Individuals Trained Example 1

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Residency General Dentistry	North Regional Hospital	Dentistry-General Dentistry	24	0
2	Residency General Dentistry	North Regional Hospital	Medicine-Family Medicine	0	2
3	Residency General Dentistry	North Regional Hospital	Student-Graduate-Psychology	0	3
4	Residency General Dentistry	Community Dentists	Dentistry-General Dentistry	14	0
5	Residency General Dentistry	Community Dentists	Student-Pharmacy School	0	4

Figure 86. EXP-3 - Adding Individuals Trained Example 1

Example with both your trainees and interprofessional trainees at the same site:

In the example on this page, the General Dentistry Residency program trained 24 General Dentistry residents at North Regional Hospital. As part of Interprofessional team-based care, the General Dentistry Residency program also trained 2 Family Medicine residents and 3 graduate students in Psychology. 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.

EXP-3 - Adding Individuals Trained Example 2

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional</u> Team-based care
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Residency General Dentistry	North Regional Hospital	Dentistry-General Dentistry	24	0
2	Residency General Dentistry	Community Dentists	Dentistry-General Dentistry	10	0
3	Residency General Dentistry	Dentist's Clinic	Dentistry-General Dentistry	4	0

Figure 87. EXP-3 - Adding Individuals Trained Example 2

Example with no interprofessional trainees at any site:

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. At the second site, there were 10 General Dentistry residents and no interprofessional trainees at Community Dentists. At the third site, there were 4 General Dentistry residents and no interprofessional trainees at the Dentist's Clinic.

EXP-3 - Adding Individuals Trained Example 3

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Residency General Dentistry	North Regional Hospital	Dentistry-General Dentistry	24	10
2	Residency General Dentistry	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Residency General Dentistry	North Regional Hospital	Student-Dental School	0	5
4	Residency General Dentistry	Community Physicians	Dentistry-General Dentistry	10	8
5	Residency General Dentistry	Community Physicians	Student-Pharmacy School	0	4

Figure 88. EXP-3 - Adding Individuals Trained Example 3

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

In the example on this page, 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. 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.



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.

RET: Retention Programs

RET - Adding Number of Positions Recruited and Retained



Warning: Completing this subform requires three (3) steps. Please read instructions carefully.

★ Retention Information	
Indicate # of Targeted Vacant Dentist/Dental Provider Positions (Block 5)	 1
Indicate # of Filled Dentist/Dental Provider Positions (Block 6)	 2
Indicate # of Dentist/Dental Provider Positions Retained (Block 7)	 3

Figure 89. RET - Adding Number of Positions Recruited and Retained

Enter # of Targeted Vacant Dentist/Dental Provider Positions : Enter the number of **targeted** vacant dentist and/or dental provider positions located within a Dental HPSA or a government-recognized, dental underserved population or community in the textbox next to Block 5.

Enter # of Filled Dentist/Dental Provider Positions : Enter the number of targeted vacant dentist/dental provider positions in a dental HPSA or government-recognized dental underserved population or community that were **filled during the current reporting period** in the textbox next to Block 6.

Enter # of Dentist/Dental Provider Positions Retained : Enter the number of dentist and/or dental provider positions located within a dental HPSA or a government-recognized dental underserved population or community that were **retained** as a result of activities undertaken through the grant in the textbox next to Block 7.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are

found, the BPMH system will automatically route you to the next required subform or follow the procedure to submit your report if no other grant purposes were checked.

Course Development and Enhancement—CDE Subforms

CDE - Introduction

Purpose of CDE Subforms:

- CDE-1: Collects information about newly developed or enhanced courses. Characteristics include development status, delivery mode, class duration, etc.
- CDE-1a: When a course on CDE-1 has been marked as implemented, it is transferred to the CDE-1a subform in the next reporting period. In all subsequent reports, you will use CDE-1a to indicate whether the previously-offered course was offered again in 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).



Warning: Both CDE-1 and CDE-1a 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 and CDE-1a subforms.

CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup



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.

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.

View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with * are required

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

Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)

Figure 90. CDE-1 - Setup



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: Both CDE-1 and CDE-1a 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 and CDE-1a subforms.

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.

* Add Course

Enter the Name of the Course of Training Activity that was Developed or Enhanced

Add Record

Figure 91. CDE-1 - Entering the Name of Course/Training Activity

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. Click the "Add Record" button to save your entry. 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.

CDE-1 - Selecting Type of Course or Training Activity

Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4
Course 1	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>

Figure 92. CDE-1 - Selecting Type of Course or Training Activity

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 in 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

Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4
Course 1	Select one	Select one Newly developed	Select one

Figure 93. 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 in Column 1 (Block 1) was newly developed or was enhanced by clicking on the drop-down menu in 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.*
- *Select 'Enhanced' for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.*

CDE-1 - Entering Development/Enhancement Status



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

Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation	
				From Year (5) Block 4a	To Year (6) Block 4a
Course 1	Select one	Select one	Select one Under development		

Figure 94. 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 in Column 4 (Block 4) and choosing **one** of the following options:

- Developed, not yet implemented
- Implemented
- Under development

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: From Year:

- **For records marked as "Implemented"** in Column 5 (Block 4a), enter the academic start year in which each course or training activity that was developed or enhanced through the grant was first implemented in the textbox in Column 5 (Block 4a) using the YYYY format.
- **For records marked as "Under Development" or "Developed, not yet implemented"**, enter N/A.

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: To Year:

- **For records marked as "Implemented"** in Column 5 (Block 4), enter the academic end year in which each course or training activity that was developed or enhanced through the grant was first implemented in the textbox in Column 6 (Block 4a) using the YYYY format.
- **For records marked as "Under Development" or "Developed, not yet implemented"**, enter N/A.

CDE-1 - Entering Curriculum

Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)
<input type="text"/>	Select one ▾	<input type="text"/>

Figure 95. CDE-1 - Entering Curriculum

Enter the Curriculum the Course or Training Activity is Associated With: Enter the name of the curriculum associated with each course or training activity that was developed or enhanced through the grant in the textbox in Column 7 (Block 5).



Note: If the course or training activity that was developed or enhanced is not associated with a specific curriculum, enter "N/A".

CDE-1 - Selecting Delivery Mode

Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)
<input type="text"/>	Select one Select one Classroom-based	<input type="text"/>

Figure 96. 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 in Column 8 (Block 6) and choosing **one** of the following options:

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

CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)
<input type="text"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 97. CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented:

- **If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was implemented during the current reporting period,** enter the name(s) of the site(s) where the activity took place in the textbox in Column 9. The name(s) of the site(s) where the activity was implemented must come from the list of clinical sites displayed in the EXP-1 subform.
For all other records, enter "N/A" in the textbox in Column 9.



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-1a: Course Development and Enhancement - Log of Courses/Training Activities Implemented

CDE-1a - Selecting Whether the Course was Offered in the Current Period



Warning: If this is the first PRCGA for the State Oral Health Workforce Program, the CDE-1a form will appear blank. This is because there are no prior (pre-populating courses). Select the Save and Validate button to move past form CDE-1a.

Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)	Enter Site Name from EXP-1 Where Implemented (10)
Select one Select one Yes	

Figure 98. CDE-1a - Selecting Whether the Course was Offered in the Current Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period: Select whether a particular course or training activity previously implemented was offered during the current reporting period by clicking on the drop-down menu in Column 9 and choosing **one** of the following options:

- Yes
- No



Warning: If "No" was selected in the CDE-1a subform, the name of the course or training activity previously implemented will not display as an option in the CDE-2 subform.

