

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Bureau of Health Professions

Division of Nursing

**Nurse Anesthetist Traineeship Program (NAT)
New Competition
Announcement Number HRSA-11-XXX
Catalog of Federal Domestic Assistance (CFDA) No. 93.124**

PROGRAM GUIDANCE

Fiscal Year 2011

Phase 1: Application Due Date in Grants.gov: [\(date\)](#)

Phase 2: Supplemental Information Due Date in EHBs: [\(date\)](#)

Release Date: [\(date\)](#)

Date of Issuance: [\(date\)](#)

Contact Name: Karen Delia Breeden, MPA
Title, Office: Public Health (Program) Analyst, BHPr, Division of Nursing
Tel: (301) 443-5787
Fax: (301) 443-0791

Authority: Title VIII of the Public Health Service (PHS) Act as amended, Sections 811(a)(2) and 811(f), (42 U.S.C. 296j).

APPENDIX B

LIST OF NAT PROGRAM ATTACHMENTS INCLUDED IN THE GUIDANCE

Grants.gov (Phase 1) Submission due date (date)

SF 424 R&R Short Form and HHS Checklist Form PHS-5161.

HRSA's EHBs (Phase 2) Submission due date (date) – Refer to Section IV of this guidance for detailed instructions. See the NAT Attachments and NAT Program Tables and Instructions and NAT Special Consideration Assurance Statement information below.

NAT Attachments

Attachment 1 Full-Time and Part-Time Status / Tuition, Fees and Stipends

Attachment 2 Accreditation Documentation of the Program (i.e. NLN, CCNE, ACNM, United States Department of Education) and Approval Documentation

Attachment 3 Biographical Sketch

(http://www.cdrewu.edu/download/1109_112604_NIH_biosketch.doc)

NAT Program Tables and Instructions

Table 1 - NAT: Enrollment, Traineeship Support and Graduate Data

Table 2 - NAT: Graduate Data – Rural, Underserved, or Public Health

Table 3 - NAT: Ethnicity Data

Table 4 – NAT: Racial / Disadvantaged Data

Table 5 - Age and Gender Data

NAT Special Consideration Assurance Statement

Electronic version of NAT Special Consideration Assurance Statement.

ATTACHMENT 1

FULL-TIME AND PART-TIME STATUS

Provide information on how the applicant institution defines the following:

- (1) Full-time graduate study: ____ (Indicate the number of credit hours or units required)

- (2) Part-time graduate study: ____ (Indicate the number of credit hours or units required)

IMPORTANT NOTE: Institutions are no longer required to provide full-time equivalent (FTE) calculations for part-time enrollees.

TUITION, FEES AND STIPENDS

- (1) Provide the in-state and out-of-state tuition costs for a full-time and part-time student.

TUITION	Full-Time Students PER YEAR	Part-Time Students PER CREDIT HOUR
Tuition: In-State		
Tuition: Out-of-State		

- (2) Based on the “Projected Student Enrollees” (full-time and part-time) reported on Table 1, indicate the **total cost of tuition and fees** that would be required to support all the graduate students eligible for support from July 1, 2010 - June 30, 2011, if funds were available: \$_____.

- (3) Indicate the **total cost of stipend support** that would be required to support all the graduate students eligible for support from July 1, 2010 - June 30, 2011 based on \$8,800 for a 12-month period, if funds were available: \$_____

ATTACHMENT 2

Accreditation Documentation of the Program (CCNE, NLNAC, COA, ACNM letter or certificate; letter from the United States Department of Education providing reasonable assurance of accreditation) for your Program(s) and also include a statement regarding accreditation with the complete expiration date (examples 02/31/2012 or May 31, 2017 for Spring 2017).

Also attach Approval Documentation if applicable.

Failure to provide documentation of accreditation with the HRSA program application will render the application non-responsive and the application will not be considered for funding under this announcement.

