ACADEMIC YEAR 2018-2019

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

Annual Performance Report

Welcome

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

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

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

- **SOHWP-13: Other**

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

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

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

Getting Started

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

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

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

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

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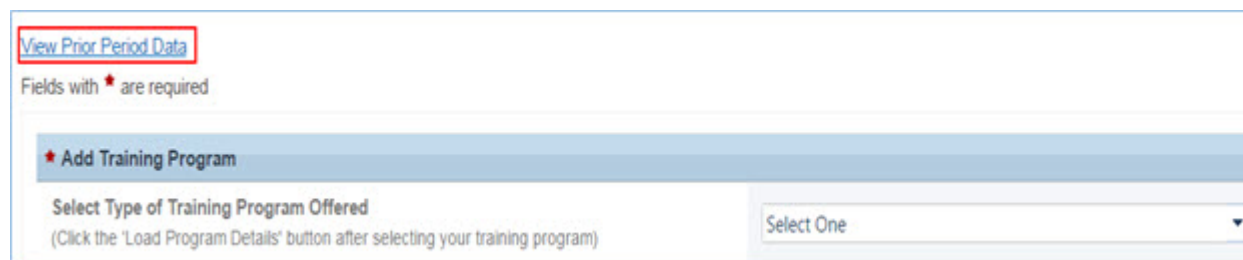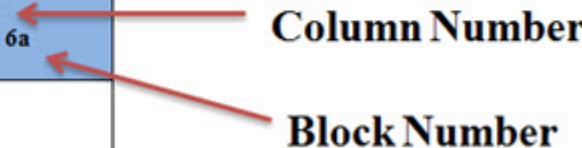

Figure 1. Screenshot of View Prior Period Data Link

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

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

Figure 2. Example of Performance Measures Data Table

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

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

Getting Started: Browser Settings

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

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

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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 click here.**

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Order of Required Forms

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

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
1	Setup Form	SetupForms	Grant Purpose	
2	Setup Form	SetupForms	Training Program	SOHWP-14,SOHWP-4,SOHWP-6
3	Setup Form	SetupForms	Faculty Development	SOHWP-11
4	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-1	SOHWP-14,SOHWP-6
5	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-6	SOHWP-14,SOHWP-6
6	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-8	SOHWP-14,SOHWP-4,SOHWP-6

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Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
7	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-9	SOHWP-14,SOHWP-4,SOHWP-6
8	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	LR-1a	SOHWP-4
9	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	LR-2	SOHWP-4
10	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	DV-1	SOHWP-4
11	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	DV-2	SOHWP-4
12	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	DV-3	SOHWP-4
13	Performance Data Form	IndividualCharacteristics-INDGENSubforms	IND-GEN	SOHWP-1,SOHWP-10,SOHWP-13,SOHWP-14,SOHWP-19,SOHWP-3,SOHWP-4,SOHWP-6
14	Performance Data Form	IndividualCharacteristics-INDGENSubforms	INDGEN-PY	SOHWP-1,SOHWP-10,SOHWP-13,SOHWP-14,SOHWP-19,SOHWP-3,SOHWP-4,SOHWP-6
15	Performance Data Form	ExperientialCharacteristics-EXPSubforms	EXP-1	SOHWP-14,SOHWP-4,SOHWP-6
16	Performance Data Form	ExperientialCharacteristics-EXPSubforms	EXP-2	SOHWP-14,SOHWP-4,SOHWP-6

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Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
17	Performance Data Form	RetentionForm	RET	SOHWP-2
18	Performance Data Form	CourseDevelopmentandEnhancement-CDESubforms	CDE-1	SOHWP-14,SOHWP-4
19	Performance Data Form	CourseDevelopmentandEnhancement-CDESubforms	CDE-2	SOHWP-14,SOHWP-4
20	Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-5	SOHWP-11
21	Performance Data Form	ContinuingEducationActivities-CESubforms	CE-1	SOHWP-13,SOHWP-15,SOHWP-7
22	Performance Data Form	ContinuingEducationActivities-CESubforms	CE-2	SOHWP-13,SOHWP-15,SOHWP-7
23	Performance Data Form	StateOralHealthWorkforce-SOHWPSubforms	SOHWP-A	SOHWP-18,SOHWP-5
24	Performance Data Form	StateOralHealthWorkforce-SOHWPSubforms	SOHWP-B	SOHWP-18,SOHWP-5
25	Performance Data Form	StateOralHealthWorkforce-SOHWPSubforms	SOHWP-C	SOHWP-16,SOHWP-8
26	Performance Data Form	StateOralHealthWorkforce-SOHWPSubforms	SOHWP-D	SOHWP-13,SOHWP-17,SOHWP-9

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
27	Performance Data Form	StateOralHealthWorkforce-SOHWPSubforms	SOHWP-E	SOHWP-10
28	Performance Data Form	StateOralHealthWorkforce-SOHWPSubforms	SOHWP-F	SOHWP-12
29	Performance Data Form	StateOralHealthWorkforce-SOHWPSubforms	SOHWP-G	SOHWP-13,SOHWP-13,SOHWP-13,SOHWP-13,SOHWP-13,SOHWP-13,SOHWP-13,SOHWP-13

Setup Forms

Setup Forms - Introduction

Grant Purpose - Setup

Selecting Grant Purpose(s)

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

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

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

Existing grantees funded prior to 2015 may choose from Grant Purposes 1 through 13.
NEW grantees funded in 2015 may choose from Grant Purposes 14, 15, 16, 17, 18, 19, and also Grant Purposes 4 and 6 (if applicable).

Grant Purpose	Select
SOHWP-1: Loan forgiveness and repayment programs for dentists	☐
SOHWP-2: Dental recruitment and retention efforts	☐
SOHWP-3: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program	☐
SOHWP-4: The establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools	☐
SOHWP-5: Programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in dental health professional shortage areas	☐
SOHWP-6: Placement and support of dental students, dental residents, and advanced dentistry trainees	☐

SOHWP-7: Continuing dental education, including distance-based education	☐
SOHWP-8: Practice support through teledentistry in accordance with State laws in accordance with State laws	☐
SOHWP-9: Community-based prevention services such as water fluoridation and dental sealant programs	☐
SOHWP-10: Coordination with local education agencies within the State to foster programs that promote children going into oral health or science professions	☐
SOHWP-11: The establishment of faculty recruitment programs at accredited dental training institutions	☐
SOHWP-12: The development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State	☐
SOHWP-13: Policy	☐
SOHWP-13: Grant Contracts	☐
SOHWP-13: Strategic Efforts	☐
SOHWP-13: Partnerships	☐
SOHWP-13: Training	☐
SOHWP-13: Prevention Activity	☐
SOHWP-13: Workforce Development	☐
SOHWP-13: Direct Financial Support	☐
SOHWP-13: Other	☐
SOHWP-14: Integrating oral and primary care medical delivery systems for underserved communities	☐
SOHWP-15: Programs to support oral health providers practicing in advanced roles specifically designed to improve oral health access in underserved communities	☐
SOHWP-16: Practice support through teledentistry to improve access for underserved communities	☐

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SOHWP-17: Community-based prevention service programs for underserved populations, such as water fluoridation and dental sealant programs	☐
SOHWP-18: Programs to establish or expand oral health services and facilities in Dental HPSAs, such as the establishment or expansion of community-based dental facilities, free-standing dental clinics, school-linked dental facilities, and mobile or portable dental clinics	☐
SOHWP-19: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program to enhance capacity, such as through equipment purchases or the sharing of overhead costs to allow for additional hours of operation	☐

Figure 3. Selecting Grant Purpose(s)

SOHWP-1: Loan forgiveness and repayment programs for dentists:

SOHWP-2: Dental recruitment and retention efforts:

SOHWP-3: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program:

SOHWP-4: The establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools:

SOHWP-5: Programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in dental health professional shortage areas:

SOHWP-6: Placement and support of dental students, dental residents, and advanced dentistry trainees:

SOHWP-7: Continuing dental education, including distance-based education:

SOHWP-8: Practice support through teledentistry in accordance with State laws in accordance with State laws:

SOHWP-9: Community-based prevention services such as water fluoridation and dental sealant programs:

SOHWP-10: Coordination with local education agencies within the State to foster programs that promote children going into oral health or science professions:

SOHWP-11: The establishment of faculty recruitment programs at accredited dental training institutions:

SOHWP-12: The development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State:

SOHWP-13: Policy:

SOHWP-13: Grant Contracts:

SOHWP-13: Strategic Efforts:

SOHWP-13: Partnerships:

SOHWP-13: Training:

SOHWP-13: Prevention Activity:

SOHWP-13: Workforce Development:

SOHWP-13: Direct Financial Support:

SOHWP-13: Other:

SOHWP-14: Integrating oral and primary care medical delivery systems for underserved communities:

SOHWP-15: Programs to support oral health providers practicing in advanced roles specifically designed to improve oral health access in underserved communities:

SOHWP-16: Practice support through teledentistry to improve access for underserved communities:

SOHWP-17: Community-based prevention service programs for underserved populations, such as water fluoridation and dental sealant programs:

SOHWP-18: Programs to establish or expand oral health services and facilities in Dental HPSAs, such as the establishment or expansion of community-based dental facilities, free-standing dental clinics, school-linked dental facilities, and mobile or portable dental clinics:

SOHWP-19: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program to enhance capacity, such as through equipment purchases or the sharing of overhead costs to allow for additional hours of operation:

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

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

Training Program - Setup

Training Program Setup - Selecting Type of Training Program

⚠ **Warning: Complete the Training Program Setup form only if grant funds were used to support degree, residency, or fellowship programs other than those previously reported. You do not need to reenter information about degree, residency, or fellowship programs previously reported. If no new degree, residency, or fellowship programs were supported other than those previously reported, skip to the last step for this subform.**
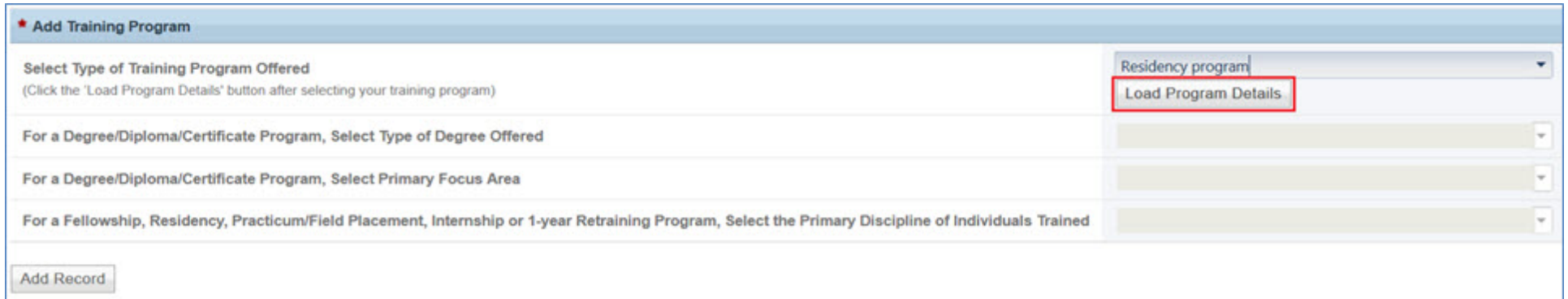
*Add Training Program	
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	**Load Program Details**
Add Record	

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

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

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

Training Program Setup - Loading Program Details

Figure 5. Training Program Setup - Loading Program Details

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

Training Program Setup - Adding Degree/Diploma Program

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

*Add Training Program	
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	
Add Record	

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

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

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

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

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

- Dentistry - Radiology Dentistry

Training Program Setup - Adding Fellowship Program

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

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

Figure 7. Training Program Setup - Adding Fellowship Program

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

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

Training Program Setup - Adding Residency Program

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

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

Figure 8. Training Program Setup - Adding Residency Program

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

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

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

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

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Training Program Setup - Selecting Training Activity Status

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

Figure 9. Training Program Setup - Selecting Training Activity Status

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

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

- Active
- Inactive

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

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

Faculty Development – Setup
Selecting Faculty Development Activities

The Faculty Development Setup form will configure all subsequent subforms specific to faculty development activities coordinated and/or supported through the grant during the current reporting period. To begin the setup, select whether faculty development activities were conducted during the current reporting period.

Faculty Development Activities	Select
Faculty Recruitment Activities	☐
No faculty-related activities conducted	☐

Figure 10. Selecting Faculty Development Activities

Faculty Recruitment Activities:

No faculty-related activities conducted:

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

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

Program Characteristics—PC Subforms

PC Subforms - Introduction

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

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

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

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

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

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

Figure 11. PC-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships and/or consortia used or established for the purpose of offering each degree program during the current reporting period by clicking on the drop-down menu under Column 6 (Block 2) and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL

- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office

- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS

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

- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization

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

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

PC-1 - Entering Enrollment Information

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

Enter Total # Enrolled (whether funded by BHW or not)		
Total	**URM**	**Disadvantaged Background and not URM**
(7) **Block 3**	**(8)** **Block 3a**	**(9)** **Block 3b**

Figure 12. PC-1 - Entering Enrollment Information

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

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

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

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

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

Example: The School of Dentistry had a total of 202 students enrolled in the DDS program. The school used BHW funds to provide funding to 25 students in the program during the annual reporting period. During this period, 2 students permanently left the DDS degree program before completion.
In Column 7 (Block 3), the School of Dentistry would enter 200.

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the annual reporting period. Among the 200 students enrolled in this degree program, 35 are underrepresented minorities.
In Column 8 (Block 3a), the School of Dentistry would enter 35.

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the annual reporting period. Among the 200 students enrolled in this degree program, a total of 45 students are from disadvantaged backgrounds. Twenty (20) out of the 45 students from a disadvantaged background are also underrepresented minorities.
In Column 9 (Block 3b), the School of Dentistry would enter 25.

PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total	**URM**
(10) **Block 8**	**(11)** **Block 8a**

Figure 13. PC-1 - Entering Graduate Information

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

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

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

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

Example: The School of Dentistry had a total of 200 students maintain enrollment in the DDS program during the annual reporting period. Among the 200 students enrolled in this degree program, a total of 50 completed all degree requirements and graduated during this period. Ten (10) out of

the 50 students who graduated are underrepresented minorities.
In Column 11 (Block 8a), the School of Dentistry would enter 10.

PC-1 - Entering Attrition Information

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

Figure 14. PC-1 - Entering Attrition Information

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

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

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

Example: The School of Dentistry had a total of 202 students enrolled in the DDS program. The school used BHW funds to provide funding to 25 students in the program during the annual reporting period. During this period, 2 students permanently left the DDS degree program before completion.
In Column 12 (Block 9) of this form, the School of Dentistry would enter 2.

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

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

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

Figure 15. Example of Completed PC-1 Subform

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

PC-6: Program Characteristics – Fellowship Programs
PC-6 - Selecting Type(s) of Partners/Consortia

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

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

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

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

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

- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used

- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)

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

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

- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization

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

PC-6 - Entering Enrollment Information

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

Enter Total # Enrolled (whether funded by BHW or not)		
Total	URM	Disadvantaged Background and not URM
(4) Block 3	(5) Block 3a	(6) Block 3b

Figure 17. PC-6 - Entering Enrollment Information

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

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

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

💡 *Note: Do not count individuals who permanently left their fellowship before completion (i.e. attrition). These individuals will be captured separately in Column 10 (Block 9).*

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

Example: The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements.
In Column 5 (Block 3) of this form, the reporting official at the School of Dentistry would enter 11.

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual reporting period. Among the 11 General Dentistry residents who were enrolled in the program, 2 are underrepresented minorities.
In Column 6 (Block 3a), the reporting official at the School of Dentistry would enter 2.

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual reporting period. Among the 11 General Dentistry residents who were enrolled in the program, 5 are from disadvantaged backgrounds. One (1) out of the 5 General Dentistry residents from a disadvantaged background is also an underrepresented minority.
In Column 7 (Block 3b), the reporting official at the School of Dentistry would enter 4.

PC-6 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total	URM
(7) Block 8	(8) Block 8a

Figure 18. PC-6 - Entering Graduate Information

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

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

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

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual reporting period. Among the 11 General Dentistry residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period.
In Column 8 (Block 8), the reporting official at the School of Dentistry would enter 3.

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual reporting period. Among the 11 General Dentistry residents who were enrolled in the program, a total of 3 residents completed all residency

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requirements during the reporting period; none who completed the residency program are underrepresented minorities.
In Column 9 (Block 8a), the reporting official at the School of Dentistry would enter 0.

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PC-6 - Entering Attrition Information

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

Figure 19. PC-6 - Entering Attrition Information

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

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

Example: The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements.
In Column 10 (Block 9) of this form, the reporting official at the School of Dentistry would enter 1.

Example: The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements; none who left were underrepresented minorities.
In Column 11 (Block 9a) of this form, the reporting official at the School of Dentistry would enter 0.

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

Figure 20. Example of Completed PC-6 Subform

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

PC-8: Program Characteristics – Residency Programs

PC-8 - Selecting Dental Residency Program

Type of Dental Residency Program
(3) Block 1m

Figure 21. PC-8 - Selecting Dental Residency Program

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

- Expanded
- New
- Previously Established
- Previously Expanded

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

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

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

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

- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization

- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center

- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

- Tribal Government

- Tribal Organization

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

PC-8 - Entering Enrollment Information

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

Enter Total # Enrolled (whether funded by BHW or not)		
Total	**URM**	**Disadvantaged Background and not URM**
(5) **Block 3**	**(6)** **Block 3a**	**(7)** **Block 3b**

Figure 23. PC-8 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: In Column 5 (Block 3), enter the total number of residents who participated in each residency program during the current reporting period. Count all residents who participated in the residency program, regardless of whether the resident directly received a BHW-funded financial award.