CDE-1a - Selecting EXP-1 Site Name Where Implemented



Figure 99. CDE-1a - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented:

- **If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was offered during the current reporting period**, Select the name(s) of the EXP-1 site(s) where the activity took place from the drop down-menu in Column 10. This drop-down menu is populated with the active site names from EXP-1. For all other records, select "N/A" from the drop-down menu in Column 10.

 **Warning:** If a previously-implemented course was NOT offered in the current reporting period, select N/A in Column 10.

 **Warning:** You may not select "N/A" in combination with any option.

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

CDE-2 - Adding Courses and Profession/Disciplines



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



Warning: CDE-1 and CDE-1a forms must be completed and validated prior to beginning the CDE-2 form.

Figure 100. CDE-2 - Adding Courses and Profession/Disciplines

Name of Course or Training Activity: Select the name of a course by clicking on the drop-down menu next to "Name of Course or Training Activity" and choosing **one** of the available options.

Profession and Discipline of Individuals Trained: Select the profession(s) and discipline(s) of individuals trained through each course or workshop 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/discipline of all individuals trained in each course or workshop offered during the current reporting period.

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

Health Resources and Services Administration
Bureau of Health Workforce

Annual Performance Report
Academic Year 2015-2016

- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- 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 - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- 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 - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- 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 - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Optometry
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Veterinary Medicine
- Other - Speech Therapy
- Public Health - Disease Prevention & Health Promotion

Health Resources and Services Administration
Bureau of Health Workforce

Annual Performance Report
Academic Year 2015-2016

- 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 Hygiene/Public Health
- 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
- 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 - Dental School
- 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
- 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 - Dental School/Public Health
- 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
- Student - NP - Other advanced nurse specialists
- Student - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Undergraduate - Other



Note: Only the names of courses/training activities that were marked as "Implemented" in the CDE-1 subform (for new records) or marked as "Offered" in the CDE-1a subform (for previous records) will appear as options in the drop-down menu.

CDE-2 - Entering # Trained in the Profession and Discipline

(1) Name of Course or Training Activity	(2) Profession and Discipline of Individuals Trained	(3) Enter # Trained in this Profession and Discipline
Block 1	Block 7	Block 7
Course 1	Student - Post - high school / Pre - college	<input data-bbox="1566 386 1818 431" type="text"/>

Figure 101. CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of trainees from that profession/discipline in the textbox in Column 3 (Block 7). Repeat this step as many times as necessary to capture the total number of individuals by profession/discipline who were trained in each course or training activity offered 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.

Faculty Development, Instruction, and Recruitment—FD Subforms

FD - Introduction

FD-5: Faculty Development - Faculty Recruitment

FD-5 - Adding Faculty Recruitment Activities



Warning: Completing this subform requires three (3) steps. Please read instructions carefully.

★ Faculty Recruitment Details
Enter # of Faculty Recruited through the Program (Block 23a)
Enter # of URM Faculty Recruited through the Program (Block 23b)
Enter # of Faculty Positions Retained (Block 23c)

Figure 102. FD-5 - Adding Faculty Recruitment Activities

Enter # of Faculty Recruited through the Program : Enter the total number of faculty **recruited during the current reporting period** through your faculty recruitment program sponsored by the grant in the textbox in Block 23a.

Enter # of URM Faculty Recruited through the Program : Of the number reported in Block 23a, enter the **number of underrepresented minority faculty recruited** during the current reporting period in Block 23b (this number is a subset of Block 23a).

Enter # of Faculty Positions Retained : **Since the beginning of your program sponsored by the grant,** enter the number of faculty positions recruited and retained in the textbox in Block 23c.



Warning: If there is no data for a specific Block, enter "0".



Reference: Refer to the glossary for a definition of "underrepresented minority" (URM).



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 subforms for any additional Grant Purposes you selected in the Grant Purpose Setup Form or click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

Continuing Education Activities—CE Subforms

CE - Introduction

For continuing education courses reported previously:

1. The BPMH system will prepopulate the following Columns in the CE-1 subform.

- Name of Course
- Accreditation Status
- Duration
- Primary Topic Addressed

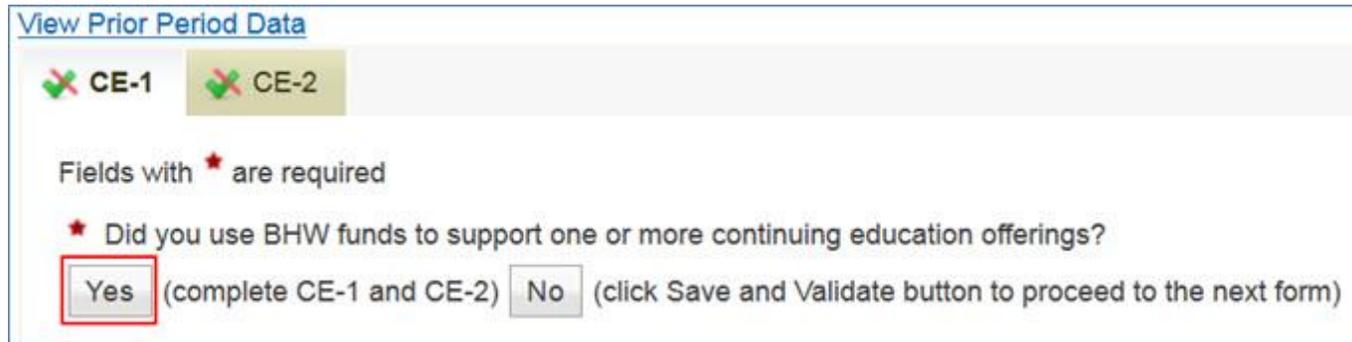
2. You must select whether a course reported previously was offered during this reporting period.

3. If a course reported previously was offered in during this reporting period, all other Columns in the CE-1 form must be completed.

4. If a course reported previously was not offered during this reporting period, you do not have to complete any other Blocks in the CE-1 subform. In addition, the course name will not appear as an option in the CE-2 subform.

CE-1: Continuing Education - Course Characteristics and Content

CE-1 - Setup



The screenshot shows a web form titled "View Prior Period Data". At the top, there are two tabs: "CE-1" and "CE-2". Below the tabs, a message states "Fields with * are required". A red asterisk is followed by the question: "Did you use BHW funds to support one or more continuing education offerings?". Below the question are two buttons: "Yes" and "No". The "Yes" button is highlighted with a red rectangular box. The text "(complete CE-1 and CE-2)" is positioned between the "Yes" and "No" buttons. The text "(click Save and Validate button to proceed to the next form)" is positioned to the right of the "No" button.

Figure 103. CE-1 - Setup

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

CE-1 - Entering Course Title

Record Status	Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit
	(1) Block 1	(1a)	(2) Block 2
	<input type="text"/>		

Figure 104. CE-1 - Entering Course Title

Course Title: Enter the name of each course or activity offered during the current reporting period in the textbox in Column 1 (Block 1).



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.

CE-1 - Selecting Whether Course is Approved for Continuing Education Credit

Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours
(1) Block 1	(1a)	(2) Block 2	(3) Block 3

Figure 105. CE-1 - Selecting Whether Course is Approved for Continuing Education Credit

Select Whether Course is Approved for Continuing Education Credit: Select whether each course or activity was accredited for continuing education credit by clicking on the drop-down menu in Column 2 (Block 2) and choosing **one** of the following options:

- Yes
- No



Reference: Refer to the glossary for a definition of continuing education course accreditation.

CE-1 - Entering Course Duration

Course Title	Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours	Enter # of Times Course was Offered
(1) Block 1	(1a)	(2) Block 2	(3) Block 3	(4) Block 4

Figure 106. CE-1 - Entering Course Duration

Enter the Duration of the Course in Clock Hours: Enter the duration, in clock hours, of each course or training activity offered during the current reporting period in the textbox in Column 3 (Block 3).



