|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attachment D: Revised Grant Application Forms**  **Snapshot of Data Collected in BHPr Applications** | | | | | | | | | | | |  | |  | | | | |  |  | |  | | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PROGRAMS→**  NOTE: Yellow highlight denote programs that have separate OMB clearance for collecting data. | | | Advanced Education Nursing Traineeship | Advanced Nursing Education Grants | Area Health Education Centers Infrastructure Development & Point of Service Maintenance & Enhancement | Centers of Excellence | Comprehensive Geriatric Education Program | Geriatric Academic Career Award | Geriatric Education Centers | Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions | Graduate Psychology Education Programs | Health Careers Opportunity Program | Nurse Anesthetist Traineeships | | Nurse Education Practice, Quality and Retention | | Nurse Faculty Loan Program | Nursing Assistant and Home Health Aide Program | Nursing Workforce Diversity | Primary Care Training and Enhancement Programs | Public Health Traineeship | | Public Health Training Centers | | Preventive Medicine Residencies | Scholarships for Disadvantaged Students | | State Primary Care Office | | Training in Gen, Ped & Public Health Dentistry | |
| **# Current and/or Projected Enrollment (generally and/or by many variables, field of study, education level, etc.)** | | | X | X |  | X |  |  |  |  |  | X | X | | X | | X |  | X |  | X | |  | | X | X | |  | | X | |
| **# Current and/or Projected Participants/Students(headcount)/Grads** | | | X | X | X |  | X |  |  |  |  | X | X | | X | | X | X | X | X |  | | X | | X | X | |  | | X | |
| **Faculty Data (Race/Ethnicity, FT/PT status, Discipline, etc.)** | | |  | X |  | X |  | X | X |  |  |  |  | |  | |  |  |  |  |  | |  | |  |  | |  | | X | |
| **# Graduates (grant supported and/or not grant supported)** | | | X | X |  | X |  |  |  |  | X |  | X | | X | | X |  |  |  | X | |  | | X | X | |  | | X | |
| **# Program Completers** | | |  |  |  |  |  |  |  | X |  |  |  | | X | |  |  |  | X |  | |  | |  |  | |  | | X | |
| **# Participants/Graduates/Program Completers Serving in Medically Underserved Areas/Communities** | | | X |  |  | X |  |  | X | X | X |  | X | |  | |  |  |  | X | X | |  | | X | X | | X | | X | |
| **# Trainees/Students/Participants/Graduates/Program Completers -Practice Setting** | | | X |  |  |  |  |  |  |  |  |  | X | | X | |  |  |  |  |  | |  | |  |  | |  | | X | |
| **# Trainees/Students/Participants/Graduates/Program Completers -Disadvantaged/Underrepresented** | | |  |  |  |  | X |  |  |  |  |  |  | |  | | X |  | X | X |  | |  | |  | X | |  | | X | |
| **# Trainees/Students/Participants/Graduates/Program Completers-- Demographic Data (race/ethnicity/gender/age, etc.)** | | | X |  |  | X | X |  |  | X |  | X | X | | X | |  |  |  |  |  | |  | | X | X | |  | |  | |
| **# Trainees/Students/Participants by FT or PT status, level of support (prior and/or projected)** | | | X | X |  |  |  |  |  |  |  |  | X | |  | | X |  | X |  |  | |  | |  | X | |  | | X | |
| **Information on Courses/Credit Hours** | | |  | X |  |  | X |  |  |  |  |  |  | |  | | X |  |  |  | X | | X | |  |  | |  | |  | |
| **Information on Area Health Education Centers (# centers, population size, # medical and/or nursing students, etc.)** | | |  |  | X |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  | |  | |  |  | |  | |  | |
| **# Patients Served/# Client Encounters (current and/or projected)** | | |  |  |  |  |  |  |  | X |  |  |  | | X | |  |  |  |  |  | |  | |  |  | |  | |  | |
| **Standardized test/boards pass rates (e.g. NCLEX)** | | |  |  |  |  |  |  |  |  |  |  |  | | X | |  |  | X |  |  | |  | | X |  | |  | |  | |
| **Enrollment/Retention/Graduation Rates** | | |  |  |  |  |  |  |  |  |  |  |  | | X | |  |  | X |  |  | |  | |  | X | |  | |  | |

**Data Collected in Applications by Program**

Below are data elements requesting grantees to provide information in the grant application. View the Bureau of Health Professions website for specific program application instructions http://bhpr.hrsa.gov/. Note: Programs are listed in alphabetical order except in the case of the following program clusters: ***Primary Care Training and Enhancement (PCTE) programs*** (Academic Administrative Units in Primary Care; Physician Faculty Development in Primary Care; Predoctoral Training in Primary Care; Residency Training in Primary Care; Physician Assistant Training), ***Training in General, Pediatric, and Public Health Dentistry programs*** (Pre-doctoral Training in General, Pediatric and Public Health Dentistry, and Dental Hygiene; Post-doctoral Training in General, Pediatric or Public Health Dentistry; Faculty Development Training in General, Pediatric or Public Health Dentistry and Dental Hygiene; and Dental Faculty Loan Repayment) and ***Nurse Traineeship Programs*** (Advanced Education Nursing Traineeships and Nurse Anesthetist Traineeships).

**Advanced Education Nursing Traineeship and Nurse Anesthetist Traineeships**

**Rationale:** The new tables proposed below are to capture more comprehensive data on the nursing traineeship programs to include the funding (award, stipend, tuition, by role, by degree), enrollees, students supported, graduates and graduates supported for both the Advanced Education Nursing Traineeship (AENT) and Nurse Anesthetist Traineeship (NAT) Programs.

The currently established AENT and NAT Tables were previously approved under OMB Approval Number 0915-0305 with an Expiration Date of 03/31/2010.  The approved renewal (revised AENT and NAT Tables) OMB Number is 0915-0305 with an Expiration Date of 03/31/2013.

**Table 1**(To be completed by AENT applicants)

|  |  |
| --- | --- |
| Dollar amount awarded per student? |  |
| Stipend amount awarded per student? |  |
| Tuition amount awarded per student? |  |
| Number of additional students you could fund if your institution received more traineeship funding? |  |
| What are the criteria used by your institution for selecting recipients and determining the amount of the award per student? |  |
| How would your institution use additional traineeship funds such as increase the award to current students, increasing the number of students who would be awarded funds or providing full educational costs and tuition to a few students? |  |
| What other sources of funding supplement the AENT funds? |  |
| What is the unmet need in terms of traineeship funding for students? |  |
| How does your institution track where students are working after graduation? |  |

**FULL-TIME AND PART-TIME STATUS** (To be completed by AENT applicants)

Provide information on how the applicant institution defines the following:

(1) Full-Time graduate study: \_\_\_\_ (Indicate the number of credit hours or units required per term)

(2) Part-Time graduate study: \_\_\_\_ (Indicate the number of credit hours or units required per term)

*IMPORTANT NOTE: Institutions are no longer required to provide Full-Time equivalent (FTE) calculations for Part-Time enrollees.*

**TUITION, FEES AND STIPENDS** (To be completed by AENT applicants)

(1) Provide the In-State and Out-of-State tuition costs for a Full-Time and Part-Time students.

|  |  |  |
| --- | --- | --- |
| **Tuition** | **Full-Time Students** | **Part-Time Students** |
|
| Tuition: In-State |  |  |
| Tuition: Out-of-State |  |  |

(2) Indicate the **total cost of stipend support** that would be required to support all the graduates eligible for support from July 1, 2010 - June 30, 2011 based on $21,180 for a 12-month period, if funds were available:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_**

(3) Based on the “Projected Student Enrollees” (Full-Time and Part-Time) reported on Tables 1-3, 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:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**ACCREDITATION** (To be completed by AENT and NAT applicants)

(1) Include the complete Accrediting Expiration Date (i.e. 02/31/2012 or March 20, 2017 for Spring 2017).

(2) Include the actual accreditation documentation – accreditation letter, accreditation certificate, letter of reasonable assurance as Attachment 2.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name** | **Application Tracking Number** | **Accrediting Expiration Date(s)** | **Accrediting Agency(ies)** | **Status (Full, Provisional)** | **Pending Site Visit** | **Compliance Concerns** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**AENT FUNDING BY ROLE** (To be completed by AENT applicants)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Role** | **Amount Allocated** | **Number of Full-Time  Students Supported by Traineeship** | **Number of Part-Time  Students Supported by Traineeship** | **Number of Full-Time Graduates Supported by Traineeship** | **Number of Part-Time Graduates Supported by Traineeship** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**AENT FUNDING BY DEGREE** (To be completed by AENT applicants)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree** | **Amount Allocated** | **Number of Full-Time  Students Supported by Traineeship** | **Number of Part-Time  Students Supported by Traineeship** | **Number of Full-Time Graduates Supported by Traineeship** | **Number of Part-Time Graduates Supported by Traineeship** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**FULL-TIME STATUS** (To be completed by NAT applicants)

*Note:  NAT supports Full-Time study only*

Provide information on how the applicant institution defines the following:

(1) Full-Time graduate study: \_\_\_\_ (Indicate the number of credit hours or units required)

**TUITION, FEES AND STIPENDS** (To be completed by NAT applicants)

(1) Provide the In-State and Out-of-State tuition costs for Full-Time students.

|  |  |
| --- | --- |
| **Tuition** | **Full-Time Students** |
| **PER YEAR** |
| Tuition:  In-State |  |
| Tuition:  Out-of-State |  |

(2) Based on the “Projected Full-Time Student Enrollees” 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 $21,180 for a 12-month period, if funds were available:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_**

**Advanced Nursing Education**

**Rationale**: This data will provide the application reviewers with information regarding the proposed educational level, advanced nursing education role to be implemented along with the number of projected student enrollment and graduation based on the amount of funding that is requested by the applicant.