Enter Total # Enrolled (whether funded by BHW or not): URM: For Column 6 (Block 3a), enter the number of residents who participated in the residency program during the current reporting period and were underrepresented minorities.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: In Column 7 (Block 3b), enter the number of residents from disadvantaged backgrounds who participated in the residency program during the current reporting period but were not underrepresented minorities.

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

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

Example: The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements.
In Column 5 (Block 3) of this form, the reporting official at the School of Dentistry would enter 11.

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual reporting period. Among the 11 General Dentistry residents who were enrolled in the program, 2 are underrepresented minorities.
In Column 6 (Block 3a), the reporting official at the School of Dentistry would enter 2.

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual reporting period. Among the 11 General Dentistry residents who were enrolled in the program, 5 are from disadvantaged backgrounds. One (1) out of the 5 General Dentistry residents from a disadvantaged background is also an underrepresented minority.
In Column 7 (Block 3b), the reporting official at the School of Dentistry would enter 4.

PC-8 - Entering Graduate Information

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

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total	URM
(8) Block 8	(9) Block 8a

Figure 24. PC-8 - Entering Graduate Information

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

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

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

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual reporting period. Among the 11 General Dentistry residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period.
In Column 8 (Block 8), the reporting official at the School of Dentistry would enter 3.

Example: The School of Dentistry had a total of 11 General Dentistry residents maintain enrollment in the residency program during the annual reporting period. Among the 11 General Dentistry residents who were enrolled in the program, a total of 3 residents completed all residency requirements during the reporting period; none who completed the residency program are underrepresented minorities.
In Column 9 (Block 8a), the reporting official at the School of Dentistry would enter 0.

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PC-8 - Entering Attrition Information

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

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

Figure 25. PC-8 - Entering Attrition Information

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

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

Example: The School of Dentistry had a total of 12 General Dentistry residents in the residency program during the annual reporting period. The school used BHW funds to provide stipends to 5 out of the 12 General Dentistry residents. During this period, 1 General Dentistry resident left the program before completing all residency requirements.
In Column 10 (Block 9) of this form, the reporting official at the School of Dentistry would enter 1.

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

program before completing all residency requirements; none who left were underrepresented minorities.
In Column 11 (Block 9a) of this form, the reporting official at the School of Dentistry would enter 0.

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

Figure 26. Example of Completed PC-8 Subform

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

PC-9: Program Characteristics –Positions Description

PC-9 - Selecting Type of Training Program

Type of Training Program
(1) Block 1

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

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

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

💡 *Note: The options available under \"Type of Training Program\" will prepopulate with information that was entered and saved in the Training Program Setup Form.*
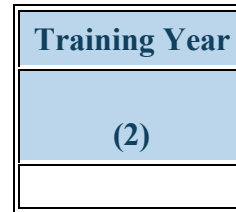
PC-9 - Selecting Training Year

Training Year
(2)

Figure 28. PC-9 - Selecting Training Year

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

- Residency Year 1
- Residency Year 3
- Training Year 1
- Training Year 3
- Training Year 5

- Residency Year 2
- Residency Year 4
- Training Year 2
- Training Year 4
- Training Year 6

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

PC-9 - Entering Total # of Positions Recruited For

Enter Total # of Positions Recruited For
(4) Block 5

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

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

PC-9 - Entering Total # of Positions Filled

Enter Total # of Positions Filled
(5) Block 6

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

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

Note: The sum of Column 5 (Block 6) across all years within a residency program will equal the number reported in PC-8 Block 3.

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

Enter Total # of Positions Expanded using BHW Funds
(6) Block 7

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

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

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

Legislative Requirements & Demographic Variables—LR and DV Subforms

LR and DV - Introduction

⚠ **Warning: You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each training program or activity that was supported through the grant during the current reporting period.**

LR-1a: Trainees by Training Category

LR-1 - Entering Residents Count

Figure 32. LR-1 - Entering Residents Count

Trainees by Training Category: Enter # of Residents: Enter the total number of residents in the identified residency program who received training as a result of the grant during the current reporting period in the textbox in Column 4 (Block 3). This number includes residents who received direct financial support from the grant plus any resident who was trained under a curriculum or course developed as a result of the grant. Do not include individuals who either completed their residency or permanently left the program before completion during the current reporting period.

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LR-1 - Entering Program Completers Count

Trainees by Training Category
Enter # of Program Completers
(6)   **Block 5**

Figure 33. LR-1 - Entering Program Completers Count

Trainees by Training Category: Enter # of Program Completers: Enter the total number of program completers of the residency program during the current reporting period in the textbox in Column 6 (Block 5). This number includes any resident who completed the program as a result of the grant by having received direct financial support from the grant and by training under a curriculum or course sponsored by the grant.

LR-1 - Entering Attrition Information

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

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 34. LR-1 - Entering Attrition Information

Attrition: Enter # of Individuals who left the Program before Completion: Enter the total number of individuals who permanently left the residency program before completion (and were being supported by the grant in some manner) in the textbox in Column 7 (Block 6).

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

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

LR-2: Trainees by Age & Gender

LR-2 - Entering Residents Count by Age and Gender

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

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

Gender: Male	Gender: Female	Gender: Not Reported
Enter # of Residents	Enter # of Residents	Enter # of Residents
(5) Blocks 25-30	(10) Blocks 31-36	(15)

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

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

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

Gender: Not Reported: Enter # of Residents: For each training program, enter the aggregate number of "Gender: Not Reported" residents from each age category. If there were no "Gender: Not Reported" residents in a specific age category, enter a zero ("0") in the appropriate textbox.

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

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

Gender: Male	Gender: Female	Gender: Not Reported
Enter # of Program Completers	Enter # of Program Completers	Enter # of Program Completers
(7) Blocks 49-54	(12) Blocks 55-60	(17)

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

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

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

Gender: Not Reported: Enter # of Program Completers:

In Column 17, enter the number of program completers whose gender was not reported, by age group, who completed each training program during the current reporting period.

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

DV-1: Trainees by Racial & Ethnic Background

DV-1 - Entering Residents Count by Race and Ethnicity

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

Ethnicity: Hispanic/Latino	Ethnicity: Non-Hispanic/Non-Latino
Enter # of Residents	Enter # of Residents
(5) Blocks 15-21	(10) Blocks 50-56

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

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

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

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

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

Ethnicity: Hispanic/Latino	Ethnicity: Non-Hispanic/Non-Latino
Enter # of Program Completers	**Enter # of Program Completers**
(7) **Blocks 29-35**	**(12)** **Blocks 64-70**

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

Ethnicity: Hispanic/Latino: Enter # of Program Completers: For each residency program, enter the total number of Hispanic/Latino residency completers from each race category in Column 7 (Blocks 29-35). If there were no Hispanic/Latino residency completers in a specific race category, enter a zero ("0") in the appropriate textbox.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Program Completers: For each residency program, enter the total number of Non-Hispanic/Non-Latino program completers from each race category in Column 12 (Blocks 64-70). If there were no Non-Hispanic/Non-Latino program completers in a specific race category, enter a zero ("0") in the appropriate textbox.

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

DV-2: Trainees from a Disadvantaged Background

DV-2 - Entering Residents Count from Disadvantaged Background

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

Residents	
Enter Total # from Disadvantaged Background	**Enter # from Disadvantaged Background who are not URM**
(6) **Block 5**	**(7)** **Block 6**

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

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

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

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

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

DV-2 - Entering Program Completers Count from Disadvantaged Background

Program Completers	
Enter Total # from Disadvantaged Background	**Enter # from Disadvantaged Background who are not URM**
(10) **Block 9**	**(11)** **Block 10**

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

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

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

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

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

DV-3: Trainees from a Rural Background

DV-3 - Entering Residents Count from Rural Residential Background

Trainees from Rural Residential Background
Enter # of Residents from a Rural Background
(4) **Block 3**

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

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

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

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

Trainees from Rural Residential Background
Enter # of Program Completers from a Rural Background
(6)   **Block 5**

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

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

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

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

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Individual Characteristics—INDGEN Subforms

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

- o 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**.

- o 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.

- o 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.

- o Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from INDGEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.

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

IND-GEN: Individual Characteristics

IND-GEN - Setup

To begin providing individual-level data for students, residents, fellows, faculty, or other dental professionals who received a BHW-funded financial award during the current reporting period or to provide updates for students, residents, and fellows previously reported on INDGEN, click \"Yes\" to the initial setup question. Clicking \"Yes\" will activate the embedded Excel® form that will allow you to begin data entry.