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 be 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

Select Whether the Course was Offered in the Current Reporting Period	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours	Enter # of Times Course was Offered
(1a)	(2) Block 2	(3) Block 3	(4) Block 4

Figure 107. CE-1 - Entering # of Times Course was Offered

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



Note: For instructional activities offered via archived/self-paced distance learning courses offered on an ongoing basis, enter "9999".

CE-1 - Selecting Delivery Mode

Enter # of Times Course was Offered	Select Delivery Mode Used to Offer Course	Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course
(4) Block 4	(5) Block 5	(6) Block 6
	<input type="text" value="Select one"/> Classroom-based	

Figure 108. CE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer Course: Select the primary delivery mode used to offer each course during the reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing **one** of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Hybrid

CE-1 - Selecting Type(s) of Partnership(s)

Enter # of Times Course was Offered	Select Delivery Mode Used to Offer Course	Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course
(4) Block 4	(5) Block 5	(6) Block 6
		<input type="checkbox"/> Academic department - outsi

Figure 109. CE-1 - Selecting Type(s) of Partnership(s)

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 in Column 6 (Block 6) 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
- 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
- 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

Health Resources and Services Administration
Bureau of Health Workforce

- Health disparities research center
- Hospice
- Long - Term Care Facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Governmental Programs
- Physical therapy/Rehabilitation center
- Quality improvement organization
- N/A

Annual Performance Report
Academic Year 2015-2016

- Private/For - profit organization
- Senior Center



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 110. CE-1 - Entering Employment Location Data for Individuals Trained

Select Whether Employment Location Data are Available for Individuals Trained: Select whether employment location data are available for trainees who participated in each course during the current reporting period by clicking on the drop-down menu in Column 8 (Block 9) and choosing **one** of the following options:

- Yes
- No

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

- If "Yes" was selected in the drop-down 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" in Column 9 (Block 9a).
- If "No" was selected in the drop-down menu in Column 8 (Block 9), enter "N/A" in Column 9 (Blocks 9a).

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

- **If "Yes" was selected in the drop-down 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" in Column 10 (Block 9b).
- **If "No" was selected in the drop-down menu in Column 8 (Block 9)**, enter "N/A" in Column 10 (Blocks 9b).

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

- **If "Yes" was selected in the drop-down 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" in Column 11 (Block 9c).
- **If "No" was selected in the drop-down menu in Column 8 (Block 9)**, enter "N/A" in Column 11 (Blocks 9c).



Note: Individuals can be counted multiple times if their place of employment is located in more than one type of designated setting. As a result, counts provided under Columns 9-11 (Blocks 9a, 9b, 9c) are not meant to be mutually exclusive.

CE-1 - Selecting Primary Topic Area

not mutually exclusive)	
Rural Area	Select the Course's Primary Topic Area
(11) Block 9c	(12) Block 11
	<div style="border: 1px solid black; padding: 2px;"> Select one Communication Skills Evidence - based medicine </div>

Figure 111. CE-1 - Selecting Primary Topic Area

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:

- Adolescent Health
- Ambulatory Care
- Chronic disease management
- Communication Skills
- Data collection and analysis
- Evidence - based medicine
- Genomics
- Health care and older adults
- Health promotion
- Healthy aging
- Homeless
- Infectious diseases
- Injury prevention
- Interprofessional education
- Long - Term Care
- Medical economics
- Nutrition
- Other
- Advanced 3D Graphics
- Basic restorative skills
- Clinical Practice Information
- Community - based care
- Epidemiology
- Evidence - based practices
- Geriatrics
- Health Disparities
- Health promotion and disease prevention
- HIV/AIDS
- Infant health
- Informatics
- Interdisciplinary training
- Leadership training
- Managed care
- Medications
- Obesity
- Pain management
- Advocacy/health policy
- Chronic Disease
- Clinical preventive services
- Cultural competencies
- Ethics and confidentiality
- Genetics
- Grant writing
- Health information technology
- Health Reform/Health Insurance Marketplaces
- Home health
- Infection control
- Information Technology
- Interpersonal skills
- Lesbian/Gay/Bisexual/Transgender individuals
- Maternal and child health
- Minority Health
- Oral health
- Patient safety

Health Resources and Services Administration
Bureau of Health Workforce

Annual Performance Report
Academic Year 2015-2016

- Patient simulators
- Professional development
- Program management
- Quality Improvement
- Rural health
- Tobacco cessation
- Urban health
- Virtual simulation
- Perioperative care
- Program design
- Public health
- Rehabilitation
- Teledentistry
- Training
- Urgent care
- Women's health
- Pharmacology
- Program evaluation
- Public health law
- Research
- Telehealth
- Trauma
- Veteran Related
- Wound care



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	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1) Block 1	(2) Block 8	(3) Block 8
Select one	<div style="border: 1px solid black; padding: 2px;"> Select one Behavioral Health - Clinical Psychology Behavioral Health - Clinical Social Work </div>	

Figure 112. CE-2 - Selecting Profession and Discipline of Individuals Trained

Course Title: Enter the course title in the textbox in Column 1 (Block 1).

Select Profession and Discipline of Individuals Trained: Select the profession/discipline of trainees who participated in each course during the current reporting period by clicking on the drop-down menu in Column 2 (Block 8) and choosing **one** of the following options:

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Allergy and
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medical Interpreter
- Medicine - Anesthesiology
- Medicine - Emergency Medicine

Health Resources and Services Administration
Bureau of Health Workforce

Annual Performance Report
Academic Year 2015-2016

- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- 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
- 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 - Optometry
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- 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 gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Pharmacy
- Physician Assistant
- Public Health - Environmental Health
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- 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 - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Community Health Worker
- Other - Podiatry
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention

Health Resources and Services Administration
Bureau of Health Workforce

Health Promotion

- Public Health - Health Policy & Management
- Public Health - Other

- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

Annual Performance Report
Academic Year 2015-2016

CE-2 - Entering # Trained in the Profession and Discipline

Course Title	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1) Block 1	(2) Block 8	(3) Block 8
Select one	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>
	Select one Behavioral Health - Clinical Psychology Behavioral Health - Clinical Social Work	

Figure 113. CE-2 - Entering # Trained in the Profession and Discipline

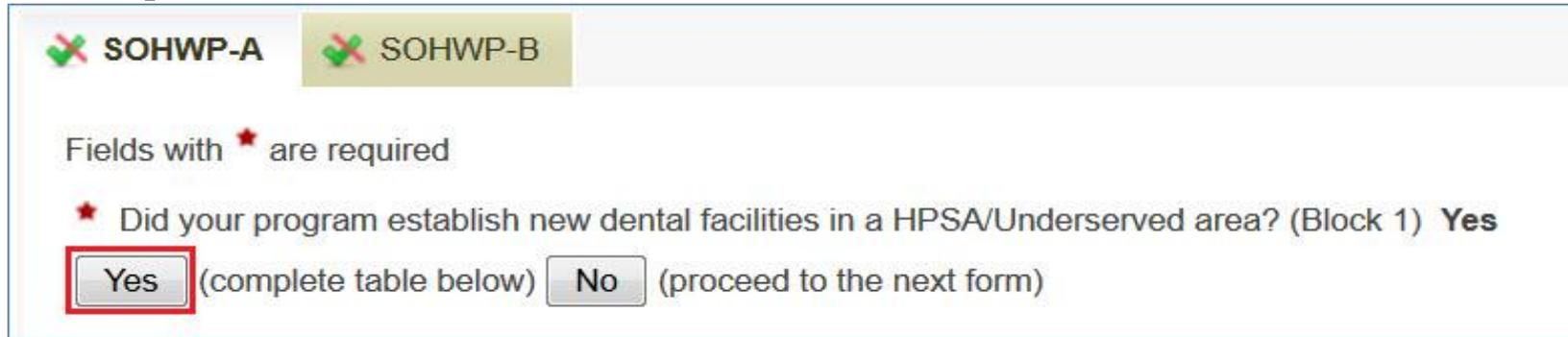
Enter # Trained in this Profession and Discipline: Enter the number of trainees in each profession and discipline in the textbox in Column 3 (Block 8). Repeat this process to capture the total number of trainees by profession/discipline who participated in each CE course during the current reporting period (add as many rows as necessary).