**Nurse Anesthetist Traineeship Program (NAT)
Tables and Instructions and Special Consideration Assurance Statement**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0305. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

NOTE: Once the application has been successfully submitted by the applicant into Grants.gov, the applicant will receive an email from HRSA within 7 business days. This email will provide instructions and necessary information needed to access your application through HRSA EHBs. This email will be sent to the authorizing official, the business official, the point of contact and the project director listed on the face page of the application.

Data for Tables 1 through 4 for the Nurse Anesthetist Traineeship Program must be entered electronically via the HRSA Electronic Handbook (EHB) along with the electronic version of the NAT Special Consideration Assurance Statement.

Copies of these tables are included in the application guidance for your reference. Do not include them as part of the Grants.gov application submission, since you will be entering the data online in the electronic handbook after receiving the instructions from HRSA.

Complete the following table(s) electronically, as appropriate, summarizing enrollment, student support, graduate data, and enrollment projections:

- NAT Tables and Instructions
 - Table 1 - NAT: Enrollment, Traineeship Support and Graduate Data
 - Table 2 - NAT: Graduate Data – Rural, Underserved, or Public Health
 - Table 3 - NAT: Ethnicity Data
 - Table 4 – NAT: Racial / Disadvantaged Data
 - Table 5 - Age and Gender Data

NAT PROGRAM TABLES AND INSTRUCTIONS 1-4

Applicants must adhere to the table instructions to ensure that the data provided are accurate and complete.

Schools are encouraged to consult with Program Staff for technical assistance prior to submitting the grant application.

Table 1 - NAT: Enrollment, Traineeship Support and Graduate Data

Complete Table 1 summarizing student enrollment, student support, graduates, graduates supported and projected student enrollment. Instructions for completing Table 1 are below.

STUDENTS	Total # of Full-time Students Enrolled As of 10/15/10	Total # of NAT Students Supported 7/1/09 – 6/30/10	Total # of Graduates 7/01/09-6/30/10	Total # of NAT Graduates Supported 7/01/09-6/30/10	Total # of NAT Students Projected As of 10/15/11
# Students in <u>First 12 Months of Study</u>		N/A	N/A	N/A	
# Master's Students <u>Beyond First 12 Months of Study</u>					
# Doctoral Students <u>Beyond First 12 Months of Study</u>					
GRAND TOTAL					

NOTES: (1) Students should not be double counted. (2) Only students beyond the first 12 Months of Study are supported by the NAT Program. NAT students in the first 12 Months of Study are supported under the AENT Program. (3) Data for Students in first 12 Months of Study is collected for data analysis and reconciliation with the AENT Program only.

Instructions for Completing Table 1 - NAT:

IMPORTANT NOTES:

Do not double count a student as both an Enrollee and a Graduate.

- **Enrollees** – Students that are enrolled in an Advanced Education Nursing Program and have not graduated or completed the program by 10/15/10.
- **Graduates** – Students who have successfully completed all educational requirements for a specified Advanced Education Nursing Program of study or have met the eligibility requirements for an Advanced Education Nursing Master’s or Doctoral degree or Nurse-Midwifery Certificate between 07/01/09-06/30/10.

REPORT:

1. Students who received traineeship support from 07/01/09-06/30/10 and graduated, under "TOTAL # OF GRADUATES SUPPORTED".
2. Students who received traineeship support from 07/01/09-06/30/10 and **did not** graduate, under "STUDENTS SUPPORTED BY TRAINEESHIPS."

\$ **All applicants should complete this table.**

\$ Do not make any changes to this table.

\$ For “**Total # of Full-time Students Enrolled**”, enter the total number of full-time students enrolled as of 10/15/10.

\$ For “**Total # of NAT Students Supported**”, enter the total number of students (Master’s and Doctoral) supported from July 1, 2009 - June 30, 2010 who have received Nurse Anesthetist Traineeship support.

\$ For “**Total # of Graduates**”, enter the total number of graduates who completed degree requirements between July 1, 2009 and June 30, 2010. If this is a new program, enter “0” in the “Total # of Graduates” column.

