

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** Grant Purpose

**Block 1.** Select grant purpose(s) addressed. (Select all that apply)

[Drop-down]

Save & Continue

### INSTRUCTIONS

**Purpose.** The Grant Purpose form captures information about grant purpose(s) addressed during the reporting period by grantees of specific BHP-funded multipurpose grant programs. Please complete the GP form using the instructions below.

(Note: The Grant Purpose Form only pertains to grantees of the AHEC, COE, CGEP, GPE, HCOP, IMP, NEPQR, NWD, SOHWP, and PMR programs. Please note that selections in this form will affect the number and types of forms you will be required to complete.)

**Block 1.** Select the grant purpose(s) addressed during the reporting period. You may select more than one option in this block.

#### Selections:

##### Area Health Education Centers Program

- Health careers recruitment of underrepresented minority populations or individuals from disadvantaged or rural backgrounds
- Community-based training and education with emphasis on primary care
- Field placements or preceptorships
- Interdisciplinary/interprofessional education and training
- Continuing education
- Public health careers exposure to youth

##### Centers of Excellence Program

- Increase the competitive applicant pool
- Enhance student performance
- Improve the capacity for faculty development

- Improve information resources and cultural competency
- Facilitate faculty and student research
- Carry out student training in providing health care services
- Provide stipends

##### Comprehensive Geriatric Education Program

- Provide training to individuals who will provide geriatric care for the elderly
- Develop and disseminate curricula relating to the treatment of the health problems of elderly individuals
- Train faculty members in geriatrics
- Provide continuing education to individuals who provide geriatric care
- Establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population

##### Graduate Psychology Education

- Faculty development
- Curriculum and instructional design
- Program content enhancement
- Program infrastructure development
- Practicum
- Pre-Degree Internships

### Integrative Medicine Program

- Incorporate evidence-based integrative medicine content into existing preventive medicine residency programs
- Provide faculty development to improve clinical teaching in both preventive and evidence-based integrative medicine
- Facilitate delivery of related information that will be measured through competency development and assessment of the residents.

### Nurse Education, Practice, Quality, and Retention Program

- Expanding the enrollment in baccalaureate nursing programs
- Providing education in the new technologies, including distance learning methodologies
- Establishing or expanding nursing practice arrangements in non-institutional settings (Nurse Managed Centers) to demonstrate methods to improve access to primary health care in medically underserved communities
- Providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence
- Providing quality coordinated care, and other skills needed to practice in existing and emerging organized health care systems
- Developing cultural competencies among nurses
- Career Ladder Program to promote career advancement for individuals, including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce
- Developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties
- Career Ladder Program to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession
- Enhancing patient care delivery systems through improving the retention of nurses and enhancing patient care that is directly related to nursing activities

### Nursing Workforce Diversity

- Student scholarships or stipends for diploma or associate degree nurses to enter a bridge or degree completion program
- Student scholarships or stipends for accelerated nursing degree programs, pre-entry preparation, advanced education preparation, and retention activities.

### Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene

- Plan, develop, and operate or participate in an approved professional training program
- Support of an accredited master's in public health program for dental and dental hygiene students
- Meet the costs of projects to establish, maintain, or improve pre-doctoral training in primary care
- Provide financial assistance to dental or dental hygiene students

### Post-doctoral Training in General, Pediatric, and Public Health Dentistry

- Plan, develop, and operate or participate in an approved professional training program
- Support of an accredited master's degree in public health program for dental residents
- Meet the costs of projects to establish, maintain, or improve post-doctoral training in primary care dentistry programs
- Provide financial assistance to dental residents or practicing dentists

#### Residency Training in Primary Care

- Plan, develop, and operate or participate in an accredited residency or internship program
- Plan, develop, and operate a program for the training of physicians teaching in community-based settings
- Provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents, practicing physicians, or other medical personnel

State Oral Health Workforce Program

Preventive Medicine Residency Program

- Loan forgiveness and repayment programs for dentists
- Dental recruitment and retention efforts
- 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 to establish or expand practices in designated dental health professional shortage areas
- The establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools
- 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.
- Placement and support of dental students, dental residents, and advanced dentistry trainees
- Continuing dental education, including distance-based education
- Practice support through teledentistry
- Community-based prevention services such as water fluoridation and dental sealant programs
- Coordination with local educational agencies within the state to foster programs that promote children going into oral health or science professions
- 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 the underserved
- 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
- Any other activities determined to be appropriate by the Secretary (provide a brief description)

- Support resident costs
- Infrastructure and faculty development activities

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

### FORM NAME: Program Characteristics

#### SECTION A. Description of Training Program

**Block 1.** Select the type of training program supported:

[Drop-down]

**Block 1a.** If unstructured program, select type of training activity

[Drop-down]

**Block 1a.1.** If unstructured program, enter name of activity

**Block 1b.** If unstructured program, select education level of participants

[Drop-down]

**Block 1c.** If unstructured program, indicate length of activity in clock hours

**Block 1d.** If structured program, select type of training

[Drop-down]

**Block 1d.1.** If structured program, enter name of activity

**Block 1e.** If structured program, select education level of participants

[Drop-down]

**Block 1f.** If structured program, indicate length of program in clock hours

**Block 1g.** If structured program, select whether public health careers content offered

Yes  No

**Block 1h.** If structured program, select whether clinical/practicum training offered

Yes  No

**Block 1i.** If structured program, select whether cultural competency training offered

Yes  No

**Block 1j.** If degree/diploma/certificate program, select type of degree

[Drop-down]

**Block 1k.** If degree/diploma/certificate program, select primary focus area

[Drop-down]

**Block 1l.** Select primary discipline of individuals trained

[Drop-down]

**Block 1m.** Select type of dental residency program:  New  Expanded  Previously Established  Previously Expanded

**Block 2.** Select the types of partners/consortia used, if any, for the purposes of offering this training program: [Drop-down]  
(select all that apply)

#### SECTION B. Description of Enrollment (DIRECT FINANCIAL SUPPORT PROGRAMS/PURPOSES ONLY)

**Block 3.** Indicate the total number of individuals—whether funded by BHP or not—enrolled in the program

**Block 3a.** Indicate the number of underrepresented minorities—whether funded by BHP or not—enrolled in the program

**Block 3b.** Indicate number of individuals—whether funded by BHP or not—who are from a disadvantaged background and are not underrepresented minorities

**Block 4.** Indicate the total number of accredited positions by academic/training year:

Add Academic/Training Year

Number of Accredited Positions

**Block 5.** Indicate the total number of positions recruited for by academic/training year

Add Academic/Training Year

Number of Positions Recruited For

**Block 6.** Indicate the total number of positions filled by academic/training year:

Add Academic/Training Year

Number of Positions Filled

**Block 7.** Indicate the total number of positions expanded using BHP funds by academic/training year

Add Academic/Training Year

Number of Positions Recruited For

**Block 8.** Indicate the total number of individuals—whether funded by BHP or not—who graduated/completed the program:

**Block 8a.** Indicate the number of underrepresented minorities—whether funded by BHP or not— who graduated/completed the program

**Block 9.** Indicate the total number of individual—whether funded by BHP or not—who permanently left the program before completion:

**Block 9a.** Indicate the number of underrepresented minorities—whether funded by BHP or not—who permanently left the program before completion

Add Another Training Program

Save & Continue

## INSTRUCTIONS

**Purpose.** The Program Characteristics Form captures general information about the various types of health professions training programs that are supported with a BHPr-funded grant. The form is divided into two sections: Section A captures general information about each training program supported with a BHPr-funded grant; Section B captures enrollment-related information for training programs that provide direct financial support (e.g., loans, stipends or scholarships) to individuals. Please complete applicable sections of the form using the instructions below.