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.

SOHWP-A: New Facilities

SOHWP-A - Setup



The screenshot shows a web-based form interface. At the top, there are two tabs: 'SOHWP-A' (active, highlighted in light green) and 'SOHWP-B' (inactive, greyed out). Below the tabs, a message reads 'Fields with * are required'. A red asterisk is positioned to the left of the text. The main question is: '* Did your program establish new dental facilities in a HPSA/Underserved area? (Block 1) Yes'. Below the question are two buttons: 'Yes (complete table below)' and 'No (proceed to the next form)'. The 'Yes' button is highlighted with a red rectangular border.

Figure 114. SOHWP-A - Setup

- To begin providing data about new dental facilities established as a result of the grant in a HPSA/Underserved area during the reporting period, click "Yes" to the initial setup question.
- **If no new dental facilities were established during the reporting period**, click "No" and proceed to the SOHWP-B form.

SOHWP-A - Adding New Facilities



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

Figure 115. SOHWP-A - Adding New Facilities

Facility Name: To begin completing the SOHWP-A Setup subform, enter the name of each new dental facility established as a result of the grant during the current reporting period. Click on “Add Record.” Repeat the process as necessary to add each new site.



Note: You must report each new facility separately, and you may continue adding new facilities until all are added.



Note: Your entry(ies) will appear in the first column of the SOHWP-A form (see next page). If you need to delete this entry, click on “Delete” under the Options column.

SOHWP-A - Entering New Facilities Information



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

No. (1) Block 1b	Facility Name	Select the Type of Facility (2) Block 1a	Select Type(s) of Oral Health Services Provided (3) Block 1c	Enter # of Patient Encounters (4) Block 1d	Select whether this is a Mobile/Portable Facility (5) Block 1e
1	GPR Test Facility	Community health centers	Education	23	Yes

Figure 116. SOHWP-A - Entering New Facilities Information

Select the Type of Facility: Describe the type of facility by clicking in the drop-down menu in Column 2 (Block 1a) and selecting **one** of the following options:

- Community health centers
- Migrant health centers
- Private
- School - based clinic
- Departments of health
- Other health center
- Rural health centers

Select Type(s) of Oral Health Services Provided: Choose the types of oral health services that are provided at the new dental facility by clicking in the drop-down menu in Column 3 (Block 1c) and selecting **all that apply** from the following options:

- Education
- Interprofessional training
- Prevention
- Restoration

Enter # of Patient Encounters: Enter the number of patient encounters at the new facility that occurred during the current reporting period in the textbox in Column 4 (Block 1d).

Select whether this is a Mobile/Portable Facility: Select whether the new site is a mobile/portable site by clicking in the drop-down menu in Column 5 (Block 1e) and choosing **one** of the following options:

- Yes
- No



Note: The Facility Names that appear in Column 1 (Block 1b) will prepopulate with information entered and saved in the SOHWP-A Setup Form.

Example:

Example: The State Oral Health Program saved one (1) entry in the SOHWP-A Setup form to reflect the one new dental facility started in a dental HPSA and supported through the grant during the reporting period. Under "Facility Name" the State Oral Health Program would see the following options:

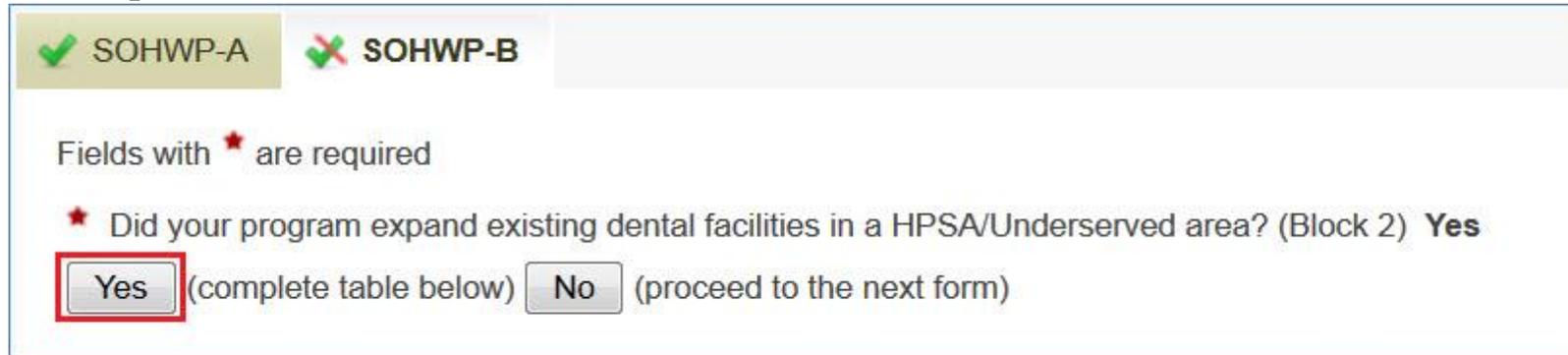
- *Facility A (this name is for example purposes only)*



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.

SOHWP-B: Expanded Facilities

SOHWP-B - Setup



The screenshot shows a web-based form interface. At the top, there are two tabs: 'SOHWP-A' with a green checkmark icon and 'SOHWP-B' with a red 'X' icon. Below the tabs, a message reads 'Fields with * are required'. The main question is: '* Did your program expand existing dental facilities in a HPSA/Underserved area? (Block 2) Yes'. Below the question are two buttons: 'Yes' and 'No'. The 'Yes' button is highlighted with a red rectangular border. To the right of the 'Yes' button is the text '(complete table below)'. To the right of the 'No' button is the text '(proceed to the next form)'.

Figure 117. SOHWP-B - Setup

- To begin providing data about the expansion of existing dental facilities in a HPSA/Underserved area as a result of the grant during the current reporting period, click "Yes" to the initial setup question.
- **If no dental facilities were expanded during the current reporting period**, click "No" and proceed to the next grant purpose or the submission page for your PRGCA.

SOHWP-B - Adding Expanded Dental Facilities



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

The screenshot shows a web form titled "Add Facility". The form has a blue header bar with a red star icon and the text "Add Facility". Below the header is a text input field labeled "Facility Name". At the bottom of the form is a button labeled "Add Record", which is highlighted with a red rectangular border.

Figure 118. SOHWP-B - Adding Expanded Dental Facilities

Facility Name: Enter the name of each dental facility expanded as a result of the grant during the current reporting period in a dental HPSA or underserved area. Click on “Add Record.” Repeat the process as necessary to add each expanded site.



Note: You must report each expanded facility separately, and you may continue adding expanded facilities until all are added.



Note: Your entry(ies) will appear in the first column of the SOHWP-B form (see next page). If you need to delete this entry, click on “Delete” under the Options column.