**Proposed Project Specific Advanced Nursing Education Program Data Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** |  | | | |
| **Educational Level** |  | | | |
| **Advanced Education Nursing Role** |  | | | |
| **Nursing Specialty** |  | | | |
| **Special Emphasis Area** |  | | | |
| **Students** | Most Recent as of 10/15/20xx | Projected Year 01 | Projected Year 02 | Projected Year 03 |
| **Continuing Enrolled Students** |  |  |  |  |
| Full-Time |  |  |  |  |
| Part-Time |  |  |  |  |
| **Newly Enrolled Students** |  |  |  |  |
| Full-Time |  |  |  |  |
| Part-Time |  |  |  |  |
| ***Total Headcount*** |  |  |  |  |
|  |  |  |  |  |
| **Graduates** | **7/1/xx – 6/30/xx** | **Projected 01** | **Projected 02** | **Projected 03** |

**Curriculum Information**

**Rationale:** This table will help thereviewers assess the curriculum/plan of study that proposed project will administer to ensure that based on the specialty and role there are enough clinical and didactic hours for the students.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specialty:** |  | | | |
| **Course Title** | **Course Description** | **Semester/ quarter offered** (fall, spring, summer) | **# of academic credits hours** | **# of clinical and didactic hours (if applicable)** |
|  |  |  |  |  |
|  |  |  |  |  |

**Preference and Accreditation Data Tables**

**Rationale**: As per the authorizing legislation, all nursing programs must be accredited by an agency recognized by the Department of Education. This table helps summarize accreditation documentation that must accompany the application.

**Accreditation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education Program** | **Name of Nursing Accrediting Agency** | **Expiration Date** | **Date of Next Site Visit (if applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Preference Request Table** (only one preference can be requested)

|  |  |
| --- | --- |
| **Preference** | **Requested** Yes or No |
| Substantially benefit rural populations |  |
| Substantially benefit underserved populations |  |
| Help meet Public Health Nursing needs in state or local health departments |  |

**Area Health Education Centers Infrastructure Development and Area Health Education Centers Point of Service Maintenance and Enhancement**

Note: The Area Health Education Centers Infrastructure Development and Area Health Education Centers Point of Service Maintenance and Enhancement Funding Opportunity Announcements (FOAs) are typically combined. The data requested for each program is the same.

**Rationale**: Applicants must provide data to demonstrate compliance with the legislative mandate that recipients conduct at least 10 percent of required medical student clinical education at community settings remote from the primary teaching facility of the contracting institution for awardees that operate a school of medicine or osteopathic medicine. In States in which a school of nursing, or its parent institution is the recipient, the nursing school or its parent institution shall submit data documenting that at least 10 percent of clinical education for nursing students is conducted in community settings that are remote from the primary teaching facility of the school.

**MEDICAL/NURSING SCHOOL 10 PERCENT REQUIREMENT** **TABLE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Awardee Medical/Nursing School** | **Cooperating Medical/Nursing School** | **Cooperating Medical/Nursing School** | **Cooperating Medical/Nursing School** | **Cooperating Medical/Nursing School** |
|  | **Example** |  |  |  |  |
| **(A) Total Medical /Nursing Undergraduate Clinical Education Student-Weeks at or Sponsored by AHEC Each Year** | **953** |  |  |  |  |
|  | **Example** |  |  |  |  |
| **(B) Total Medical/Nursing Undergraduate Clinical Education Student-Weeks of the School's 4 Year Curriculum** | **9530** |  |  |  |  |
|  |  |  |  |  |  |
| **A ÷ B** | **10 Percent** |  |  |  |  |

**WORKSHEET EXAMPLE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EXAMPLE** | | | | | | | |
| **Academic Year** | **# of Required Clinical Weeks** | **X** | **# of Students** | **Total Student Weeks** | **X** | **10%** | **AHEC Student Weeks** |
| **1** | **0** | **X** | **100** | **0** | **X** | **10%** | **0** |
| **2** | **20** | **X** | **95** | **1900** | **X** | **10%** | **190** |
| **3** | **30** | **X** | **91** | **2730** | **X** | **10%** | **273** |
| **4** | **50** | **X** | **98** | **4900** | **X** | **10%** | **490** |
|  | **100** | **X** | **384** | **9530** | **X** | **10%** | **953** |
| **MINIMUM AHEC STUDENT WEEKS = 953** | | | | | | |  |

*NOTE: A student week of clinical education totals 40 hours, completed in either five consecutive days or cumulatively over time.*

**AHEC Program and Center(s) Service Area Table**

**Rationale:** Applicants must provide descriptive data of their AHEC programs and centers. The use of a table provides a standardized format that will be required of and used by all AHEC programs as a strategy to collect uniform information across the entire network.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AHEC Program:** | | | **Date:** |  | **Grant #:** |  |
|  | | |
| Program Office | Program Director (Include Credentials/Discipline) | Address, City, Zip Code | # of AHEC Programs in the State | # of Counties in the State | Total # of Counties Served by the Program | Population Size (State) |
| (Street Address Where Possible) |
|  |  |  |  |  |  |
| # of Federally Funded AHEC Centers: | |  |  |  |  |  |
| AHEC Center | Center Director (Include Credentials/Discipline) | Address, City, Zip Code | # of Counties Served | Names of Counties Served by the AHEC Center (List in Alpha Order) | Population Size of County | Reference # on Service Area Map\* |
| (Street Address Where Possible) |
|  |  |  |  |  |  |

**Centers of Excellence**

**Rationale**: The applicant must clearly identify the trend in the actual enrollment of underrepresented minority (URM) students, as stated in the legislation and funding opportunity announcement, in order for the Objective Review Committee to determine whether application meets the criteria of URM Centers of Excellence.

**Number of URM Students and Graduates in Health Professions School of Selected Discipline for COE**

(Unduplicated Count)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total Number students in Entering Class | | | | | Total Number of Students in Graduating Class | | |
|  | Class 2007 | Class 2008 | Class 2009 | Class 2010 | Class 2011 | Class 2009 | Class 2010 | Class 2011 |
| **Hispanic/Latino and Black or African American** |  |  |  |  |  |  |  |  |
| **[[1]](#footnote-1)Hispanic/Latino and Native American** |  |  |  |  |  |  |  |  |
| **Hispanic/Latino and Other Pacific Islands** |  |  |  |  |  |  |  |  |
| **Hispanic/Latino and Asian, Under-represented \*** |  |  |  |  |  |  |  |  |
| **Hispanic/Latino and Asian, Non-under-represented** |  |  |  |  |  |  |  |  |
| **Hispanic/Latino and White** |  |  |  |  |  |  |  |  |
| **Non-Hispanic/Latino and Black or African American** |  |  |  |  |  |  |  |  |
| **Non-Hispanic/Latino and Native American** |  |  |  |  |  |  |  |  |
| **Non-Hispanic/Latino and Other Pacific Islands** |  |  |  |  |  |  |  |  |
| **Non-Hispanic/Latino and Asian, Under-represented** |  |  |  |  |  |  |  |  |
| **Non-Hispanic/Latino and Asian, Non-under-represented** |  |  |  |  |  |  |  |  |
| **Non-Hispanic/Latino and White** |  |  |  |  |  |  |  |  |
| **Total URMs** |  |  |  |  |  |  |  |  |
| **Total Non-URMs** |  |  |  |  |  |  |  |  |
| **Total Number of Students** |  |  |  |  |  |  |  |  |

*Total Number of Students and Graduates in School refers to the School applying and implementing the COE program for the students: Osteopathic, Allopathic, Dentistry, Pharmacy, graduate program in behavioral or mental health, or Veterinary Medicine*

## STUDENT CLINICAL TRAINING IN HEALTH CARE SERVICES

*(Required of competing continuation applicants only)*

How many COE Students participated in Health Services Clinical Training at sites located in Community Based Health Facilities in the past 3 years? Identify if it is a Health Professional Shortage Area (HPSA) with an asterisk (\*). Please fill in the number of students, the name and location of the training site and the average number of days per student.

|  |  |  |
| --- | --- | --- |
| **Number of Students** | **Name/Location of Training Site** | **Average # of days per student** |
|  |  |  |
|  |  |  |

**Number of Hispanic and Latino Faculty in School[[2]](#footnote-2)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Total Number of Full-Time Faculty** | | | | | | **Total Number of Full-Time Faculty** | | | | | | **Total Number of Part-Time Faculty** | | | | | | **Total Number of Part-Time Faculty** | | | | | |
| **Academic Year 2009 - 2010** | | | | | | **Academic Year 2010 to 2011** | | | | | | **Academic Year 2009 - 2010** | | | | | | **Academic Year 2010 - 2011** | | | | | |
|  | Osteo | Allo | Den | Pharm | Vet | B/M Health | Osteo | Allo | Dent | Pharm | Vet | B/M Health | Osteo | Allo | Dent. | Pharm | Vet | B/M Health | Osteo | Allo | Dent. | Pharm | Vet | B/M Health |
| **African American** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Native American** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Asian** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Caucasian** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Unknown** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **>1 race** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Faculty** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Vacancies** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Number of Non-Hispanic and Non-Latino Faculty in School**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Total Number of Full-Time Faculty** | | | | | | **Total Number of Full-Time Faculty** | | | | | | **Total Number of Part-Time Faculty** | | | | | | **Total Number of Part-Time Faculty** | | | | | |
| **Academic Year 2009 - 2010** | | | | | | **Academic Year 2010 to 2011** | | | | | | **Academic Year 2009 - 2010** | | | | | | **Academic Year 2010 - 2011** | | | | | |
|  | Osteo | Allo | Dent | Pharm | Vet | B/M Health | Osteo | Allo | Dent | Pharm | Vet | B/M Health | Osteo | Allo | Dent | Pharm | Vet | B/M Health | Osteo | Allo | Dent | Pharm | Vet | B/M Health |
| **African American** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Native American** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Asian** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Caucasian** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Unknown** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **>1 race** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Faculty** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Vacancies** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Comprehensive Geriatric Education Program**

**Project Specific Courses and Participants by Category**

**Rationale**: The legislation requires applicants to train individuals who will provide geriatric care for the elderly, develop curricula relating to the treatment of health problems of elderly individuals, train faculty in geriatrics, or provide continuing education to individuals who provide geriatric care. The application must contain a projected list of courses to demonstrate the degree to which these statutory purposes may be addressed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Education Courses by Title** | **Academic Credit by Credit Hours** | **Continuing Education by Contact Hours** | **No. of times the Course will be offered each year** | **Lay and Family Caregivers Yes/No** | **Level of Nursing Personnel** | **Level of Health Professions (Other)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

## Ethnicity Data (one year projections)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Hispanic/Latino** | **Non-Hispanic/Non-Latino** | **Unknown Ethnicity** | **Total** |
| **Participants Projected** (July 1, 20xx thru June 30, 20xx) |  |  |  |  |
| **Faculty Projected** (July 1, 20xx thru June 30, 20xx) |  |  |  |  |

## Minority/Disadvantaged Status Data (one year projections)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | American Indian/ Alaska Native | Under-represented Asian subgroup\* | Asian (Not under-represented) | Black or African American | Native Hawaiian or Other Pacific Islander | White: Disadvantaged | White: Non-Disadvantaged | More Than One Race | Total |
| Projected Participants (7/1/xx-6/30/xx) |  |  |  |  |  |  |  |  |  |
| Faculty Projected  (7/1/xx-6/30/xx) |  |  |  |  |  |  |  |  |  |

**\***Any Asian subpopulation ***other than*** Chinese, Filipino, Japanese, Korean, Asian Indian or Thai is considered underrepresented.