(Note: Report each type of training program supported with a BHPr grant separately by completing applicable sections and clicking on "Add Training Program". Entries in this form will affect the number and types of forms you will be required to complete.)

### SECTION A

**Block 1.** Select the type of program supported with a BHPr-funded grant during the reporting period from the options below:

**Selections:**

- Degree/Diploma/Certificate Academic Training Program
- Non-degree structured training program
- Non-degree unstructured training program
- One-year retraining program
- Internship program
- Practicum/Field Placement program
- Residency program
- Fellowship program

Unstructured Training Programs Only

**Block 1a.** For non-degree bearing unstructured programs supported with a BHPr-funded grant during the reporting period, select the type of training activity from the options below:

**Selections:**

- Pre-college Preparation
- College Academic Support
- Social Support
- Socialization

**Block 1b.** For non-degree bearing unstructured programs supported with a BHPr-funded grant during the reporting period, select the education level of participants from the options below:

**Selections:**

- Primary level (K-8)
- Secondary (9-12)
- Post-Secondary/Pre-College
- Nursing Diploma/Certificate
- Undergraduate—Two Year College
- Undergraduate—Baccalaureate Degree

- Graduate—Master's Degree
- Graduate—Medical Degree
- Graduate—Doctoral
- Faculty
- Administrator

**Block 1c.** For non-degree bearing unstructured programs supported with a BHPr-funded grant during the reporting period, indicate the length of the training activity in clock hours.

Structured Training Programs Only

**Block 1d.** For non-degree bearing structured programs supported with a BHPr-funded grant during the reporting period, select the type of training activity from the options below:

**Selections:**

- Summer Program (Pre-entry Preparation)
- Summer Program (Academic Retention)
- High School Academy
- Saturday Academy (Pre-entry Preparation)
- Saturday Academy (Academic Retention)
- Pre-matriculation
- Nursing Preparation Program (Pre-entry Preparation)
- Nursing Preparation Program (Academic Retention)
- Post Baccalaureate Program
- Summer Program
- Health Professions Academy
- Faculty Development Program
- Post-Baccalaureate Conditional Admissions Program
- Health Careers Enrichment Activities

**Block 1e.** For non-degree bearing structured programs supported with a BHPr-funded grant during the reporting period, select the education level of participants from the options below:

**Selections:**

- Primary level (K-8)
- Secondary (9-12)
- Post-Secondary/Pre-College
- Nursing Diploma/Certificate
- Undergraduate—Two Year College
- Undergraduate—Baccalaureate Degree
- Graduate—Master's Degree
- Graduate—Medical Degree
- Graduate—Doctoral
- Faculty
- Administrator

**Block 1f.** For non-degree bearing structured programs supported with a BHPr-funded grant during the reporting period, indicate the length of the training activity in clock hours.

**Block 1g.** For non-degree bearing structured programs supported with a BHPr-funded grant during the reporting period, select whether the training program contained information specific to careers in public health.

**Block 1h.** For non-degree bearing structured programs supported with a BHPr-funded grant during the reporting period, select whether the training program was a clinical practicum.

**Block 1i.** For non-degree bearing structured programs supported with a BHPr-funded grant during the reporting period, select whether the training program offered information on cultural competency.

Degree/Diploma/Certificate  
Academic Training Programs Only

**Block 1j.** For degree-bearing supported with a BHPr-funded grant during the reporting period, select the type of degree offered from the options below:

**Selections:**

Certificate  
Diploma  
AA  
AS  
BA  
BS  
BSN  
BSW  
BPH  
Bachelor's Not Otherwise Specified  
DC  
DDS  
DDS/MPH  
DDS/MSPH  
DMD  
DNAP  
DNP  
DNSc  
DO  
DO/MPH  
DO/MSPH  
DO/DrPH  
DO/ScD  
DrPH  
DVM  
EdD  
MA  
MEd  
MHA  
MD  
MD/MPH  
MD/MSPH  
MD/DrPH  
MD/ScD  
MD/PhD

MS  
MMS  
MMS/MPH  
MMS/MSPH  
MMS/DrPH  
MMS/ScD  
MPAS  
MPAS/MPH  
MPAS/MSPH  
MPAS/DrPH  
MPAS/ScD  
MPH  
MSPH  
MSCR  
MS-CTS  
MSN  
MSN/MBA  
MSN/MPH  
MSW  
MSSW  
Master's Degree Not Otherwise Specified  
Post-Masters Certificate  
PhD  
PharmD  
PsyD  
ScD  
VMD

Dental, Nursing, Public Health, and Behavioral Health  
Programs Only

**Block 1k.** For degree-bearing programs supported with a BHPr-funded grant during the reporting period, select the focus area from the options below:

**Selections:**

Dentistry-General  
Dentistry-Pediatric Dentistry  
Dentistry-Orthodontic Dentistry  
Dentistry-Oral Surgery Dentistry  
Dentistry-Radiology Dentistry  
Dentistry-Periodontic Dentistry  
Dentistry-Prosthodontic Dentistry  
Dentistry-Pathology Dentistry  
Dentistry-Dental Assistant  
Dentistry-Dental Hygiene  
Dentistry-Public Health Dentistry  
Dentistry-Endodontic Dentistry  
Nursing-General Practice  
Nursing-Administration  
Nursing-Anesthesia  
Nursing-Education  
Nursing-Informatics  
Nursing-Midwifery  
Nursing-Advanced Practice  
Nursing-Public Health  
Nursing-Acute care adult-gerontology nurse practitioner  
Nursing-Acute-care pediatric nurse practitioner

Nursing-Adult Gerontology  
Nursing-Adult-Gerontology Primary Care  
Nursing-Family Nurse Practitioner  
Nursing-Family/Individual Across Lifespan  
Nursing-Geropsychiatric  
Nursing-Neonatal  
Nursing-Neonatal Nurse Practitioner  
Nursing-Pediatric Primary Care  
Nursing-Pediatrics  
Nursing-Psychiatric nurse specialists  
Nursing-Psychiatric/Mental Health  
Nursing-Women's Health/Gender Related And Psychiatric  
Mental Health  
Nursing-Women's Health/Gender-Related  
Nursing-Research  
Psychology-Clinical  
Psychology-Counseling  
Psychology-School  
Public Health-Epidemiology  
Public Health-Biostatistics  
Public Health-Health Policy and Management  
Public Health-Environmental Health  
Public Health-Social and Behavioral Health Sciences  
Social Work-General  
Social Work-Clinical

Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Other

Residency & Dentistry Programs Only

**Block 1l.** Select the primary discipline(s) of individuals enrolled in the training program supported with a BHP-funded grant during the reporting period from the options below:

**Selections:**

Dentistry

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

Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary  
Medicine  
Behavioral/Mental Health In School Of Medicine And  
Osteopathic Medicine

State Oral Health Residency Programs Only

**Block 1m.** For dental residency programs supported by the State with a BHP-funded grant, select whether the residency program was newly established or whether an existing program was expanded.