SOHWP-B - Entering Expanded Dental Facilities Information



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

No.	Facility Name (1) Block 2b	Select the Type of Facility (2) Block 2a	Select Type(s) of Oral Health Services Provided (3) Block 2c	Enter Average # of Patient Encounters Prior to Expansion (4) Block 2d	Enter Actual # of Patient Encounters Post Expansion (5) Block 2e	Enter Average # of Patient Encounters Facility can Accomodate (6) Block 2f	Select whether this is a Mobile/Portable Facility (7) Block 2g
1	First Rain Facility	Departments of health	Prevention	23	2	4	Yes

Figure 119. SOHWP-B - Entering Expanded Dental Facilities Information

Select the Type of Facility: Describe the type of expanded facility by clicking in the drop-down menu in Column 2 (Block 2a) and selecting **one** of the following options:

- Community health centers
- Migrant health centers
- Private
- School - based clinic
- Departments of health
- Other health center
- Rural health centers

Select Type(s) of Oral Health Services Provided: Choose the types of oral health services that are provided at the expanded dental facility by clicking in the drop-down menu in Column 3 (Block 2c) and selecting **all that apply** from the following options:

- Education
- Interprofessional training
- Prevention
- Restoration

Enter Average # of Patient Encounters Prior to Expansion: Enter the **average number** of patient encounters **prior** to expansion at the facility that would occur in the same length of time as the current reporting period in the textbox in Column 4 (Block 2d).

Enter Actual # of Patient Encounters Post Expansion: Enter the number of **actual** patient encounters at the expanded facility that have occurred since the expansion during the current reporting period in the textbox in Column 5 (Block 2e).

Enter Average # of Patient Encounters Facility can Accommodate: Enter the number of **average number** of patient encounters that the expanded facility can accommodate in the same length of time as the current reporting period in the textbox in Column 6 (Block 2f).

Select whether this is a Mobile/Portable Facility: Select whether the expanded site is a mobile/portable site by clicking in the drop-down menu in Column 7 (Block 2g) and choosing **one** of the following options:

- Yes
- No



Note: The Facility Names that appear in Column 1 (Block 2b) will prepopulate with information entered and saved in the SOHWP-B Setup Form.

Example:

Example: The State Oral Health Program saved one (1) entry in the SOHWP-B Setup form to reflect the one expanded dental facility in a dental HPSA that was supported through the grant during the reporting period. Under "Facility Name" the State Oral Health Program would see the following options:

- *Facility A (this name is for example purposes only)*



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.

SOHWP-C: Teledentistry

SOHWP-C - Adding Teledentistry Programs Information



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

 Add Teledentistry Program details
Number of Dental Facilities with Teledentistry Capabilities (Block 3)
Number of Teledentistry Encounters Involving Patient Care (Block 4)
Number of Teledentistry Sessions Involving Training (Block 5)

Figure 120. SOHWP-C - Adding Teledentistry Programs Information

Number of Dental Facilities with Teledentistry Capabilities : Enter the total number of dental facilities that have teledentistry capabilities that were supported by the grant **during the current reporting period** in the textbox next to Block 3.

Number of Teledentistry Encounters Involving Patient Care : Enter the total number of teledentistry encounters involving patient care that occurred in facilities that were supported by the grant **during the current reporting period** in the textbox next to Block 4.

Number of Teledentistry Sessions Involving Training: Enter the total number of teledentistry sessions involving training that were supported by the grant and occurred **during the current reporting period** in the textbox next to Block 5.



Warning: If there is no data for a specific Block, enter "0".



Once you have entered the requested information in each category, click on the "Save and Validate" button at the bottom right hand of the page to complete your entry. If no errors are found, the BPMH system will automatically route you to the subforms for any additional Grant Purposes you selected in the Grant Purpose Setup Form or click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

SOHWP-D: Prevention Services

SOHWP-D - Adding Community-Based Prevention Services Information



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

* Community-Based Prevention Services Details
Enter # of New Water Systems with Fluoridated Water (Block 6)
Enter # of Replaced Water Systems with Fluoridated Water (Block 7)
Enter Estimated # of Residents Served (Block 8)
Enter # of Children Receiving Dental Sealants (Block 9)
Enter # of Individuals Receiving Topical Fluoride (Block 10)
Enter # of Individuals Receiving Diagnostic Services (Block 11)
Enter # of Recipients of Oral Health Education (Block 12)
Enter # of Individuals Receiving an Oral Screening
Enter # of Individuals Receiving a Referral for Dental Services
Enter # of Individuals Receiving any other Type of Preventive Services

Figure 121. SOHWP-D - Adding Community-Based Prevention Services Information

Enter # of New Water Systems with Fluoridated Water (Block 6): Enter the number of new water systems that were installed to provide optimally fluoridated water as a result of activities that were supported by the grant **during the current reporting period** in the textbox next to Block 6.

Enter # of Replaced Water Systems with Fluoridated Water (Block 7): Enter the number of water systems that were replaced to provide optimally fluoridated water as a result of activities that were supported by the grant **during the current reporting period** in the textbox next to Block 7.

Enter Estimated # of Residents Served (Block 8): Enter the estimated number of residents served by community water systems with optimally fluoridated water as a result of activities that were supported by the grant **during the current reporting period** in the textbox next to Block 8.

Enter # of Children Receiving Dental Sealants (Block 9): Enter the number of children that received a sealant on at least one permanent molar tooth **during the current reporting period** as a result of activities supported by the grant in the textbox next to Block 9.

Enter # of Individuals Receiving Topical Fluoride : Enter the number of individuals who received topical fluoride **during the current reporting period** as a result of activities supported by the grant in the textbox next to Block 10.

Enter # of Individuals Receiving Diagnostic Services: Enter the number of individuals who received diagnostic services **during the current reporting period** as a result of activities supported by the grant in the textbox next to Block 11.

Enter # of Recipients of Oral Health Education (Block 12): Enter the number of individuals who received oral health education **during the current reporting period** as a result of activities supported by the grant in the textbox next to Block 12.

Enter # of Individuals Receiving an Oral Screening: Enter the number of individuals who received an oral screening during the **current reporting period** as a result of activities supported by the grant in the textbox.

Enter # of Individuals Receiving a Referral for Dental Services: Enter the number of individuals who received a referral for dental services **during the current reporting period** as a result of activities supported by the grant in the textbox.

Enter # of Individuals Receiving any other Type of Preventive Services: Enter number of individuals who received any other type of preventive services **during the current reporting period** as a result of activities supported by the grant in the textbox.



Warning: If there is no data for a specific Block, enter "0".



Once you have entered the requested information in each category, click on the “Save and Validate” button at the bottom right hand of

the page to complete your entry. If no errors are found, the BPMH system will automatically route you to the subforms for any additional Grant Purposes you selected in the Grant Purpose Setup Form or click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

SOHWP-E: Promotional Events

SOHWP-E - Adding Promotional Events



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

The screenshot shows a form titled "Add Type of Promotional Event". Below the title, the text "Promotional Event" is displayed next to a dropdown menu. The dropdown menu is highlighted with a red rectangular border. Below the dropdown menu is a button labeled "Add Record".

Figure 122. SOHWP-E - Adding Promotional Events

Type of Promotional Event: To begin completing the SOHWP-E Setup subform, click the dropdown menu next to “Promotional Event” and select **all that apply** to choose all the types of oral health promotional event conducted and supported by the grant during the reporting period from the options listed below. Click on “Add Record.” Repeat the process as necessary to add each type of event conducted.

- Community fair
- Government - sponsored event
- Nonprofit organization sponsored event
- Presentation
- For - profit organization sponsored event
- Lecture
- Other type of event
- School/career fair



Warning: Your entry(ies) will appear in the first column of the SOHWP-E form (see next page). If for any reason, you need to delete an entry, simply click on “Delete” under the Options column.