**Geriatric Academic Career Award**

**Rationale:** The purpose of the Geriatric Academic Career Award is to promote the career development of geriatric specialists in academia. This table provides information related to a previous Geriatric Academic Career Awardees’ promotion status.

**Table 1**

|  |  |  |
| --- | --- | --- |
| **Information** | **Yes** | **No** |
| 1. Did the Awardee ever receive a GACA award before? | Provide the specific period of the previous GACA award:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|
| 2. Did the Awardee apply for promotion? | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Outcome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Did the Awardee receive promotion during the last award period? | Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Assistant professor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Associate professor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. If no to questions 2 and 3, when does the Awardee plan on applying for promotion? | Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**Mentor Table**

**Rationale:** The mentor plays a key role in the professional development of the Geriatric Academic Career Awardee. The table below provides information that addresses the requirements for the mentor.

|  |  |  |
| --- | --- | --- |
| **Information** | **Yes** | **No** |
| 1. Is the mentor from the same discipline as the applicant? |  |  |
| 2. Does the mentor hold a Full-Time academic appointment in an accredited school of medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy or allied health at the same institution as the project director? |  |  |
| 3. Does the mentor hold a position at the professor or associate professor level? |  |  |
| 4. Is the mentor prepared at the doctoral level? |  |  |
| 5. Did the mentor complete specialty training in geriatrics as required by the discipline and relevant certification in geriatrics as required by the discipline?  *(If yes, provide the expiration date for certification in geriatrics as required by the discipline).* |  |  |

Note: Physician mentors are required to have a current Certificate of Added Qualification in geriatrics.

**Geriatric Education Centers**

**Statutory Funding Preference for Medically Underserved Communities Request Form**

|  |  |  |
| --- | --- | --- |
| **Sites** | **Number of Training Sites** | |
| **Academic Year 2011-2012** | **Academic Year 2012-2013** |
| Community Health Centers |  |  |
| Migrant Health Centers |  |  |
| Health Care for the Homeless |  |  |
| Public Housing Primary Care |  |  |
| Rural Health Clinics |  |  |
| Indian Health Service Sites |  |  |
| State or Local Health Departments |  |  |
| Ambulatory Practice Sites Designated by State Governors |  |  |
| Governor Certified Areas |  |  |
| **Total # of Graduates or Completers in these sites** |  |  |
| **Total # of Graduates or Completers** |  |  |
| **Percentage of Graduates or Completers in these sites** |  |  |

|  |  |  |
| --- | --- | --- |
| **Settings** | **Number of Training Sites Per Setting** | |
| **Academic Year 2011-2012** | **Academic Year 2012-2013** |
| Federally Qualified Health Centers (FQHC) |  |  |
| Health Professional Shortage Area and Dental (HPSA) |  |  |
| Medically Underserved Communities (MUC) |  |  |
| Rural |  |  |
| National Health Service Corps Sites |  |  |
| **Total # of Graduates or Completers in these sites** |  |  |
| **Total # of Graduates or Completers** |  |  |
| **Percentage of Graduates or Completers in these sites** |  |  |

**Rationale**: This table provides quantitative documentation of the applicant’s projected commitment to this initiative and is used in evaluating the outputs of this initiative.

**Faculty Development Data Table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Number of Faculty Trained** | | |  | |
| **Discipline** | **Projected Data** | **Projected Data** | **Projected Data** | **Projected Data** | **Projected Data** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Art Therapy** |  |  |  |  |  |
| **Allopathic Medicine** |  |  |  |  |  |
| **Audiology** |  |  |  |  |  |
| **Chiropractic** |  |  |  |  |  |
| **Counseling** |  |  |  |  |  |
| **Dental Hygiene** |  |  |  |  |  |
| **Dentistry** |  |  |  |  |  |
| **Dietetic/ Nutrition** |  |  |  |  |  |
| **Gerontology** |  |  |  |  |  |
| **Health Care Admin** |  |  |  |  |  |
| **Health Education** |  |  |  |  |  |
| **Home Economics** |  |  |  |  |  |
| **Nursing** |  |  |  |  |  |
| **Occupational Therapy** |  |  |  |  |  |
| **Optometry** |  |  |  |  |  |
| **Osteopathic Medicine** |  |  |  |  |  |

**Faculty Development Data Table (continued)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Number of Faculty Trained** | | | |  |
| **Discipline** | **Projected Data** | **Projected Data** | **Projected Data** | **Projected Data** | **Projected Data** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|  |  |  |  |  |
| **Pharmacy** |  |  |  |  |  |
| **Physical Therapy** |  |  |  |  |  |
| **Physician Assistants** |  |  |  |  |  |
| **Podiatry** |  |  |  |  |  |
| **Psychology** |  |  |  |  |  |
| **Public Health** |  |  |  |  |  |
| **Recreational Therapy** |  |  |  |  |  |
| **Respiratory Therapy** |  |  |  |  |  |
| **Social Work** |  |  |  |  |  |
| **Sociology** |  |  |  |  |  |
| **Speech Pathology** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

**Geriatric Training Programs for Physicians, Dentists, and Behavioral and Mental Health Professions**

**Statutory Funding Preference Request for Medically Underserved Communities (MUC) Form** *(Same as form for Geriatric Education Centers, p. 17)*

**Total Number of Completers/Graduates (for Competing Continuation Applicants)**

**Rationale:** The applicant must provide trend data that demonstrates their recruitment of underrepresented minority individuals into the program and placing graduates in academic and Medically Underserved areas Areas (MUA).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Discipline/ Specialty (Complete separate tables per discipline/ specialty)** | **Year** | **Gender** | **Race/ Ethnicity** | **Number of Graduates in Academia Full-Time** | **Number of Graduates in Academia Part-Time** | **Number of Graduates Working in MUA** | **Number of URM Graduates Working in MUA** | **MUAs used for clinical training** | **Type of Patients Served** |
|  | 2010-2011 |  |  |  |  |  |  |  |  |
|  | 2009-2010 |  |  |  |  |  |  |  |  |
|  | 2008-2009 |  |  |  |  |  |  |  |  |
|  | 2007-2008 |  |  |  |  |  |  |  |  |
|  | 2006-2007 |  |  |  |  |  |  |  |  |

**Graduate Psychology Education Programs**

**Statutory Funding Preference Request for Medically Underserved Communities (MUC) Form**

*(Same as form for Geriatric Education Centers, p. 18)*

**Health Careers Opportunity Program (HCOP)**

**HCOP** Discipline Identification (Associate Degree or above)

**Rationale**: The applicant must clearly identify the health disciplines to be targeted by the educational intervention in order for the Objective Review Committee to determine whether the project meets the needs of health professions shortages and diversity in the geographic area.

This is a sample list which provides some but not all of the HCOP Program discipline identifications in which students will have the opportunity to be trained through your program. **Behavioral/Mental Health** Clinical Psychology (Grad) Marriage & Family Therapy (Grad) Clinical Social Work Professional Counselor Gerontology Counselor Mental Health Counselor (Grad) Other Behavior/Mental Health Undecided

**Chiropractic**  **Dental**

**Medicine**  Allopathic Medicine Osteopathic Medicine

**Optometry**  **Pharmacy Physician Assistant Podiatry**

**Public Health**  Environmental Science Epidemiology Health Administration. (Grad) Public Health (Grad) Other Public Health Undecided

**Veterinary Medicine**

**Allied Health**  Audiology (Bacc) Physical Therapy Assist. Audiology (Grad)) Radiologic Tech. (Bacc) Blood Bank Tech. Registered Dietician/Nutrition (Bacc) Dental Hygiene Registered Dietician/Nutrition (Grad) Dental Assistant/Lab Tech) Rehab. Counselor (Grad) Dental Ancillary Respiratory Therapy Emergency Med. Tech Speech-Lang. Path. (Bacc) Health Admin. (Bacc) Speech-Lang. Path. (Grad) Health Information Surgical Tech. Medical Laboratory Tech Veterinary Technician Occupat. Therapy (Grad) Technologist, Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupat. Therapy (Bacc) Occupat. Therapy Assist. Other Health Professions Specify\_\_\_\_\_\_ Physical Therapy (Bacc) Undecided Physical Therapy (Grad) Other, Rehab./ Restorative Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rationale**: Tables A and B (below) provide three-year institutional enrollment trends for the target group, including the target population by school year as compared with total enrollment for the three previous years. These tables are used to determine the applicant institutions level of commitment to disadvantaged students, as well as create a baseline for disadvantaged student enrollment.