All Training Programs

**Block 2.** Select the types of partners or consortia used, if any, to deliver the training program supported with a BHP-funded grant during the reporting period from the options below:

**Selections:**

Academic department- within the institution  
Academic department –outside the institution  
Community Mental Health Center  
Federal Government -Veterans Affairs  
Federal Government- Department of Defense/Military  
Federal Government-CDC  
Federal Government-SAMHSA  
Federal Government-IHS  
Federal Government-NIH  
Federal Government-AHRQ  
Federal Government-FDA  
Federal Government-Other HHS Agency/Office  
Federal Government- Other HRSA Program  
Federally-qualified health center or look-alikes  
Federal Government –Other  
Community-based health center (e.g., free clinic)  
Health department- Local  
Health department- State



Health department- Tribal  
Health disparities research center  
Health policy center  
Hospital  
Nonprofit organization (non-faith based)  
State Governmental Programs  
Professional Associations  
Nonprofit organization (faith-based)  
Private/For-profit organization  
Local Government  
Other  
No partners/consortia used

Residency Year 2  
Residency Year 3

**Block 6.** Indicate the total number of positions filled during the reporting period by academic/training year. Click on "Add Academic/Training Year" to select from the following options:

**Selections:**  
Training Year 1  
Training Year 2  
Training Year 3  
Residency Year 1  
Residency Year 2  
Residency Year 3

## SECTION B

### Training Programs that Provide Direct Financial Support or Conduct Field Placements/Practicums/Internships Only

**Block 3.** Indicate the total number of individuals—regardless of whether they received BHPf funding—who are enrolled in the training program. Include all trainees regardless of completion status; however, do not count individuals who permanently left the program before completion.

**Block 3a.** Of the number reported in Block 4, indicate the number of underrepresented minorities who are enrolled in the training program.

**Block 3b.** Of the number reported in Block 4, indicate the number of individuals enrolled in the program who are from a disadvantaged background and are not underrepresented minorities.

#### Residency and Physician Assistant Programs Only

**Block 4.** Indicate the total number of accredited positions during the reporting period by academic/training year. Click on "Add Academic/Training Year" to select from the following options:

**Selections:**  
Training Year 1  
Training Year 2  
Training Year 3  
Residency Year 1  
Residency Year 2  
Residency Year 3

**Block 5.** Indicate the total number of positions recruited for during the reporting period by academic/training year. Click on "Add Academic/Training Year" to select from the following options:

**Selections:**  
Training Year 1  
Training Year 2  
Training Year 3  
Residency Year 1

### Expansion Programs Only

**Block 7.** Indicate the total number of expanded positions supported with BHPf funds during the reporting period by academic/training year. Click on "Add Academic/Training Year" to select from the following options:

**Selections:**  
Training Year 1  
Training Year 2  
Training Year 3  
Residency Year 1  
Residency Year 2  
Residency Year 3

### All Training Programs that Provide Direct Financial Support or Conduct Field Placements/Practicums/Internships Only

**Block 8.** Indicate the number of individuals—regardless of whether they received BHPf funding—who graduated or completed the program during the reporting period.

(Note: This number should be a subset of the number reported in Block 4).

**Block 8a.** Of the number reported in Block 9, indicate the number of underrepresented minorities who graduated or completed the program during the reporting period.

**Block 9.** Indicate the number of individuals—regardless of whether they received BHPf funding—who permanently left the program before completion during the reporting period.

**Block 9a.** Of the number reported in Block 10, indicate the number of underrepresented minorities who permanently left the program before completion during the reporting period.

**Click on "Add Another Training Program" to enter information about another training program supported with BHPPr funds. Each training program must be reported separately. You may add as many entries as necessary.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

FORM NAME: LR-1

Select Training Program

### SECTION A. Training Program Participants

Block 1. Total number of enrollees

Block 2. Total number of fellows

Block 3. Total number of residents

Block 4. Total number of graduates

Block 5. Total number of program completers

### SECTION B. Attrition of Training Program Participants

Block 6. Total number of individuals who permanently left the program before completion

Block 6a. Number of underrepresented minorities who permanently left the program before completion

### SECTION C. Training Programs with Interdisciplinary/Interprofessional Components

Block 7. Select whether program is interprofessional  Yes  No

Block 7a. Indicate the total number of individuals trained by profession and discipline

Add Profession & Discipline

Number Trained

Add Profession & Discipline

Number Trained

### SECTION D. Continuing Education Providers

Block 8. Indicate the total unduplicated number of individuals trained through continuing education offerings

### SECTION E. Nursing Aide Employment Status and Exam Outcomes

Block 9. Indicate the total number of individuals who are employed full-time

Block 10. Indicate the total number of individuals who are employed part-time

Block 11. Indicate the total number of individuals who are unemployed

Block 12. Select whether the exam assessed all competencies  Yes  No

Block 13. Indicate the total number of individuals who passed the final exam

Block 14. Indicate the total number of individuals who failed the final exam

Add Information about Another Training Program

Save & Continue

## INSTRUCTIONS

**Purpose.** The LR-1 form captures data regarding the number of individuals who participated in a training program supported with a BHPr-funded grant. The LR-1 form contains three sections: Section A captures enrollment and completion-related information of training programs; Section B captures information about interprofessional training programs; Section C captures information about interprofessional or interdisciplinary students trained through training programs; and Section D captures information about individuals trained through continuing education offerings. Please complete the applicable sections of this form using the instructions below.

(Note: The "Select Training Program" button will only appear if you reported supporting more than 1 non-direct financial support training program in the Program Characteristics Form. This will assist BHPr in associating the number of individuals to specific types of non-direct financial support training programs.)

### SECTION A

**Block 1.** Indicate the total number of individuals who received training as a result of the grant during the reporting period. Do not include fellows, residents, or individuals who either completed/graduated or permanently left the program before completion during the reporting period.

**Block 2.** Indicate the total number of fellows trained as a result of the grant during the reporting period. Do not include individuals who completed their fellowship or permanently left the program before completion during the reporting period.

**Block 3.** Indicate the total number of residents trained as a result of the grant during the reporting period. Do not include individuals who completed their residency or permanently left the program before completion during the reporting period.

**Block 4.** Indicate the total number of individuals who were trained as a result of the grant and earned an academic degree during the reporting period. Do not include individuals who permanently left the program before completion.

**Block 5.** Indicate the total number of individuals who were trained as a result of the grant and completed program requirements during the reporting period. Do not include individuals who permanently left the program before completion.

(Note: a program completer is an individual who successfully meets all requirements of a training program that does not confer an academic degree.)