\$ For “**Total # of NAT Graduates Supported**”, enter the total number of graduates who received NAT support and completed degree requirements between July 1, 2009 and June 30, 2010. If this is a new program, enter “0” in the “Total # of NAT Graduates” column.

\$ For “**Total # of NAT Students Projected**”, enter the total number of students projected to enroll by October 15, 2011.

Table 2 - NAT: Graduate Data - Rural, Underserved, or Public Health (7/01/09-6/30/10)

Complete Table 2, as appropriate, providing data on the number of graduates who completed degree requirements between 7/1/09-6/30/10 who spend at least 50 percent of their work-time in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Instructions for completing Table 2 are below.

Practice Settings	Nurse Anesthetists
Community Health Centers	
Migrant Health Centers	
Health Care for the Homeless Grantees	
Public Housing Primary Care Grantees	
Rural Health Clinics	
National Health Service Corps Sites	
Indian Health Service Sites/Tribal Health Sites	
Federally Qualified Health Centers	
Health Professional Shortage Areas (HPSAs)	
State or Local Health Departments	
Ambulatory Practice Sites Designated by State Governors	
Other Rural or Underserved Population – specify	
Total Number of Graduates in these Settings (from 07/01/09 – 06/30/10)	
Total Number of Graduates (from 07/01/09 – 06/30/10)	
Percentage of Graduates in these Settings	
Total Number of Graduates Supported by Traineeships from 07/01/09 to 06/30/10 working in these Settings	

Instructions for completing Table 2 - NAT:

- **All applicant institutions requesting the Statutory Funding Preference must complete this table.**
- Do not make any changes to this table.
- Data on this table should reflect only the **number of nurse anesthetist graduates** who completed degree requirements between 07/01/2009 and 06/30/2010.
- Although a graduate’s practice site may qualify under more than one category, each individual graduate should be reported only once.
- Enter the total number of **“Nurse Anesthetist” graduates** employed in each of the **“Practice Settings”** listed.
- Enter the **“Total Number of Graduates in these Settings”** working in the identified settings from 07/01/2009 – 06/30/2010).
- Enter the **“Total Number of Graduates”** completing degree requirements between 07/01/2009 and 06/30/2010.
- Enter the **“Percentage of Graduates in these Settings”** working in the identified settings (“Total Number of Graduates in these Settings” divided by the “Total Number of Graduates”).
- Enter the **“Total Number of Graduates Supported by Traineeships”** who completed degree requirements between 07/01/2009 and 06/30/2010 and worked in the identified setting. This information is for data analysis and data collection **only**.

TABLE 3 - NAT: Ethnicity Data

On the following Table 3, provide the **total number of Hispanic or Latino enrollees, students supported, graduates and graduates supported reported on Table 1**. All race categories should **also** be included in the Not Hispanic or Latino column. If your institution does not track this data, enter the information in the Unreported/Unavailable column. Instructions for completing Table 3 are below.

	Hispanic or Latino	Not Hispanic or Latino	Unreported/ Unavailable	TOTAL
ENROLLEES (As of 10/15/10)				
STUDENTS SUPPORTED (7/1/09-6/30/10)				
GRADUATES (7/1/09-6/30/10)				
GRADUATES SUPPORTED (7/1/09-6/30/10)				

Instructions for completing Table 3:

- Enter the total number of **“Enrollees”** by category and the “total” for students enrolled **as of 10/15/2010**. This total number should only include full-time, **second year and beyond** nurse anesthetist supported students (do not include first year nurse anesthesia students in this total number).
- Enter the total number of **“Students Supported”** by category and the “total” for students supported **7/01/2009 and 6/30/2010**. This total number should only include full-time, **second year and beyond** nurse anesthetist supported students (do not include first year nurse anesthesia students in this total number).
- Enter the total number of **“Graduates”** by category and the “total” for graduates who completed degree requirements between **7/01/2009 and 6/30/2010**.
- Enter the total number of **“Graduates Supported”** by category and the “total” for graduates supported that completed degree requirements between **7/01/2009 and 6/30/2010**.