Note: You must report each type of promotional event separately, and you may continue adding event types until all are added.

SOHWP-E - Adding Promotional Event Details



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

No.	Type of Promotional Event	Enter # Promotional Events Held	Select Type(s) of Local Organizations Involved in Promotional Events	Enter Total # of Children Who Attended Promotional Events	Select Type(s) of Materials Created for Promotional Events
(1)	(2)	(3)	(4)	(5)	
Block 13a	Block 13b	Block 13c	Block 13d	Block 13e	
1	School/career fair	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 123. SOHWP-E - Adding Promotional Event Details

Enter # Promotional Events Held: Enter the number of events held of the type indicated in Column 1 (Block 13a) during the current reporting period and supported by the grant in the textbox in Column 2 (Block 13b).

Select Type(s) of Local Organizations Involved in Promotional Events: Click the drop-down menu under Block 13c and select **all that apply** of the applicable type(s) of local organizations involved in promoting oral health and science professions of the type indicated in Column 1 (Block 13a) during the current reporting period from the following choices:

- For - profit organization
- Other type of local organization
- School
- Non - profit organization
- Recreational facility
- Social organization

Enter Total # of Children Who Attended Promotional Events: Enter the total number of children who attended the oral health and science promotion events of the type indicated in Column 1 (Block 13a) during the current reporting period in the textbox in Column 4 (Block 13d).

Select Type(s) of Materials Created for Promotional Events: Click the drop-down menu in Column 5 (Block 13e) and **select all** the applicable types of promotional materials that were created and supported by the grant during the current reporting period from the following choices:

- Brochures
- Curricula
- Other materials
- Posters
- Public service announcements



Note: The Promotional Event types that appear in Column 1 (Block 13a) will prepopulate with information entered and saved in the SOHWP-E Setup Form.

Example:

Example: The State Oral Health Program saved one (1) entry in the SOHWP-E Setup form to reflect the one type of promotional event conducted and supported by the grant during the reporting period. Under "Type of Promotional Event" the State Oral Health Program would see the following options:

- *School/career fair*

SOHWP-F: State Dental Offices

SOHWP-F - Selecting whether a new state dental office/position was created



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

Select whether a new state dental office was created (1) Block 14	Select whether a new state dental officer position was created (2) Block 15	Administrative (3) Block 16	Dentists, dental hygienists, oral health coordination (4) Block 17	Fluoridation expert (5) Block 18	Epidemiologist (6) Block 19
Select one ▼	Select one ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 124. SOHWP-F - Selecting whether a new state dental office/position was created

Select whether a new state dental officer position was created: Click on the dropdown menu in Column 2 (Block 15) and select **one** of the following options to indicate whether a new State dental officer position was created as a result of activities supported by the grant **during the current reporting period:**

- Yes
- No

Select whether a new state dental office was created: Click on the dropdown menu in Column 1 (Block 14) and select **one** of the following options to indicate whether a new State dental office was established as a result of activities supported by the grant **during the current reporting period:**

- Yes
- No

SOHWP-F - Entering # of New Support Staff Members Hired

Select whether a new state dental office was created (1) Block 14	Select whether a new state dental officer position was created (2) Block 15	Enter # of new support staff members hired					
		Administrative (3) Block 16	Dentists, dental hygienists, oral health coordination (4) Block 17	Fluoridation expert (5) Block 18	Epidemiologist (6) Block 19	Statistician (7) Block 20	Other (8) Block 21
Select one ▾	Select one ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 125. SOHWP-F - Entering # of New Support Staff Members Hired

In each of the following Columns 3-8 (Blocks 16-21), click on the textbox under each column and enter the number of new support staff members hired to support the State dental officer and office as indicated below (0.5 FTE or greater) as a result of the grant during the current reporting period:

Enter # of new support staff members hired: Administrative: Enter the number of new Administrative staff hired in the textbox in Column 3 (Block 16).

Enter # of new support staff members hired: Dentists, Dental Hygienists, Oral Health Coordination: Enter the number of new dentists, dental hygienists and/or oral health coordination staff members hired in the textbox in Column 4 (Block 17).

Enter # of new support staff members hired: Fluoridation Expert: Enter the number of new fluoridation expert staff members hired in the textbox in Column 5 (Block 18).

Enter # of new support staff members hired: Epidemiologist: Enter the number of new epidemiologist staff members hired in the textbox in Column 6 (Block 19).

Enter # of new support staff members hired: Statistician: Enter the number of new statistician staff members hired in the textbox in Column 7 (Block 20).

Enter # of new support staff members hired: Other: Enter the number of new other staff members hired in the textbox in Column 8 (Block 21).



Warning: If there is no data for a specific Block, enter "0".

SOHWP-F - Selecting Whether Staff Members Hired in a Previous Reporting Period have been Retained



Warning: Completing this subform requires multiple steps. Please read instructions carefully.

Select whether staff members hired in a previous reporting period have been retained					
Administrative (9) Block 16a	Dentist, Dental hygienist oral health coordination (10) Block 17a	Fluoridation expert (11) Block 18a	Epidemiologist (12) Block 19a	Statistician (13) Block 20a	Other (14) Block 21a
Select one ▾	Select one ▾	Select one ▾	Select one ▾	Select one ▾	Select one ▾

Figure 126. SOHWP-F - Selecting Whether Staff Members Hired in a Previous Reporting Period have been Retained

Click on the dropdown menu under each Column and select whether the indicated staff member hired in a previous reporting period as a result of the grant has been retained in the current reporting period. Select from the following options in each Column 9-14 (Block 16a-21a):

- Yes
- No



Once you have selected an option for each staff member type in each block, click on the “Save and Validate” button at the bottom right hand of the page to complete your entry. If no errors are found, the BPMH system will automatically route you to the subforms for any additional Grant Purposes you selected in the Grant Purpose Setup Form or click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

SOHWP-G: Other Activities

SOHWP-G - Describing Activities Conducted for all SOHWP-13 purposes

Policy (Block 22)
Grants Contracts (Block 22)
Strategic Efforts (Block 22)
Partnerships (Block 22)
Training (Block 22)
Prevention Activity (Block 22)
Workforce Development (Block 22)
Direct Financial Support (Block 22)
Other (Block 22)

Figure 127. SOHWP-G - Describing Activities Conducted for all SOHWP-13 purposes

For all SOHWP-13 activities, you will be directed to a textbox to describe in detail all activities conducted during the current reporting period and supported by the grant. Click on the textbox next to Block 22 to enter your description. You are limited to 5000 characters. If you have not received approval to conduct SOHWP-13 activities, contact your Government Project Officer.



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. Please follow instructions on the following pages to submit your PRGCA to HRSA. You have not submitted your report until you receive a tracking number.

Printing Your Performance Report

The screenshot shows the Performance Report interface. On the left sidebar, the 'Review' link is highlighted. In the main content area, the 'Print All Forms' button is highlighted. The interface includes a navigation menu, a reporting period, a resources section, and a table of contents.

Performance Report (Reporting Period: 7/1/2014 - 12/31/2014)

Resources

View

Last NoA | Current Performance Report | Prior Performance Report | Program Manual | Glossary | FAQs

Print All Forms

Table of Contents

Page size: 15 Go

Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View
PC	HTML	View
IND-GEN	HTML	View
INDGEN-GPC	HTML	View
INDGEN-PY	HTML	View
EXP	HTML	View
Comments and Certification	HTML	View

Figure 128. Screenshot of Printing Your Performance Report

1. 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.
2. Next, click the 'Print All Forms' button below the Resources section of the Review Page.