### SECTION B

**Block 6.** Indicate the total number of individuals who permanently left the training program before completion.

**Block 6a.** Of the number reported in Block 6, indicate the number of underrepresented minorities who permanently left the training program before completion.

### SECTION C

#### Interprofessional Training Programs Only

(Note: Section C will appear only if "Yes" was selected in Block 2 of the Program Characteristics Form)

**Block 7.** Select whether the training program was interprofessional.

**Block 7a.** If yes, indicate the total number of students trained by profession and discipline. Click on "Add Profession" and select from the options below:

#### Students

K-8 (primary)  
9-12 (secondary)  
Post-high school/Pre-college  
Dental Student  
Dental Hygiene Student  
Dental Assistant Student  
Medical Student  
Physician Assistant Student  
Medical Residents  
Medical Fellows  
Pre-licensure Nursing Students  
Graduate-level Nursing Student  
Undergraduate-level Public Health Student  
Graduate-level Public Health Student  
Graduate-level Psychology Student  
Graduate-level Psychology Intern  
Graduate-level Psychology Fellow  
Faculty  
Administrator  
Other Undergraduate-level Student  
Other Graduate-level Student  
Other Fellow  
Other Resident

#### Providers

#### Dentistry

General Dentistry  
Pediatric Dentistry  
Orthodontic Dentistry  
Oral Surgery Dentistry  
Radiology Dentistry  
Periodontic Dentistry  
Prosthodontic Dentistry  
Pathology Dentistry  
Dental Assistant

Dental Hygiene  
Public Health Dentistry  
Endodontic Dentistry

Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary  
Medicine  
Behavioral/Mental Health In School Of Medicine And  
Osteopathic Medicine  
Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal  
CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP –Adult gerontology  
NP –Family  
NP –Neonatal  
NP –Pediatrics  
NP –Women's health  
NP- Acute care adult gerontology  
NP- Acute care pediatric  
NP- Emergency care  
NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist

Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist  
Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

Behavioral Health

Counseling Psychology  
Clinical Psychology  
Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Public Health

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences  
Injury Control & Prevention  
Disease Prevention & Health Promotion  
Infectious Disease Control

Other

Indicate the total number of individuals trained in each profession and discipline. You may add as many rows as necessary.

**SECTION D**

Continuing Education Providers Only

**Block 8.** Indicate the unduplicated number of individuals trained through continuing education offerings.

**SECTION E**

Nursing Assistant and Personal Home Health Aide Programs Only

**Block 9.** Indicate the total number of individuals in the training program who are employed full-time (i.e. 40 hours or more each week).

**Block 10.** Indicate the total number of individuals in the training program who are employed part-time (i.e. between 1 and 39 hours each week).

**Block 11.** Indicate the total number of individuals in the training program who are unemployed.

**Block 12.** Select whether the final exam taken by individuals enrolled in the program assessed all related competencies.

**Block 13.** Indicate the total number of individuals who successfully passed the final exam.

**Block 14.** Indicate the total number of individuals who failed the final exam.

**If you reported supporting more than one training program with BHPr funds in the Program Characteristics Form, click on "Add Information about another Training Program" to complete this form for each program.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

FORM NAME:

LR-2

Select Training Program

### ENROLLEES

**Block 1.** Total Number of Male Enrollees Age 19 and Under  
**Block 2.** Total Number of Male Enrollees Age 20 through 29  
**Block 3.** Total Number of Male Enrollees Age 30 through 39  
**Block 4.** Total Number of Male Enrollees Age 40 through 49  
**Block 5.** Total Number of Male Enrollees Age 50 through 59  
**Block 6.** Total Number of Male Enrollees Age 60 and Over

**Block 7.** Total Number of Female Enrollees Age 19 and Under  
**Block 8.** Total Number of Female Enrollees Age 20 through 29  
**Block 9.** Total Number of Female Enrollees Age 30 through 39  
**Block 10.** Total Number of Female Enrollees Age 40 through 49  
**Block 11.** Total Number of Female Enrollees Age 50 through 59  
**Block 12.** Total Number of Female Enrollees Age 60 and Over

### FELLOWS

**Block 13.** Total Number of Male Fellows Age 19 and Under  
**Block 14.** Total Number of Male Fellows Age 20 through 29  
**Block 15.** Total Number of Male Fellows Age 30 through 39  
**Block 16.** Total Number of Male Fellows Age 40 through 49  
**Block 17.** Total Number of Male Fellows Age 50 through 59  
**Block 18.** Total Number of Male Fellows Age 60 and Over

**Block 19.** Total Number of Female Fellows Age 19 and Under  
**Block 20.** Total Number of Female Fellows Age 20 through 29  
**Block 21.** Total Number of Female Fellows Age 30 through 39  
**Block 22.** Total Number of Female Fellows Age 40 through 49  
**Block 23.** Total Number of Female Fellows Age 50 through 59  
**Block 24.** Total Number of Female Fellows Age 60 and Over

### RESIDENTS

**Block 25.** Total Number of Male Residents Age 19 and Under  
**Block 26.** Total Number of Male Residents Age 20 through 29  
**Block 27.** Total Number of Male Residents Age 30 through 39  
**Block 28.** Total Number of Male Residents Age 40 through 49  
**Block 29.** Total Number of Male Residents Age 50 through 59  
**Block 30.** Total Number of Male Residents Age 60 and Over

**Block 31.** Total Number of Female Residents Age 19 and Under  
**Block 32.** Total Number of Female Residents Age 20 through 29  
**Block 33.** Total Number of Female Residents Age 30 through 39  
**Block 34.** Total Number of Female Residents Age 40 through 49  
**Block 35.** Total Number of Female Residents Age 50 through 59  
**Block 36.** Total Number of Female Residents Age 60 and Over

### GRADUATES

**Block 37.** Total Number of Male Graduates Age 19 and Under  
 **Block 38.** Total Number of Male Graduates Age 20 through 29  
 **Block 39.** Total Number of Male Graduates Age 30 through 39  
 **Block 40.** Total Number of Male Graduates Age 40 through 49  
 **Block 41.** Total Number of Male Graduates Age 50 through 59  
 **Block 42.** Total Number of Male Graduates Age 60 and Over

**Block 43.** Total Number of Female Graduates Age 19 and Under  
 **Block 44.** Total Number of Female Graduates Age 20 through 29  
 **Block 45.** Total Number of Female Graduates Age 30 through 39  
 **Block 46.** Total Number of Female Graduates Age 40 through 49  
 **Block 47.** Total Number of Female Graduates Age 50 through 59  
 **Block 48.** Total Number of Female Graduates Age 60 and Over

### PROGRAM COMPLETERS

**Block 49.** Total Number of Male Program Completers Age 19 and Under  
 **Block 50.** Total Number of Male Program Completers Age 20 through 29  
 **Block 51.** Total Number of Male Program Completers Age 30 through 39  
 **Block 52.** Total Number of Male Program Completers Age 40 through 49  
 **Block 53.** Total Number of Male Program Completers Age 50 through 59  
 **Block 54.** Total Number of Male Program Completers Age 60 and Over

**Block 55.** Total Number of Female Program Completers Age 19 and Under  
 **Block 56.** Total Number of Female Program Completers Age 20 through 29  
 **Block 57.** Total Number of Female Program Completers Age 30 through 39  
 **Block 58.** Total Number of Female Program Completers Age 40 through 49  
 **Block 59.** Total Number of Female Program Completers Age 50 through 59  
 **Block 60.** Total Number of Female Program Completers Age 60 and Over

Add Information about Another Training Program

Save & Continue

## INSTRUCTIONS

**Purpose.** The LR-2 form captures information about the sex and age of individuals who participated in a training program supported with a BHPPr-funded grant. Please complete the applicable blocks of this form using the instructions below.

