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

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ACADEMIC YEAR 2018-2019

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Instruction Manual for Grantees of the Advanced Nursing Education 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.

1. All required performance measures are linked to the following legislative purpose(s) of the **ANEW** grant program:

The Advanced Nursing Education Workforce (ANEW) Program aims to provide enhanced training to advanced practice nursing students to increase the number of primary care Nurse Practitioners and Nurse Midwives practicing with rural and underserved populations, thereby improving access to care by improving the distribution of health care providers. Applicants will propose to accomplish that end by developing strategies to

- * Improve didactic and clinical training;
- * Provide longitudinal clinical training experiences for students;
- * Identify and train preceptors;
- * Provide traineeship funds to students who are likely to pursue post-graduate employment in primary care with rural and underserved populations.

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

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

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

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

Getting Started

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

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

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

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

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

View Prior Period Data Fields with * are required		
* Add Training Program		
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Select One	•

Figure 1. Screenshot of View Prior Period Data Link

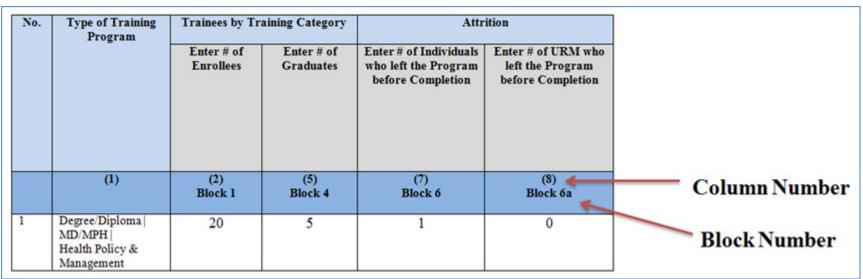


Figure 2. Example of Performance Measures Data Table

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.

- 1. **Column Numbers:** The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.
- 2. Block Numbers: The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

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

- 1. HRSA's Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the 'Recommended Settings' tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.
- 2. There are multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: <u>Recommended Settings</u>.
- 3. Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the 'Recommended Settings' tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.
- 4. Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.
- 5. Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the 'Recommended Settings' tab.

Getting Started: Helpful Resources and Recommendations

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

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

Health Resources and Services Administration Bureau of Health Workforce **Order of Required Forms**

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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
1	Setup Form	SetupForms	Training Program
2	Setup Form	SetupForms	Faculty Development
3	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-1
4	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	LR-1a
5	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	LR-2
6	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	DV-1
7	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	DV-2
8	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	DV-3
9	Performance Data Form	Individual Characteristics-INDGENSubforms	IND-GEN

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Order	Type of Form	Parent Form	Form ID		
10	Performance Data Form	Individual Characteristics-INDGENSubforms	INDGEN-PY		
11	Performance Data Form	Experiential Characteristics-EXPSubforms	EXP-1		
12	Performance Data Form	Experiential Characteristics-EXPSubforms	EXP-2		
13	Performance Data Form	CourseDevelopmentandEnhancement-CDESubforms	CDE-1		
14	Performance Data Form	CourseDevelopmentandEnhancement-CDESubforms	CDE-2		
15	Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-1a		
16	Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-1b		
17	Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms FD-2a			
18	Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-2b		
19	Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-4a		
20	Performance Data Form	n FacultyDevelopmentInstructionandRecruitment-FDSubforms FD-4b			
21	Performance Data Form	ContinuingEducationActivities-CESubforms CE-1			
22	Performance Data Form	ContinuingEducationActivities-CESubforms	CE-2		

Setup Forms Setup Forms - Introduction

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Training Program Setup - Selecting Type of Training Program

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

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

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

• Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)

* Add Training Program		
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Degree/Diploma/Certificate Academic Training Program (Degre	gram Details
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	Select One	
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	Select One	
For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program	Select One	

Add Record

Figure 4. Training Program Setup - Loading Program Details

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

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

Training Program Setup - Adding Degree/Diploma Program



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

*Add Training Program	
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	
Select Delivery Mode Used to Offer Program	
Add Record	

Figure 5. Training Program Setup - Adding Degree/Diploma Program

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: To complete your entry, select the degree program of students who received BHW-funded financial awards during annual reporting period by clicking on the drop-down menu next to "For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered" and choosing **one** of the following options:

- DNP
- DNAP

- MSN • DNP/MPH
- EdD

- DNSc / DNS • MSN/MBA
- Post-Masters Certificate

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

- Nursing CNS Pediatrics
- Nursing NP Acute care adult gerontology
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Nursing NP Geropsychiatric

- Nursing CNS Psychiatric/Mental health
- Nursing NP Acute care pediatric
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family

- Nursing CNS Women's health
- Nursing NP Adult
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health

• MS • PhD

• MSN/MHA

- - MN • MSN/MPH

- Nursing NP Pediatrics
- Nursing Nurse Anesthetist
- Nursing Nurse Researchers/Scientists
- Other Midwife

- Nursing NP Neonatal
- Nursing NP Women's health
- Nursing Nurse Educator
- Nursing Nursing Informatics
- Nursing PhD Leadership

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- Nursing NP Other advanced nurse specialists
- Nursing Nurse Administrator
- Nursing Nurse Midwife
- Nursing Public Health Nurse

Select Delivery Mode Used to Offer Program: Next, select the primary mode used to deliver each degree program during the annual reporting period by clicking on the drop-down menu under and choosing **one** of the options from the list below.

Click on the "Add Record" button to save your entry. Repeat this process to capture the degree programs of all students who received a BHWfunded financial award during annual reporting period.

- Archived/Self-paced distance learning
- Clinical Rotation

• Classroom-based

• Experiential/Field-based • Real-time/Live distance learning

- Hybrid
- Simulation-based Training

No.	Record Status	Training Program (1) Block 1	Option(s)
1	Prior Record	Degree/Diploma DDS/MPH Dentistry - General Dentistry/Public Health	× Delete 💌
2	Prior Record	Degree/Diploma DDS Dentistry - General Dentistry	×Delete 💌
3	New Record	Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health	× Delete 💌
_	nments	Degree/Diploma MHCA Dentistry - Dental Hygiene/Public Health	X Delete 💌
Go to	Previous Page		Save Save and Validate

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

Select Training Activity Status in the Current Reporting Period (2)

Figure 7. Training Program Setup - Selecting Training Activity Status

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

- Active
- Inactive

W 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.

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Faculty Development - Setup Selecting Faculty Development Activities

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

Faculty Development Activities	
Structured Faculty Development Training Program	
Faculty Development Activity	
Faculty Instruction	
No faculty-related activities conducted	

Figure 8. Selecting Faculty Development Activities

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

Faculty Development Activity:

Faculty Instruction:

No faculty-related activities conducted:



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

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

Program Characteristics-PC Subforms

PC Subforms - Introduction

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

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

Select Type(s) of Partners/Consortia Used to Offer this Training
(6) Block 2

Figure 9	. PC-1 -	Selecting	Type(s)	of Partn	ers/Consortia
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Select Type(s) of Partners/Consortia Used to Offer this Training: For all records, select the type(s) of partnerships and/or consortia used or established for the purpose of offering each degree program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options:

- Academic department outside the institution
- Long term facility
- Community Mental Health Center
- Federal Government CDC
- Federal Government IHS
- Federal Government Other HRSA Program
- FQHC or look-alike
- Health department State
- Health policy center
- Local Government
- Nurse Managed Health Clinics
- Private/For profit organization
- Senior Center
- Tribal Organization

- Academic department within the institution
- Nursing homes
- Federal Government Veterans Affairs
- Federal Government Department of Defense/Military
- Federal Government NIH
- Federal Government SAMHSA
- Geriatric consultation services
- Health department Tribal
- Hospice
- Nonprofit organization (faith based)
- Other
- Professional Associations
- State Government

- Health Insurance/Healthcare Provider Group (e.g., PPO/HMO)
- Community based health center (e.g.; free clinic)
- Federal Government AHRQ
- Federal Government FDA
- Federal Government Other HHS Agency/Office
- Federal Government -Other
- Health department Local
- Health disparities research center
- Hospital
- Nonprofit organization (non faith based)
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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

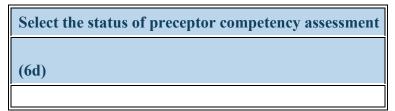


Figure 10. PC-1 - Selecting the status of preceptor competency assessment

Select the status of preceptor competency assessment:

Complete Column 6d by selecting the status of preceptor competency assessment. Select all that apply from the selections below:

- Developed preceptor competency assessment
- Identified preceptor affective/behavioral training gaps/needs
- Identified preceptor skill-based training gaps/needs
- Implemented preceptor training to address affective/behavioral training gaps/needs
- Implemented preceptor training to address skill-based training gaps/needs
- No activities related to preceptor competency assessment

- Evaluated one or more pre-existing preceptor competency assessment(s)
- Identified preceptor knowledge-based training gaps/needs
- Implemented preceptor competency assessment
- Implemented preceptor training to address knowledge-based training gaps/needs
- Preceptor competency assessment under development

Note: No activities related to preceptor competency assessment cannot be selected in combination with any other option.

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Wote: No activities related to preceptor competency assessment cannot be selected beyond the first year of the award.

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 annual reporting period.

LR-1a: Trainees by Training Category

LR-1 - Entering Ongoing Trainees Count

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

Trainees by Training Category
Enter # of Ongoing Trainees
(1a)

Figure 11. LR-1 - Entering Ongoing Trainees Count

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

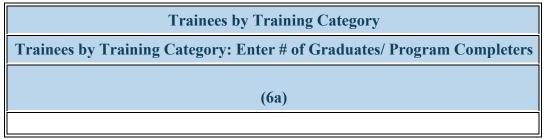


Figure 12. LR-1 - Entering Graduates/Program Completers Count

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

Vote: Do not count individuals who permanently left a training program before graduation or completion during the current reporting period in Column 6a. These individuals will be captured separately in Column 7.

1

LR-1 - Entering Attrition Information

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

Attrition	
Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion
(7) Block 6	(8) Block 6a

Figure 13. LR-1 - Entering Attrition Information

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

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

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

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

LR-2: Trainees by Age & gender

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

Gender: Male	Gender: Female
Enter # of Ongoing Trainees	Enter # of Ongoing Trainees
(2a)	(7a)

Figure 14. LR-2 - Entering Ongoing Trainees Count by Age and Gender

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

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

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

Gender: Male	Gender: Female
Enter # of Graduates/ Program Completers	Enter # of Graduates/ Program Completers
(6a)	(11a)

Figure 15. LR-2 - Entering Graduates/Program Completers Count by Age and Gender

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

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

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

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

DV-1: Trainees by Racial & Ethnic Background

DV-1 - Entering Ongoing Trainees Count by Race and Ethnicity

Ethnicity: Hispanic/Latino	Ethnicity: Non-Hispanic/Non-Latino
Enter # of Ongoing Trainees	Enter # of Ongoing Trainees
(2a)	(7a)

Figure 16. DV-1 - Entering Ongoing Trainees Count by Race and Ethnicity

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

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

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

Ethnicity: Hispanic/Latino	Ethnicity: Non-Hispanic/Non-Latino
Enter # of Graduates/Program Completers	Enter # of Graduates/Program Completers
(6a)	(11a)

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

Figure 17. DV-1 - Entering Graduates/Program Completers Count by Race and Ethnicity

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

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

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

TT. 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

Ongoing Trainees	
Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM
(13)	(14)

DV-2 - Entering Ongoing Trainees Count from Disadvantaged Background

Figure 18. DV-2 - Entering Ongoing Trainees Count from Disadvantaged Background

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

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

Graduates/Program Completers	
r Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM
(15)	(16)
(10)	

Figure 19. DV-2 - Entering Graduates/Program Completers Count from Disadvantaged Background

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

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

Note: Counts reported in Column 16 are a subset of counts reported in Column 15.

W 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.

Enter

DV-3 - Entering Ongoing Trainees Count from Rural Residential Background

Trainees from Rural Residential Background

Enter # of Ongoing Trainees from a Rural Background

(8)

Figure 20. DV-3 - Entering Ongoing Trainees Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Ongoing Trainees from a Rural Background: Enter the number of ongoing trainees from a rural background enrolled in each training program in the textbox under Column 8.

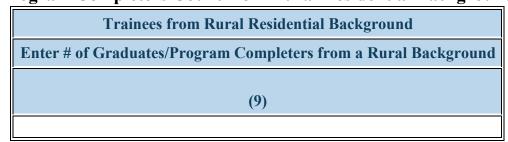


Figure 21. DV-3 - Entering Graduates/Program Completers Count from Rural Residential Background

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

Trainees from Rural Residential Background: Enter # of Graduates/Program Completers from a Rural Background: Enter the total number of graduates/program completers from rural residential backgrounds.