Do you have either a) 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 43. IND-GEN - Setup

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

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

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

⚠️ **Warning: Gray fields in prior records cannot be edited.**

⚠️ **Warning: Prior records cannot be deleted.**

IND-GEN - Selecting Type of Training Program

Type of Training Program
(1)

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

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

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

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

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

- *Residency program | Dentistry—General Dentistry*

IND-GEN - Entering Trainee Unique ID

Figure 45. IND-GEN - Entering Trainee Unique ID

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

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

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

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

Select Individual's Training or Awardee Category
(3) Block 2

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

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

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

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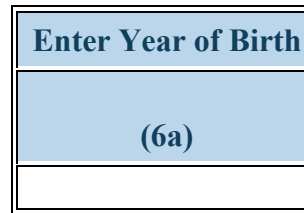
IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status
(4) **Block 3**

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

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

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

IND-GEN - Selecting Individual's Gender

Select Individual's Gender
(5) Block 4
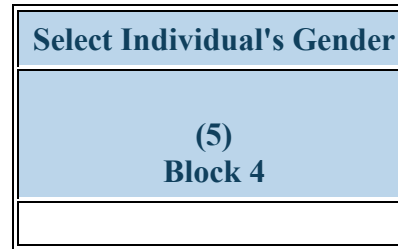
Figure 48. IND-GEN - Selecting Individual's Gender

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

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

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

IND-GEN - Entering Year of Birth

Enter Year of Birth
(6a)

Figure 49. IND-GEN - Entering Year of Birth

Enter Year of Birth: Select each individual's year of birth at the end of the current reporting period in the drop-down menu in Column 6a.

- 1917
- 1918
- 1919
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- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- Not Reported

IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity
(7) **Block 6**

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

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

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

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

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

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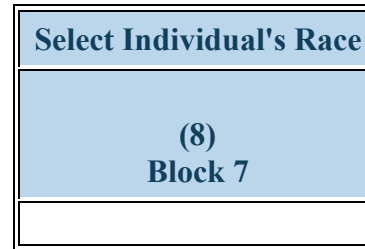
Figure 51. IND-GEN - Selecting Individual's Race

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

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

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

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

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

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

Select Whether Individual is from a Rural Residential Background
(9) **Block 8**

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

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

- Yes
- No
- Not Reported

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

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

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

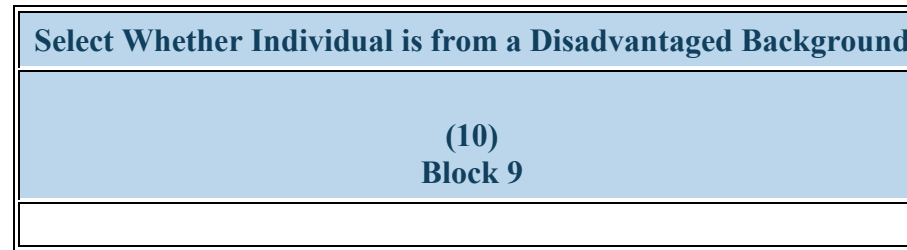## IND-GEN - Selecting if Individual is from a Disadvantaged Background

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

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

- Yes
- No
- Not Reported

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

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

📙 *Reference: Refer to the glossary for a definition of \"disadvantaged background.\"*

IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status
(11) Block 10

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

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

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

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

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

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

IND-GEN - Entering BHW-Funded Financial Award Information

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

Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)							
	Stipend	Traineeship	Scholarship	Loan	Career Award	Loan Repayment	Grant	Fellowship
(12) Block 11	(13) Block 11	(14) Block 11	(15) Block 11	(16) Block 11	(17) Block 11	(18) Block 11	(19) Block 11	(20) Block 11

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

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

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Stipend: If the individual received a BHW-funded stipend, enter the **total** amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Stipend". Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations.
If the individual did not receive a stipend, enter "0" in the textbox under the column labeled "Stipend".

Enter Individual's Financial Award Amount (BHW funds only): Traineeship: If the individual received a BHW-funded traineeship, enter the

total amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Traineeship". Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations.
If the individual did not receive traineeship, enter "0" in the textbox under the column labeled "Traineeship".

Enter Individual's Financial Award Amount (BHW funds only): Scholarship: If the individual received a BHW-funded scholarship, enter the **total** amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Scholarship". Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations.
If the individual did not receive scholarship, enter "0" in the textbox under the column labeled "Scholarship".

Enter Individual's Financial Award Amount (BHW funds only): Loan: If the individual received a BHW-funded loan, enter the **total** amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Loan". Total amount reported should account for all BHW dollars including those applied to the loan, as allowed by federal statutes and regulations.
If the individual did not receive loan, enter "0" in the textbox under the column labeled "Loan".

Enter Individual's Financial Award Amount (BHW funds only): Career Award: If the individual received a BHW-funded career award, enter the **total** amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Career Award". Total amount reported should account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations.
If the individual did not receive a career award, enter "0" in the textbox under the column labeled "Career Award".

Enter Individual's Financial Award Amount (BHW funds only): Loan Repayment: If the individual received a BHW-funded loan repayment, enter the **total** amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Loan Repayment". Total amount reported should account for all BHW dollars including those applied to loan repayment and forgiveness, as allowed by federal statutes and regulations.
If the individual did not receive a loan repayment, enter "0" in the textbox under the column labeled "Loan Repayment".

Enter Individual's Financial Award Amount (BHW funds only): Grant: If the individual received a BHW-funded grant, enter the **total** amount of BHW dollars provided during the current reporting period in the textbox under the column labeled "Grant". Total amount reported should

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account for all BHW dollars including those applied to salary, fringe benefits, travel expenses, tuition, fees, books, and reasonable living expenses, as allowed by federal statutes and regulations.

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

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

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

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

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

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

Enter # of Academic Years the Individual has Received BHW Funding
(22) Block 12

Figure 56. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

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

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

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

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

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

IND-GEN - Entering Balance of Individual's Loan

Enter Balance of Individual's Loan
(23) Block 13

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

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

IND-GEN - Entering % of Loan Paid Off

Enter % of Loan Paid Off
(24) Block 13a

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

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

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

Select Individual's Academic or Training Year
(26)   Block 15

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

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

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

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

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

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

Select any HHS Priority Topic Area on which an Individual Received Training
(26b) **Block 15**

Figure 60. IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training

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

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

IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline
(27) **Block 16**

Figure 61. IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline: Select each individual's primary profession/discipline by clicking on the drop-down menu in Column 27 (Block 16) and choosing **one** of the following options:

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

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

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

Training in a Primary Care Setting		
Select Whether Individual Received Training	**Enter # of Contact Hours**	**Enter # of Patient Encounters**
(28) **Block 17**	**(29)** **Block 17a**	**(30)** **Block 17b**

Figure 62. IND-GEN - Entering Training Information in a Primary Care Setting

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

- Yes
- No
- N/A

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

- **If the student, resident, or fellow received clinical or experiential training in a primary care setting**, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 29 (Block 17a).
- **If the student, resident, or fellow did not receive clinical or experiential training in a primary care setting**, leave the textbox in Column 29 (Block 17a) blank.

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

- **If the student, resident, or fellow received clinical or experiential training in a primary care setting**, enter the total number of patient encounters in this type of setting during the current reporting period in the textbox in Column 30 (Block 17b).

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

IND-GEN – Entering Training Information in a Medically Underserved 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 63. IND-GEN - Entering Training Information in a Medically Underserved Community

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

- Yes
- No
- N/A

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

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	
Select Whether Individual Received Training	**Enter # of Contact Hours**
(33) **Block 19**	**(34)** **Block 19a**

Figure 64. IND-GEN - Entering Training Information in a Rural Area

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

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

- Yes
- No
- 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.

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

Select Whether Individual Left the Program Before Completion
(36) Block 21

Figure 65. IND-GEN - Selecting Whether Individual Left the Program Before Completion

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

- Yes
- No

IND-GEN - Entering Graduation/Completion Information

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

Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
(37) Block 22	(38) Block 22a	(39) Block 22b

Figure 66. IND-GEN - Entering Graduation/Completion Information

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

- Yes
- No

Select Degree Earned:

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

- AA
- Bachelor's Degree not otherwise specified
- BSN
- DDS
- Diploma

- AS
- BPH
- BSW
- DDS/MPH
- DMD

- BA
- BS
- Certificate
- DDS/MSPH
- DMD/MPH

- DMD/MSPH
- Master's Degree Not Otherwise Specified
- MS
- N/A

- Joint Degrees not otherwise specified
- MHA
- MSPH

- MA
- MPH
- No Degree Earned

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

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

- Individual intends to practice in a medically underserved area
- Individual intends to practice in a rural area
- None of the above
- N/A

- Individual intends to practice in a primary care setting
- Individual intends to pursue health professions training
- Not Reported

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

Enter Total Time Obligated to Serve (in weeks)
(50) Block 28

Figure 67. IND-GEN - Entering Time Obligated to Serve in Dental Program

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

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

Figure 68. IND-GEN - Selecting Individual's Current Designated Practice Settings

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

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

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

Select Whether individual is Enrolled in Medicaid/CHIP Program
(52) Block 32

Figure 69. IND-GEN - Select if Individual is Enrolled in Medicaid/CHIP Program

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

- Yes
- No
- N/A

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

Select Whether individual is Accepting new Medicaid/CHIP Patients
(53) Block 32a

Figure 70. IND-GEN - Select if Individual is Accepting new Medicaid/CHIP Patients

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

- Yes
- No
- N/A

IND-GEN - Entering Total # of Patient Encounters

Enter Total # of Patient Encounters	Enter # of Medicaid/CHIP Patient Encounters
(54) **Block 33**	(55) **Block 33a**

Figure 71. IND-GEN - Entering Total # of Patient Encounters

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

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

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

INDGEN-PY: Individual Prior Year

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

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

Grayed fields are provided here for identification purposes only.