(Note: The "Select Training Program" button will only appear if you reported supporting more than 1 non-direct financial support training program in the Program Characteristics Form. This will assist BHPPr in associating the number of individuals to specific types of non-direct financial support training programs. Do not include information about individuals who permanently left a program before completion during the reporting period.)

### ENROLLEES

**Blocks 1 through 6.** Indicate the total number of male enrollees—by age group—who received training during the reporting period as a result of the grant. Do not include fellows, residents, or any individual who graduated/completed the program during this reporting period.

**Blocks 7 through 12.** Indicate the total number of female enrollees—by age group—who received training during the reporting period as a result of the grant. Do not include fellows, residents, or any individual who graduated/completed the program during this reporting period.

### FELLOWS

**Blocks 13 through 18.** Indicate the total number of male fellows—by age group—who received training during the reporting period as a result of the grant. Do not include residents or any individual who graduated/completed the program during this reporting period.

**Blocks 19 through 24.** Indicate the total number of female fellows—by age group—who received training during the reporting period as a result of the grant. Do not include residents or any individual who graduated/completed the program during this reporting period.

### RESIDENTS

**Blocks 25 through 30.** Indicate the total number of male residents—by age group—who received training during the reporting period as a result of the grant. Do not include any individual who graduated/completed the program during this reporting period.

**Blocks 31 through 36.** Indicate the total number of female residents—by age group—who received training during the reporting period as a result of the grant. Do not include any individual who graduated/completed the program during this reporting period.

### GRADUATES

**Blocks 37 through 42.** Indicate the total number of males—by age group—who received training as a result of the grant and earned an academic degree during the reporting period.

**Blocks 43 through 48.** Indicate the total number of females—by age group—who received training as a result of the grant and earned an academic degree during the reporting period.

### PROGRAM COMPLETERS

**Blocks 49 through 54.** Indicate the total number of males—by age group—who received training as a result of the grant and completed all training requirements during the reporting period. (Note: a program completer is an individual who met all of the training requirements of a non-degree bearing training program)

**Blocks 55 through 60.** Indicate the total number of females—by age group—who received training as a result of the grant and completed all training requirements during the reporting period. (Note: a program completer is an individual who met all of the training requirements of a non-degree bearing training program)

**If you reported supporting more than one training program with BHPPr funds in the Program Characteristics Form, click on "Add Information about another Training Program" to complete this form for each program.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**



## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** DV-1

Select Training Program

SECTION A. Race of Hispanic Individuals Trained

**RACE OF HISPANIC ENROLLEES**

- Block 1. American Indian or Alaska Native
- Block 2. Black or African American
- Block 3. Asian
- Block 4. Native Hawaiian or Pacific Islander
- Block 5. White
- Block 6. More than One Race
- Block 7. Race Not Reported

**RACE OF HISPANIC FELLOWS**

- Block 8. American Indian or Alaska Native
- Block 9. Black or African American
- Block 10. Asian
- Block 11. Native Hawaiian or Pacific Islander
- Block 12. White
- Block 13. More than One Race
- Block 14. Race Not Reported

**RACE OF HISPANIC RESIDENTS**

- Block 15. American Indian or Alaska Native
- Block 16. Black or African American
- Block 17. Asian
- Block 18. Native Hawaiian or Pacific Islander
- Block 19. White
- Block 20. More than One Race
- Block 21. Race Not Reported

**RACE OF HISPANIC GRADUATES**

- Block 22. American Indian or Alaska Native
- Block 23. Black or African American
- Block 24. Asian
- Block 25. Native Hawaiian or Pacific Islander
- Block 26. White
- Block 27. More than One Race
- Block 28. Race Not Reported

**RACE OF HISPANIC PROGRAM COMPLETERS**

- Block 29. American Indian or Alaska Native
- Block 30. Black or African American
- Block 31. Asian
- Block 32. Native Hawaiian or Pacific Islander
- Block 33. White
- Block 34. More than One Race
- Block 35. Race Not Reported

Add Information about Another Training Program

SECTION B. Race of Non-Hispanic Individuals Trained

**RACE OF NON-HISPANIC ENROLLEES**

- Block 36. American Indian or Alaska Native
- Block 37. Black or African American
- Block 38. Asian
- Block 39. Native Hawaiian or Pacific Islander
- Block 40. White
- Block 41. More than One Race
- Block 42. Race Not Reported

**RACE OF NON-HISPANIC FELLOWS**

- Block 43. American Indian or Alaska Native
- Block 44. Black or African American
- Block 45. Asian
- Block 46. Native Hawaiian or Pacific Islander
- Block 47. White
- Block 48. More than One Race
- Block 49. Race Not Reported

**RACE OF NON-HISPANIC RESIDENTS**

- Block 50. American Indian or Alaska Native
- Block 51. Black or African American
- Block 52. Asian
- Block 53. Native Hawaiian or Pacific Islander
- Block 54. White
- Block 55. More than One Race
- Block 56. Race Not Reported

**RACE OF NON-HISPANIC GRADUATES**

- Block 57. American Indian or Alaska Native
- Block 58. Black or African American
- Block 59. Asian
- Block 60. Native Hawaiian or Pacific Islander
- Block 61. White
- Block 62. More than One Race
- Block 63. Race Not Reported

**RACE OF NON-HISPANIC PROGRAM COMPLETERS**

- Block 64. American Indian or Alaska Native
- Block 65. Black or African American
- Block 66. Asian
- Block 67. Native Hawaiian or Pacific Islander
- Block 68. White
- Block 69. More than One Race
- Block 70. Race Not Reported

Save & Continue

## INSTRUCTIONS

**Purpose.** The DV-1 form captures information about the race and ethnicity of individuals who participated in a training program supported with a BHPPr-funded grant. The form contains two (2) sections: Section A captures information about the racial background of individuals who were trained as a result of the grant and are of Hispanic/Latino descent; Section B captures information about the racial background of individuals who were trained as a result of the grant and are not of Hispanic/Latino descent. Please complete the applicable sections and blocks of this form using the instructions below.

(Note: Categories for Race have been adjusted from the previous reporting period to comply with standards set forth by the Office of Management and Budget. The "Select Training Program" button will only appear if you reported supporting more than 1 non-direct financial support training program in the Program Characteristics Form. This will assist BHPPr in associating the number of individuals to specific types of non-direct financial support training programs. Do not include information about individuals who permanently left a program before completion during the reporting period.)