***Table A:*** *1st year enrollment of disadvantaged students in Health and/or Allied Health programs, by discipline, for which funding is requested.*

***Table B:*** *Total School Enrollment of disadvantaged students in Health and/or Allied Health Professions schools, by discipline, for which funding is requested.*

**TABLE A**

**NUMBER AND PERCENT DISTRIBUTION OF FIRST-YEAR ENROLLMENT OF Disadvantaged HCOP Students BY RACE/ETHNICITY & YEAR**

*(FOR HEALTH/ALLIED HEALTH PROFESSIONS SCHOOLS ONLY)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*RACE/ETHNICITY | 2008-2009 | | 2009-2010 | | 2010-2011 | |
| Hispanic/Latino and Black or African American | No. | % | No. | % | No. | % |
| [[3]](#footnote-3)Hispanic/Latino and Native American |  |  |  |  |  |  |
| Hispanic/Latino and Other Pacific Islands |  |  |  |  |  |  |
| Hispanic/Latino and Asian, Under-represented\* |  |  |  |  |  |  |
| Hispanic/Latino and Asian, Non-under-represented |  |  |  |  |  |  |
| Hispanic/Latino and White |  |  |  |  |  |  |
| Non-Hispanic/Latino and Black or African American |  |  |  |  |  |  |
| Non-Hispanic/Latino and Native American |  |  |  |  |  |  |
| Non-Hispanic/Latino and Other Pacific Islands |  |  |  |  |  |  |
| Non-Hispanic/Latino and Asian, Under-represented |  |  |  |  |  |  |
| Non-Hispanic/Latino and Asian, Non-under-represented |  |  |  |  |  |  |
| Non-Hispanic/Latino and White |  |  |  |  |  |  |
| Total Disadvantaged Students |  |  |  |  |  |  |
| Total Non‑ Disadvantaged Students |  |  |  |  |  |  |
| Total First Year Enrollment |  | 100% |  | 100% |  | 100% |

**TABLE B**

**NUMBER & PERCENT DISTRIBUTION OF TOTAL SCHOOL ENROLLMENT for DISADVANTAGED BY RACE/ETHNICITY & YEAR** *(****FOR HEALTH/ALLIED HEALTH PROFESSIONS SCHOOLS ONLY)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*RACE/ETHNICITY | 2008-2009 | | 2009-2010 | | 2010-2011 | |
| Hispanic/Latino and Black or African American | No. | % | No. | % | No. | % |
| [[4]](#footnote-4)Hispanic/Latino and Native American |  |  |  |  |  |  |
| Hispanic/Latino and Other Pacific Islands |  |  |  |  |  |  |
| Hispanic/Latino and Asian, Under-represented\* |  |  |  |  |  |  |
| Hispanic/Latino and Asian, Non-under-represented |  |  |  |  |  |  |
| Hispanic/Latino and White |  |  |  |  |  |  |
| Non-Hispanic/Latino and Black or African American |  |  |  |  |  |  |
| Non-Hispanic/Latino and Native American |  |  |  |  |  |  |
| Non-Hispanic/Latino and Other Pacific Islands |  |  |  |  |  |  |
| Non-Hispanic/Latino and Asian, Under-represented |  |  |  |  |  |  |
| Non-Hispanic/Latino and Asian, Non-under-represented |  |  |  |  |  |  |
| Non-Hispanic/Latino and White |  |  |  |  |  |  |
| Total Disadvantaged Students |  |  |  |  |  |  |
| Total Non‑ Disadvantaged Students |  |  |  |  |  |  |
| Total School Enrollment |  | 100% |  | 100% |  | 100% |

**Projected Number of HCOP Trainees and Number of Stipends per Structured Program**

**Rationale**: This table is used to determine whether the applicant is meeting one of the legislative purposes of the program, providing stipends. It is also used by program to classify and quantify stipends of each grantee.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Educational Level** | | | | | | | | | |
|  |
| **Structured Programs** | **Middle School** | | **High School** | | **College/(2-4 yrs)** | | **Post-College/ Pre-Professional** | | **Graduate/ Professional** | |
|  | **# Students** | **# Stipends** | **# Students** | **# Stipends** | **# Students** | **# Stipends** | **# Students** | **# Stipends** | **# Students** | **# Stipends** |
| **Health Professions Academy** |  |  |  |  |  |  |  |  |  |  |
| **Summer Program** |  |  |  |  |  |  |  |  |  |  |
| **Saturday Academies** |  |  |  |  |  |  |  |  |  |  |
| **Pre-Matriculation Program** |  |  |  |  |  |  |  |  |  |  |
| **Post-Baccalaureate Program** |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

**Nurse Education Practice, Quality and Retention**

**Rationale:** The tables for NEPQR will be used to project retention and vacancy rates for the duration of the project. These rates will be compared to the actual rates as the project is completed and used to measure the program’s success with improving retention rates. The remainder of the data tables captures the needed student data for completion of performance measures.

**Table 1: Current and Three Year Projected Enrollment of Students in Nursing Courses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Current Year**  2011-2012 | **Year 1**  2012-2013 | **Year 2**  2013-2014 | **Year 3**  2014-2015 | **Years 1-3**  2012-2015 |
| **Number of Students** |  |  |  |  |  |
| **Annual Percent Increase** |  |  |  |  |  |
| **Total increase in Number and Percent (%) increase** |  |  |  |  |  |

This table is to be completed by NEPQR E1, R1, R3, and E2 as appropriate; and other projects conferring degrees.

**Table 2: Current and Three Year Projected Attrition of Students in Nursing Courses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Year** | **Year 1** | **Year 2** | **Year 3** |
|  | 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 |
| **Number Enrolled in Nursing Program** |  |  |  |  |
| **Attrition Number** |  |  |  |  |
| **Attrition Percentage** |  |  |  |  |

This table is to be completed by NEPQR E1, R1, R3, and E2 as appropriate; and other projects conferring degrees.

**Table 3: Past, Current, and Projected Graduation Rates (2 or More Graduation Dates per Year)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2008** | **2009** | **2011** | **2012** | **2013** | **2014** | **2015** |
| **January Graduates** |  |  |  |  |  |  |  |
| **May Graduates** |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

This table is to be completed by NEPQR E1, R1, R3, and E2 as appropriate; and other projects conferring degrees.

**Table 4: NCLEX – RN Examination First Time Results for Graduates 2008 -2011**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Graduates** | | | | |
|
| **Calendar Year** | **2008** | **2009** | **2010** | **2011** | **Total** |
|
| **Number of Students Taking Exam** |  |  |  |  |  |
|
| **Number of Students Passing Exam** |  |  |  |  |  |
|
| **Percentage “Pass”** |  |  |  |  |  |
|
| **Percentage “Fail”** |  |  |  |  |  |
|

This table is to be completed by NEPQR E1, R1, R3, and E2 as appropriate; and other projects conferring degrees.

**Table 5: NEPQR Projected Number of Project Participants, Type Participants, Requested Budget, and Certification for Each Project Year**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| **Number of Project Participants:** |  |  |  |  |  |  |
| **Target /Type Participant** |  |  |  |  |  |  |
| **Requested Budget:** |  |  |  |  |  |  |
| **Certification** |  |  |  |  |  |  |
| **Type Certification** |  |  |  |  |  |  |
| **CEU’s** |  |  |  |  |  |  |

This table is to be completed by all NEPQR applicants.

**Table 6: NEPQR Practice Purposes Projected Numbers of Undergraduate and Graduate Students, and Patient Encounter Numbers for each year of the Project**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| **Undergraduate Students** |  |  |  |  |  |  |
| **Graduate Students** |  |  |  |  |  |  |
| **Patient Numbers** |  |  |  |  |  |  |
| **Patient Encounters** |  |  |  |  |  |  |

This table is to be completed by the NEPQR Practice Purposes – P1, P2, P3, and P4, as appropriate

**Table 7: Internships and Residences**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Length of I & R program** | **Specialty** | **Career Role/Level** | **Number Supported -Projected** | **Number of Program Completers -Projected** | **Partners/Linkages** |
| **Year 1** |  |  |  |  |  |  |
| **Year 2** |  |  |  |  |  |  |
| **Year 3** |  |  |  |  |  |  |
| **Totals** |  |  |  |  |  |  |

To be completed by Nurse, Education Practice, Quality, and Retention Purpose R2 – Internships and Residences

**Table 8: Nursing Retention and Vacancy Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Core Retention Measures** | **Baseline (prior to start of project)** | **Year 1** | **Year 2** | | **Year 3** | | |
| **Projected** |  | **Projected** | |  | **Projected** | |  |
| Nurse Retention Rate | **%** |  |  |  | |  |  | |  |
| Nurse Vacancy Rate | **%** |  |  |  | |  |  | |  |

To be completed by Nurse Education Practice, Quality, and Retention (purpose R4 only)

**Table 9: Patient Care Core Indicators**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Care Core Indicators** | **Baseline (prior to start of project)** | **YR. 1** | | **YR. 2** | | **YR. 3** | |
|  | **Projected** |  | **Projected** |  | **Projected** |  |
| **1.** | **%** |  |  |  |  |  |  |
| **2.** | **%** |  |  |  |  |  |  |
| **3.** | **%** |  |  |  |  |  |  |
| **4.** | **%** |  |  |  |  |  |  |

To be completed by Nurse Education Practice, Quality, and Retention (purpose R4 only)

**Table 10: Application Data Collection**

|  |  |
| --- | --- |
| **NEPQR APPLICATION DATA COLLECTION** | **Column1** |
| Application /Fed ID # |  |
| Organization |  |
| Project Title |  |
| Project Director /w credentials |  |
| Org Address |  |
| State |  |
| Type of Organization, i.e. PH Dept, |  |
| Am Clinic, Hosp, etc. |  |
| Purpose | Drop down with E1, E2, P1, P2, P3, P4, |
|  | R1, R2, R3, R4 |
| Accrediting Body |  |
| Statutory Funding Preference | Drop down with underserved, rural, and public health |

*To be completed by all NEPQR applicants*

**Table 11: Application Data Collection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NEPQR Application Data Collection** |  |  |  |  |
|  |  |  |  |  |
| **Application Type** | **Yes** | **No** | **Other** | **Not Applicable** |
| New |  |  |  |  |
| New Competing Continuation |  |  |  |  |
| Progress Report |  |  |  |  |
|  |  |  |  |  |
| **Education Institution Type** |  |  |  |  |
| Diploma School of Nursing |  |  |  |  |
| Community College |  |  |  |  |
| Four Year University/College |  |  |  |  |
| HealthCare Facility |  |  |  |  |
| Partnership SON/HCF |  |  |  |  |
| HBCU |  |  |  |  |
| HIS |  |  |  |  |
| Tribal College |  |  |  |  |
|  |  |  |  |  |
| Statutory Funding Preference |  |  |  |  |
|  |  |  |  |  |
| Business Plan included \* P1 only |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Project is operational by January 31 |  |  |  |  |
|  |  |  |  |  |

*To be completed by all NEPQR applicants*

**Nurse Faculty Loan Program**

Note: This is a revision of a Program Specific Data Form (OMB No. 0915-0321) with prior OMB approval for the Nurse Faculty Loan Program (NFLP).