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

- Yes
- No

Select Individual's Current Training/Employment Status:

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

- Individual currently practices in a medically underserved area
- Individual currently practices in a rural area
- Individual pursued health professions training
- Individual is serving individuals with OUD/SUD
- Individual currently practices in a primary care setting
- Individual is currently providing treatment or wrap-around services to individuals with substance use disorders
- Individual is currently working in a facility that provides substance use treatment services

- N/A

- None of the above

Select Whether Your Organization Hired this Individual:

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

- No
- Yes
- N/A

Select Whether a Partner Organization Hired this Individual:

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

- Yes
- No
- N/A

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

- Academic Institution
- Critical Access Hospital
- Other Clinical Training Site
- Rural Health Clinic
- N/A
- Area Health Education Center
- FQHC or Look-Alike
- Private Dental Practice
- None of the Above

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⚠️ **Warning: "None of the above" and "N/A" cannot be selected in combination with any other option**

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

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

Experiential Characteristics—EXP Subforms

EXP - Introduction

1. Purpose: The EXP 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.

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

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EXP-1: Training Site Setup

EXP-1 - Entering Site Name

Site Name
(1) Block 1

Figure 73. EXP-1 - Entering Site Name

Site Name:

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

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

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

Select Whether the Site was Used in the Current Reporting Period
(2)

Figure 74. EXP-1 - Selecting Whether the Site was Used in the Current Period

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

- Yes
- No

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

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

💡 *Note: If a clinical site was NOT used in the current reporting period, then it will not appear on EXP-2 as a dropdown option in Column 1.*

EXP-1 - Selecting Type of Site Used

```
┌─────────────────────────────────┐
│   Select Type of Site Used      │
├─────────────────────────────────┤
│                                 │
│              (3)                │
│           Block 1a              │
│                                 │
├─────────────────────────────────┤
│                                 │
└─────────────────────────────────┘
```
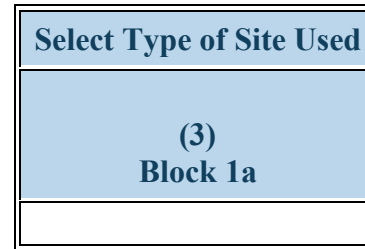
Figure 75. EXP-1 - Selecting Type of Site Used

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

- Academic institution
- Aerospace operations setting
- Assisted Living Community
- Community Behavioral Health Center
- Dentist Office
- Federal Government Office or Agency
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- School - based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
- Tribal Government

- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Emergency Room
- FQHC or look - alike
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department

- Acute care services
- Community - based organization
- Community Health Center (CHC)
- Critical Access Hospital
- Federal and State Bureau of Prisons
- Hospice
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic

- Tribal Organization

Note: If you select \"Other\" in Column 3, provide an explanation in the comments field and reference the site name.

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

Select Type of Setting Where the Site was Located
(4) **Block 2**

Figure 76. EXP-1 - Selecting Type of Setting Where the Site was Located

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

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

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

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

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

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

Select Type(s) of Partners/Consortia used to Offer Training at this Site
(5)

Figure 77. 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 in Column 5 (Block 5) and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Day and home care programs (i.e. Home Health)
- Ambulatory practice sites
- Educational institution (Grades K - 12)
- Geriatric ambulatory care and comprehensive units
- Federal Government - ACL
- Health center (e.g.; free clinic)
- Federal Government - IHS
- Hospice
- Federal Government - SAMHSA
- Nursing home
- Professional Associations
- State Governmental Programs
- Tribal Organization
- Health department - Tribal
- Health policy center

- Academic department - within the institution
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Federal Government - Veterans Affairs
- Federal Government - Other HRSA Program
- Geriatric consultation services
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - Other HHS Agency/Office
- Local Government
- Other
- Quality improvement organization
- Tribal Government
- Health department - Local
- Health disparities research center
- Nonprofit organization (faith - based)

- Community Health Center (CHC)
- Alzheimer's Disease Resource Centers
- Community Mental Health Center
- Federal Government - Department of Defense/Military
- Geriatric Behavioral or Mental Health Units
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other
- Hospital
- Long-term care facility
- Physical therapy/Rehabilitation center
- Senior Center
- Federally - qualified health center or look - alikes
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Nonprofit organization (non - faith based)

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

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

💡 *Note: If you select \"Other\" in Column 5, provide an explanation in the comments field and reference the site name.*

EXP-1 - Selecting Type(s) of Vulnerable Population

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

Figure 78. 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 during the current reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing **all that apply** from the following options:

- Adolescents
- College students
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Uninsured/Underinsured persons/families
- Tribal Population

- Children
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Undocumented Immigrants
- Veterans
- None of the above

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

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

EXP-1 - Entering Site's geographical Data

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

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

City:

State:

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

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

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

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

Select whether the training site implements interprofessional education and/or practice
(13)
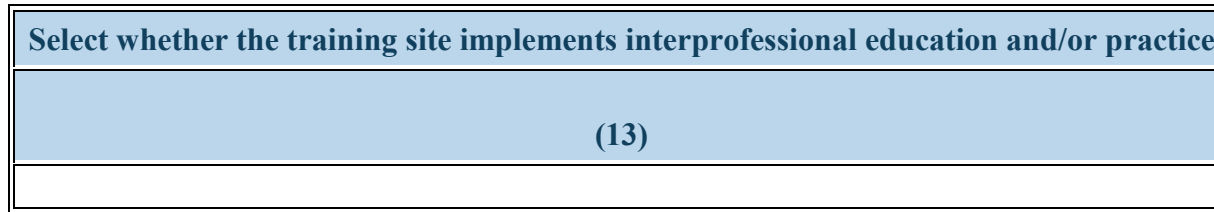
Figure 80. EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

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

- Yes
- No

EXP-1 - Selecting any HHS Priorities Addressed at this Site

Select any HHS Priorities Addressed at this Site
(14)

Figure 81. EXP-1 - Selecting any HHS Priorities Addressed at this Site

Select any HHS Priorities Addressed at this Site: Select any HHS Priorities Addressed at this Site.

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

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

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 82. EXP-2 - Selecting Training Program and Site Name

Type of Training Program:

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

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

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

EXP-2 – Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained
(3) Block 3
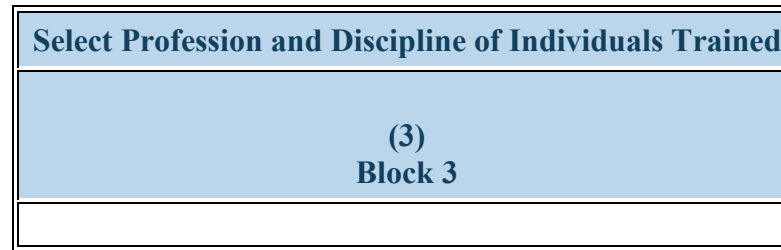
Figure 83. EXP-2 - Selecting Profession and Discipline of Individuals Trained

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 Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Family Medicine
- Dentistry - General Dentistry/Public Health

- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Student - Diploma/Certificate
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Internal Medicine/Pediatrics

- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Dentistry - Dental Hygiene/Public Health
- Medicine - Medical Genetics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical

- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management

- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Student - Physician Assistant
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)

- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family

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- Public Health - Nutrition
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Dental School/Public Health
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - Physical Therapy
- Student - Undergraduate - Other

- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Other
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental Hygiene/Public Health
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Other advanced nurse specialists
- Student - Post - high school / Pre - college
- Student - Undergraduate - Public Health

- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Pharmacy School
- Student - Registered nurse (RN)

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

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

EXP-2 – Entering # Trained in the Profession and Discipline

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

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

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

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

Note: Do not enter counts for faculty, site staff, or other non-trainees.

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

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

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

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

Note: "Other Interprofessional" trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not received support from or have an association with your HRSA grant.

Note: Do not enter counts for faculty, site staff, or other non-trainees

EXP-2 - Adding Individuals Trained Example 1

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

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

Example with Principal AND Interprofessional Trainees:
In the example on this page as below.

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

EXP-2 - Adding Individuals Trained Example 2

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

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

Example with Principal Trainees ONLY (no interprofessional trainees) at any site:
In this example, the dental residents from the General Dentistry residency program do not have interprofessional experiences. The dental residents trained at 3 different clinical training sites.

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

EXP-2 - Adding Individuals Trained Example 3

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

Figure 88. EXP-2 - Adding Individuals Trained Example 3

Example with Principal AND Interprofessional Trainees at the same sites:
In the example on this page as below.

- At the first site, the General Dentistry residency program trained 24 of its own residents at North Regional Hospital. As part of Interprofessional team-based care, the General Dentistry residency also trained 10 General Dentistry residents from different General Dentistry residency programs, 2 Internal Medicine residents, and 5 dental students (rows 1-3).
- At the second site, the General Dentistry residency program trained 10 of its own dental residents alongside 8 additional General Dentistry residents from different General Dentistry residency programs as well as 4 pharmacy students who were part of interprofessional team-based care (rows 4 and 5).