### SECTION A

#### HISPANIC ENROLLEES

**Blocks 1 through 6.** Indicate the total number of Hispanic/Latino enrollees—by race—who received training during the reporting period as a result of the grant. Do not include fellows, residents, or any individual who graduated/completed the program during this reporting period.

**Block 7.** Indicate the total number of Hispanic enrollees whose race was not reported.

#### HISPANIC FELLOWS

**Blocks 8 through 13.** Indicate the total number of Hispanic/Latino fellows—by race—who received training during the reporting period as a result of the grant. Do not include residents or any individual who graduated/completed the program during this reporting period.

**Block 14.** Indicate the total number of Hispanic fellows whose race was not reported.

#### HISPANIC RESIDENTS

**Blocks 15 through 20.** Indicate the total number of Hispanic/Latino residents—by race—who received training during the reporting period as a result of the grant. Do not include any individual who graduated/completed the program during this reporting period.

**Block 21.** Indicate the total number of Hispanic residents whose race was not reported.

#### HISPANIC GRADUATES

**Blocks 22 through 27.** Indicate the total number of Hispanic/Latino graduates—by race—who received training as a result of the grant and earned an academic degree during the reporting period.

**Block 28.** Indicate the total number of Hispanic graduates whose race was not reported.

**Blocks 29 through 34.** Indicate the total number of Hispanic program completers—by race—who received training as a result of the grant and completed all training requirements during the reporting period. (Note: a program completer is an individual who met all of the training requirements of a non-degree bearing training program)

**Block 35.** Indicate the total number of Hispanic program completers whose race was not reported.

### SECTION B

#### NON-HISPANIC ENROLLEES

**Blocks 36 through 41.** Indicate the total number of Non-Hispanic/Non-Latino enrollees—by race—who received training during the reporting period as a result of the grant. Do not include fellows, residents, or any individual who graduated/completed the program during this reporting period.

**Block 42.** Indicate the total number of Non-Hispanic enrollees whose race was not reported.

#### NON-HISPANIC FELLOWS

**Blocks 43 through 48.** Indicate the total number of Non-Hispanic/Non-Latino fellows—by race—who received training during the reporting period as a result of the grant. Do not include residents or any individual who graduated/completed the program during this reporting period.

**Block 49.** Indicate the total number of Non-Hispanic fellows whose race was not reported.

#### NON-HISPANIC RESIDENTS

**Blocks 50 through 55.** Indicate the total number of Non-Hispanic/Non-Latino residents—by race—who received training during the reporting period as a result of the grant. Do not include any individual who graduated/completed the program during this reporting period.

**Block 56.** Indicate the total number of Non-Hispanic residents whose race was not reported.

## NON-HISPANIC GRADUATES

**Blocks 57 through 62.** Indicate the total number of Non-Hispanic/Non-Latino graduates—by race—who received training as a result of the grant and earned an academic degree during the reporting period.

**Block 63.** Indicate the total number of Non-Hispanic graduates whose race was not reported.

## NON-HISPANIC PROGRAM COMPLETERS

**Blocks 64 through 69.** Indicate the total number of Non-Hispanic program completers—by race—who received training as a result of the grant and completed all training requirements during the reporting period. (Note: a program completer is an individual who met all of the training requirements of a non-degree bearing training program)

**Block 70.** Indicate the total number of Non-Hispanic program completers whose race was not reported.

**If you reported supporting more than one training program with BHP funds in the Program Characteristics Form, click on "Add Information about another Training Program" to complete this form for each program.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

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 0915-0061. Public reporting burden for this collection of information is estimated to average .25 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 10-29, Rockville, Maryland, 20857.

OMB Number 0915-0061  
Expiration date XX/XX/201X

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** DV-2

Select Training Program

### DISADVANTAGED STATUS OF ENROLLEES

**Block 1.** Total number of enrollees from a disadvantaged background   
**Block 2.** Number of enrollees from a disadvantaged background who are not underrepresented minorities

### DISADVANTAGED STATUS OF FELLOWS

**Block 3.** Total number of fellows from a disadvantaged background   
**Block 4.** Number of fellows from a disadvantaged background who are not underrepresented minorities

### DISADVANTAGED STATUS OF RESIDENTS

**Block 5.** Total number of residents from a disadvantaged background   
**Block 6.** Number of residents from a disadvantaged background who are not underrepresented minorities

### DISADVANTAGED STATUS OF GRADUATES

**Block 7.** Total number of graduates from a disadvantaged background   
**Block 8.** Number of graduates from a disadvantaged background who are not underrepresented minorities

### DISADVANTAGED STATUS OF PROGRAM COMPLETERS

**Block 9.** Total number of program completers from a disadvantaged background   
**Block 10.** Number of program completers from a disadvantaged background who are not underrepresented minorities

Add Information about Another Training Program

Save & Continue

## INSTRUCTIONS

**Purpose.** The DV-2 form captures information about the disadvantaged status of individuals who participated in a training program supported with a BHP-funded grant. Please complete the applicable blocks of this form using the instructions below.

(Note: For a definition of disadvantaged, please go to <http://www.hrsa.gov/loanscholarships/scholarships/disadvantaged.html>. The "Select Training Program" button will only appear if you reported supporting more than 1 non-direct financial support training program in the Program Characteristics Form. This will assist BHP in associating the number of individuals to specific types of non-direct financial support training programs. Do not include information about individuals who permanently left a program before completion during the reporting period.)

### ENROLLEES

**Block 1.** Indicate the total number of enrollees—regardless of race—who received training as a result of the grant and reported coming from a financial and/or educational disadvantaged background. Do not include fellows, residents, or any individual who graduated/completed the program during this reporting period.

**Block 2.** Indicate the number of enrollees who received training as a result of the grant, reported coming from a financial and/or educational disadvantaged background and are not underrepresented minorities. The number reported in Block 2 should be a subset of the number reported in Block 1. Do not include fellows, residents, or any individual who graduated/completed the program during this reporting period.

### FELLOWS

**Block 3.** Indicate the total number of fellows—regardless of race—who received training as a result of the grant and reported coming from a financial and/or educational disadvantaged background. Do not include residents, or any individual who graduated/completed the program during this reporting period.

**Block 4.** Indicate the number of fellows who received training as a result of the grant, reported coming from a financial and/or educational disadvantaged background and are not underrepresented minorities. The number reported in Block 4 should be a subset of the number reported in Block 3. Do not include residents, or any individual who graduated/completed the program during this reporting period.

### RESIDENTS

**Block 5.** Indicate the total number of residents—regardless of race—who received training as a result of the grant and reported coming from a financial and/or educational

disadvantaged background. Do not include any individual who graduated/completed the program during this reporting period.

**Block 6.** Indicate the number of residents who received training as a result of the grant, reported coming from a financial and/or educational disadvantaged background and are not underrepresented minorities. The number reported in Block 6 should be a subset of the number reported in Block 5. Do not include any individual who graduated/completed the program during this reporting period.

### GRADUATES

**Block 7.** Indicate the total number of graduates—regardless of race—who received training as a result of the grant, earned an academic degree during the reporting period, and reported coming from a financial and/or educational disadvantaged background.