IMPORTANT NOTES: Enrollees, Students Supported, Graduates and Graduates Supported are the total numbers from Tables 1,2,3 separated and reported as Hispanic or Latino and Not Hispanic or Latino.

If your institution does not track this data or you do not know the ethnicity of the student, include those numbers in the Unreported/Unavailable column.

TABLE 4 - NAT: Racial/Disadvantaged Data

On the following Table 4, provide the **total number of enrollees, students supported, graduates and graduates supported reported on Table 1** by race/disadvantaged category. Instructions for completing Table 4 are below.

	American Indian or Alaska Native	Underrepresented Asian Subgroup*	Asian (Not Under-Represented)	Black or African American	Native Hawaiian or Other Pacific Islander	White: Disadvantaged	White: Not-Disadvantaged	More than one race	Unreported/Unavailable Student Ethnicity	TOTAL
ENROLLEES (As of 10/15/10)										
STUDENTS SUPPORTED (7/1/09-6/30/10)										
GRADUATES (7/1/09-6/30/10)										
GRADUATES SUPPORTED (7/1/09-6/30/10)										

*Any Asian *other than* Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Instructions for completing Table 4:

- Enter the total number of “**Enrollees**” by category and the “total” for students enrolled **as of 10/15/2010**. This total number should only include full-time, **second year and beyond** nurse anesthetist supported students (do not include first year nurse anesthesia students in this total number).
- Enter the total number of “**Students Supported**” by category and the “total” for students supported **7/01/2009 and 6/30/2010**. This total number should only include full-time, **second year and beyond** nurse anesthetist supported students (do not include first year nurse anesthesia students in this total number).
- Enter the total number of “**Graduates**” by category and the “total” for graduates who completed degree requirements between **7/01/2009 and 6/30/2010**.
- Enter the total number of “**Graduates Supported**” by category and the “total” for graduates supported that completed degree requirements between **7/01/2009 and 6/30/2010**.

IMPORTANT NOTES: Enrollees, Students Supported, Graduates and Graduates Supported that do not report ethnicity or racial / disadvantaged status must be reported in the “Unreported / Unavailable” column.

Also, indicate and include the Racial category of the Hispanic / Latino’s that are reported on Table 3 in each row count on Table 4 as appropriate. A Hispanic / Latino can be White, Black, Asian, Native American or More Than One Race.

When data is not captured for Hispanics / Latinos, include the numbers in the Unreported / Unavailable column.

- Use the following definitions from the OMB standards for the classification of Federal data on ethnicity and race for the identified **ethnicity/racial categories**:

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: a person having origins in any of the black racial groups of Africa.

Hispanic or Latino: a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race. The term “Spanish Origin” can be used in addition to “Hispanic or Latino”.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

More than one race: a person reporting more than one race.

◀ Use the following definition for **low-income populations** to determine Disadvantaged status:

The Secretary defines a **“low income family”** for programs included in Titles III, VII and VIII of the Public Health Service Act as a family having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A “family” is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student's parents to compute low income status, while, a few programs, depending upon the legislative intent of the program, programmatic purpose of the low income level, as well as the age and circumstances of the average participant, will use the student's family income, as long as he or she is not listed as a dependent upon the parents' tax form. The Department's poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index.

The Secretary annually adjusts the low income levels based on the Department's poverty guidelines and makes them available to persons responsible for administering the applicable programs.

The income figures below have been updated to reflect increases in the Consumer Price Index through **December 31, 2008.**

Income	
Size of parents' family *	level **
1.....	\$21,660
2.....	29,140
3.....	36,620
4.....	44,100
5.....	51,580
6.....	59,060
7.....	66,540
8.....	74,020

* Includes only dependents listed on Federal income tax forms. Some programs will use the student's family rather than his or her parents' family.