EXP-2 - Selecting Type of Site Used

Select Type of Site Used
(6)
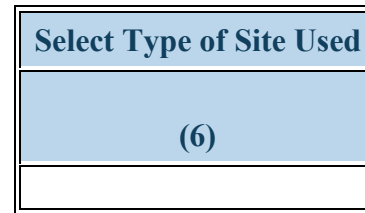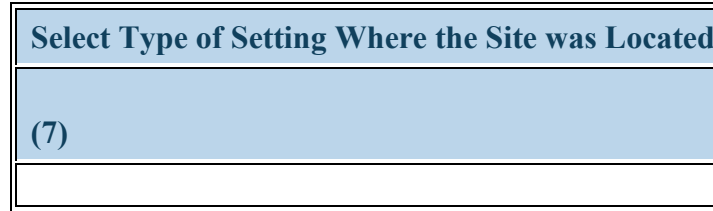
Figure 89. EXP-2 - Selecting Type of Site Used

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 Behavioral Health Center
- Dentist Office
- Federal Government Office or Agency
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- School - based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
- Tribal Government

- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Emergency Room
- FQHC or look - alike
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department

- Acute care services
- Community - based organization
- Community Health Center (CHC)
- Critical Access Hospital
- Federal and State Bureau of Prisons
- Hospice
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization

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

Select Type of Setting Where the Site was Located
(7)

Figure 90. EXP-2 - Selecting Type of Setting Where the Site was Located

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

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

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

Retention Form

RET - Introduction

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RET: Retention Programs

RET - Adding Number of Positions Recruited and Retained

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

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

Figure 91. RET - Adding Number of Positions Recruited and Retained

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

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

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

💡 **To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform or follow the procedure to submit your report if no other grant purposes were checked.**

Course Development and Enhancement—CDE Subforms

CDE - Introduction

Purpose of CDE 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.**

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Detailed guidance on how to make the correct selections for the CDE forms be found below.

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

CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup

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

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

Figure 92. CDE-1 - Setup

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

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

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

CDE-1 - Entering the Name of Course/Training Activity

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

Name of Course or Training Activity
(1) Block 1

Figure 93. CDE-1 - Entering the Name of Course/Training Activity

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

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

CDE-1 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity
(2) **Block 2**

Figure 94. 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
- Clinical rotation
- Faculty development programs or activities
- Field placement/practicum
- Grand rounds

CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced
(3) Block 3

Figure 95. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

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

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

- Enhanced
- Newly developed

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

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

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CDE-1 - Entering Development/Enhancement Status

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

Select Status of Development or Enhancements
(4) **Block 4**

Figure 96. CDE-1 - Entering Development/Enhancement Status

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

- Developed not yet implemented
- Implemented
- Under development

CDE-1 - Selecting Delivery Mode

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

Figure 97. CDE-1 - Selecting Delivery Mode

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

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

CDE-1 - Selecting Primary Topic Area

Select Primary Topic Area
(11)
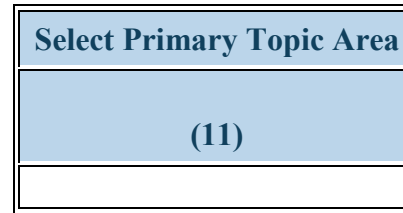
Figure 98. CDE-1 - Selecting Primary Topic Area

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

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

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

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

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

Note: You may only choose one selection for primary topic area.

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

Select Whether the Course or Training Activity was Offered in the Current Reporting Period
(12)

Figure 99. CDE-1 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

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

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

- For "Prior Records", courses that have been 'Implemented' the available options will include:

  - Not offered in the current reporting period; or
  - Re-offered in the current reporting period

- For "Prior Records", courses that have been 'Developed not yet implemented' or 'Under development' the available options will include:

  - Not offered in the current reporting period; or
  - Offered in the current reporting period. Select "offered" if this is the first time the course has been implemented.

- For "New Records", courses that have been 'Implemented', the available option will be:

  - Offered in the current reporting period.

- For "New Records", courses that are 'Developed not yet implemented' or 'Under development', the available option will be:

  - Not offered in the current reporting period.

- Offered
- Not Offered
- Re-offered

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

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

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

CDE-2 - Adding Courses and Profession/Disciplines

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

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

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

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

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

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

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

- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Dental Hygiene/Public Health
- Dentistry - Public Health Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health

- Dentistry - Pathology Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - General Dentistry/Public Health
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic

- Dentistry - Prosthodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Optometry
- Other - Profession Not Listed
- Other - Respiratory Therapy

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

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

Note: Only the names of courses/training activities that were marked as \"Offered" or "Re-offered" in the CDE-1 form will appear as options in the drop-down menu.

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

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

Enter # Trained in this Profession and Discipline
(3) Block 7

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

Enter # Trained in this Profession and Discipline:

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

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

CDE-2 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity
(4) **Block 2**

Figure 102. CDE-2 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity:

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

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

CDE-2 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced
(5) Block 3

Figure 103. CDE-2 - Selecting whether Course was Newly Developed or Enhanced

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

- Enhanced
- Newly developed

CDE-2 - Selecting Delivery Mode

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

Figure 104. CDE-2 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity:

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

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

CDE-2 - Selecting Primary Topic Area

Select Primary Topic Area
(8)

Figure 105. CDE-2 - Selecting Primary Topic Area

Select Primary Topic Area:

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

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

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

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

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

Select Whether the Course or Training Activity was Offered in the Current Reporting Period
(9)

Figure 106. CDE-2 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

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

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

- Offered
- Not Offered
- Re-offered

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

Faculty Development, Instruction, and Recruitment—FD Subforms

FD - Introduction

Purpose: The FD-5 form collects information about faculty recruitment.

FD-5: Faculty Development - Faculty Recruitment

FD-5 - Adding Faculty Recruitment Activities

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

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

Figure 107. FD-5 - Adding Faculty Recruitment Activities

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

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

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

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

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

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

found, the BPMH system will automatically route you to the subforms for any additional Grant Purposes you selected in the Grant Purpose Setup Form or click on the \"Submit\" button in the left hand side of the EHB to begin the submission process of your PRGCA.

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Continuing Education Activities—CE Subforms
CE - Introduction

For continuing education courses reported previously:

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

- Name of Course
- Accreditation Status
- Duration
- Primary Topic Addressed
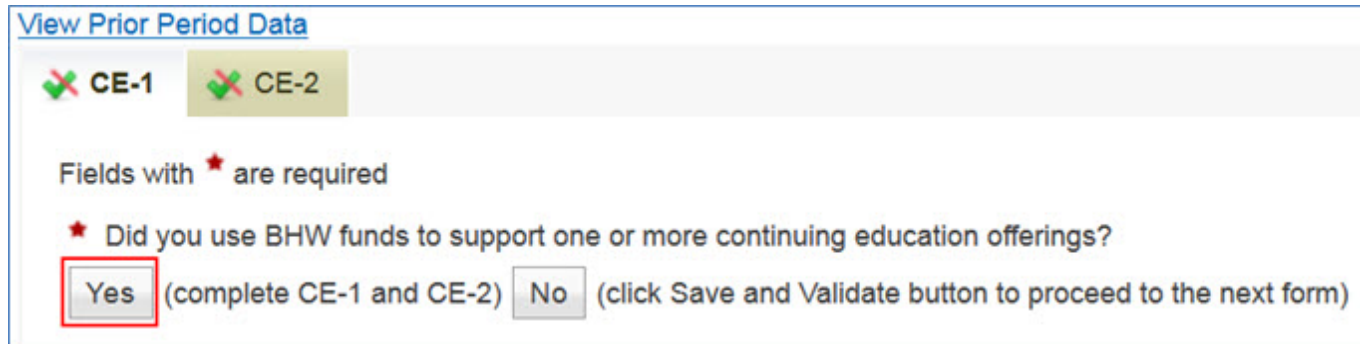
2. You must select whether a course reported previously was offered during this reporting period.

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

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

CE-1: Continuing Education - Course Characteristics and Content

CE-1 - Setup

Figure 108. 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.