**Block 8.** Indicate the number of graduates who received training as a result of the grant, earned an academic degree during the reporting period, reported coming from a financial and/or educational disadvantaged background and are not underrepresented minorities. The number reported in Block 8 should be a subset of the number reported in Block 7.

### PROGRAM COMPLETERS

**Block 9.** Indicate the total number of program completers—regardless of race—who received training as a result of the grant, completed all training requirements during the reporting period, and reported coming from a financial and/or educational disadvantaged background.

**Block 10.** Indicate the number of program completers who received training as a result of the grant, completed all training requirements during the reporting period, reported coming from a financial and/or educational disadvantaged background and are not underrepresented minorities. The number reported in Block 10 should be a subset of the number reported in Block 9. (Note: a program completer is an individual who meets all of the requirements of a non-degree bearing training program)

**If you reported supporting more than one training program with BHP funds in the Program Characteristics Form, click on "Add Information about another Training Program" to complete this form for each program.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** DV-3

Select Training Program

### RURAL STATUS OF ENROLLEES

**Block 1.** Total number of enrollees from a rural residential background

### RURAL STATUS OF FELLOWS

**Block 2.** Total number of fellows from a rural residential background

### RURAL STATUS OF RESIDENTS

**Block 3.** Total number of residents from a rural residential background

### RURAL STATUS OF GRADUATES

**Block 4.** Total number of graduates from a rural residential background

### RURAL STATUS OF PROGRAM COMPLETERS

**Block 5.** Total number of program completers from a rural residential background

Add Information about Another Training Program

Save & Continue

## INSTRUCTIONS

**Purpose.** The DV-3 form captures information about the rural status of individuals who participated in a training program supported with a BHPr-funded grant. Please complete the applicable blocks of this form using the instructions below.

(Note: A rural area is located in a county that is not part of a Metropolitan Statistical Area. Refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx> to determine if a county is considered rural. The "Select Training Program" button will only appear if you reported supporting more than 1 non-direct financial support training program in the Program Characteristics Form. This will assist BHPr in associating the number of individuals to specific types of non-direct financial support training programs. Do not include information about individuals who permanently left a program before completion during the reporting period.)

### ENROLLEES

**Block 1.** Indicate the total number of enrollees who received training as a result of the grant and are from a rural residential background. Do not include fellows, residents, or any individual who graduated/completed the program during this reporting period.

### FELLOWS

**Block 2.** Indicate the total number of fellows who received training as a result of the grant and are from a rural residential background. Do not include residents or any individual who graduated/completed the program during this reporting period.

### RESIDENTS

**Block 3.** Indicate the total number of residents who received training as a result of the grant and are from a rural residential background. Do not include any individual who graduated/completed the program during this reporting period.

### GRADUATES

**Block 4.** Indicate the total number of graduates who received training as a result of the grant, earned an academic degree during the reporting period, and are from a rural residential background.

### PROGRAM COMPLETERS

**Block 5.** Indicate the total number of program completers who received training as a result of the grant, completed all training requirements during the reporting period, and are from a rural residential background. (Note: a program completer is an individual who meets all of the requirements of a non-degree bearing training program)

**If you reported supporting more than one training program with BHPr funds in the Program Characteristics Form, click on "Add Information about another Training Program" to complete this form for each program.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** **IND-GEN**

Select Training Program

Enter New Case

Update Existing Case

SECTION A. ID & Training Category

**Block 1.** Indicate the individuals' unique identifier

**Block 2.** Select the individual's training category  
 Enrollee       Fellow       Resident  
 Faculty       Practicing Professional

**Block 3.** Select the individual's enrollment/employment status  
 Full-time       Part-time       On leave of absence

SECTION B. Demographics

**Block 4.** Select the individual's sex  
 Male       Female       Not Reported

**Block 5.** Select the individual's age group  
 Under 20 years       50-59 years  
 20-29 years       60 years or older  
 30-39 years       Not Reported  
 40-49 years

**Block 6.** Select the individual's ethnicity  
 Hispanic/Latino     Non-Hispanic/Non-Latino     Not Reported

**Block 7.** Select the individual's race (Select All That Apply)  
 American Indian or Alaska Native       White  
 Asian       Not Reported  
 Black or African-American  
 Native Hawaiian or Other Pacific Islander

**Block 8.** Select whether the individual is from a rural residential background     Yes     No     Not Reported

**Block 9.** Select whether the individual has reported coming from a disadvantaged background       Yes     No     Not Reported

**Block 10.** Select the individual's veteran status  
 Active Duty Military       Reservist       Veteran--Prior Service  
 Veteran--Retired       Individual is not a Veteran     Not Reported

SECTION C. Financial Award

**Block 11.** Indicate the type(s) and amount(s) of BHPr financial awards provided

Add Type of BHPr Financial Award      Amount

Add Type of BHPr Financial Award      Amount

**Block 12.** Select the number of academic years the individual has received BHPr funding     1     2     3     4     5 or more

**Block 13.** Indicate balance of loan

**Block 13a.** Indicate percentage of loan paid off

**Block 14.** Indicate percent FTE paid for through BHPr financial award



SECTION D. Training Program

- Block 15.** Select the individual's academic/training year
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Undergraduate—Year 1               | <input type="checkbox"/> Undergraduate—Year 2 | <input type="checkbox"/> Undergraduate—Year 3 |
| <input type="checkbox"/> Undergraduate—Year 4               | <input type="checkbox"/> Undergraduate—Year 5 | <input type="checkbox"/> Graduate—Year 1      |
| <input type="checkbox"/> Graduate—Year 2                    | <input type="checkbox"/> Graduate—Year 3      | <input type="checkbox"/> Graduate—Year 4      |
| <input type="checkbox"/> Graduate—Year 5                    | <input type="checkbox"/> Graduate—Year 6      | <input type="checkbox"/> Graduate—Year 7      |
| <input type="checkbox"/> Residency—Year 1                   | <input type="checkbox"/> Residency—Year 2     | <input type="checkbox"/> Residency—Year 3     |
| <input type="checkbox"/> Residency—Year 4                   | <input type="checkbox"/> Fellowship—Year 1    | <input type="checkbox"/> Fellowship—Year 2    |
| <input type="checkbox"/> Fellowship—Year 3                  | <input type="checkbox"/> Internship—Year 1    | <input type="checkbox"/> Internship—Year 2    |
| <input type="checkbox"/> Non-degree Training Program—Year 1 |   |   |
| <input type="checkbox"/> Non-degree Training Program—Year 2 |   |   |

**Block 16.** Select the individual's discipline or specialty **[Drop-down]**

**Block 17.** Select whether the individual received training in a primary care setting  Yes  No

**Block 17a.** If yes, indicate total number of contact hours in this setting

**Block 17b.** If yes, indicate total number of patient encounters in this setting

**Block 18.** Select whether the individual received training in a medically underserved area  Yes  No

**Block 18a.** If yes, indicate total number of contact hours in this setting

**Block 19.** Select whether the individual received training in a rural area  Yes  No

**Block 19a.** If yes, indicate total number of contact hours in this setting

**Block 20.** Select the type of setting where the individual was placed for the purposes of field placement **[Drop-down]**