This clearance request is for approval of the modified NFLP Program Specific Data Form which is used by applicants to provide the information required to determine eligibility and the award level. The web-based (online) version of the NFLP Program Specific Data Form was developed and integrated into the existing HRSA Electronic Handbook (EHBs) application module in fiscal year 2009. The online form will be modified to collect minimal additional data from NFLP applicants that will include information on the total number of enrollees, graduates and graduates employed by, the type of nursing degree program, and the nurse practice role. Program wishes to collect additional data on: (1) the educational level; (2) the nursing role, and (3) the age and gender for NFLP student participants and the number of NFLP graduates that obtain nurse faculty employment. The additional data will be used to determine program-specific information related to the advanced nursing degree programs supported under NFLP.

The NFLP Program Data Specific Form will capture program-related information provided by the applicant. NFLP applicants will complete and submit the Program Specific Data Form as an electronic attachment with the required application materials. The form will provide the Federal Government with specific data from the applicant to specify: (1) the amount of the Federal funds requested by the applicant, (2) the expected contribution from the applicant, (3) the student enrollment and graduation data based on current and prospective NFLP loan recipients, (4) the advanced nursing degree programs supported under NFLP, (5) the program accreditation status, (6) the current tuition and fee information for graduate nursing education programs, and (7) the projected NFLP loan fund balance that may be considered as part of the award determination. The data provided in the form are essential for the formula-based criteria used to determine eligibility of the applicant school of nursing, the nursing degree programs offered by the school, and the award amount to the applicant schools. The current electronic data collection capability within the HRSA EHBs is established to streamline the application submission process, enable an efficient award determination process, and serve as a data repository to facilitate reporting on the use of funds and analysis of program outcomes. Additionally, the data will be used to ensure programmatic compliance with the legislative authority and program guidance, to report program accomplishments to policy makers, and to formulate and justify the appropriation to the Office of Management and Budget and Congress.

**TABLE 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nursing Degree Levels** | **NFLP Recipients Enrolled – Did Not Graduate** | **NFLP**  **Graduates** | **NFLP Graduates**  **Employed as Faculty** |
| Masters |  |  |  |
| Post BSN-PhD/DNSc |  |  |  |
| Post BSN-DNP |  |  |  |
| Post MSN-PhD/DNSc |  |  |  |
| Post MSN-DNP |  |  |  |
| TOTAL: |  |  |  |

**TABLE 2**

|  |  |  |
| --- | --- | --- |
| **Role** | **NFLP Recipients Enrolled – Did Not Graduate** | **NFLP**  **Graduates** |
| Primary Care Nurse Practitioner |  |  |
| Acute Care Nurse Practitioner |  |  |
| Nurse-Midwife |  |  |
| Nurse Anesthetist |  |  |
| Clinical Nurse Specialist |  |  |
| Public Health Nurse |  |  |
| Nurse Administrator |  |  |
| Nurse Educator |  |  |
| “Other” Nurse Specialty |  |  |
| TOTAL: |  |  |

**TABLE 3**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ages** | **NFLP**  **Recipients Enrolled (Did Not Graduate)** | | **NFLP**  **Graduates** | | **NFLP**  **Graduates**  **Employed as Faculty** | |
| **Males** | **Females** | **Males** | **Females** | **Males** | **Females** |
| Under 20 |  |  |  |  |  |  |
| 20-29 |  |  |  |  |  |  |
| 30-39 |  |  |  |  |  |  |
| 40-49 |  |  |  |  |  |  |
| 50-59 |  |  |  |  |  |  |
| 60 or older |  |  |  |  |  |  |
| TOTAL: |  |  |  |  |  |  |

UNDERREPRESENTED/DISADVANTAGED STATUS TABLE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Race/Ethnicity | Black or  African-American | Hispanic or Latino | Native Hawaiian or Other Pacific Islander | American Indian or  Alaska Native | Asian Subpopulations | Asian Disadvantaged  (not subpopulations) | White e Disadvantaged  (not Hispanic) | Other Disadvantaged | Underrepresented/Disadvantaged  Subtotal | Asian  (not subpopulation) | White  (not Hispanic) | Other | TOTALS | Total Percent  Underrepresented/Disadvantaged |
| UNDERREPRESENTED | | | | | DISADVANTAGED | | | NON-DISADV. | | |
| NFLP Borrowers  Enrolled (did not graduate) |  |  |  |  |  |  |  |  |  |  |  |  |  | % |
| NFLP Graduates |  |  |  |  |  |  |  |  |  |  |  |  |  | % |
| NFLP Graduates employed as nurse faculty |  |  |  |  |  |  |  |  |  |  |  |  |  |

Table 4 is data that we plan to collect when the formula change is made to the NFLP program.

**Nursing Assistant and Home Health Aide Program**

**Rationale:** The FOA requested data from the applicants to project the number of students or project participant pool for each year of the study.

**Table 1**

|  |  |
| --- | --- |
|  | **Number of Participants** |
| Year 1 |  |
| Year 2 |  |
| Year 3 |  |

**Nursing Workforce Diversity**

**Rationale:** Proposed projects are required, during each year of the three-year project, to include one of the Pre-Entry Preparation Cohorts, one of the Academic Retention Cohorts, and the provision of student support in the form of scholarships and/or stipends to eligible participants. These data capture target of project and amount/allocation of student support.

**Table 1: Type of Nursing Program Offered to Participants**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student population in each nursing program offered in project** | | **Associate Degree** | **Nursing Diploma** | **Bachelors Degree in Nursing** | **Graduate Degrees** |
| **Enrollment rate** | *All students* |  |  |  |  |
| *Disadvantaged/URM* |  |  |  |  |
| **Retention rate** | *All students* |  |  |  |  |
| *Disadvantaged/URM* |  |  |  |  |
| **NCLEX pass rate** | *All students* |  |  |  |  |
| *Disadvantaged/URM* |  |  |  |  |

**Table 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of Participants** | **Year 1** | **Year 2** | **Year 3** | **Total** |
| **Pre-Entry Preparation Cohort** |  |  |  |  |
| MS, HS, HS graduates |  |  |  |  |
| CNA/LPN/LVN |  |  |  |  |
| Pre-Nursing/ Pre-College |  |  |  |  |
| College graduates/ Second Degree |  |  |  |  |
| Diploma/ AD nurses |  |  |  |  |
| BS nurses |  |  |  |  |
| **Total Pre-Entry Prep** |  |  |  |  |
| **Academic Retention Cohort** |  |  |  |  |
| Pre-licensure nursing |  |  |  |  |
| RN-BSN |  |  |  |  |
| Second Degree BSN or MSN |  |  |  |  |
| Bridge or Degree Completion |  |  |  |  |
| **Total Retention** |  |  |  |  |
| **Total Pre-Entry + Academic Retention** |  |  |  |  |
| **Outreach Only Cohort** |  |  |  |  |

**Table 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total # Participants Receiving Stipends or Scholarships** | **Year 1** | **Year 2** | **Year 3** | **Total** |
| **Stipends** |  |  |  |  |
| MS, HS, HS graduates |  |  |  |  |
| CNA/LPN/LVN |  |  |  |  |
| Pre-Nursing/ Pre-College |  |  |  |  |
| College graduates/ Second Degree |  |  |  |  |
| Diploma/ AD nurses |  |  |  |  |
| BS nurses |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Total Number Stipends** |  |  |  |  |
| **Scholarships** |  |  |  |  |
| Pre-licensure nursing |  |  |  |  |
| RN-BSN |  |  |  |  |
| Second Degree BSN or MSN |  |  |  |  |
| Bridge or Degree Completion |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Total Number Scholarships** |  |  |  |  |
| **Total Number Stipends + Scholarships** |  |  |  |  |

**Table 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Budgeted Amount for Stipends or Scholarships** | **Year 1** | **Year 2** | **Year 3** | **Total** |
| **Stipends** |  |  |  |  |
| MS, HS, HS graduates |  |  |  |  |
| CNA/LPN/LVN |  |  |  |  |
| Pre-Nursing/ Pre-College |  |  |  |  |
| College graduates/ Second Degree |  |  |  |  |
| Diploma/ AD nurses |  |  |  |  |
| BS nurses |  |  |  |  |
| **Total Stipend Budget** |  |  |  |  |
| **Scholarships** |  |  |  |  |
| Pre-licensure nursing |  |  |  |  |
| RN-BSN |  |  |  |  |
| Second Degree BSN or MSN |  |  |  |  |
| Bridge or Degree Completion |  |  |  |  |
| **Total Scholarship Budget** |  |  |  |  |
| **Total Stipends + Scholarships Budget** |  |  |  |  |

Type of Applicant Institution

* Diploma School of Nursing
* Community College/Technical School
* 4-yr College/University
* Other: (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Care Training and Enhancement (PCTE) Programs**

PCTE Programs: Academic Administrative Units in Primary Care, Physician Faculty Development in Primary Care, Predoctoral Training in Primary Care, Residency Training in Primary Care, Physician Assistant Training in Primary Care.