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CE-1 - Entering Course Title

Course Title
(1) **Block 1**

Figure 109. CE-1 - Entering Course Title

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

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

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

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

Select Whether Course is Approved for Continuing Education Credit
(2)   **Block 2**

Figure 110. CE-1 - Selecting Whether Course is Approved for Continuing Education Credit

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

- Yes
- No

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

CE-1 - Entering Course Duration

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

Figure 111. CE-1 - Entering Course Duration

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

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

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

CE-1 - Entering # of Times Course was Offered

Figure 112. CE-1 - Entering # of Times Course was Offered

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

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

CE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer Course
(5) **Block 5**
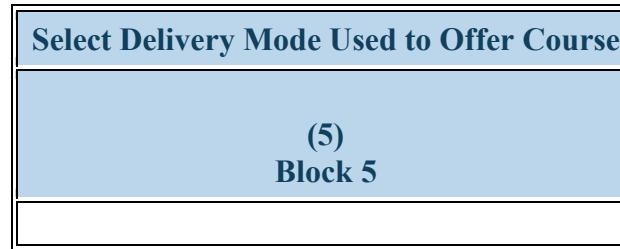
Figure 113. CE-1 - Selecting Delivery Mode

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

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

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

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

Figure 114. CE-1 - Selecting Type(s) of Partnership(s)

Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course: Select the type(s) of partnerships or consortia established for the purposes of delivering each course by clicking on the drop-down menu in Column 6 (Block 6) and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Federal Government - Veterans Affairs
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- Long - Term Care Facility

- Academic department - within the institution
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization

- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Day and home care programs (i.e. Home Health)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing Home
- Private/For - profit organization
- Senior Center

- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Governmental Programs

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

CE-1 - Entering Employment Location Data for Individuals Trained

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

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

Figure 115. CE-1 - Entering Employment Location Data for Individuals Trained

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

- Yes
- No

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

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

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

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

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

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

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

CE-1 - Selecting Primary Topic Area
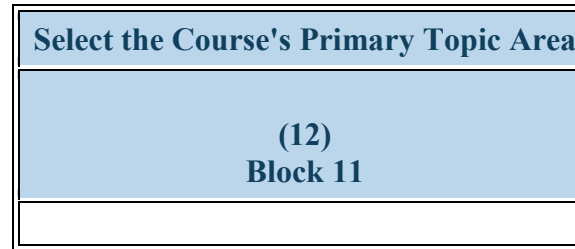
Figure 116. CE-1 - Selecting Primary Topic Area

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 - Other
- Population - Minority Health
- Population - Womens Health
- Setting - Primary Care
- Other-Topic Not Listed

- Behavioral Health - Substance Abuse - General
- Behavioral Health - Treatment
- Chronic Disease - Management
- Clinical Training - Cultural Competency/Health Disparities
- Clinical Training - Interprofessional education/team-based training
- Clinical Training - Quality Improvement/Patient Safety
- Clinical Training - Skills - Leadership and Management
- Clinical Training - Unspecified
- Population - Geriatric Health
- Population - Rural Health
- Population - Other
- Setting - Rural

- Behavioral Health - Substance Abuse - Opioids
- Behavioral Health - Other
- Chronic Disease - Other
- Clinical Training - Evidence-based Practice
- Clinical Training - Oral Health
- Clinical Training - Research
- Clinical Training - Technology - Simulation-based training
- Infectious Disease - HIV/AIDS
- Population - Maternal Child Health
- Population - Veterans Health
- Setting - Medically-Underserved Communities
- Setting - Other

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

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

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

CE-2 - Selecting Profession and Discipline of Individuals Trained

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

Course Title	Select Profession and Discipline of Individuals Trained
(1) **Block 1**	(2) **Block 8**

Figure 117. CE-2 - Selecting Profession and Discipline of Individuals Trained

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

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medical Interpreter

- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- 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 - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics

- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics

- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Community Health Worker

- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Optometry
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Other

- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Pharmacy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

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

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

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

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

Enter # Trained in this Profession and Discipline: Enter the number of trainees in each profession and discipline in the textbox in Column 3 (Block 8). Repeat this process to capture the total number of trainees by profession/discipline who participated in each CE course during the current reporting period (add as many rows as necessary).
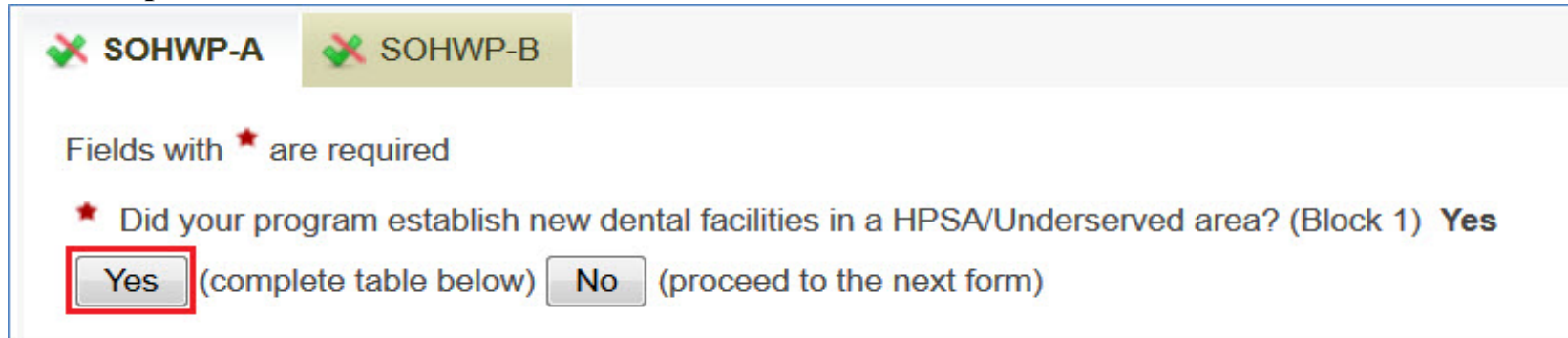
To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

State Oral Health Workforce—SOHWP Subforms

SOHWP Subforms - Introduction

SOHWP-A: New Facilities

SOHWP-A - Setup

Figure 119. SOHWP-A - Setup

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

SOHWP-A - Adding New Facilities

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

Facility Name
(1) **Block 1b**

Figure 120. SOHWP-A - Adding New Facilities

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

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

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

SOHWP-A - Entering New Facilities Information

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

Select the Type of Facility	Select Type(s) of Oral Health Services Provided	Enter # of Patient Encounters	Select whether this is a Mobile/Portable Facility
(2) Block 1a	(3) Block 1c	(4) Block 1d	(5) Block 1e

Figure 121. SOHWP-A - Entering New Facilities Information

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

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

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

- Education
- Interprofessional training
- Prevention
- Restoration

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

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

- Yes
- No

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

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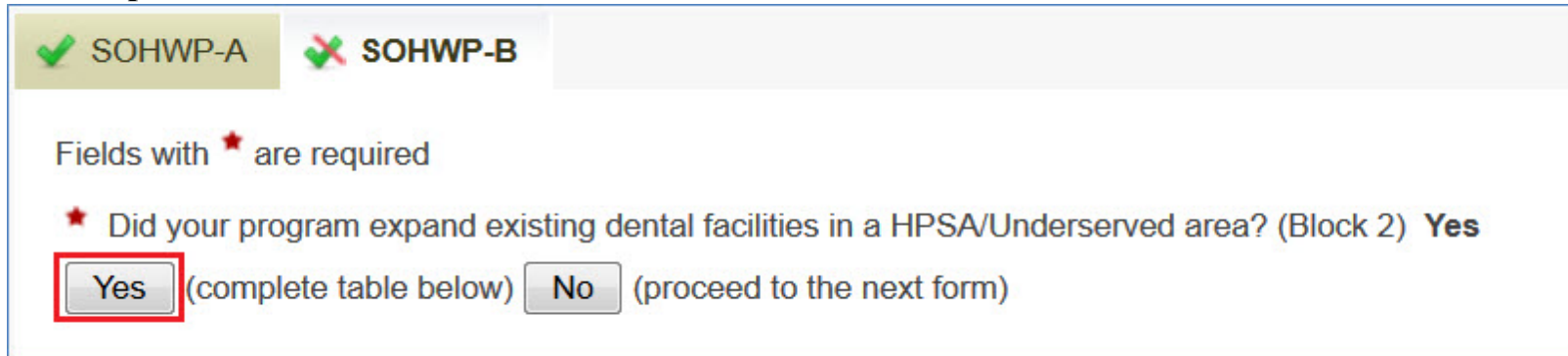
- *Facility A (this name is for example purposes only)*

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

SOHWP-B: Expanded Facilities

SOHWP-B - Setup

Figure 122. SOHWP-B - Setup

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

SOHWP-B - Adding Expanded Dental Facilities

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

Facility Name
(1) **Block 2b**

Figure 123. SOHWP-B - Adding Expanded Dental Facilities

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

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

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

SOHWP-B - Entering Expanded Dental Facilities Information

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

Select the Type of Facility	Select Type(s) of Oral Health Services Provided	Enter Average # of Patient Encounters Prior to Expansion	Enter Actual # of Patient Encounters Post Expansion	Enter Average # of Patient Encounters Facility can Accomodate	Select whether this is a Mobile/Portable Facility
(2) Block 2a	(3) Block 2c	(4) Block 2d	(5) Block 2e	(6) Block 2f	(7) Block 2g

Figure 124. SOHWP-B - Entering Expanded Dental Facilities Information

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

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

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

- Education
- Interprofessional training
- Prevention
- Restoration

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

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

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

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

- Yes
- No

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

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

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

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

SOHWP-C: Teledentistry

SOHWP-C - Adding Teledentistry Programs Information

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

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

Figure 125. SOHWP-C - Adding Teledentistry Programs Information

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

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

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

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

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

SOHWP-D: Prevention Services

SOHWP-D - Adding Community-Based Prevention Services Information

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

Community-Based Prevention Services Details	
(1)	
Enter # of New Water Systems with Fluoridated Water (Block 6)	
Enter # of Replaced Water Systems with Fluoridated Water (Block 7)	
Enter Estimated # of Residents Served (Block 8)	
Enter # of Children Receiving Dental Sealants (Block 9)	
Enter # of Individuals Receiving Topical Fluoride (Block 10)	
Enter # of Individuals Receiving Diagnostic Services (Block 11)	
Enter # of Recipients of Oral Health Education (Block 12)	
Enter # of Individuals Receiving an Oral Screening	
Enter # of Individuals Receiving a Referral for Dental Services	
Enter # of Individuals Receiving any other Type of Preventive Services	

Figure 126. SOHWP-D - Adding Community-Based Prevention Services Information

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

Enter # of Replaced Water Systems with Fluoridated Water (Block 7): Enter the number of water systems that were replaced to provide

optimally fluoridated water as a result of activities that were supported by the grant **during the current reporting period** in the textbox next to Block 7.