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.

Health Resources and Services Administration Bureau of Health Workforce Individual-level Data-INDGEN Subforms

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

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

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

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

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

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- Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from INDGEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.
- Faculty and preceptors do not transfer to the INDGEN-PY form.

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

Health Resources and Services Administration Bureau of Health Workforce IND-GEN: Individual Characteristics IND-GEN - Setup

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

Figure 22. IND-GEN - Setup

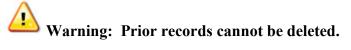
Do you have either a) individuals who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for individuals who received direct financial support in a previous reporting period?:

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

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

Warning: Gray fields in prior records cannot be edited.

Health Resources and Services Administration Bureau of Health Workforce



Туре	of Training Program
(1)	

Figure 23. IND-GEN - Selecting Type of Training Program

Type of Training Program:

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

For Faculty and Preceptors, select Other.

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

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

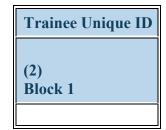


Figure 24. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each individual in the textbox in Column 2 (Block 1). Do not use personally identifiable information in the identifier (e.g., birthdate, SSN, names, or initials).

Warning: It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide annual updates and 1-year follow-up data for each individual.

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

Health Resources and Services Administration Bureau of Health Workforce IND-GEN - Entering NPI Number

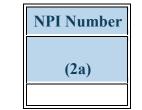


Figure 25. IND-GEN - Entering NPI Number

NPI Number: Enter the 10-digit National Provider Identifier (NPI) number for each individual in the textbox in Column 2a.

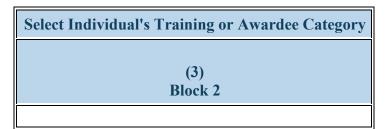


Figure 26. IND-GEN - Selecting Individual's Training or Awardee Category

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)
- Preceptor (campus-based only)
- FacultyPreceptor (distance learning only)

• Preceptor (hybrid)

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

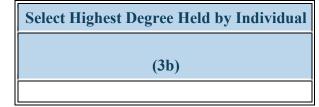


Figure 27. IND-GEN - Selecting Highest Degree Held by Individual

Select Highest Degree Held by Individual: Select the highest degree held by each individual by clicking the on the drop-down menu in Column 3b and selecting one of the following options:

- BS
- DMD
- MD
- MPAS
- PhD
- Master's Degree (not otherwise specified)
- BSN DDS
- DNP DO
- MHS MMSc
- MSN PharmD
- PsyD Doctoral Degree (not otherwise specified)
- N/A

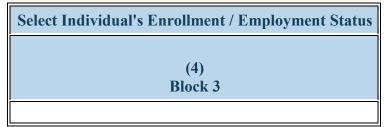


Figure 28. IND-GEN - Selecting Individual's Enrollment/Employment Status

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

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

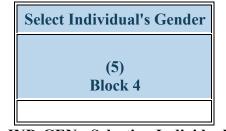


Figure 29. IND-GEN - Selecting Individual's Gender

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

- Female
- Male
- Not Reported

Not Reported cannot 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.

Health Resources and Services Administration Bureau of Health Workforce IND-GEN - Entering Year of Birth

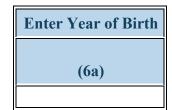


Figure 30. IND-GEN - Entering Year of Birth

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

•	1917	1918	•	1919
•	1920	1921	•	1922
•	1923	1924	•	1925
•	1926	1927	•	1928
•	1929	1930	٠	1931
•	1932	1933	•	1934
•	1935	1936	•	1937
•	1938	1939	•	1940
•	1941	1942	•	1943
•	1944	1945	•	1946
•	1947	1948	•	1949
•	1950	1951	•	1952
•	1953	1954	•	1955
•	1956	1957	•	1958
•	1959	1960	•	1961
•	1962	1963	٠	1964
•	1965	1966	٠	1967
•	1968	1969	٠	1970
•	1971	1972	٠	1973
•	1974	1975	٠	1976
•	1977	1978	•	1979
•	1980	1981	٠	1982

Advanced Nursing Education Workforce

Health Resources and Services Administration Bureau of Health Workforce

	orrication		1110100		
•	1983	•	1984	٠	1985
•	1986	•	1987	٠	1988
•	1989	•	1990	٠	1991
•	1992	•	1993	•	1994
•	1995	•	1996	•	1997
•	1998	•	1999	•	2000
•	2001	•	2002	•	2003
•	2004	•	2005	•	2006
•	2007	•	2008	•	2009
•	2010	•	2011	•	2012
•	2013	•	2014	•	2015
•	2016	•	2017	•	Not Reported
					-

Not Reported cannot be selected for prior records.

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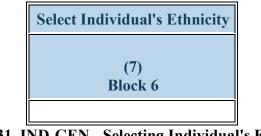


Figure 31. IND-GEN - Selecting Individual's Ethnicity

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

Not Reported cannot 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.

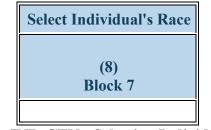


Figure 32. IND-GEN - Selecting Individual's Race

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 following options. You may select more than one option for individuals of multiple races:

- American Indian or Alaska Native
- Black or African-American
- White

- Asian
- Native Hawaiian or Other Pacific Islander
- Not Reported

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

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

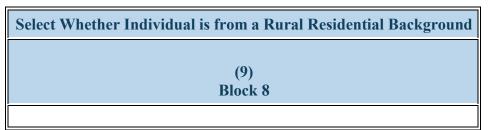


Figure 33. IND-GEN - Selecting if Individual is from a Rural Residential Background

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

Not Reported cannot be selected for prior records.



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

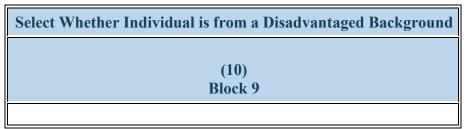


Figure 34. IND-GEN - Selecting if Individual is from a Disadvantaged Background

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

Not Reported cannot be selected for prior records.

Vote: 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.

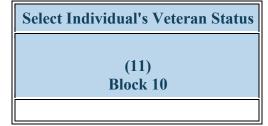


Figure 35. IND-GEN - Selecting Individual's Veteran Status

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
- ReservistVeteran Retired
- Veteran Prior ServiceNot Reported

Not Reported cannot be selected for prior records.



Reference: Refer to the glossary for a definition of the various types of veteran statuses.



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

Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)
	Direct Financial Support
(12) Block 11	(20a) Block 11

Figure 36. IND-GEN - Entering BHW-Funded Financial Award Information

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

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Direct Financial Support:

- If the individual **did receive** a direct BHW-funded financial award, enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 20a.
- If the individual did not receive a direct BHW-funded financial award, enter ""0"" in the textbox in Column 20a.

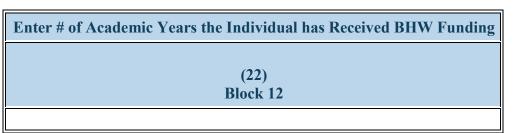


Figure 37. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

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

- 0 •
- 2 3
- 4 5 or more

W 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.

 \forall Note: If an individual has received money for $\frac{1}{2}$ an academic year, please round up. For example, if a resident or dentist has received a financial award for 1 $\frac{1}{2}$ 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.

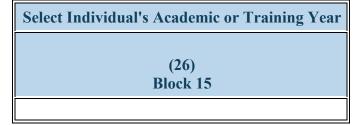


Figure 38. IND-GEN - Selecting Individual's Academic or Training Year

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

- 1 2
- 3 4
- 5 or more N/A

Note: For faculty or preceptors, select N/A.

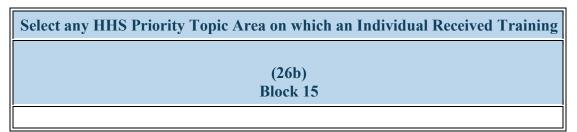


Figure 39. IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training

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

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

- Individual received training on integrated behavioral health in primary care
- Individual received training in medication assisted treatment (MAT) for SUD/OUD
- Individual received training in substance use treatment
- None of the above

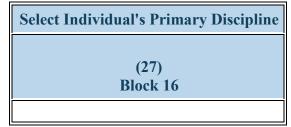


Figure 40. IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline: Select each individual's primary discipline by clicking on the drop-down menu under Block 16 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 Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Public Health Dentistry
- Nursing-CNS-Women's health and Pediatrics
- Nursing-Other (e.g., CNA, PCA)
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurology

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Dentistry Dental Assistant
- Medicine-Orthopedic Surgery
- Dentistry Orthodontic Dentistry
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Nursing-NP-Pediatric
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine General Preventive Medicine
- Medicine Integrative Medicine
- Medicine Medical Genetics
- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Pathology Anatomical and Clinical
- Medicine Plastic Surgery

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry Dental Hygiene
- Dentistry General Dentistry
- Dentistry Other
- Dentistry Prosthodontic Dentistry
- Nursing-CNS-Women's health
- Nursing-NP-Women's health
- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Medicine Other
- Student-CNS-Women's health
- Medicine Plastic Surgery Integrated
- Medicine Preventive Medicine/Internal Medicine

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- Medicine Occupational Medicine
- Medicine Otolaryngology
- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine/Aerospace Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Medicine Psychiatry
- Medicine Surgery General
- Medicine Thoracic Surgery -Integrated
- Nursing Advanced Practice Nursing
- Nursing CNL Generalist
- 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 Nurse administrator
- Nursing Nurse informaticist
- Nursing Registered Nurse
- Other Chiropractor
- Other Facility Administrator
- Other Health Informatics/Health Information Technology

- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Pediatrics
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Urology
- Nursing -Aggregate/Systems/Organizational
- Nursing CNS Adult gerontology
- Nursing CNS Neonatal
- Nursing Community health nursing
- Nursing NP Acute care adult gerontology
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing Nurse anesthetist
- Nursing Nurse midwife
- Nursing Researcher/Scientist
- Other Community Health Worker
- Other First Responder/EMT
- Other Lay and Family Caregiver
- Other Nutritionist
- Other Optometry
- Other Podiatry
- Other Speech Therapy
- Physician Assistant
- Public Health Environmental Health
- Public Health Infectious Disease Control
- Student CNS Adult gerontology
- Student CNS Palliative Care

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- Medicine Preventive Medicine/Public Health
- Medicine Radiology Diagnostic
- Student-NP-Women's health
- Medicine Vascular Surgery Integrated
- Nursing Alternative/Complementary Nursing
- 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 educator
- Nursing Public health nurse
- Other Allied Health
- Other Direct Service Worker
- Other Health Education Specialist
- Other Medical Assistant
- Other Occupational Therapy
- Other Pharmacy
- Other Profession Not Listed
- Other Unknown
- Public Health Biostatistics
- Public Health Epidemiology
- Public Health Injury Control & Prevention
- Student CNS Family
- Student CNS Psychiatric/Mental health
- Student Graduate Nursing Masters
- Student NP Adult
- Student NP Emergency care
- Student NP Geropsychiatric
- Student NP Palliative Care
- Student Nurse Educator

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- Other Midwife (non nurse)
- Other Office/Support Staff
- Other Physical Therapy
- Other Respiratory Therapy
- Other Veterinary Medicine
- Public Health Disease Prevention & Health Promotion
- Public Health Health Policy & Management
- Public Health Social & Behavioral Sciences
- Student CNS Geropsychiatric
- Student Community Health Nursing
- Student Midwife (non-nurse)
- Student NP Adult gerontology
- Student NP Family
- Student NP Medical Ethics
- Student Nurse Administrator
- Student Nurse midwife
- Student Public Health Nurse

- Student Graduate Nursing Doctorate
- Student NP Acute care adult gerontology
- Student NP Adult Psychiatric/Mental health
- Student NP Family Psychiatric/Mental Health
- Student NP Other advanced nurse specialists
- Student Nurse Anesthetist
- Student Nurse Researchers/Scientists

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• Student - Nursing Informatics

Bureau of Health Workforce

IND-GEN - Entering Training Information in a Primary Care Setting

⚠

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

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

Figure 41. IND-GEN - Entering Training Information in a Primary Care Setting

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

- Yes
- No
- N/A

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

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

Bureau of Health Workforce

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

⚠

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

Training in a Medically Underserved Community			
Select Whether Individual Received Training	Enter # of Contact Hours		
(31) Block 18	(32) Block 18a		

Figure 42. IND-GEN - Entering Training Information in a Medically Underserved Community

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

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

- Yes
- No
- N/A

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

Bureau of Health Workforce

1

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.