**Table PPA1: MUC Preference**

*Cascades from Trainee Level.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Trainee Level | Discipline | Required Year 1 | | Required Year 2 | |
| *May enter multiple* | *Not for medical or PA students* | Total Graduates or Program Completers | Graduates or Program Completers practicing in MUC | Total Graduates or Program Completers | Graduates or Program Completers practicing in MUC |

**Table PPA2: Primary Care Priority**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Trainee Level | Discipline | Required Year 1 | | Required Year 2 | |
| *May enter multiple* | *Not for medical or PA students* | Total Graduates or Program Completers | Graduates or Program Completers practicing primary care | Total Graduates or Program Completers | Graduates or Program Completers practicing in primary care |

**Table PPA3: Underrepresented Minority Priority**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Trainee Level | Discipline | Required Year 1 | | Required Year 2 | |
| *May enter multiple* | *Not for medical or PA students* | Total Graduates or Program Completers | Graduates or Program Completers practicing who are URM | Total Graduates or Program Completers | Graduates or Program Completers practicing who are URM |

**Public Health Traineeship**

**Rationale:** Distribution of Public Health Traineeship grant funds is based on a formula and certain data is needed at the time of application to determine the award amount. The following tables with data variables are requested at the time of application to populate the formula:

|  |  |  |
| --- | --- | --- |
| **Graduate Education Field** | **Column 1** | **Column 2** |
| **Full-Time Enrollment (10/15/11)** | **Credit-Hours of Part-Time Students (10/15/11)** |
| Epidemiology |  |  |
| Environmental Health |  |  |
| Biostatistics |  |  |
| Toxicology |  |  |
| Nutrition |  |  |
| Maternal and Child Health |  |  |
| Others |  |  |
| **TOTAL** |  |  |

**Public Health Traineeship Trainees Supported from FY 2008 (7/1/11 – 6/30/12)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | Col. 9 |
|  | | | | | LEVEL OF SUPPORT | | | |
| Area of Specialization | Race/ Ethnicity | Enroll-ment Status FT/PT | Target Degree | Period of Support | Stipend | Tuition and Fees | Transportation | Total |
| Biostatistics |  |  |  |  |  |  |  |  |
| 1 |
| 2 |
| Sub-Total |
| Epidemiology |  |  |  |  |  |  |  |  |
| 1 |
| 2 |
| Sub-Total |
| Other |  |  |  |  |  |  |  |  |
| (not listed above) |
| 1 |
| 2 |
| Average total award per trainee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Number of Part-Time trainees supported: \_\_\_\_\_\_\_\_ | | | | | | | | |

**Graduates Serving in Medically Underserved Communities (MUCs) Trained in Public Health Disciplines**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Setting/ Discipline** | **Biostatistics** | **Epidemiology** | **Environmental Health** | **Toxicology** | **Nutrition** | **Maternal & Child Health** | **Other** | **Total** |
| Community Health Center |  |  |  |  |  |  |  |  |
| Migrant Health Center |  |  |  |  |  |  |  |  |
| Health Care for the Homeless Center |  |  |  |  |  |  |  |  |
| Public Housing Primary Care Grantees |  |  |  |  |  |  |  |  |
| Rural Health Clinic |  |  |  |  |  |  |  |  |
| NHSC |  |  |  |  |  |  |  |  |
|
| FQHC |  |  |  |  |  |  |  |  |
|
| HPSA |  |  |  |  |  |  |  |  |
|
| Health Departments |  |  |  |  |  |  |  |  |
| Sites Designated By State Governors |  |  |  |  |  |  |  |  |
| **Total # of Grads in Settings** |  |  |  |  |  |  |  |  |
| **Total # of Grads** |  |  |  |  |  |  |  |  |
|

**Public Health Training Centers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rationale**: The applicant must clearly identify the trend in the data as stated in the legislation and funding opportunity announcement in order for the Objective Review Committee to determine the extent to which the applicant has addressed these areas. For competing continuation applicants only. | Year 1 | Year 2 | Year 3 | Year 4 |
| Total Number of Participants trained (excluding student placements) |  |  |  |  |
| Of the total Number of Participants, indicate those involved in Distance Learning only |  |  |  |  |
| Total Number of field placement for students in public or nonprofit private health agencies or organizations |  |  |  |  |
| Of the total number of field placements, indicate the number of participants in medically underserved population. |  |  |  |  |
| Range of amount award to students in field placement (low – high) |  |  |  |  |
| Average amount of stipend awarded to students in field placement |  |  |  |  |
| Total Number of Courses offered |  |  |  |  |
| Total Number of Courses offered (Non-Distance Learning) |  |  |  |  |
| Total Number of Courses offered (Distance Learning) |  |  |  |  |
| Total Number of Health Department Employees trained |  |  |  |  |

**Preventive Medicine Residency**

**Rationale**:The information requested in the tables below will be used to assist the Objective Review Committee in their evaluation of the application.

**Preventive Medicine Residency Program Applicant Specialty**

|  |  |  |  |
| --- | --- | --- | --- |
| Preventive Medicine Specialty | | Yes | No |
| 1 | Preventive Medicine/Public Health |  |  |
| 2 | Occupational Medicine |  |  |
| 3 | Aerospace Medicine |  |  |

**Preventive Medicine Residency Program Accreditation Status**

|  |  |  |  |
| --- | --- | --- | --- |
| Accreditation Status: | | Yes | No |
| 1 | Not accredited but application for accreditation has been submitted to ACGME |  |  |
| 2 | Not accredited but application for accreditation has been submitted to AOA |  |  |
| 3 | Accredited by ACGME |  |  |
| 4 | Accredited by AOA |  |  |

**Preventive Medicine Residency Program Applicant Type**

|  |  |  |
| --- | --- | --- |
| Applicant Type | | Select all that that apply |
| 1 | Medical school |  |
| 2 | Osteopathic school |  |
| 3 | Public Health school |  |
| 4 | State, local or tribal health department |  |
| 5 | Private or public nonprofit hospital |  |
| 6 | Consortium |  |

**Preventive Medicine Residency Financial Assistance (estimated)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** |
| Estimated # of Trainees for entire program |  |  |  |
| Estimated # of Trainees that will receive grant support |  |  |  |
|  | Total Amount | Total Amount | Total Amount |
| Stipends |  |  |  |
| Tuition/Fees |  |  |  |
| Travel to Professional Conferences |  |  |  |
| Other Costs |  |  |  |

**Scholarships for Disadvantaged Students**

**Rationale**: The currently established Scholarships for Disadvantaged Students (SDS) data elements were previously approved under OMB Approval Number 0915-0149 with an Expiration Date of 11/30/2013.  The SDS application has been revised to be consistent with other pipeline and diversity programs within the Bureau.