Submitting Your Performance Report

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

The screenshot displays the 'Submit Report' interface. On the left is a navigation menu with categories like 'Performance Report', 'Setup Data', 'Performance Data', and 'Review and Submit'. The 'Submit' link is highlighted. The main content area shows a table titled 'Submission Report Status' with columns for 'Section', 'Status', and 'Option'. A red arrow points to the 'Complete' status for the 'PC-1' section. A 'Submit' button is located in the bottom right corner.

Section	Status	Option
Setup Data		
Training Program	✓ Complete	Update
Performance Data		
PC-1	✓ Complete	Update
IND-GEN	✓ Complete	Update
INDGEN-GPC	✓ Complete	Update
INDGEN-PY	✓ Complete	Update
EXP-1	✓ Complete	Update
EXP-2	✓ Complete	Update
EXP-3	✓ Complete	Update

Figure 129. 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

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Report. Click the 'Confirm' button below to submit the report. If you do (+ View More)

Confirmation:
This is a confirmation page! You MUST Click on the appropriate button to complete your action.

Fields with * are required

*** Certification** [View Report](#)

I Sherer, Sara certify that I am authorized to submit this report to HRSA for grant D40HP28075.

Please check the box to electronically sign the Report.

[Cancel](#) [Confirm](#)

Figure 130. Screenshot of the Submit Report - Confirm Page

Submit Report - Result

Your report is successfully submitted to HRSA. The details for this report is listed below. Please note them down for future reference. For any other questions please (+ View More)

Report Details	
Report Type	2015 Final Report
Grant Number	UBMHP20202
Submission Tracking Number	BPMFRUB600029227

[Return to List](#)

Figure 131. Screenshot of the Submit Report - Confirm Page

Appendix A: Glossary

This glossary contains general definitions for terms that are used throughout the BPMH system. Some terms may be defined in multiple ways by different programs due to their authorizing statutes and/or the nature of training activities offered. If you are unsure about how to define a term that is central to your program, please refer to the authorizing statute, the Funding Opportunity Announcement and/or your Government Project Officer for clarification.

Attrition is the act of permanently leaving a training program or training activity before completion. An individual is counted as having attrited if s/he leaves a training program or training activity for any reason before completing all training requirements.

BHW-funded financial awards are monies from a grant funded by BHW that are provided to an individual by a grantee institution or organization for the purposes of defraying costs associated with participation in a training program or training activity. The types and definitions of BHW-funded financial awards are listed below:

1. **Career Award:** A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
2. **Fellowship:** A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
3. **Scholarship:** A financial award provided to a student enrolled in a degree program at an educational institution for the sole purpose of covering expenses associated with tuition.
4. **Stipend:** A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
5. **Traineeship:** A financial award provided to a student enrolled in an advanced training program at an educational institution for the purposes of defraying costs associated with advanced training in a specific content area.
6. **Loan:** A financial award provided to a student enrolled in a degree program at an educational institution for the purposes of defraying costs associated with that degree program. Loans must be repaid in accordance with terms specified in a promissory note.
7. **Loan Repayment:** A financial award provided to an individual that is conditional on their agreement to provide specific types of services for a specified amount of time. Under this agreement, an individual may have part or all of their student loans paid off so long as they meet all specified requirements.

Campus-based degree program is a degree program that requires students to complete all academic coursework at the college or university campus.

Contact hours are the number of hours that an individual receives training in a specific setting.

Continuing education is a training activity or series of training activities offered to members of the **current** workforce who have already completed a training program in their profession. Generally, continuing education sessions are offered to existing professionals and do not include or target students as primary participants.

Curriculum is the aggregate content of multiple learning activities offered by an organization a specific topic area. Commonly, the term curriculum is used to describe the number and type of academic courses within a degree program. The term can also be used to describe the number and type of learning activities for faculty and other non-degree related training programs.

Didactic training is the process of instruction between a designated faculty and an individual or group of individuals.

Direct financial support program is a type of grant that provides individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with participation in a training program or training activity.

Disadvantaged background is a citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR
- Comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

Enhanced course or other training activity is a specific type of training activity that was in existence at the grantee institution or organization and has been modified or restructured as part of the grant project.

Enrollee is an individual who is actively matriculated or registered in a training program or training activity. For the purposes of performance reporting, the training category of "enrollees" does not include graduates, program completers, fellows or residents.

Ethnicity is the ethnic ancestry or origin of an individual or group of individuals. For the purposes of performance reporting, the Office of Management and Budget requires that ethnicity be classified as "Hispanic or Latino Origin" and "Non-Hispanic or Latino Origin". Individuals identifying as "Hispanic or Latino" are of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Experiential training is the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience.

Faculty is an individual or group of individuals who have been deemed qualified by an organization to provide instruction to others on a specific topic area.

Faculty development program is a series of curriculum-based training activities that are provided to faculty over a specific amount of time for the purposes of additional training and/or faculty development. Structured faculty development programs can be degree-bearing, certificate-bearing and do not necessarily have to be offered at or by the grantee institution or organization.

Faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Faculty development activities can include conferences, workshops or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization. It is the same as an “Unstructured faculty development activity”.

Faculty instruction are those courses, workshops, seminars, grand rounds or other training activities that are led by faculty for the purposes of providing training to other individuals (e.g., students, fellows, residents). Faculty instruction does not refer to training activities undertaken by faculty for the purposes of additional training or faculty development (see Structured Faculty Development Program and/or Unstructured Faculty Development Activity).

Federally Qualified Health Centers (FQHC) are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(1)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

Fellowship is a training program that provides an individual or group of individuals (known as "fellows") with advanced training in a general content area. Fellows generally receive a financial award to help defray costs associated with advanced training (also referred to as a "fellowship").

Full-time refers to the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Graduate is an individual who has completed all requirements for a degree-bearing training program at an educational institution.

Hybrid degree program is a degree program that requires students to complete academic coursework at the campus, as well as through distance learning.

Instructional hours are the duration of a training activity or training program in clock hours.

Infrastructure program is a type of grant designed to enhance the scope, quality, and opportunities for health professions training programs or training activities. Infrastructure programs do not provide individuals with any type of BHW-funded financial awards.

Internship is a type of training activity that can either be a(n): a) component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience.

Interprofessional education is the process of learning among a group of individuals from two (2) or more professions.

Interprofessional practice is the provision of care or services to an individual or group of individuals by workers from two (2) or more professions.

Medically Underserved Community (MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area (HPSA); medically underserved area (MUA) and/or medically underserved population (MUP). These communities have limited access to primary health care services. The term MUC is an umbrella term that can be used to describe any location that meets one or more of the previously identified designations.

Multipurpose/Hybrid program is a type of grant that is designed to: a) provide individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with health professions training; **and b)** enhance the scope, quality, and opportunities for health professions training programs or training activities.

Newly developed course or other training activity is a specific type of training activity that was not in existence at the grantee institution or organization and was developed in its entirety as part of the grant project.

Online degree program is a degree program that requires students to complete all academic coursework through distance learning.

Partner/consortium is an organization or group of organizations that provide(s) resources and/or support to grantees for the implementation of training programs and/or training activities.

Patient encounter is a direct interaction between a designated caregiver and a patient for the purposes of health care.

Practicum is a type of experiential training activity. (See "Experiential training").

Primary care is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary care setting is a facility that is staffed with professionals who provide primary care. (See "Primary Care")

Profession & discipline is a phrase that identifies a general occupation (profession) and, where applicable, a type of specialty within that occupation (discipline).

Program completer is an individual who has completed all requirements for a non-degree bearing training program or training activity. (See "Graduate" for individuals who complete all requirements of a degree-bearing training program)

Publication is a written material that has been submitted to and accepted by a publishing authority as part of a collection of related work.