Training in a Rural Area				
Enter # of Contact Hours				
(34) Block 19a				
E				

Figure 43. IND-GEN - Entering Training Information in a Rural Area

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

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

- Yes
- No
- N/A

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

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

Student Services				
Select Social Support services used by Trainee	Select Academic Support services used by Trainee			
(34a)	(34b)			

Figure 44. IND-GEN — Selecting Student Services Information

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

- Faculty or staff led counseling sessions
- Other social support services

- Peer support advisors
- Service learning opportunities
- Peer support groups
- ce learning opportunities
- N/A

• None of the above

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

- Academic coaching
- Faculty or staff led advising sessions
- Individual tutoring
- Study skills training
- None of the above

- Academic support program
- Group tutoring
- Other academic support service
- Time management training
- N/A

Health Resources and Services Administration Bureau of Health Workforce Annual Performance Report Academic Year 2018-2019

For faculty and preceptors, select N/A.

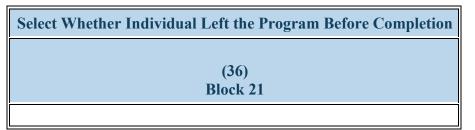


Figure 45. IND-GEN - Selecting Whether Individual Left the Program Before Completion

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

- Yes
- No

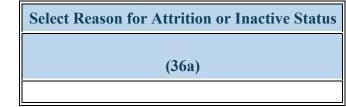


Figure 46. IND-GEN — Selecting Reason for Attrition or Inactive Status

Select Reason for Attrition or Inactive Status: Select the primary reason each individual discontinued participation by clicking on the drop-down menu under Column 36a and choosing one of the following options:

- Academic withdrawal
- Change in major

- Family obligations
- Medical leave of absence
- Transfer to another institution
- Other
- N/A

- Financial obligations
- Military/Active duty
- Transportation difficulties
- None of the Above

If you selected No in Column 36, select N/A in Column 36a.



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

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



Select Whether Individual Graduated/Completed the Program: Select whether each individual completed from 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 training program during the current reporting period, select the type of degree/certificate earned through the program by clicking on the drop-down menu and choosing one of the available options.
- If the individual did not complete their training program, select "N/A."
- DNAP
- DNP / DrNP DNSc/DNS
- EdD
- MA MS
- MSN
- MSN/MBAPhD
- MSN/MHA
 Dest Masters Co

• MSN/MPH

Post-Masters Certificate

Health Resources and Services Administration Bureau of Health Workforce

• N/A

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

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

Select Individual's Post-Graduation/Completion Intentions:

- If an individual graduated from their training program during the current reporting period, select the individual's training or employment intentions by clicking on the drop-down menu and choosing all that apply from the available options.
- If the individual did not complete their training program, select "N/A."
- Individual intends to become employed or pursue further training in a medically underserved community
- Individual intends to become employed or pursue further training in a rural setting
- None of the above
- N/A

- Individual intends to become employed or pursue further training in a primary care setting
- Individual intends to conduct research
- Not Reported



Figure 48. IND-GEN - Select whether individual took and passed a certifying examination on the first attempt

Select whether individual took and passed a certifying examination on the first attempt:

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

Enter the % FTE Individual Spent on the Following Roles			
Research	Teaching	Administration	Clinical
(40) Block 24a	(41) Block 24b	(42) Block 24c	(43) Block 24d

Figure 49. IND-GEN - Entering the % FTE Individual Spent in Different Roles

Columns 40 - 43 apply to faculty and preceptors. Leave these columns blank for trainees. **Enter the % FTE Individual Spent on the Following Roles: Research:**

Enter the percentage of FTE the individual spent in 'Research' during the annual reporting period in Column 40 (Block 24a).

Enter the % FTE Individual Spent on the Following Roles: Teaching: Enter the percentage of FTE the individual spent in 'Teaching' during the annual reporting period in Column 41 (Block 24b).

Enter the % FTE Individual Spent on the Following Roles: Administration: Enter the percentage of FTE the individual spent in 'Administration' during the annual reporting period in Column 42 (Block 24c).

Enter the % FTE Individual Spent on the Following Roles: Clinical: Enter the percentage of FTE the individual spent in 'Clinical' during the annual reporting period in Column 43 (Block 24d).

Note: Total percentages of time reported in textboxes under Block 24 must add to 100%. You may include up to two (2) decimal points.

	ls
(44) Block 25	

Figure 50. IND-GEN - Entering # of Articles Published

Enter # of Articles Published in Peer-Reviewed Journals: Under Block 25 enter the number of articles published in peer-reviewed journals during the annual reporting period. You may count any articles that have been accepted and are currently "in press."

Enter # of Peer-Reviewed Conferen	ce Presentations
(45) Block 26	

Figure 51. IND-GEN - Entering # of Peer-Reviewed Conference Presentations

Enter # of Peer-Reviewed Conference Presentations: Under Block 26, enter the number of peer-reviewed conference presentations the individual has made during the annual reporting period.

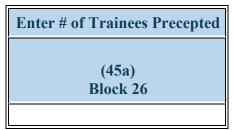


Figure 52. IND-GEN - Entering # of Trainees Precepted

Enter # of Trainees Precepted: Enter number of trainees precepted by each preceptor in Column 45a.

Vote: For students and faculty, leave Column 45a blank.

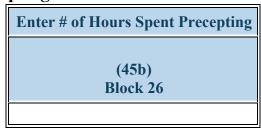
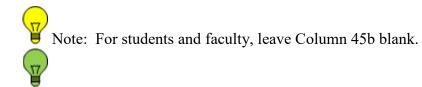


Figure 53. IND-GEN - Entering # of Hours Spent Precepting

Enter # of Hours Spent Precepting: Enter number of hours spent precepting for each preceptor in Column 45b.



Click Save and Validate to complete the form.

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

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

Figure 54. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Select whether status/employment data are available for the individual 1-year post graduation/completion: Select whether current training/employment data are available for each individual who received a BHW-funded financial award and completed their training program one year prior to this reporting period by clicking on the drop-down menu in Column 13 (Block 23) and choosing one of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status:

Select the individual's current training/employment status by clicking on the drop-down menu in Column 14 choosing one of the options below. If employment data are not available for the individual, select "N/A."

- Individual is currently employed or is pursuing further training in a medically underserved community
- Individual is currently employed or is pursuing further training in a rural setting
- Individual is currently working in a facility that provides substance use treatment services

- Individual is currently employed or is pursuing further training in a primary care setting
- Individual is currently providing treatment or wrap-around services to individuals with substance use disorders
- Individual was accepted into a residency program
- None of the above

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- Individual is serving individuals with OUD/SUD
- Not Reported

Select Whether Your Organization Hired this Individual:

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

• N/A

- No
- Yes
- N/A

Select Whether a Partner Organization Hired this Individual:

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

- Yes
- No
- N/A

Select Employment Location:

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

- Academic Institution
- Area Health Education Center
- Critical Access Hospital
- Other Clinical Training Site
- FQHC or Look-Alike
- Rural Health Clinic

• None of the Above • N/A

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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

s-EXP Subforms

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.

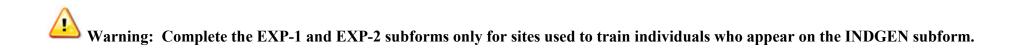
- The EXP-1 Setup form captures information about the sites used by grantees to provide trainees with clinical or experiential training
- The EXP-2 subform collects information about the profession and discipline of individuals trained at each site that was entered in the EXP-1 Setup form.

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.

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

- The BPMH system will prepopulate 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 annual reporting period.
 - If \"Yes\" was selected, the BPMH system will prepopulate certain blocks in the EXP-2 subform.
 - If \"'No\" was selected, the BPMH system will not include the site as an option in the EXP-2 subform.



Annual Performance Report Academic Year 2018-2019 Health Resources and Services Administration Bureau of Health Workforce EXP-1: Training Site Setup

EXP-1 - Entering Site Name

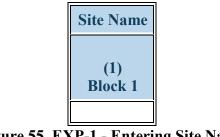


Figure 55. EXP-1 - Entering Site Name

Site Name:

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

Note: There is an option to delete both new and prior records on EXP-1. This option should only be used if the clinical sites will not be used in the future, or were erroneously entered. The delete option is not reversible (i.e. if the site was erroneously deleted, it will need to be re-entered again).

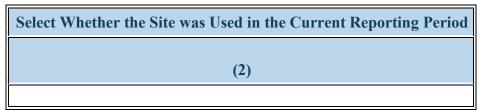


Figure 56. EXP-1 - Selecting Whether the Site was Used in the Current Period

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

- Yes
- No

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

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

Health Resources and Services Administration Bureau of Health Workforce EXP-1 - Selecting Type of Site Used

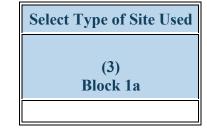


Figure 57. EXP-1 - Selecting Type of Site Used

Select Type of Site Used: Select the type of sites used to train residents or fellows during the annual reporting period by clicking on the drop-down menu under Block 1a and choosing from one of the following options.

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Federal Government Office or Agency
- Hospice
- International nonprofit/nongovernmental organization
- Long term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department

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

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

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Select	Type of Setti	ng Where	the Site was	Located
(4) Block	2			

Figure 58. EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Select whether each site used to train students during the annual reporting period was located in designated settings by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options.

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

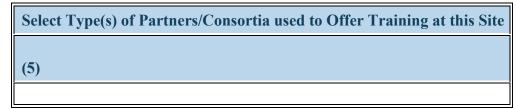


Figure 59. EXP-1 - Selecting Type(s) of Partners/Consortia

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

- Academic department outside the institution
- Day and home care programs (i.e. Home Health)
- Ambulatory practice sites
- Community Mental Health Center
- Geriatric ambulatory care and comprehensive units
- Federal Government ACL
- Federal Government CDC
- Extended care facilities
- Hospice
- Federal Government SAMHSA
- Physical therapy/Rehabilitation center
- Senior Center
- Federally qualified health center or look - alikes
- Health department State
- Health policy center

- Academic department within the institution
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Federal Government Veterans Affairs
- Federal Government Other HRSA Program
- Geriatric consultation services
- Federal Government FDA
- Federal Government NIH
- Federal Government Other HHS Agency/Office
- Local Government
- Professional Associations
- State Governmental Programs
- Tribal Organization
- Health department Tribal
- Nonprofit organization (faith based)
- Private/For profit organization

- Community Health Center (CHC)
- Alzheimer's Disease Resource Centers
- Community based health center (e.g.; free clinic)
- Federal Government Department of Defense/Military
- Geriatric Behavioral or Mental Health Units
- Federal Government AHRQ
- Federal Government IHS
- Federal Government Other
- Hospital
- Other
- Quality improvement organization
- Tribal Government
- Health department Local
- Health disparities research center
- Nonprofit organization (non faith based)
- Rural Health Clinic

• Nurse Managed Health Clinics

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

Select Type(s) of Vulnerable Population Served at this Site
(7)
(T)

Figure 60. EXP-1 - Selecting Type(s) of Vulnerable Population

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

- Adolescents
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Undocumented Immigrants
- Veterans

- Children
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Unemployed
- Victims of abuse or trauma

- Chronically ill
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Uninsured/Underinsured persons/families
- None of the above

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

Enter Zip Code	City	State	Four Digit Zip Code Extension
(8)	(9)	(10)	(11)

Figure 61. EXP-1 - Entering Site's geographical Data

City:

State:

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

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

Note: Four-digit zip code extension information can accessed at <u>https://tools.usps.com/go/ZipLookupAction_input</u>. Do not enter invalid responses or placeholder entries. If you need assistance when entering the address information for your training sites, contact your Government Project Officer for guidance. Upon saving and validating the EXP-1 form, the city and state information will auto-populate.