** Adjusted gross income for calendar year 2008.

TABLE 5 – NAT: AGE AND GENDER DATA

On the following Table 5, provide data on the **total number of enrollees, students supported, graduates and graduates supported reported on Table 1 by age and gender category. Count each student only once.** Instructions for completing Table 5 are below.

Age and Gender			
	Males	Females	Total
Under 20			
Enrollees (As Of 10/15/10)			
Students Supported (7/1/09-6/30/10)			
Graduates (7/1/09-6/30/10)			
Graduates Supported (7/1/09-6/30/10)			
Unreported/Unavailable			
20-29			
Enrollees (As Of 10/15/10)			
Students Supported (7/1/09-6/30/10)			
Graduates (7/1/09-6/30/10)			
Graduates Supported (7/1/09-6/30/10)			
Unreported/Unavailable			
30-39			
Enrollees (As Of 10/15/10)			
Students Supported (7/1/09-6/30/10)			
Graduates (7/1/09-6/30/10)			
Graduates Supported (7/1/09-6/30/10)			
Unreported/Unavailable			
40-49			
Enrollees (As Of 10/15/10)			
Students Supported (7/1/09-6/30/10)			
Graduates (7/1/09-6/30/10)			
Graduates Supported (7/1/09-6/30/10)			
Unreported/Unavailable			
50-59			
Enrollees (As Of 10/15/10)			
Students Supported (7/1/09-6/30/10)			
Graduates (7/1/09-6/30/10)			
Graduates Supported (7/1/09-6/30/10)			
Unreported/Unavailable			
60 or older			
Enrollees (As Of 10/15/10)			
Students Supported (7/1/09-6/30/10)			
Graduates (7/1/09-6/30/10)			
Graduates Supported (7/1/09-6/30/10)			
Unreported/Unavailable			
TOTAL			

Instructions for completing Table 5:

IMPORTANT NOTES:

Do not double count a student as both an Enrollee and a Graduate.

- **Enrollees** – Students that are enrolled in a Nurse Anesthetist Program and have not graduated or completed the program by 10/15/10.
- **Graduates** – Students who have successfully completed all educational requirements for a specified Nurse Anesthetist Program of study or have met the eligibility requirements for an Nurse Anesthetist Master’s or Doctoral degree between 07/01/09-06/30/10.
- **TOTAL** columns for “**Enrollees, Students Supported, Graduates and Graduates Supported**” by age and gender should each reconcile with the total applicable specific data reported on Table 1.
-
- Enter the total number of “**Enrollees**” “**Students Supported**”, “**Graduates**” and “**Graduates Supported**” by age and gender for each category.
- Enter the total number of “**Enrollees**” by age and gender enrolled **as of 10/15/2010**. This total number should only include full-time, **second year and beyond** nurse anesthetist supported students (do not include first year nurse anesthesia students in this total number).
- Enter the total number of “**Students Supported**” by age and gender and the “total” for students supported **7/01/2009 and 6/30/2010**. This total number should only include full-time, **second year and beyond** nurse anesthetist supported students (do not include first year nurse anesthesia students in this total number).
- Enter the total number of “**Graduates**” by age and gender and the “total” for graduates who completed degree requirements between **7/01/2009 and 6/30/2010**.
- Enter the total number of “**Graduates Supported**” by age and gender and the “total” for graduates supported that completed degree requirements between **7/01/2009 and 6/30/2010**.

NAT PROGRAM

SPECIAL CONSIDERATION ASSURANCE STATEMENT

Applicant requesting “Special Consideration” must assure compliance with the following statement to be uploaded in HRSA EHBS and submitted with the electronic application.

I certify that _____ of the _____ combined total number of Master’s and Doctoral students enrolled beyond the first 12 months of study (Total # of Full-time Students Enrolled from NAT Table 1) as of October 15, 2010 have signed commitments to practice in HPSAs after graduation. The percent of students who have signed commitments is _____.

The school of nursing at the applicant organization will retain the signed commitments for three years. The signed commitments will not be mailed to the HRSA Division of Nursing.