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

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

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

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

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

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

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

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

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

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

State Oral Health Workforce

SOHWP-E: Promotional Events

SOHWP-E - Adding Promotional Events

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

Type of Promotional Event
(1)   **Block 13a**

Figure 127. SOHWP-E - Adding Promotional Events

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

- Community fair
- Government - sponsored event
- Nonprofit organization sponsored event
- Presentation

- For - profit organization sponsored event
- Lecture
- Other type of event
- School/career fair

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

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

SOHWP-E - Adding Promotional Event Details

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

Enter # Promotional Events Held	Select Type(s) of Local Organizations Involved in Promotional Events	Enter Total # of Children Who Attended Promotional Events	Select Type(s) of Materials Created for Promotional Events
(2) Block 13b	(3) Block 13c	(4) Block 13d	(5) Block 13e

Figure 128. SOHWP-E - Adding Promotional Event Details

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

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

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

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

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

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

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

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

- *School/career fair*

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

SOHWP-F: State Dental Offices

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

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

Select whether a new state dental office was created	Select whether a new state dental officer position was created
(1) **Block 14**	**(2)** **Block 15**

Figure 129. SOHWP-F - Selecting whether a new state dental office/position was created

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

- Yes
- No

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

- Yes
- No

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

Enter # of new support staff members hired					
Administrative	Dentists, dental hygienists, oral health coordination	Fluoridation expert	Epidemiologist	Statistician	Other
(3) Block 16	(4) Block 17	(5) Block 18	(6) Block 19	(7) Block 20	(8) Block 21

Figure 130. SOHWP-F - Entering # of New Support Staff Members Hired

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

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

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

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

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

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

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

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

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

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

Figure 131. SOHWP-F - Selecting Whether Staff Members Hired in a Previous Reporting Period have been Retained

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

- Yes
- No

Select whether staff members hired in a previous reporting period have been retained: Administrative:

- Yes
- No

Select whether staff members hired in a previous reporting period have been retained: Dentist, Dental Hygienist Oral Health Coordination:

- Yes
- No

Select whether staff members hired in a previous reporting period have been retained: Fluoridation Expert:

- Yes
- No

Select whether staff members hired in a previous reporting period have been retained: Epidemiologist:

- Yes
- No

Select whether staff members hired in a previous reporting period have been retained: Statistician:

- Yes
- No

Select whether staff members hired in a previous reporting period have been retained: Other:

- Yes
- No

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

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

Policy (Block 22)

Grants Contracts (Block 22)

Strategic Efforts (Block 22)

Partnerships (Block 22)

Training (Block 22)

Prevention Activity (Block 22)

Workforce Development (Block 22)

Direct Financial Support (Block 22)

Other (Block 22)

Figure 132. SOHWP-G - Describing Activities Conducted for all SOHWP-13 purposes

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

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, click on the \"Submit\" button in the left hand side of the EHB to begin the submission process of your PRGCA. Please follow instructions on the following pages to submit your PRGCA to HRSA. You have not submitted your report until you receive a tracking number.

Printing Your Performance Report

- To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.
- Next, click the 'Print All Forms' button below the Resources section of the Review Page.
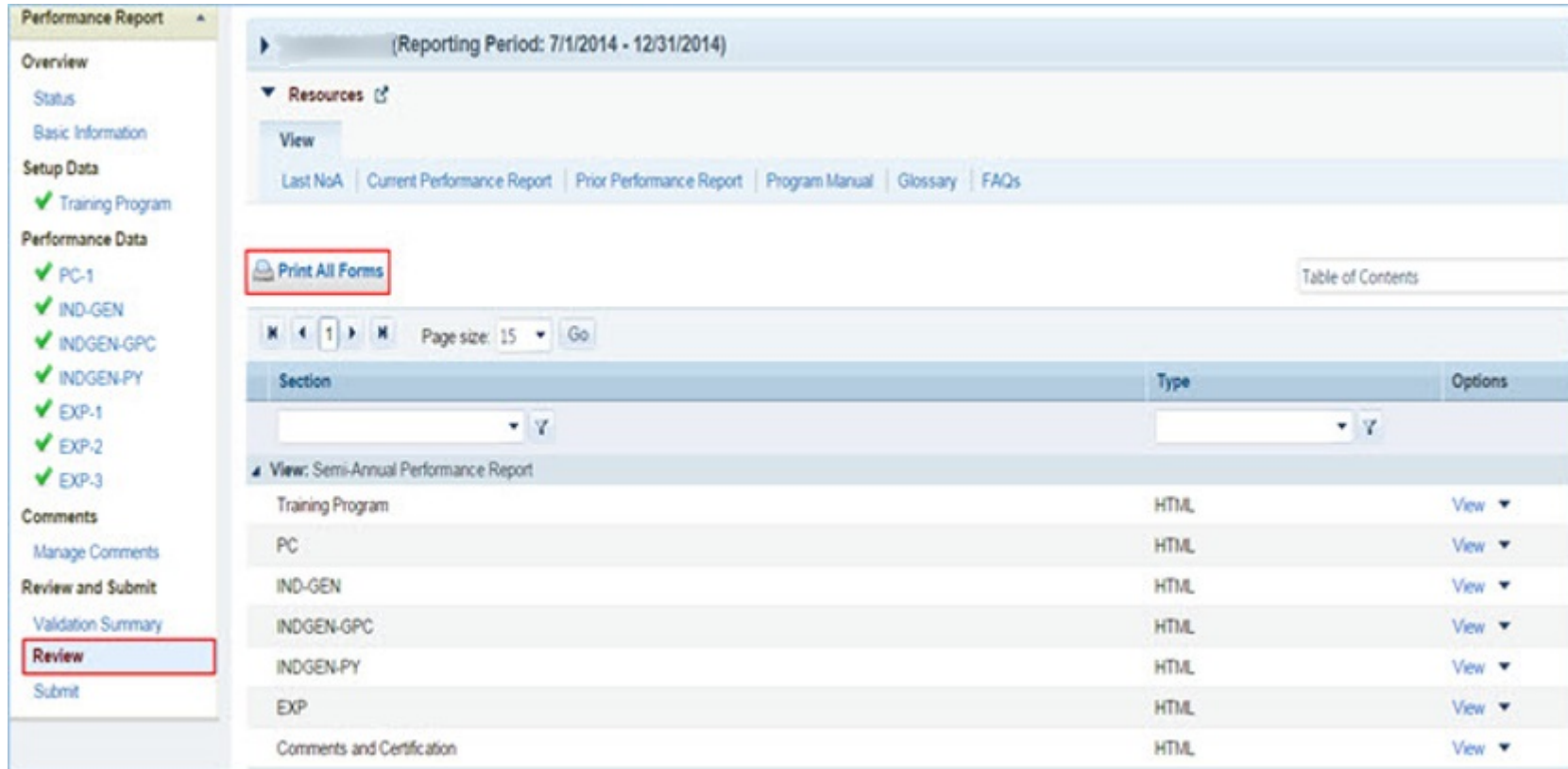
Figure 133. Screenshot of Printing Your Performance Report

Submitting Your Performance Report

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

Figure 134. Screenshot of the Submit Report Page

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

Figure 135. Screenshot of the Submit Report - Confirm Page

Appendix A: Glossary

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

Appendix B: FAQs

General FAQs

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

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

Is it possible to change data entered incorrectly in a prior reporting period?
No. Data entered in a previous reporting period cannot be edited. It is important that grantees provide accurate data during each reporting period.

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

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

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

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

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

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

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FAQs about Technical Support & Assistance

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

FAQs about the Training Program Setup forms

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

FAQs about the Program Characteristics (PC) forms

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

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

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

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

FAQs about the LR-1 through DV-3 forms

In the LR and DV tables, are the counts for graduates and/or program completers a subset of the total trainee number, or are they to be reported separately?
On the LR and DV forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

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

FAQs about the INDGEN form

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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.

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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.

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