Health Resources and Services Administration Annual Performance Report Bureau of Health Workforce Academic Year 2018-2019 EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

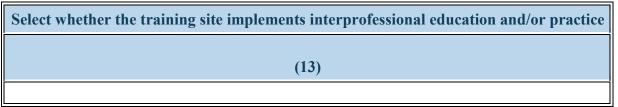


Figure 62. EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

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

- Yes
- No



Select any HHS Priorities Addressed at this Site:

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

- This site offers integrated behavioral health services in a primary care setting
- This site offers opioid use treatment services
- This site offers telehealth services

- This site offers medication assisted treatment (MAT) for OUD
- This site offers substance use treatment services
- None of the above

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



EXP-2: Experiential Characteristics - Trainees by Profession/Discipline

EXP-2 - Selecting Training Program and Site Name

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

Type of Training Program	Site Name
(1)	(2) Block 1

Figure 64. EXP-2 - Selecting Training Program and Site Name

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

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

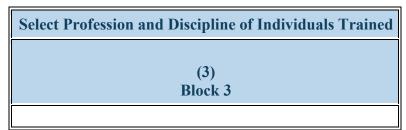


Figure 65. EXP-2 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained:

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

- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health Pastoral/Spiritual Care
- Dentistry Dental Assistant
- Dentistry General Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurology

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Student Diploma/Certificate
- Dentistry Dental Hygiene
- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry
- Medical Interpreter
- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine General Preventive Medicine
- Medicine Integrative Medicine
- Medicine Medical Genetics

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work Substance Abuse/Addictions Counseling
- Behavioral Health-Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Medicine Aerospace Medicine
- Medicine Colon and Rectal Surgery
- Medicine-Orthopedic Surgery
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Student Physician Assistant

- Medicine Occupational Medicine
- Medicine Orthopaedic Surgery
- Medicine Pathology Anatomical and Clinical
- Medicine Plastic Surgery
- Medicine Preventive Medicine/Aerospace Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Medicine Psychiatry
- Medicine Radiology Diagnostic
- Nursing-Other (e.g., CNA, PCA)
- Medicine Vascular Surgery Integrated
- Nursing Alternative/Complementary Nursing
- Nursing CNS Family
- Nursing CNS Pediatrics
- Nursing CNS Women's health and pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Neonatal
- Nursing Nurse administrator
- Student-CNS-Women's health and pediatrics
- Nursing Nurse midwife
- Nursing Researcher/Scientist
- Other Community Health Worker

- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Other
- Medicine Pediatrics
- Medicine Plastic Surgery -Integrated
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Pediatrics
- Nursing-NP-Pediatric
- Medicine Surgery General
- Medicine Thoracic Surgery -Integrated
- Nursing Advanced Practice Nursing
- Nursing CNL Generalist
- Nursing CNS Geropsychiatric
- Nursing CNS -Psychiatric/Mental health
- Nursing Community health nursing
- Nursing NP Acute care adult gerontology
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Student- Undergraduate- Dental Therapy
- Nursing NP Psychiatric/Mental health
- Nursing Nurse anesthetist
- Nursing Nurse informaticist
- Nursing Public health nurse

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- Medicine Otolaryngology
- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine
- Medicine Preventive Medicine/Internal Medicine
- Medicine Preventive Medicine/Public Health
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Urology
- Nursing Aggregate/Systems/Organizational
- Nursing CNS Adult gerontology
- Nursing CNS Neonatal
- Nursing CNS Women's health
- Nursing Home Health Aide
- Nursing NP Acute care pediatric
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse educator
- Student-CNS-Women's health
- Nursing Registered Nurse
- Other Chiropractor
- Other Facility Administrator
- Other Health Informatics/Health Information Technology
- Other Midwife (non-nurse)
- Other Office/Support Staff
- Student-NP-Women's health
- Other Profession Not Listed
- Other Unknown
- Public Health Biostatistics
- Public Health Epidemiology

- Other First Responder/EMT
- Other Lay and Family Caregiver
- Other Nutritionist
- Other Optometry
- Other Physical Therapy
- Other Respiratory Therapy
- Other Veterinary Medicine
- Public Health Disease Prevention & Health Promotion
- Public Health Health Policy & Management
- Public Health Other
- Student Nursing Licensed Practical/Vocational Nurse (LPN/LVN)
- Student Alternative/Complementary Nursing
- Student CNL Generalist
- Student CNS Geropsychiatric
- Student CNS Psychiatric/Mental health
- Student Dental Hygiene
- Student EMT
- Student Graduate Behavioral Health
- Student Graduate Nursing Doctorate
- Student Graduate Other Behavioral Health
- Student Graduate Radiological Assistant
- Student Law School
- Student Medical School
- Student NP Acute care pediatric
- Student NP Adult Psychiatric/Mental health

- Other Allied Health
- Other Direct Service Worker
- Other Health Education Specialist
- Other Medical Assistant
- Other Occupational Therapy
- Other Pharmacy
- Other Podiatry
- Other Speech Therapy
- Physician Assistant
- Public Health Environmental Health
- Public Health Infectious Disease Control
- Student-Undergraduate-Health Sciences Program
- Student Nursing Nurse midwife
- Student Certified Nursing Assistant
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student Community Health Nursing
- Student Dental School
- Student Graduate Social Work
- Student Graduate Clinical Laboratory Services
- Student Graduate Nursing Masters
- Student Graduate Psychology
- Student Health Informatics

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- Public Health Injury Control & Prevention
- Public Health Social & Behavioral Sciences
- Student Nursing Registered nurse (RN)
- Student Chiropractic School
- Student CNS Family
- Student CNS Pediatrics
- Student Dental Assistant
- Student Dietician
- Student Graduate Allied Health
- Student Graduate Nursing
- Student Graduate Other
- Student Graduate Public Health
- Student Home Health Aide
- Student Medical Assistant
- Student NP Acute care adult gerontology
- Student NP Adult gerontology
- Student NP Emergency care
- Student NP Geropsychiatric
- Student NP Pediatrics
- Student Nurse Educator
- Student Nursing Assistant
- Student Nursing Pre licensure
- Student Pharmacy
- Student Podiatry School
- Student Registered nurse (RN)
- Student Speech Therapy
- Student Undergraduate Other
- Student Undergraduate Radiological Technician

- Student NP Family
- Student NP Neonatal
- Student Nurse Administrator
- Student Nurse Midwife
- Student Nursing BS/BSN Completion
- Student Occupational Therapy
- Student Pharmacy School
- Student Post high school / Pre college
- Student Registered Nurse BSN
- Student Undergraduate Allied Health
- Student Undergraduate Public Health

- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student Midwife (non nurse)
- Student NP Adult
- Student NP Child/Adolescent Psychiatric/Mental Health
- Student NP Family Psychiatric/Mental Health
- Student NP Other advanced nurse specialists
- Student Nurse Anesthetist
- Student Nurse Researchers/Scientists
- Student Nursing Informatics
- Student Optometry
- Student Physical Therapy
- Student Public Health Nurse
- Student Rehabilitation Therapy
- Student Undergraduate Clinical Laboratory Services
- Student Undergraduate -Radiological Assistant

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

Note: Do not select professions/disciplines for faculty, site staff, or other non-trainees.

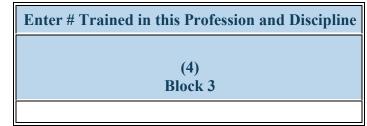


Figure 66. EXP-2 - Entering # Trained in the Profession and Discipline

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

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(5) Block 8

Figure 67. EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care

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

Health Resources and Services Administration Bureau of Health Workforce EXP-2 - Selecting Type of Site Used

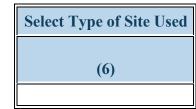


Figure 68. EXP-2 - Selecting Type of Site Used

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

- Academic institution
- Aerospace operations setting
- Assisted Living Community
- Community based care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Dental Services
- Geriatric ambulatory care and comprehensive units
- Hospice
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department

- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Community Mental Health Center
- Critical Access Hospital
- Emergency Room
- Federal Government Office or Agency
- Geriatric Behavioral or Mental Health Units
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic

- Acute care services
- Community based organization
- Community Health Center (CHC)
- Community Behavioral Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- FQHC or look alike
- Geriatric consultation services
- International nonprofit/nongovernmental organization
- Long term Care Facility
- National health association
- National health association or affiliate
- Other community health center (e.g.; free clinic)
- School based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)

- Tribal Health Department
- Tribal Government

• Tribal Organization

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• Veterans Affairs Hospital or clinic

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

Select Type of Sett	ing Where th	he Site was Located
(7)		

Figure 69. EXP-2 - Selecting Type of Setting Where the Site was Located

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

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

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.

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

Course Development and Enhancement-CDE Subforms

CDE - Introduction

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

· CDE-1: Collects information about newly developed or enhanced courses offered during the current reporting period.

• CDE-2: Collects the number of individuals who participated in the CDE courses and training activities (grouped by course and primary discipline).

Order of Forms:

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

Pre-population of Prior Records:

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

Creation of New Records:

• The BPMH system will allow you to enter information for newly offered courses or training activities (i.e., "New Record") in the CDE-1 data table. "New Records" will populate below all "Prior Records"

· For "New Records" you must indicate whether the course was offered during the current reporting period.

Health Resources and Services Administration Bureau of Health Workforce Detailed guidance on how to make the correct selections for the CDE forms be found below. Annual Performance Report Academic Year 2018-2019

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

Health Resources and Services Administration Annual Performance Report Bureau of Health Workforce Academic Year 2018-2019 CDE-1: Course Development and Enhancement - Course Information CDE-1 - Setup

To begin providing data about courses and other training activities that have been developed or enhanced through the award 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.

Have you used BHW resources or received in-kind support to develop or Yes (comple	te CDE-1 and CDE-2) No (Click Save and Validate to
enhance a course or other training activity associated with the grant? proceed to the	e next form)

Figure 70. CDE-1 - Setup

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

Warning: If you have used the CDE form before, this answer is pre-selected "Yes' for you. You do not need to answer this question again. Please move ahead to the CDE-1 form by using the form list located on the left side of your screen.

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



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

I	Name of Course or Training Activity
	(1)
	(1) Block 1

Figure 71. 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 award at any point during the entire project period. All previously reported courses will be saved in the data table from your past performance reports and labeled as "Prior Records." To report on a NEW course, enter the course name in the "Add Course" box at the top of your screen. Click 'Add Record' after each entry and the new courses will appear at the bottom of the data table below, in column 1. Repeat this process to enter each course or training activity that was developed or enhanced through the award separately.

Warning: Complete the CDE-1 Setup form only if award funds were used to develop or enhance NEW courses or training activities other than those previously reported.

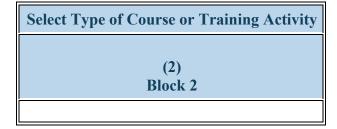


Figure 72. CDE-1 - Selecting Type of Course or Training Activity

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 under Column 2 (Block 2) and choosing one of the following options:

- Academic course
- Continuing Education courses
- Field placement/practicum
- Training/Workshop for health professions students fellows or residents
- Clinical rotation
- Faculty development programs or activities
- Grand rounds

Select whether Course or Training Activity was Newly Developed or Enha	inced
(2)	
(3) Block 3	

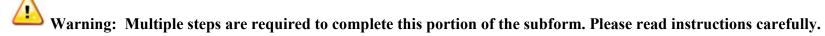
Figure 73. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

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 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.

Vote: Select \"Enhanced\" for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.



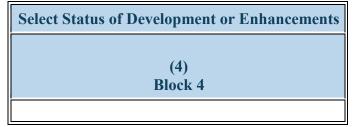


Figure 74. CDE-1 - Entering Development/Enhancement Status

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

- Developed not yet implemented
- Implemented
- Under development

Select Delivery Mode Used to Offer this Course or Training Activity
(8) Block 6

Figure 75. 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 award by clicking on the drop-down menu under Column 8 (Block 6) and choosing one of the following options:

- Archived/Self-paced distance learning
- Clinical Rotation
- Hybrid
- Simulation-based Training

- Classroom-based
- Experiential/Field-based
- Real-time/Live distance learning

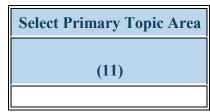


Figure 76. CDE-1 - Selecting Primary Topic Area

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

- Behavioral Health Primary Care Integration
- Behavioral Health Suicide
- Chronic Disease -Alzheimer/Dementia
- Clinical Training Community-Based Collaboration
- Clinical Training Healthcare delivery systems
- Clinical Training Public Health
- Clinical Training Skills -Communications Skills
- Clinical Training Technology Other
- Infectious Disease HIV/AIDS
- Population Maternal Child Health
- Population Veterans Health
- Setting Medically-Underserved Communities
- Setting Other

- Behavioral Health Substance Abuse General
- Behavioral Health Treatment
- Chronic Disease Management
- Clinical Training Cultural Competency/Health Disparities
- Clinical Training Interprofessional education/team-based training
- Clinical Training Quality Improvement/Patient Safety
- Clinical Training Skills Leadership and Management
- Clinical Training Telehealth
- Infectious Disease Other
- Population Minority Health
- Population Womens Health
- Setting Primary Care
- Other-Topic Not Listed

- Behavioral Health Substance Abuse Opioids
- Behavioral Health Other
- Chronic Disease Other
- Clinical Training Evidence-based Practice
- Clinical Training Oral Health
- Clinical Training Research
- Clinical Training Technology -Simulation-based training
- Clinical Training Unspecified
- Population Geriatric Health
- Population Rural Health
- Population Other
- Setting Rural

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Note: Clinical Training-Public health incorporates the following topic areas: health promotion and disease prevention, health policy/advocacy, emergency preparedness and response, environmental health, nutrition, epidemiology, and data collection and analysis. Clinical Training - Technology - Other incorporates the following topic areas: telemedicine, informatics, and electronic medical records.