Race is an individual's self-identified affiliation with one (1) or more of the following origins:

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Residency is a training program that provides an individual or group of individuals (known as "residents") with advanced clinical training in a specialty area.

Residential background is/are the type/s of location/s an individual has established residence in.

Rural is a geographical area that is not part of a Metropolitan Statistical Area (MSA). *Note: To determine if a specific geographical area is considered rural, go to [HRSA's Office of Rural Health Policy](#).*

Structured training program is a series of curriculum-based training activities that are provided to an individual or groups of individuals over a specific amount of time.

Trainee is an individual who participates in a training program or training activity.

Underrepresented Minority (URM) 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. **Note: For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented:**

- Black or African American
- Hispanic (all races)
- Native Hawaiian or Other Pacific Islander

- American Indian or Alaska Native

Unstructured faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Unstructured faculty development activities can include conferences, workshops, or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization.

Unstructured training activity is generally a stand-alone single training activity that is not part of a curriculum.

Veteran is any person who served in one (1) of the seven (7) uniformed services of the United States. The seven uniform services include: the United States Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration Commissioned Officers Corps.

Vulnerable populations are groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, and other risk factors associated with sex and gender.

Appendix B: FAQs

General FAQs:

Q1: When is the due date for the performance report?

A1: Performance reports are due by **August 01, 2016** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by your due date may place your grant in a non-compliant status.

Q2: What dates does the performance report cover?

A2: The performance report submitted by grantees should cover all activities conducted through the grant for the period **July 01, 2015 - June 30, 2016**.

Q3: Is it possible to change data entered incorrectly in a prior reporting period?

A3: No. Data entered in a previous reporting period cannot be edited. It is important that grantees endeavor to provide the most accurate data during each reporting period.

FAQs about the Program Characteristics (PC) forms:

Q4: Do I need to set up my training program again if it is being reused in the current reporting period?

A4: 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.

Q5: What are the status options for the different types of programs?

A5: Structured and Unstructured Training programs use program status options of "Ongoing" or "Complete." All other types of training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, and residencies) use the status options of "Active" and "Inactive."

Q6: In the PC forms, do we count all trainees in our program regardless of the year of study; include full-time/part-time trainees, etc.?

A6: Yes, as long as trainees are enrolled or participating in the training program identified under Block 1.

Q7: Are we required to provide this information only on the trainees in the programs we received funding for?

A7: 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:

Q8: In prior reports, the LR-1, LR-2 and DV tables reported unduplicated counts. In this current reporting format, will we be reporting duplicated counts for those tables?

A8: The new format requires grantees to provide counts by training program. While we understand that an individual may participate in multiple programs offered by grantees, this new approach will allow us to better understand each program separately.

Q9: 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?

A9: 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.

Q10: What address should we use to determine if an individual is considered to come from a rural residential background? Do we consider a student's high school address, medical school address or childhood home address?

A10: It depends on the information available. 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:

Q11: Where do we get the Trainee Unique ID?

A11: Grantees are responsible for developing a unique ID for each individual for which an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide 1-year follow-up updates through the BPMH system.

Q12: What are the characters of the 7 digit unique ID?

A12: Each unique ID must be made up of 7 alphanumeric characters (meaning that, you may use a combination of both letters and numbers).

Q13: Are INDGEN records from the last reporting period stored in the EHB?

A13: It depends. All INDGEN records that were reported during prior reporting periods will be shown in your INDGEN table as 'Prior Records' until (a) the record is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program (i.e., attrition). Any INDGEN record that was marked as having graduated or completed will be transferred into INDGEN-PY for the next reporting period. INDGEN records for individuals who permanently discontinued training will not re-populate in EHB in the next reporting period.

Q14: Last year we created individual participant codes (Unique IDs) to be included 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, or create a new code for that participant? Are those codes needed this year?

A14: 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 in more than one location (INDGEN/INDGEN-PY).

Q15: What if an individual already listed on INDGEN did not receive a financial award during the six month reporting period?

A15: If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Block 11. The record will remain on INDGEN until this individual is marked as a graduate/program completer or a drop-out of the training program.

Q16: Is there an option to report Ethnicity as unknown?

A16: No. While there is an option for "Not Reported" on the INDGEN form, grantees are expected to collect race and ethnicity data on each individual for whom an INDGEN entry is required. If the option of "Not Reported" is selected for an individual's race, ethnicity or any other of the core demographic variables, it is expected that the grantee will collect this information and provide an update by the next reporting period.

Q17: Is reporting the underrepresented Asian distinction no longer included? The loss of the Asian Underrepresented category is a real loss to describing the diversity of our enrollees and their under-representation in medicine – any suggestions on how we can still express this diversity within our report?

A17: 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.

Q18: Can we use our institutions definitions/standards for disadvantaged background?

A18: 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.

Q19: Do we report full time faculty who receive salary support for teaching or administrative responsibilities?

A19: It depends on whether a specific faculty member is part of the project. For project staff (including faculty), this information is not required as it is captured in your grant's budget documents.

Q20: Do conference registration fees count as financial support?

A20: Yes, but only for non-project staff.

Q21: How do we find out an individual's family income?

A21: The institution's financial aid office should have that information, as part of the required application for financial aid.

Q22: For veteran status, are we asking only for the student or trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?

A22: Only the trainee's status should be reported.

Q23: How is the academic year funding total calculated?

A23: The academic year total is automatically calculated in EHB as the sum of funding during the academic year. When you enter, save, and validate the funding amount for the current reporting period, the academic year total will automatically populate.

Q24: How is the cumulative funding total calculated?

A24: 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.

FAQs about the INDGEN-PY form:

Q25: How do I use the INDGEN-PY form?

A25: One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status.

FAQs about the Experiential Training (EXP) forms:

Q26: What training sites do I need to report on this form? Is it all of the sites our program uses?

A26: Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Q27: Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

A27: You should list the specific clinics and offices within the hospital that provide training to supported trainees for the EXP forms.

Q28: Do I need to list a site more than once on EXP-2?

A28: You may need to list a site multiple times on the EXP-2 form. For sites that provide training to students, trainees and faculty from different training programs, it should be listed on the form for each training program the grant sponsors.

Q29: How can I report Interprofessional team-based care at the training sites?

A29: Interprofessional team-based care reporting is a three-step process on the EXP-3 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 the profession 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 were trained at the site, alongside the principal trainees, but were not enrolled in the HRSA-sponsored program.

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

Q30: What if courses are created with a variety of funding sources?

A30: 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.

Q31: Why do only some of the courses I entered last time appear in the CDE-1 form this time?

A:31 Only courses that were marked as ‘Under Development’ or ‘Developed but Not Yet Implemented’ will pre-populate the CDE-1 table. Courses marked as ‘Implemented’ will pre-populate the new CDE-1a table.

Q32: For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A32: 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.

FAQs about the Faculty Development (FD) forms:

Q33: What is the difference between a structured faculty development program and an unstructured faculty development activity?

A33: 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.

FAQs about the Continuing Education (CE) forms:

Q34: For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A34: For the purposes of the CE-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. Individuals attending CE trainings should be current providers, rather than students.

FAQs about Technical Support & Assistance:

Q35: Who do we contact if we need technical assistance entering data in EHB?

A35: Grantees should contact HRSA's Call Center for any type of questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

Q36: Where will grantees be able to locate the instruction manuals for the performance reports?

A36: 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>.

Q37: Is there a way to look at the data forms required for my program without logging into EHB?

A37: 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>.

Q38: Are reports from prior years stored in the EHBs?

A38: 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.

Q39: Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

A39: 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 their specific training program or permanently leaves before completion.