If the student is at least 24 years of age and not listed on his or her parents’ income tax for 3 years or more, use the students’ family income rather than his or her parents’ family income.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROGRAM SPECIFIC** | | | | | | |
|  | | | | | | |
| **Fiscal Year:** | | | | | **Application Tracking #:** | |
| **Program Type:** | | | | | | |
| **A. FULL-TIME STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEAR XX/XX/XXXX AND THEIR RACIAL/ETHNIC BACKGROUNDS** | | | | | | |
| **Race/Ethnicity** | **Full-Time Students Enrolled** | | | | | |
| **1. Hispanic/Latino** | | | **2. Non-Hispanic/Non-Latino** | | |
| a. American Indian/Alaskan Native |  | | |  | | |
| b. Asian - all |  | | |  | | |
| b1. Asian Underrepresented |  | | |  | | |
| c. Black or African American |  | | |  | | |
| d. Native Hawaiian or Other Pacific Islander |  | | |  | | |
| e. White |  | | |  | | |
| f. Unknown |  | | |  | | |
| g. More than one race |  | | |  | | |
| **Sub Total** |  | | |  | | |
| **Grand Total (Sum of Hispanic/Latino Students and Non-Hispanic/Non-Latino Students)** |  | | | | | |
|  | | |  |  |  |  |
| **B. TOTAL FULL-TIME ENROLLMENT AND FULL-TIME DISADVANTAGED ENROLLMENT BY CLASS YEAR FOR STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEAR XX/XX/XXXX** | | | | | | |
| **Class Year** | **Total Full-Time Class Enrollment** | | | **Total Full-Time Disadvantaged Enrollment** | | |
| First Year |  | | |  | | |
| Second Year |  | | |  | | |
| Third Year |  | | |  | | |
| Fourth Year |  | | |  | | |
| Fifth Year |  | | |  | | |
| Sixth Year |  | | |  | | |
| **Total** |  | | |  | | |
| Of the number of full-time disadvantaged, how many are economically disadvantaged? | | | |  | | |
|  | | |  |  |  |  |
| **C. TOTAL NUMBER OF FULL-TIME STUDENTS GRADUATED, TOTAL NUMBER OF FULL-TIME STUDENTS GRADUATED THAT RECEIVED SDS FUNDS, AND NUMBER OF FULL-TIME DISADVANTAGED STUDENTS GRADUATED FROM YOUR PROGRAM FOR ACADEMIC YEAR XX/XX/XXXX** | | | | | | |
| Total Full-Time Graduates | | | |  | | |
| Of the number of full time graduates, number of graduates that received SDS | | | |  | | |
| Full-Time Disadvantaged Graduates | | | |  | | |
| Of the number or Full-Time Disadvantaged, how many are economically disadvantaged? | | | |  | | |
|  | | |  |  |  |  |
| **D. GRADUATES FROM YOUR PROGRAM SERVING IN PRIMARY CARE AND/OR MEDICALLY UNDERSERVED COMMUNITIES** | | | | | | |
| Medically Underserved Communities | | | | | | |
| Total number of Full-Time Graduates during XXXX- XXXX (for discipline 10 and 20) | | | |  | | |
| Total number of Full-Time Graduates during XXXX- XXXX (for non discipline 10 and 20) | | | |  | | |
| Number of Full-Time Graduates in Medically Underserved Communities | | | |  | | |
| Of the Number of Full-Time Graduates in Medically Underserved Communities (above), number of Graduates that received SDS | | | |  | | |
| **Primary Care** | | | | | | |
| Total number of Full-Time Graduates during XXXX- XXXX (for discipline 10 and 20) | | | |  | | |
| Total number of Full-Time Graduates during XXXX- XXXX (for non discipline 10 and 20) | | | |  | | |
| Number of Full time graduates in Primary Care | | | |  | | |
| Of the Number of Full - Time Graduates in Primary Care (above), number of graduates that received SDS | | | |  | | |
|  |  |  |  |  |  |  |
| **E. COST OF TUITION FOR FULL-TIME STUDENTS FOR THIS PROGRAM** | | | | | | |
| Average cost of tuition for one year (average of in-state and out-state) for full-time students for the program | | | |  | | |
|  | | |  |  |  |  |
| **F. LENGTH OF PROGRAM** | | | | | | |
| Length of time (in years) necessary to complete this program | | | |  | | |
|  | | |  |  |  |  |
| **G. ACCREDITATION** | | | | | | |
| Name of Accrediting Body | | | |  | | |
| Expiration Date (mm/dd/yyyy) | | | |  | | |
|  | | |  |  |  |  |
| **H. POINT OF CONTACT** | | | | | | |
| Name | | | |  | | |
| Title | | | |  | | |
| Phone Number | | | |  | | |
| Email | | | |  | | |
|  | | |  |  |  |  |
|  | | | | | | |
| **\*Note:** This form is used to collect additional SDS information. | | |  |  |  |  |
| **PERFORMANCE PROGRESS REPORT (SF-PPR-2)** | | | | | | |
| **1.** Federal Agency and Organization Element to Which Report is Submitted | | | **2.** Federal Grant or Other Identifying Number Assigned by Federal Agency | **3a.** DUNS# |  | **4.** Reporting Period End Date |
| **Health Resources and Services Administration (HRSA)** | | | Application #: | **3b.** EIN |  |  |
| **I. REQUESTED AWARD AMOUNT** | | | | | | |
| Award amount requested this budget period | | | |  | | |
|  | | |  |  |  |  |
| **J. STUDENTS SUPPORTED** | | | | | | |
| How many students do you plan to support with the requested award amount | | | |  | | |
|  | | |  |  |  |  |
| **K. PUBLIC OR ANY OTHER NON PROFIT ACCREDITED INSTITUTION** | | | | | | |
| Is your school/program public or any other nonprofit accredited institution? | | | |  | | |
|  | | |  |  |  |  |
| **L. CERTIFICATION AND ELIGIBILITY QUESTIONS** | | | | | | |
| L1. Will preference be given to students for whom the cost of attendance would constitute a severe financial hardship? | | | |  | | |
| L2. Does your program have methods and standards for setting the amounts of scholarships? | | | |  | | |
| L3. Describe the method the program will use to disburse the SDS scholarships to students. | | | |  | | |
| L4. How will you use the SDS scholarship funds? | | | |  | | |
| |  | | --- | |  | | | |  |  |  |  |
| **Codes for question L4.** | | | | | | |
| [**X**]Tuition | | | |  | | |
| [**X**]Fees and other reasonable educational expenses | | | |  | | |
| [**X**]Reasonable living expenses | | | |  | | |
| **M. Please indicate what recruitment activities for disadvantaged students that apply to your program by checking all box(s) that apply.** | | | | |  |  |
| **High School Recruitment** | | | | | | |
| **General** | | | | | |  |
| **\*** | College Fairs | | | | |  |
| **\*** | Summer camps/programs for high school students to receive information about programs offered | | | | |  |
| **Specifically targeting/recruiting disadvantaged students** | | | | | | |
| **\*** | Attending college fairs in areas with high percentages of disadvantaged students locally or on a broader scale | | | | |  |
| **\*** | Training recruiters specifically to answer questions and provide information to disadvantaged students. | | | | |  |
| **\*** | Providing specifically designed information packets on programs and accommodations your school offers for disadvantaged students | | | | |  |
| **\*** | Prep Courses for disadvantaged high school students interested in careers in the health professions | | | | |  |
| **College Level Recruitment** | | | | | | |
| **\*** | Recruitment from community colleges in disadvantaged areas | | | | |  |
| **\*** | Community College joint admissions programs for disadvantaged students | | | | |  |
| **Application Services** | | | | | | |
| **\*** | Online programs that wave or assist with application fees for disadvantaged students | | | | |  |
| **Open Houses** | | | | | | |
| **\*** | Booths or presentations on resources for disadvantaged students | | | | |  |
| **\*** | Targeted advertisements for open houses or other programs in areas with high percentage of  **disadvantaged students** | | | | |  |
|  |  |  |  |  |  |  |
| **N. Please indicate what retention and/or mentoring activities for disadvantaged students apply to your program by checking all boxes that apply:** | | | | | | |
|  |  |  |  |  |  |  |
| **Individual or Group Peer Mentor Program (big brother/big sister)** | | | | | | |
| **\*** | Open to all | | | | |  |
| **\*** | Specifically designed for disadvantaged students | | | | |  |
| **\*** | Placing students in peer support or networks and groups | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Individual Staff/Advisor Mentor Program** | | | | | | |
| **\*** | Open to all | | | | |  |
| **\*** | Specifically designed for disadvantaged students | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Specialized pre-attendance orientation for disadvantaged students** | | | | | | |
| **\*** | Team and camaraderie building activities to help students feel included in the school | | | | |  |
| **\*** | Educate disadvantaged students on how to best use the accommodations and resources the school provides | | | | |  |
| **\*** | Introduce forge contacts between disadvantaged students and faculty/staff (ex: Heads of departments, Tutors, Financial aid and/or advisors) | | | | |  |
| **\*** | Specialized welcome packets for disadvantaged students with additional information on available recourses and programs that will help them succeed | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **College Skills Development and Review Programs** | | | | | | |
| **\*** | Summer or pre-matriculation sessions in a classroom setting teaching disadvantaged students skills that they will need to be successful (eg: study skills, note taking skills, test taking skills, and/or time management skills) | | | | |  |
| **\*** | Summer or pre-matriculation classes for disadvantaged students to review and strengthen prerequisite knowledge of the course work | | | | |  |
| **\*** | Individual assessment and profile of disadvantaged students strengths and weaknesses with advisor and plan for development of skills | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Early identification for students at risk** | | | | | | |
| **\*** | Identify students who are falling behind early and provide assistance for them in furthering their academic career | | | | |  |
| **\*** | Develop individualized plans for struggling disadvantaged students to ensure success/coordination support | | | | |  |
| **\*** | Provide learning specialists for disadvantaged students who can identify possible learning disabilities or assess strengths and weaknesses. | | | | |  |
| **\*** | Seminars and lectures specifically for disadvantaged students | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Group or Individual Tutoring Services** | | | | | | |
| **\*** | Provide faculty or peer tutors to disadvantaged students | | | | |  |
| **\*** | Tutors specifically trained to help students faced with struggles from a disadvantaged background. | | | | |  |
| **\*** | Financial mentoring/tutoring | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Child Care Support** | | | | | | |
| **\*** | Free | | | | |  |
| **\*** | Partially subsidized | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Professional Opportunities** | | | | | | |
| **\*** | Shadowing health professional | | | | |  |
| **\*** | Interviewing health professional | | | | |  |
| **\*** | Other. Pleasedescribe | | | | |  |
|  |  |  |  |  |  |  |
| O. Provide a detailed description of your recruitment and retention activities for students of disadvantaged backgrounds, including minority students who enter into the health professions. Discuss activities that provide educational preparation and clinical services preparation. | | | | | | |
| P. Provide a description of how your school intends to improve the performance of recruiting and retaining students of disadvantaged student including minority students, to enter into the health professions. | | | | | | |
| **Age** | **Males** | | **Females** | | **Total** |  |
| **Enrollees** | | **Enrollees** | |  |
| Under 20 |  | |  | |  |  |
| 20-29 |  | |  | |  |  |
| 30-39 |  | |  | |  |  |
| 40-49 |  | |  | |  |  |
| 50-59 |  | |  | |  |  |
| 60 or older |  | |  | |  |  |
| **Total** |  | |  | |  |  |

**State Primary Care Office Program**

|  |  |
| --- | --- |
| **Question** | **Number** |
| How many ARRA-funded National Health Service Corp (NHSC) Student Loan Repayment Program (SLRP) clinicians are currently serving within your State? |  |

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

Training in General, Pediatric, and Public Health Dentistry programs: Pre-doctoral Training in General, Pediatric and Public Health Dentistry, and Dental Hygiene; Post-doctoral Training in General, Pediatric or Public Health Dentistry; Faculty Development Training in General, Pediatric or Public Health Dentistry and Dental Hygiene; and Dental Faculty Loan Repayment

**Rationale:** This table offers a standardized reference for reviews of the number and types of trainees proposed to be trained through grant activities.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | NUMBER OF TRAINEES  (select one)   student (Predoctoral Training program)   resident (Postdoctoral Training program)   faculty (Faculty Development program)   faculty (Dental Faculty Loan Repayment program -DFLRP) | | | | |
| **Discipline** | **Type of Trainee** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| General  Dentistry | Total number of trainees |  |  |  |  |  |
| Target number of underrepresented minority trainees |  |  |  |  |  |
| Number of trainees receiving direct financial support (if applicable) |  |  |  |  |  |
| Support for Masters Degree (direct and/or indirect support, if applicable) |  |  |  |  |  |
| Pediatric  Dentistry | Total number of trainees |  |  |  |  |  |
| Target number of underrepresented minority trainees |  |  |  |  |  |
| Number of trainees receiving direct financial support (if applicable) |  |  |  |  |  |
| Support for Masters Degree (direct and/or indirect support, if applicable) |  |  |  |  |  |
| Public Health  Dentistry | Total number of trainees |  |  |  |  |  |
| Target number of underrepresented minority trainees |  |  |  |  |  |
| Number of trainees receiving direct financial support (if applicable) |  |  |  |  |  |
| Support for Masters Degree (direct and/or indirect support, if applicable) |  |  |  |  |  |
| Dental Hygiene | Total number of trainees |  |  |  |  |  |
| Target number of underrepresented minority trainees |  |  |  |  |  |
| Number of trainees receiving direct financial support (if applicable) |  |  |  |  |  |
| Support for Masters Degree (direct and indirect support, if applicable) |  |  |  |  |  |

Authority*: Title VII, Section 748 (d), Public Health Service Act, as amended by the Affordable Care Act of 2010, Pub. L. 111-148*

**Student Recruitment Table: Record of Training Individuals from Underrepresented Minority Groups, Rural, or Disadvantaged Backgrounds**

**Rationale**: This table provides a uniform presentation of data to aid in the review of Student Recruitment Priority requests.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Category of Program Completers/Graduates** | | **2010 Completers / Graduates** | **2011 Completers / Graduates** | **Total 2010 & 2011 Completers / Graduates** | **2011-2012 Current Trainees / Students** |
| **2. Underrepresented Minority Group** | American Indian or Alaska Native |  |  |  |  |
| Asian Subgroup  (any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai) |  |  |  |  |
| Black or African/American |  |  |  |  |
| Hispanic or Latino |  |  |  |  |
| Native Hawaiian or Other Pacific Islander |  |  |  |  |
| **3. Rural Background** | |  |  |  |  |
| **4. Disadvantaged Background** | Educational |  |  |  |  |
| Economic |  |  |  |  |
| **5. Total Underrepresented, Rural, and Disadvantaged Program Completers (Rows 1-4)** | |  |  |  |  |
| **6. Total of All Program Completers or Current Trainees** | |  |  |  |  |
| 7. Percentage of Program Completers from Underrepresented, Rural, and Disadvantaged (Divide Row 5 by Row 6 and multiply by 100) | |  |  |  |  |

See the Grant Program Guidance to determine which Section is appropriate for your program.