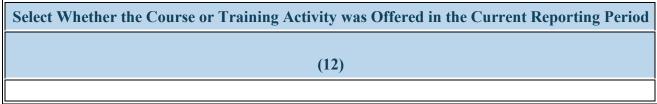


Figure 77. CDE-1 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

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

Select whether the course or training activity that was developed or enhanced was offered, re-offered, or not offered in the current reporting period by clicking on the drop-down menu under Column 12 and selecting one of the following options:

- Offered
- Not Offered
- Re-offered

*W*Note: Information on courses that were 'Offered' or 'Re-offered' will carry over onto the CDE-2 form.

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

CDE-2: Course Development and Enhancement - Trainees by Profession/Discipline CDE-2 - Adding Courses and Profession/Disciplines

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

Name of Course or Training Activity	Profession and Discipline of Individuals Trained
(1) Block 1	(2) Block 7

Figure 78. CDE-2 - Adding Courses and Profession/Disciplines

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

Profession and Discipline of Individuals Trained:

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

- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health -Pastoral/Spiritual Care
- Dentistry Dental Hygiene

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Behavioral Health Psychology
- Dentistry Endodontic 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 Assistant
- Dentistry General Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry

- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry
- Medicine Aerospace Medicine
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Medicine Orthopaedic Surgery
- Medicine Otolaryngology
- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine
- Medicine Preventive Medicine/Internal Medicine
- Medicine Preventive Medicine/Public Health
- Medicine Radiology Diagnostic
- Medicine Thoracic Surgery -Integrated
- Nursing Advanced Practice Nursing
- Nursing Clinical Nurse Specialist (CNS)
- Nursing CNS Family
- Nursing CNS Pediatrics

- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine General Preventive Medicine
- Medicine Integrative Medicine
- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Medicine Occupational Medicine
- Medicine Orthopedic Surgery
- Medicine Pathology Anatomical and Clinical
- Medicine Plastic Surgery
- Medicine Preventive Medicine/Aerospace Medicine
- Medicine Preventive
 Medicine/Occupational Medicine
- Medicine Psychiatry
- Medicine Surgery General
- Medicine Urology
- Nursing -Aggregate/Systems/Organizational
- Nursing CNL Generalist
- Nursing CNS Geropsychiatric
- Nursing CNS Psychiatric/Mental health
- Nursing Community health nursing
- Nursing NP Acute care adult gerontology
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Public health nurse
- Nursing-NP-Pediatric

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- Dentistry Radiology Dentistry
- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Medical Genetics
- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Other
- Medicine Pediatrics
- Medicine Plastic Surgery Integrated
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Pediatrics
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Vascular Surgery Integrated
- Nursing Alternative/Complementary Nursing
- Nursing CNS Adult gerontology
- Nursing CNS Neonatal
- Nursing CNS Women's health
- Nursing Home Health Aide
- Nursing NP Acute care pediatric
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Neonatal
- Nursing Nurse anesthetist
- Nursing Nurse midwife
- Nursing Registered Nurse
- Nursing-Other (e.g., CNA, PCA)
- Other Direct Service Worker
- Other Health Education Specialist
- Other Medical Assistant

- Nursing CNS Women's health and pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Women's health
- Nursing Nurse educator
- Nursing Nurse practitioner
- Nursing Researcher/Scientist
- Other Chiropractor
- Other Facility Administrator
- Other Health Informatics/Health Information Technology
- Other Midwife (non nurse)
- Other Optometry
- Other Profession Not Listed
- Other Veterinary Medicine
- Other Physical Therapy
- Public Health
- Public Health Environmental Health
- Public Health Infectious Disease Control
- Student Certified Nursing Assistant
- Student CNL Generalist
- Student CNS Geropsychiatric

- Other Community Health Worker
- Other First Responder/EMT
- Other Lay and Family Caregiver
- Other Nutritionist
- Other Pharmacy
- Other Respiratory Therapy
- Other Allied Health
- Other Speech Therapy
- Public Health Biostatistics
- Public Health Epidemiology
- Public Health Injury Control & Prevention
- Student Chiropractic School
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student CNS Women's health
- Student Dental School
- Student Graduate Nursing Masters
- Student Graduate Psychology
- Student Home Health Aide
- Student Medical School
- Student NP Acute care pediatric
- Student NP Child/Adolescent Psychiatric/Mental Health
- Student NP Family Psychiatric/Mental Health
- Student NP Other advanced nurse specialists
- Student Nurse Anesthetist
- Student Physician Assistant
- Student Undergraduate Public Health

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- Other Office/Support Staff
- Other Podiatry
- Other Unknown
- Other Occupational Therapy
- Physician Assistant
- Public Health Disease Prevention & Health Promotion
- Public Health Health Policy & Management
- Public Health Social & Behavioral Sciences
- Student Alternative/Complementary Nursing
- Student CNS Family
- Student CNS Pediatrics
- Student Dental Assistant
- Student Diploma/Certificate
- Student Graduate Other
- Student Graduate Public Health
- Student K 8 (primary)
- Student Midwife
- Student NP Adult gerontology
- Student NP Emergency care
- Student NP Geropsychiatric
- Student NP Pediatrics
- Student Nurse Midwife
- Student Post high school / Pre college
- Student Podiatry School

- Student CNS -Psychiatric/Mental health
- Student Dental Hygiene
- Student Graduate Nursing Doctorate
- Student Graduate Other Behavioral Health
- Student Graduate Social Work
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student NP Acute care adult gerontology
- Student NP Adult Psychiatric/Mental health
- Student NP Family
- Student NP Neonatal
- Student NP Women's health
- Student Nursing Doctorate
- Student Undergraduate Other
- Student Pharmacy



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

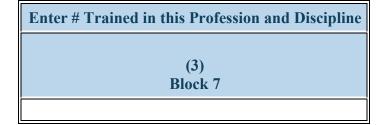


Figure 79. CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

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

Once you have completed Columns 1 through 3 for all rows, click 'Save and Validate' to automatically populate Columns 4 through 9 with responses from CDE-1.

-

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

Faculty Development, Instruction, and Recruitment-FD Subforms FD - Introduction

Purpose of FD Subforms:

- The FD-1 subforms collect information about the characteristics and the trainees of structured faculty development programs.
- The FD-2 subforms collect information about the characteristics and the trainees of faculty development activities.
- The FD-4 subforms collect information about the characteristics of faculty-instructed courses.

FD-1a: Faculty Development - Structured Faculty Development Training Programs

FD-1a - Adding Structured Faculty Development Programs

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

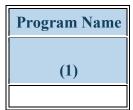


Figure 80. FD-1a - Adding Structured Faculty Development Programs

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

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

Select Program Status in the Current Reporting Period
(1a)
()

Figure 81. FD-1a - Selecting Program Status

Select Program Status in the Current Reporting Period: For all records, select the status of each structured faculty development program at the end of the annual reporting period by clicking on the drop-down menu under Block 1a and choosing **one** of the following options:

- Complete
- Ongoing



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

Note: Select 'Complete' if the training program concluded at some point during the current reporting period (i.e. **July 01, 2018 - June 30, 2019**).

FD-1a - Selecting Whether this was a Preceptor Training Program

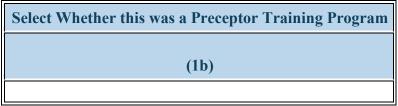


Figure 82. FD-1a - Selecting Whether this was a Preceptor Training Program

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

- Yes
- No

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

<u>/</u>

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

Select Whether this was a Degree	For Degree-bearing	For Non-Degree Bearing Program, Enter Length of Training
Bearing Program	Programs	Program in Clock Hours
	Select Type of Degree Offered	
(2)	(3)	(5)
Block 2	Block 2a	Block 3

Figure 83. FD-1a - Entering Program Information for Degree/Non-Degree Programs

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

- Yes
- No

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

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

- BCHS • BPH
- BS • Certificate • BSN

Advanced Nursing Education Workforce

Health Resources and Services Administration Bureau of Health Workforce

• BSW

- DDS/MPH
- DMD
- DNAP
- DO
- DO/MSPH
- DrPH
- Joint Degrees not otherwise specified
- MBA
- MD/DrPH
- MD/PhD
- MHA
- MMS/DrPH
- MMS/ScD
- MPAS
- MPAS/MSPH
- MS
- MSHS
- MSN/MHA
- MSPH
- No Degree Earned
- PhD
- N/A

For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours: If "Yes" was selected for Block 2, enter "0" in Block 3.

If "No" was selected in Block 2, enter the length of each program in clock hours in the textbox under Block 3.

- DDS/MSPH • Diploma • DMD/MSPH • DMD/MPH
- DNP

• DC

- DO/DrPH • DO/MPH
- DO/ScD • Doctoral Degree Not Otherwise Specified
 - Master's Degree Not Otherwise Specified

- - MSPAS
 - MSW
 - Post-Masters Certificate

• EdD

• DNSc

• DDS

- PharmD

- DVM • MA • MD • MCHS • MD/MSPH • MD/MPH • MD/ScD • MEd • MHS • MMS • MMS/MPH • MMS/MSPH • MN • MPAP • MPAS/DrPH • MPAS/MPH • MPAS/ScD • MPH • MS-CTS • MSCR • MSN • MSN/MBA
 - MSN/MPH • MSSW

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• PsyD • ScD

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

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

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

Figure 84. FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

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

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

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

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

 $\mathbf{\mathbf{\forall}}$ Note: Percentages of time spent across the four roles must sum up to 100%.

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WNote: These Blocks will prepopulate for prior records with data submitted in previous reporting periods.

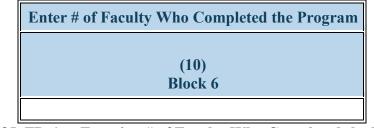


Figure 85. FD-1a - Entering # of Faculty Who Completed the Program

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

Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program
(11) Block 7

Figure 86. FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

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

- Yes
- No

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

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

FD-1b: Faculty Development - Faculty Trained By Profession/Discipline

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

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

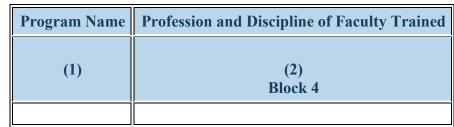


Figure 87. FD-1b - Adding Profession and Discipline for Structured Programs

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

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

- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Nursing CNS Psychiatric/Mental health
- Medicine General Preventive Medicine
- Nursing NP Family
- Medicine Other
- Medicine Pediatrics
- Other Direct Service Worker

- Dentistry General Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Nursing Registered Nurse

- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry
- Medicine Emergency Medicine
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Integrative Medicine
- Other Community Health Worker
- Medicine Preventive Medicine
- Medicine Psychiatry

- Other Health Education Specialist
- Nursing Other
- Medicine Anesthesiology
- Other Physical Therapy
- Medicine Occupational Medicine
- Public Health Other
- Medicine Preventive Medicine/Internal Medicine
- Public Health Disease Prevention & Health Promotion
- Public Health Epidemiology
- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Nursing CNS Adult gerontology
- Medicine Ophthalmology
- Medicine Otolaryngology
- Nursing Home Health Aide
- Nursing NP Adult
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Medicine Preventive Medicine/Pediatrics
- Nursing Nurse administrator
- Nursing Nurse educator
- Nursing Nurse informaticist
- Medicine Vascular Surgery Integrated
- Nursing Aggregate/Systems/Organizational
- Other Allied Health
- Nursing CNS Neonatal
- Other Health Informatics/Health Information Technology
- Other Midwife (non-nurse)
- Other Podiatry
- Nursing NP Neonatal

- Medicine Internal Medicine/Family Medicine
- Medicine Aerospace Medicine
- Medicine Medical Genetics
- Other Occupational Therapy
- Other Pharmacy
- Medicine Obstetrics and Gynecology
- Physician Assistant
- Medicine Physical Medicine and Rehabilitation
- Public Health Biostatistics
- Medicine Preventive Medicine/Public Health
- Public Health Infectious Disease Control
- Public Health Social & Behavioral Sciences
- Nursing CNL Generalist
- Nursing CNS Family
- Medicine Orthopaedic Surgery
- Nursing CNS Women's health and Pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Medicine Plastic Surgery
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family Psychiatric/Mental Health
- Medicine Radiation Oncology
- Medicine Radiology Diagnostic
- Medicine Surgery General

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- Medicine Allergy and Immunology
- Other Office/Support Staff
- Medicine Colon and Rectal Surgery
- Medicine Dermatology
- Public Health Health Policy & Management
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Public Health Environmental Health
- Public Health Injury Control & Prevention
- Medicine Neurological Surgery
- Medicine Nuclear Medicine
- Nursing CNS Geropsychiatric
- Nursing CNS Women's health
- Medicine Pathology Anatomical and Clinical
- Nursing NP Acute care adult gerontology
- Medicine Plastic Surgery Integrated
- Medicine Preventive
 Medicine/Aerospace Medicine
- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse anesthetist
- Medicine Thoracic Surgery
- Medicine Urology
- Nursing Advanced Practice Nursing
- Nursing Alternative/Complementary Nursing
- Other Facility Administrator

- Nursing Public health nurse
- Other Nutritionist

- Medicine Thoracic Surgery -Integrated
- Nursing Other (e.g., CNA, PCA)
- Nursing Researcher/Scientist
- Other Chiropractor
- Other First Responder/EMT
- Other Medical Assistant
- Other Optometry
- Other Respiratory Therapy
- Nursing NP Pediatrics
- Other Lay and Family Caregiver
- Other Veterinary Medicine

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- Nursing CNS Pediatrics
- Nursing Community health nursing
- Nursing NP Acute care pediatric
- Other Speech Therapy
- Nursing Nurse midwife
- Other Midwife

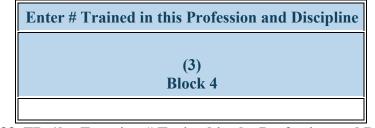


Figure 88. FD-1b - Entering # Trained in the Profession and Discipline

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

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

FD-2a: Faculty Development - Faculty Development Activities

FD-2a - Entering Faculty Development Activities

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

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

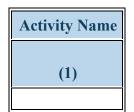


Figure 89. FD-2a - Entering Faculty Development Activities

Activity Name:

- To begin completing the FD-2a subform, enter the name of each faculty development activity coordinated and/or supported through the award during the annual reporting period.
- Click on the "Add Record" button to save your entry. **Repeat this process to enter each faculty development activity coordinated** and/or supported through the award during the annual reporting period.



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

Select Type of Faculty	For Courses or Workshops	
Development Activity Offered	Select Whether Activity is Accredited for Continuing Education Credit	Select Whether Attendance was to Acquire or Maintain Professional Certification
(2) Block 8	(3) Block 8a	(4) Block 8b

Figure 90. FD-2a - Selecting Type of Faculty Development Activity Offered

Select Type of Faculty Development Activity Offered: To begin completing the FD-2a subform, select the type of faculty development activity supported and/or coordinated through the award during the reporting period by clicking on the drop-down menu under Block 8 and choosing one of the following options:

- Academic Course for Continuing Education
- Clinical Rotation for Continuing Education
- Grand Rounds for Continuing Education
- Preceptor Training

Professional Conference

• Training/Workshop for Continuing Education

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

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

- Yes
- No
- N/A

For Courses or Workshops: Select Whether Attendance was to Acquire or Maintain Professional Certification:

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



Figure 91. FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours: Enter the total length of each faculty development activity in clock hours in the textbox under Block 9.

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

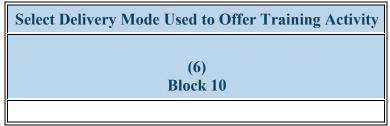


Figure 92. FD-2a - Selecting Delivery Mode

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

• Classroom-based

- Clinical Rotation
- Distance learning (Online, Webinar)
- Experiential/Field-based

- Hybrid
- Simulation-based Training

Select the Faculty Role(s) Addressed at Training Activity
(7) Block 11

Figure 93. FD-2a - Selecting Faculty Role(s)

Select the Faculty Role(s) Addressed at Training Activity: To complete the FD-2a subform, select the faculty role(s) addressed in each activity by clicking on the drop-down menu under Block 11 and choosing all that apply from the following options:

- Administrator
- Clinician
- Educator
- Researcher

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

FD-2b: Faculty Development - Faculty Trained By Profession/Discipline

FD-2b - Adding Profession and Discipline for Activities

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

Activity Name	Profession and Discipline of Faculty Trained
(1)	(2) Block 12

Figure 94. FD-2b - Adding Profession and Discipline for Activities

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

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

- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Nursing CNS Psychiatric/Mental health
- Medicine General Preventive Medicine
- Nursing NP Family
- Medicine Other
- Medicine Pediatrics
- Other Direct Service Worker
- Other Health Education Specialist

- Dentistry General Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Nursing Registered Nurse
- Medicine Internal Medicine/Family Medicine

- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry
- Medicine Emergency Medicine
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Integrative Medicine
- Other Community Health Worker
- Medicine Preventive Medicine
- Medicine Psychiatry
- Medicine Allergy and Immunology

- Nursing Other
- Medicine Anesthesiology
- Other Physical Therapy
- Medicine Occupational Medicine
- Public Health Other
- Medicine Preventive Medicine/Internal Medicine
- Public Health Disease Prevention & Health Promotion
- Public Health Epidemiology
- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Nursing CNS Adult gerontology
- Medicine Ophthalmology
- Medicine Otolaryngology
- Nursing Home Health Aide
- Nursing NP Adult
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Medicine Preventive Medicine/Pediatrics
- Nursing Nurse administrator
- Nursing Nurse educator
- Nursing Nurse informaticist
- Medicine Vascular Surgery Integrated
- Nursing Aggregate/Systems/Organizational
- Other Allied Health
- Nursing CNS Neonatal
- Other Health Informatics/Health Information Technology
- Other Midwife (non-nurse)
- Other Podiatry
- Nursing NP Neonatal
- Nursing Public health nurse

- Medicine Aerospace Medicine
- Medicine Medical Genetics
- Other Occupational Therapy
- Other Pharmacy
- Medicine Obstetrics and Gynecology
- Physician Assistant
- Medicine Physical Medicine and Rehabilitation
- Public Health Biostatistics
- Medicine Preventive Medicine/Public Health
- Public Health Infectious Disease Control
- Public Health Social & Behavioral Sciences
- Nursing CNL Generalist
- Nursing CNS Family
- Medicine Orthopaedic Surgery
- Nursing CNS Women's health and Pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Medicine Plastic Surgery
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family Psychiatric/Mental Health
- Medicine Radiation Oncology
- Medicine Radiology Diagnostic
- Medicine Surgery General
- Medicine Thoracic Surgery -Integrated
- Nursing Other (e.g., CNA, PCA)

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- Other Office/Support Staff
- Medicine Colon and Rectal Surgery
- Medicine Dermatology
- Public Health Health Policy & Management
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive
 Medicine/Occupational Medicine
- Public Health Environmental Health
- Public Health Injury Control & Prevention
- Medicine Neurological Surgery
- Medicine Nuclear Medicine
- Nursing CNS Geropsychiatric
- Nursing CNS Women's health
- Medicine Pathology Anatomical and Clinical
- Nursing NP Acute care adult gerontology
- Medicine Plastic Surgery Integrated
- Medicine Preventive Medicine/Aerospace Medicine
- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse anesthetist
- Medicine Thoracic Surgery
- Medicine Urology
- Nursing Advanced Practice Nursing
- Nursing Alternative/Complementary Nursing
- Other Facility Administrator
- Nursing CNS Pediatrics

• Other - Nutritionist

- Nursing Researcher/Scientist
- Other Chiropractor
- Other First Responder/EMT
- Other Medical Assistant
- Other Optometry
- Other Respiratory Therapy
- Nursing NP Pediatrics
- Other Lay and Family Caregiver
- Other Veterinary Medicine

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- Nursing Community health nursing
- Nursing NP Acute care pediatric
- Other Speech Therapy
- Nursing Nurse midwife
- Other Midwife

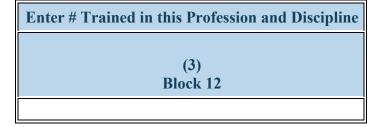


Figure 95. FD-2b - Entering # Trained in the Profession and Discipline

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

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

FD-4a: Faculty Development - Faculty Instruction

FD-4a - Adding Faculty Instructional Activities

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

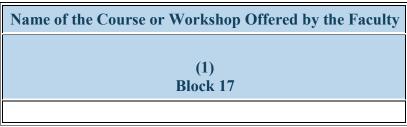


Figure 96. FD-4a - Adding Faculty Instructional Activities

Name of the Course or Workshop Offered by the Faculty:

- For new records, enter the name of an instructional activity offered by fellows, faculty, or community providers who received BHWfunded financial awards during the annual reporting period in the textbox next to "Enter the Name of the Course or Workshop Offered by the Faculty". Next, click on the "Add Record" button to save your entry. Repeat this process to capture all instructional activities offered by fellows, faculty, or community providers who received a BHW-funded financial award during the annual reporting period.
- For prior records, go to the next page to update their status.

Select Whether the Course/Workshop was Offered in the Current Reporting Period
(1a)

Figure 97. FD-4a - Selecting Whether the Course was Offered in the Current Period

Select Whether the Course/Workshop was Offered in the Current Reporting Period: Select whether each instructional activity was offered by faculty during the annual reporting period by clicking on the drop-down menu under Block 1a and choosing **one** of the following options:

- Yes
- No

Warning: For new records, you must select \"Yes\" under Block 1a.

Warning: If \"Yes\" is selected for a prior record, then the remaining Blocks in the FD-4a subform must be completed. If \"No\" is selected for a prior records, do not complete any other Blocks in the FD-4 subform.

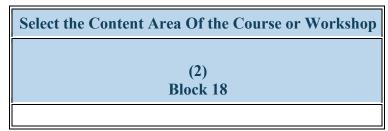


Figure 98. FD-4a - Selecting Content Area

Select the Content Area Of the Course or Workshop: Select the content area of each instructional activity offered by faculty during the annual reporting period by clicking on the drop-down menu under Block 18 and choosing **one** of the following options:

- Acute care
- Alcohol and substance misuse/prevention
- Alzheimer's disease/dementia
- Asian Americans
- Behavioral assessment and consultation in primary care
- Bioterrorism/preparedness
- Cancer
- Clinical Practice Information
- Communications
- Community collaboration
- Computer based instructions
- Cultural competence in nursing
- Delirium
- Diabetes
- Drug resistant diseases
- Emergency preparedness
- Epidemiology
- Evidence Based Practices
- Experiences

- Advocacy/health policy
- Alternative/complementary medicine
- Ambulatory care
- Asthma
- Behavioral health
- Border Health
- Chronic Disease
- Clinical preventive services
- Community Based Care
- Community health nursing
- Consumers' rights
- Cultural Competencies
- Dementia
- Domestic Violence
- E Learning technology
- Emergency training
- Ethics and confidentiality
- Evidence Based Medicine
- Extended care
- Food borne Disease

- African Americans
- Alzheimer's disease
- American Indian/Alaska Natives
- Basic restorative skills
- Behavioral interventions for primary care
- Border health activities
- Chronic disease management
- Communication Skills
- Community based continuity of care
- Community needs assessment
- Crisis intervention
- Data collection and analysis
- Depression
- Domestic Violence/Interpersonal violence
- Elder abuse
- Environmental health
- Ethics/bioethics
- Evidence Based Medicine/Practice
- Financial planning and management (including budgeting)

- Focus groups
- Genomics
- Geriatrics
- Health care and older adults
- Health literacy
- Health Reform/Health Insurance Marketplaces
- Hepatitis
- HIV/AIDS and other infectious diseases
- Homeless
- Improving communication skills
- Informatics
- Interactive simulated case studies
- Interprofessional Education
- Leadership Training
- Long Term Care
- Mannequin based and patient simulators
- Medication basics
- Mental health
- Minority Health
- Needs specific training
- Nursing leadership and management
- Obesity
- Other simulated or virtual methods
- Palliative care
- Perioperative care
- Physical activity/active lifestyles
- Primary care
- Program evaluation
- Project management
- Public health policy development
- Quality improvement and patient safety
- Research