**Instructions: Student Recruitment Table:**

1. For each row enter the number of Graduates or Program Completers in the appropriate column
2. In the **Total 2010 & 2011 Completers / Graduates** column enter the sum of the **2010 Completers / Graduates** and **2011 Completers / Graduates** columns.
3. In Row 5 enter the column total
4. In Row 6 enter the total of all Program Completers in the appropriate column. For the last column enter in the number of all Program Completers.
5. In Row 7 enter the result of the following calculations **Divide Row 5** by **Row 6** and multiply by 100.

“Rural” For the purposes of applying for this priority means either a jurisdiction that is not located in a metropolitan statistical area (MSA), as defined by the Office of Management and Budget <http://www.whitehouse.gov/omb/inforeg_statpolicy/> ***or*** any jurisdiction located in an MSA, but in a county or tribal jurisdiction that has a population less than 50,000. Special rules apply for independent cities and townships.

“Under-represented minority” is defined as racial and ethnic populations that are underrepresented in the health profession relative to their proportion of the population involved. This definition would include Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, and any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.

“Disadvantaged background” is applicable to an individual who comes from 1) an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a graduate or undergraduate school or 2) a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index documented in <http://edocket.access.gpo.gov/2011/pdf/2011-6110.pdf>. It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as educationally disadvantaged.

**Placement In Practice Settings Priority Table**

**Purpose:** This table provides a uniform presentation of data to aid in the review of Placement in Practice Settings Priority request.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CHC** | **MHC** | **Health Care for**  **the Homeless** | **Public Housing Primary Care**  **Grantees** | **Rural Health**  **Clinics** | **NHSC Sites** | **IHS Sites** | **FQHCs** | **Dental HPSAs** | **Health Depts.** | **Sites Designated**  **by State Gov.** | **Total Grads or**  **Prog Comp in**  **MUC settings** | **Total Grads**  **or Prog Comp** | **% Grads or**  **Prog Comp in**  **MUC settings** |
| **Section A: Program Completers** | | | | | | | | | | | | | | |
| *A: 2009 Program Completers as of July 2009* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *B: 2010 Program Completers as of July 2010* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *C: Percentage Increase:* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Section B: Graduates** *(each program completer must devote at least 50% of clinical time in the MUC setting to be counted in that setting)* | | | | | | | | | | | | | | |
| *A: 2006 Graduates as of July 2009* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *B: 2007 Graduates as of July 2010* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *C: Percentage Increase:* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

See the Grant Program Guidance to determine which Section is appropriate for your program.

Authority*: Title VII, Section 748(c) (7) and Section 748 (d), Public Health Service Act, as amended by the Affordable Care Act of 2010, Pub. L. 111-148*

**Placement In Practice Settings Priority Table Instructions**

1. Fill out only the appropriate section for your program (see the program guidance for further details).
2. Fill out Line A and/or Line B if you are seeking to qualify under the “High Rate” option.
3. Fill out Lines A, B, and C if you are seeking to qualify under the “Significant Increase” option.
4. For each MUC practice setting column enter the number of program completer/graduates who devoted at least 50% of their clinical time in that setting.
5. Count each individual (program completer/graduate) only once
   1. To be counted as working in a MUC a program completer/graduate must devote at least 50% of their clinical time in an MUC setting
   2. If a program completer/graduate works in multiple MUC settings that combined is a least 50% of their clinical time reporting them in the MUC setting where they spend the most time (if equal choose one).
   3. If a particular work site qualifies as multiple MUC settings (e.g., CHC and HPSA) you may only count the time a program completer/graduate works there once.
6. Enter the sum of the MUC practice Setting Columnsin the *Total Grads or Prog Comp in MUC settings* column.
7. Enter the total number of program completer/graduate for your program into the *Total Grads or Prog Comp* column. This must be the actual number and not limited to those responding to a survey or questionnaire.
8. *% Grads or Prog Comp in MUC settings* Column (Lines A and B only): Divide the *Total Grads or Prog Comp in MUC settings column* by the *Total Grads or Prog Comp* and multiply the result by 100
9. Line C: If you are seeking to qualify under “Significant Increase”, in the *% Grads or Prog Comp in MUC settings* column, Subtract Line A from Line B and divide the difference by Line B. Multiply this result by 100 and enter it in Line C

**Acronyms Used on this Table:**

CHC: Community Health Centers

MHC: Migrant Health Centers

NHSC: National Health Service Corps

HIS: Indian Health Service

FQHC: Federally Qualified Health Centers

DHPSA: Dental Health Professional Shortage Area

MUC: Medically underserved community

**Discipline Retention Priority Table**

**Rationale**:This table provides a uniform presentation of data to aid in the review of Placement in Practice Settings Priority requests.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2007 Program Completers | | | 2008Program Completers | | |
| Total # Program Completers | # Program Completers in general, pediatric, or public health dentistry or dental hygiene as of 7/10 | % Program Completers in general, pediatric, or public health dentistry or dental hygiene as of 07/10 | Total # Program Completers | # Program Completers in general, pediatric, or public health dentistry or dental hygiene as of 7/11 | % Program Completers in general, pediatric, or public health dentistry or dental hygiene as of 7/11 |
| General Dentistry |  |  |  |  |  |  |
| Pediatric Dentistry |  |  |  |  |  |  |
| Public Health Dentistry |  |  |  |  |  |  |
| Dental Hygiene |  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |  |

**Instructions:**

1. An applicant must report on their two most recent program completer cohorts three years following their completion of training.
2. Report only on the discipline(s) relevant to your program
3. Enter the Total # Program Completers for each cohort
4. For each cohort enter the Total Program Completers who remained in general, pediatric, or public health dentistry or dental hygiene practice three years after their completion or graduation from the program.
5. For each cohort enter the percentage of Program Completers who remained in general, pediatric, or public health dentistry or dental hygiene practice three years after their completion or graduation from the program. Calculate this by dividing the Total Program Completers who remained in general, pediatric, or public health dentistry or dental hygiene practice three years after their completion or graduation from the program by the Total # Program Completers for each cohort and multiply by 100.

**State Oral Health Workforce**

**Rationale:** Applications for the State Oral Health Workforce program must address one or more of the following 13 activities. This form provides standardized reference for reviewers to determine which activities are being proposed.

|  |  |
| --- | --- |
| **ACTIVITIES** |  |
| 1. loan forgiveness and repayment programs for dentists who: |  |
| A. agree to practice in designated dental health professional shortage areas; |  |
| B. are dental school graduates who agree to serve as public health dentists for the Federal, State, or local government; and |  |
| C. agree to: |  |
| I provide services to patients regardless of such patients’ ability to pay; and |  |
| II. use a sliding payment scale for patients who are unable to pay the total cost of services; |  |
| 1. dental recruitment and retention efforts; |  |
| 1. grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et. seq.) to establish or expand practices in designated dental health professional shortage areas by equipping dental offices or sharing in the overhead costs of such practices; |  |
| 1. the establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools; |  |
| 1. 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, including services and facilities for children with special needs, such as: |  |
| A. the expansion or establishment of a community-based dental facility, free-standing dental clinic, consolidated health center dental facility, school-linked dental facility, or United States dental school-based facility |  |
| B. the establishment of a mobile or portable dental clinic; and |  |
| C. the establishment or expansion of private dental services to enhance capacity through additional equipment or hours of operation; |  |
| D. Other: Specify |  |
| 1. placement and support of dental students, dental residents, and advanced dentistry trainees |  |
| 1. continuing dental education, including distance-based education |  |
| 1. practice support through teledentistry in accordance with State laws; |  |
| 1. community-based prevention services such as water fluoridation and dental sealant programs; |  |
| 1. coordination with local educational agencies within the State to foster programs that promote children going into oral health or science professions; |  |
| 1. the establishment of faculty recruitment programs at accredited dental training institutions whose mission includes community outreach and service and that have a demonstrated record of serving underserved States; |  |
| 1. 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; |  |
| 1. and any other determined to be appropriate by the Secretary:  Specify: |  |

**Instructions:** For each activity being proposed under your application enter an X in the right-hand column. Where sub-categories are available select the appropriate sub-categories. If Activities 5D and 13 are selected enter a brief description of the proposed activities where prompted to “specify”.

1. \*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented. [↑](#footnote-ref-1)
2. Choose only one discipline within the School applying and implementing the COE program for the students: Osteopathic, Allopathic, Dentistry, Pharmacy, Veterinary, or graduate School in Behavior and mental Health. [↑](#footnote-ref-2)
3. \*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented. [↑](#footnote-ref-3)
4. \*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented. [↑](#footnote-ref-4)