- Geriatric education for direct care providers
- Gerontological nursing
- Health Disparities
- Health promotion
- Healthy aging
- Hispanics
- Home health
- Homelessness
- Infection control
- Information Technology
- Interdisciplinary training
- Interprofessional integrated models of care
- Leadership/Management
- Long term care nursing
- Maternal and child health
- Medications/drugs
- Mental health and older adults
- Minority health issues
- Negotiations
- Nutrition
- Oral health
- Pain management
- Pastoral/Spiritual Care
- Personal care skills
- Prescription drug abuse
- Professional development
- Program management
- Public health infrastructure
- Public health science
- Rehabilitation
- Rural Health

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- Genetics
- Geriatric medicine
- Grant writing
- Health information technology
- Health Promotion and disease prevention
- Heart disease
- HIV/AIDS
- Home health care
- Hypertension
- Influenza
- Injury prevention
- Interpersonal skills
- Interprofessional team training
- Lesbian, gay, bisexual, transgender individuals
- Managed Care
- Medical economics
- Meeting facilitation
- Migrant health initiatives
- Native Hawaiian/Pacific Islander
- Nursing care for vulnerable populations
- Nutrition/healthy eating
- Other
- Palliative and end of life care
- Patient safety (medical errors)
- Pharmacology
- Prevention/Primary care
- Program design
- Program planning
- Public health law
- Quality Improvement
- Rehabilitation Therapies
- Secondary care Technology

- Sexual health
- Social marketing
- Suicide
- Teledentistry
- Tertiary care
- Transitional care
- Urban health
- Veterans Health
- Women's health
- Workforce development

- Sexually transmitted infections
- Stroke
- Survey design
- Telehealth
- Tobacco cessation
- Trauma
- Urgent care
- Violence
- Women's health issues
- Wound care

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- Skills based training (including coalition building)
- Substance Abuse
- Sustainability
- Telemedicine/telehealth
- Training
- Tuberculosis
- Veteran Related
- Virtual simulation
- Worker and patient safety

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

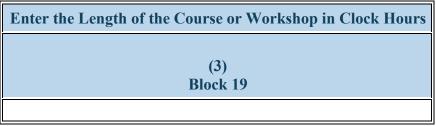


Figure 99. FD-4a - Entering Course/Workshop Length

Enter the Length of the Course or Workshop in Clock Hours: Enter the duration, in clock hours, of each instructional activity offered by fellows and faculty during the annual reporting period in the textbox under Block 19.

Vote: 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 15minute course would entered as 15/60 = .25).

Vote: For instructional activities offered via distance learning, enter the **intended duration** of each activity in this Block.

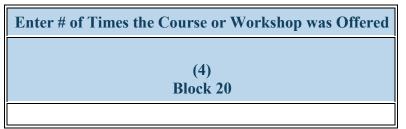


Figure 100. FD-4a - Entering # of Times the Course or Workshop was Offered

Enter # of Times the Course or Workshop was Offered: Enter the number of times each instructional activity was offered by faculty during the annual reporting period in the textbox under Block 20.

Select the Delivery Mode Used to Offer the Course or Workshop
(5) Block 22

Figure 101. FD-4a - Selecting Delivery Mode

Select the Delivery Mode Used to Offer the Course or Workshop: To complete the FD-4a subform, select the delivery mode used by faculty to offer each instructional activity offered during the annual reporting period by clicking on the drop-down menu under Block 22 and choosing one of the following options:

- Classroom-based
- Clinical Rotation
- Experiential/Field-based
- Hybrid
- Simulation-based Training

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

FD-4b: Faculty Development - Faculty Trained by Profession/Discipline

FD-4b - Adding Profession and Discipline for Faculty Instructional Activities

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

Name of the Course or Workshop Offered by the Faculty	Profession and Discipline of Individuals Trained
(1) Block 17	(2) Block 21

Figure 102. FD-4b - Adding Profession and Discipline for Faculty Instructional Activities

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

Profession and Discipline of Individuals Trained:

- Select the profession(s) and discipline(s) all individuals trained in each instructional activity during the current annual reporting period by choosing all that apply from the options below.
- o Next, select "Add Record."
- Repeat this process to capture the profession and discipline of all participants for each instructional activity.
- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health Pastoral/Spiritual Care
- Dentistry Dental Hygiene
- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Behavioral Health Psychology
- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry Dental Assistant
- Dentistry General Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry

- Dentistry Prosthodontic Dentistry
- Medicine Aerospace Medicine
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Medicine Orthopaedic Surgery
- Medicine Pathology Anatomical and Clinical
- Medicine Plastic Surgery
- Medicine Preventive Medicine/Aerospace Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Medicine Psychiatry
- Medicine Surgery General
- Medicine Urology
- Nursing -Aggregate/Systems/Organizational
- Nursing CNL Generalist
- Nursing Home Health Aide
- Nursing Nurse midwife
- Nursing-Other (e.g., CNA, PCA)
- Other Direct Service Worker
- Other Health Education Specialist
- Other Medical Assistant
- Other Office/Support Staff
- Other Podiatry
- Other Occupational Therapy
- Physician Assistant

- Dentistry Public Health Dentistry
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine General Preventive Medicine
- Medicine Integrative Medicine
- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Medicine Occupational Medicine
- Medicine Other
- Medicine Pediatrics
- Medicine Plastic Surgery -Integrated
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Pediatrics
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Vascular Surgery -Integrated
- Nursing Alternative/Complementary Nursing
- Nursing CNS Women's health and pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing Nurse practitioner
- Other Chiropractor
- Other Facility Administrator

- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Medical Genetics
- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Otolaryngology
- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine
- Medicine Preventive Medicine/Internal Medicine
- Medicine Preventive Medicine/Public Health
- Medicine Radiology Diagnostic
- Medicine Thoracic Surgery Integrated
- Nursing Advanced Practice Nursing
- Nursing Clinical Nurse Specialist (CNS)
- Nursing Community health nursing
- Nursing Nurse administrator
- Nursing Registered Nurse
- Other Community Health Worker
- Other First Responder/EMT
- Other Lay and Family Caregiver
- Other Nutritionist
- Other Pharmacy
- Other Allied Health
- Other Speech Therapy
- Student Alternative/Complementary Nursing
- Student CNS Family
- Student CNS Pediatrics

- Student CNL Generalist
- Student CNS Geropsychiatric
- Student CNS Psychiatric/Mental health
- Student Dental Hygiene
- Student Graduate Nursing Doctorate
- Student Graduate Other Behavioral Health
- Student Graduate Social Work
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student NP Acute care adult gerontology
- Student NP Emergency care
- Student NP Neonatal
- Student NP Psychiatric/Mental health
- Student Nurse Midwife
- Student Post high school / Pre college
- Student Undergraduate Public Health

- Other Health Informatics/Health Information Technology
- Other Midwife (non-nurse)
- Other Optometry
- Other Respiratory Therapy
- Other Physical Therapy
- Public Health
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student CNS Women's health
- Student Dental School
- Student Graduate Nursing Masters
- Student Graduate Psychology
- Student Home Health Aide
- Student Medical School
- Student NP Acute care pediatric
- Student NP Family
- Student NP Other advanced nurse specialists
- Student NP Women's health
- Student Nursing Doctorate
- Student Registered nurse (RN)

- Student Dental Assistant
- Student Diploma/Certificate
- Student Graduate Other
- Student Graduate Public Health
- Student K 8 (primary)
- Student Midwife
- Student NP Adult gerontology
- Student NP Geropsychiatric
- Student NP Pediatrics
- Student Nurse Anesthetist
- Student Physician Assistant
- Student Undergraduate Other

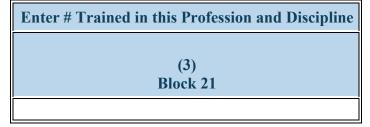


Figure 103. FD-4b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of individuals trained in each profession/discipline in Column 3 (Block 21).

 $\overline{}$

W 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.

Purpose of CE Subforms:

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

Order of Subforms:

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

Health Resources and Services Administration Annual Performance Report Bureau of Health Workforce Academic Year 2018-2019 CE-1: Continuing Education - Course Characteristics and Content 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.



Figure 104. CE-1 - Setup

Health Resources and Services Administration Bureau of Health Workforce **CE-1 - Entering Course Title**

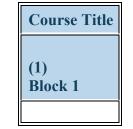


Figure 105. CE-1 - Entering Course Title

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

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



Figure 106. CE-1 - Selecting Whether Course is Approved for Continuing Education Credit

Select Whether Course is Approved for Continuing Education Credit: Select whether each course is accredited for continuing education credit by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No



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

Enter the Duration of the Course in Clock Hours
(3) Block 3

Figure 107. CE-1 - Entering Course Duration

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

Vote: 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 15minute course would entered as 15/60 = .25.)

Note: For instructional activities offered via distance learning, enter the **intended duration** of each activity in Column 3 (Block 3).

Enter	# of Times Course was Offered
(4) Block	4

Figure 108. CE-1 - Entering # of Times Course was Offered

Enter # of Times Course was Offered: Enter the total number of times the course was offered during the current reporting period in the textbox.

Note: For instructional activities offered via distance learning on an ongoing basis, enter 999.

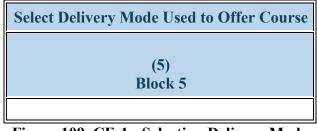


Figure 109. CE-1 - Selecting Delivery Mode

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

- Archived/Self-paced Distance Learning
- **Clinical Rotation** •

• Classroom-based

• Experimental/Field-based • Other

- Hybrid
- Real-time/Live distance learning

Advanced Nursing Education Workforce

Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (6) Block 6

Figure 110. 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 offering each course during the annual reporting period 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
- Area Agencies on Aging
- 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 Tribal
- Hospice
- No partners/consortia used
- Nurse Managed Health Clinics
- Private/For profit organization
- Senior Center

- Academic department within the institution
- Community based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government AHRQ
- Federal Government FDA
- Federal Government Other
- Federal Government SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department Local
- Health disparities research center
- Hospital
- Nonprofit organization (faith based)
- Other
- Professional Associations

- Ambulatory practice sites
- Community Health Center (CHC)
- Extended care facilities
- Federal Government CDC
- Federal Government IHS
- Federal Government Other HHS Agency/Office
- Federal Government Veterans Affairs
- Geriatric Behavioral or Mental Health Units
- Health department State
- Health policy center
- Local Government
- Nonprofit organization (non faith based)
- Physical therapy/Rehabilitation center
- Quality improvement organization

• Tribal Organization

• State Governmental Programs

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• Tribal Government

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

Bureau of Health Workforce

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	Medically Underserved	Rural
	Setting	Community	Area
(8)	(9)	(10)	(11)
Block 9	Block 9a	Block 9b	Block 9c

Figure 111. CE-1 - Entering Employment Location Data for Individuals Trained

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

- Yes
- No

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

- If "Yes" was selected in Column 8 (Block 9), enter the total number of participants who are employed in a primary care setting in Column 9 (Block 9a). If none of the participants are employed in this setting, enter "0."
- If "No" was selected in Column 8 (Block 9), enter "N/A" in Column 9 (Block 9a).

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

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- If "Yes" was selected in Column 8 (Block 9), enter the total number of participants who are employed in a medically underserved community in Column 10 (Block 9b). If none of the participants are employed in this setting, enter "0."
- If "No" was selected in Column 8 (Block 9), enter "N/A" in Column 10 (Block 9b).

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

- If "Yes" was selected in Column 8 (Block 9), enter the total number of participants who are employed in a rural area in Column 11 (Block 9c). If none of the participants are employed in this setting, enter "0."
- If "No" was selected in Column 8 (Block 9), enter "N/A" in Column 11 (Block 9c).

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

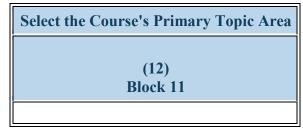


Figure 112. CE-1 - Selecting Primary Topic Area

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:

- Behavioral Health Primary Care Integration
- Behavioral Health Suicide
- Chronic Disease -Alzheimer/Dementia
- Clinical Training Community-Based Collaboration
- Clinical Training Healthcare delivery systems
- Clinical Training Public Health
- Clinical Training Skills -Communications Skills
- Clinical Training Technology Other
- Infectious Disease HIV/AIDS
- Population Maternal Child Health
- Population Veterans Health
- Setting Medically-Underserved Communities

- Behavioral Health Substance Abuse General
- Behavioral Health Treatment
- Chronic Disease Management
- Clinical Training Cultural Competency/Health Disparities
- Clinical Training Interprofessional education/team-based training
- Clinical Training Quality Improvement/Patient Safety
- Clinical Training Skills Leadership and Management
- Clinical Training Telehealth
- Infectious Disease Other
- Population Minority Health
- Population Womens Health
- Setting Primary Care
- Other-Topic Not Listed

- Behavioral Health Substance Abuse Opioids
- Behavioral Health Other
- Chronic Disease Other
- Clinical Training Evidence-based Practice
- Clinical Training Oral Health
- Clinical Training Research
- Clinical Training Technology -Simulation-based training
- Clinical Training Unspecified
- Population Geriatric Health
- Population Rural Health
- Population Other
- Setting Rural

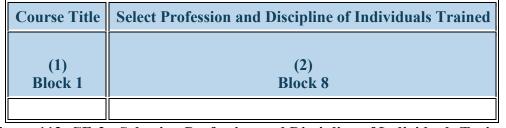
• Setting - Other

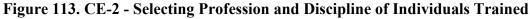
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Vote: Clinical Training-Public health incorporates the following topic areas: health promotion and disease prevention, health policy/advocacy, emergency preparedness and response, environmental health, nutrition, epidemiology, and data collection and analysis. Clinical Training - Technology - Other incorporates the following topic areas: telemedicine, informatics, and electronic medical records.

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 - Selecting Profession and Discipline of Individuals Trained





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

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

- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health -Pastoral/Spiritual Care
- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Medicine Aerospace Medicine
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Geriatrics

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Dentistry Dental Assistant
- Dentistry General Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine General Preventive Medicine
- Medicine Integrative Medicine
- Medicine Medical Genetics
- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Otolaryngology

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work Substance Abuse/Addictions Counseling
- Dentistry Dental Hygiene
- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry
- Medical Interpreter
- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Medicine Orthopaedic Surgery

- Medicine Internal Medicine/Family Medicine
- Medicine Neurology
- Medicine Occupational Medicine
- Medicine Other
- Medicine Pediatrics
- Medicine Plastic Surgery -Integrated
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Pediatrics
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Vascular Surgery -Integrated
- Nursing -
- Alternative/Complementary Nursing
- Nursing CNL Generalist
- Nursing CNS Geropsychiatric
- Nursing CNS Psychiatric/Mental health
- Nursing Community health nursing
- 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 Patient Care Associate (PCA)
- Nursing Researcher/Scientist

- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine
- Medicine Preventive Medicine/Internal Medicine
- Medicine Preventive Medicine/Public Health
- Medicine Radiology Diagnostic
- Medicine Thoracic Surgery Integrated
- Nursing -Aggregate/Systems/Organizational
- Nursing Certified Nurse Assistant (CNA)
- Nursing CNS Adult gerontology
- Nursing CNS Medical Ethics
- Nursing CNS Women's health
- Nursing Home Health Aide
- Nursing NP Acute care pediatric
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Medical Ethics
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Public Health Nurse (PHN)
- Other Allied Health
- Other Direct Service Worker
- Other Health Education Specialist
- Other Medical Assistant
- Other Occupational Therapy
- Other Patient
- Other Podiatry
- Other Unknown

- Medicine Pathology Anatomical and Clinical
- Medicine Plastic Surgery
- Medicine Preventive Medicine/Aerospace Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Medicine Psychiatry
- Medicine Surgery General
- Medicine Urology
- Nursing Alternative/ Complementary Nursing
- Nursing Certified Nurse Midwife (CNM)
- Nursing CNS Family
- Nursing CNS Palliative Care
- Nursing CNS Women's health and pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Palliative Care
- Nursing Nurse anesthetist
- Nursing Other
- Nursing Registered Nurse (RN)
- Other Chiropractor
- Other Facility Administrator
- Other Health Informatics/Health Information Technology
- Other Midwife (non-nurse)

- Other Community Health Worker (CHW)
- Other First Responder/EMT
- Other Lay Caregiver
- Other Nutritionist
- Other Optometry
- Other Physical Therapy
- Other Speech Therapy
- Public Health Biostatistics
- Public Health Epidemiology
- Public Health Injury Control & Prevention

- Public Health Disease Prevention & Health Promotion
- Public Health Health Policy & Management
- Public Health Other

- Other Office/Support Staff
- Other Pharmacy
- Other Respiratory Therapy
- Physician Assistant
- Public Health Environmental Health
- Public Health Infectious Disease Control
- Public Health Social & Behavioral Sciences

Enter # Trained in this	Profession and Discipline
(2)	
(3) Block 8	

Figure 114. CE-2 - Entering # Trained in the Profession and Discipline

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

W 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.

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

Verview	 (Reporting Period: 7/1/2014 - 12/31/2014) 			
Status Rasic Information tup Data	Last NoA Current Performance Report Prior Performance Report Program Manual Glossary FAQs			
formance Data PC-1 IND-GEN	Print All Forms		Table of Contents	
INDGEN-GPC	N (1) N Page size: 15 V Go			
INDGEN-PY	Section	Туре	Options	
EXP-1 EXP-2	* 7		• 7	
EXP-3	View: Semi-Annual Performance Report			
ments	Training Program	HTM,	View 💌	
nage Comments	PC	HTML	View 🔻	
ew and Submit	IND-GEN	HTML	View 💌	
idation Summary	INDGEN-GPC	HTML	View 🔻	
iew	INDGEN-PY	HTML	View 👻	
finit	EXP	HTML	View 💌	
	Comments and Certification	HTML	View •	

Figure 115. Screenshot of Printing 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.

ALL FUNCTIONS 《	3 Submit Report		
Performance Report	Describes Desired, 714 DA44	I DINA INA A AL	
Overview Status Basic Information Setup Data Training Program Performance Data Performance Data PC-1 IND-GEN IND-GEN IND-GEN IND-GEN EXP-1 EXP-1 EXP-2 EXP-3 Comments Manage Comments Review and Submit Validation Summary Review Submit		ormance Report Program Manual Glossary FAQs	Due In: 100 Days
	Submission Report Status Section	Status	Option
	Setup Data Training Program Performance Data	✓ Complete	🖉 Update 👻
	PC-1 IND-GEN INDGEN-GPC INDGEN-PY	Complete Complete Complete Complete Complete	⊘ Update ▼ ⊘ Update ▼ ⊘ Update ▼ ⊘ Update ▼
	EXP-1 EXP-2 EXP-3	Complete Complete Complete Complete	⊘ Update ▼ ⊘ Update ▼ ⊘ Update ▼
	Go to Previous Page		Submit

Figure 116. Screenshot of the Submit Report Page

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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 117. Screenshot of the Submit Report - Confirm Page

Health Resources and Services Administration Bureau of Health Workforce Appendix A: Glossary

https://bhw.hrsa.gov/grants/resourcecenter/glossary

General FAQs

When is the due date for the performance report?

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

What dates does the performance report cover?

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

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

No. Data entered in a previous reporting period cannot be edited. It is important that grantees provide accurate data during each reporting period.

Where will grantees be able to locate the instruction manuals for the performance reports?

Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at http://bhw.hrsa.gov/grants/reporting/index.html.

Is there a way to look at the data forms required for my program without logging into EHB?

Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at http://bhw.hrsa.gov/grants/reporting/index.html.

Are reports from prior years stored in the EHBs?

Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

- a) Clicking the 'view prior period data' link within a form or under your Resources tab;
- b) Going into your grant folder and searching for previously completed reports; or
- c) Clicking on the "submissions" link in the left side navigation menu.

Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

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

Does this report allow us to submit any attachments?

No, you cannot add attachments to the performance report.

When specific data, such as "N/A" is required after completing a cell, can those cells populate automatically?

No, grantees are required to enter all data themselves due to Section 508 requirements.

FAQs about Technical Support & Assistance

Who do we contact if we need technical assistance entering data in EHB?

Grantees should contact HRSA's Call Center for any questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

FAQs about the Training Program Setup forms

The wrong program name was entered last year. Going forward, should we list the correct name?

If the grantee changes the program name, all the previous years' data will be reset (everything entered in the past will not reappear this year). The best course of action is to make a note in the comments field and leave the program name as-is.

FAQs about the Program Characteristics (PC) forms

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

No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

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

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

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

Yes, as long as trainees are enrolled or participating in the training program identified in Column 1.

Are we required to report on trainees at our institution beyond those who are participating in HRSA-funded programs?

The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

FAQs about the LR-1 through DV-3 forms

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

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

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Which address should we use to determine whether an individual is from a rural residential background?

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

FAQs about the INDGEN form

Where do we get the Trainee Unique ID?

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

What are the characters of the 7-digit unique ID?

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

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

Yes; they will appear in the INDGEN table as 'Prior Records' until (a) the individual is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program.

Last year we created unique IDs in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant?

The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same "unique ID-training program" combination cannot be present more than once.

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

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

Is reporting the underrepresented Asian distinction no longer included?

The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

Can we use our institution's definitions/standards for disadvantaged background?

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

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

If the faculty member is already accounted for in the grant's personnel log, then do include this individual on the INDGEN table. If the faculty member who received financial support is not listed in the grant personnel log, then he/she should be reported on INDGEN.

Do conference registration fees count as financial support?

Yes, but only for non-project staff.

How do we find out an individual's family income?

The institution's financial aid office should have that information, as part of the required application for financial aid.

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

Only the trainee's status should be reported.

How is the academic year funding total calculated?

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

How is the cumulative funding total calculated?

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

Can I cut and paste rows in the INDGEN table?

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

Do we include faculty or preceptors on this form?

If direct funds were given to the individuals AND the individuals were not already included in the grant application, then yes, include them on INDGEN. Otherwise, do not include them.

In INDGEN Column 13, Stipend, should we include salaries?

The individual's salary (unless it's paid by the grant) should not be included. However, the BHW funding should be included.

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

If the individual moves to the INDGEN-PY form you can locate the record of the mislabeled graduate. Scroll all the way to the right, and use the link called "Move to INDGEN", which will allow you to reset that record back to the INDGEN table for continued reporting.

I submitted a report last year using the 'not reported' option for trainee demographics. Why am I getting an error this year?

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You may only select the 'not reported' option during the first reporting period for each trainee. Demographics are required information and grantees are expected to collect and report the information in all subsequent reports.

FAQs about the INDGEN-PY form

How do I use the INDGEN-PY form?

One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status.

FAQs about the Experiential Training (EXP) forms

Which training sites do I need to report on this form? Is it all of the sites our program uses?

Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

You should list the specific clinics and offices within the hospital that provide training to supported trainees.

Do I need to list a site more than once on EXP-2?

For sites that provide training to students, trainees, and faculty from different training programs, the site should be listed on the form for each training program the grant sponsors.

How can I report interprofessional team-based care at the training sites?

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

What training sites do I report on EXP if I don't have directly-funded individuals in INDGEN?

You should report all training sites used to train individuals touched by your grant funding. If no individuals are reported in INDGEN, consider those you reported on the LR-1 form.

The values I added in EXP-1 aren't prepopulating in EXP-2. Why can I only see my active prior records?

You must select each program-site combination using the drop down menus in columns 1 and 2. The values you added in EXP-1 will load in the dropdown menu in EXP-2 column 2.

Why do I need to enter the zip code of my training sites?

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

Where can I find the 4-digit zip code extension?

You can locate your site's 4-digit zip code extension by visiting the US Postal Service website: https://tools.usps.com/go/ZipLookupAction_input

FAQs about the Curriculum Development and Enhancement (CDE) forms

What if courses are created using a variety of funding sources?

Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

In the CDE-1 table, I have entered a course that has been implemented, but when I try to select the site where the course was taught, I receive an error message that based on my responses for columns 2 and 4, this site is not allowed. Shall I use N/A as the site?

If it is an academic course or training/workshop for health professions students, fellows, or residents, then N/A will need to be used.

Can I delete a course from last year?

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

FAQs about the Faculty Development (FD) forms

What is the difference between a structured faculty development program and an unstructured faculty development activity?

Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds. What are the definitions for the roles of educator and administrator?

The educator role deals with instruction and training, course preparation, grading, and generally involves imparting knowledge or skills to others. Administrative responsibilities are support functions, such as committee work.

FAQs about the Continuing Education (CE) forms

For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

Count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

Health Resources and Services Administration Bureau of Health Workforce In creating and enhancing courses for continuing education, what should the site be? Enter N/A for these courses.

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

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