SECTION E. Attrition & Graduation

**Block 21.** Select whether the individual permanently left the program before completion:  Yes  No

**Block 22.** Select whether the individual graduated/completed the program:  Yes  No

**Block 22a.** If graduated, select degree earned **[Drop-down]**

**Block 22b.** If graduated/completed, select whether the individual intends to pursue health professions training:  Yes  No

**Block 22c.** If graduated/completed, select whether the individual has applied to a residency program:  Yes  No

**Block 22d.** If graduated/completed, select whether the individual intends to teach  Yes  No

**Block 22e.** If graduated/completed, select whether the individual intends to conduct research  Yes  No

**Block 22f.** If graduated/completed, select whether the individual intends to practice in a Primary Care Setting  Yes  No

**Block 22g.** If graduated/completed, select whether the individual intends to practice in a Medically Underserved Area  Yes  No

**Block 22h.** If graduated/completed, select whether the individual intends to practice in a Rural Area  Yes  No

**Block 23.** Select whether employment data are available for the individual 1-year post graduation/completion  Yes  No

**Block 23a.** If yes, select whether the individual pursued health professions training  Yes  No

**Block 23b.** If yes, select whether the individual was accepted into the residency program  Yes  No

**Block 23c.1.** If graduated/completed, select whether the individual is currently teaching  Yes  No

**Block 23c.2.** If yes, select level of teaching **[Drop-down]**

**Block 23d.** If graduated/completed, select whether the individual is conducting research  Yes  No

**Block 23e.** If graduated/completed, select whether the individual currently practices in a Primary Care Setting  Yes  No

**Block 23f.** If graduated/completed, select whether the individual currently practices in a Medically Underserved Area  Yes  No

**Block 23g.** If graduated/completed, select whether the individual currently practices in a Rural Area  Yes  No

SECTION F. RESEARCH AND PUBLICATIONS

**Block 24.** Indicate the percent FTE spent on the following activities:

<b>24a.</b> Research	<input type="text"/>
<b>24b.</b> Teaching	<input type="text"/>
<b>24c.</b> Administration	<input type="text"/>
<b>24d.</b> Clinical	<input type="text"/>

**Block 25.** Indicate the total number of articles published in peer-reviewed journals

**Block 26.** Indicate the total number of peer-reviewed conference presentations

**Block 27.** Indicate the total number of awarded grants by type

<input type="text" value="Add Type of Grant Award"/>	<input type="text" value="Add Size of Grant Award"/>	Number of Grants Awarded <input type="text"/>
<input type="text" value="Add Type of Grant Award"/>	<input type="text" value="Add Size of Grant Award"/>	Number of Grants Awarded <input type="text"/>

SECTION G. DENTAL PROVIDERS

**Block 28.** Indicate the total amount of time obligated to serve (in weeks):

**Block 29.** Select if the individual is currently practicing in a public health facility:  Yes  No

**Block 30.** Select if the individual is practicing in a dental HPSA:  Yes  No

**Block 31.** Select if the individual is practicing in a rural area:  Yes  No

**Block 32.** Select if the individual is enrolled in the Medicaid/CHIP program:  Yes  No

**Block 32a.** If enrolled, select whether the individual is accepting new Medicaid/CHIP patients:  Yes  No

**Block 33.** Indicate the total number of patient encounters:

**Block 33a.** Indicate your total number of Medicaid/CHIP patient encounters:

## INSTRUCTIONS

**Purpose.** The IND-GEN form captures information about individuals who received direct financial support (e.g., loans, stipends, scholarships) from training programs supported with a BHP-funded grant. The IND-GEN form is divided into six sections: Section A captures identifying information for each individual; Section B captures information about demographics; Section C captures information about the type and amount of financial support provided; Section D captures information about the individual's training program; Section E captures information specific to the completion of a training program; Section F captures information about research-related activities; AND Section G captures information about dental providers. Please complete the applicable sections and blocks of this form using the instructions below.

(Note: The "Select Training Program" button will only appear if you reported supporting more than 1 non-direct financial support training program in the Program Characteristics Form. This will assist BHP in associating the number of individuals to specific types of non-direct financial support training programs.)

To enter a new case, click on "Add New Case". To update information about an existing case, click on "Update Case" and you will be routed to the list of cases reported in previous reporting cycles.

### SECTION A

**Block 1.** Indicate the individual's unique identifier. This identifier must contain seven alphanumeric characters. Note: The ID assigned to each individual will remain with student until completion of/attrition from the program.

(Note: For medical residents, the ID number should be the individual's provider number)

**Block 2.** Select the training category for the individual.

(Note: The "Faculty" option should only be selected if the individual has completed a degree program and is currently an appointed faculty member at a college or university)

#### Block 3.

For enrollees, fellows, and residents, select the individual's enrollment status during the reporting period.

For faculty members, indicate the individual's employment status during the reporting period.

(Note: If an individual is on a leave of absence, please select "On leave of absence")

### SECTION B

**Block 4.** Select whether the individual's biological sex is male or female. If not available, select "Not Reported".

**Block 5.** Select the age group that contains the individual's current age. If not available, select "Not Reported".

**Block 6.** Select whether the individual is of Hispanic, Latino, or Spanish descent. If not available, select "Not Reported".

**Block 7.** Select the individual's race. You may select more than one option in this block for individuals of multiple races. If not available, select "Not Reported".

**Block 8.** Select whether the individual is from a rural residential background. A rural area is located in a county that is not part of a Metropolitan Statistical Area. Refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx> to determine if a county is considered rural.

**Block 9.** Select whether the individual reported coming from a financial and/or educational disadvantaged background at the time of matriculation into the program.

(Note: For a definition of disadvantaged, please go to <http://www.hrsa.gov/loanscholarships/scholarships/disadvantaged.html>)

**Block 10.** Select the individual's veteran status from the options below:

Active Duty Military: An individual serving in a full-time capacity in one (1) of the seven (7) uniformed services.

Reservist: An individual serving in a part-time capacity in one (1) of the seven (7) uniformed services.

Veteran (Prior service): An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 90 days or more.

Veteran (Retired): An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 20 years or more OR An individual discharged from one (1) of the seven (7) uniformed services due to medical status.

Individual is not a Veteran: An individual who has never served in one (1) of the seven (7) uniformed services OR An individual who was discharged from one (1) of the seven (7) uniformed services before serving a total of 90 days or more.

**SECTION C**

**Block 11.** Select the type(s) and amount(s) of BHPPr Financial Award provided to the individual during the reporting period using the options below. You may add more than one row in this block if multiple BHPPr awards were provided.

To enter a type of BHPPr financial award, click on "Add Type of BHPPr Financial Award" and choose from the options below:

**Selections:**

- Stipend
- Scholarship
- Loan
- Career Award
- Loan Repayment
- Traineeship
- No Financial Award Provided

For each type of BHPPr financial award, indicate the amount provided to the individual during the reporting period.

**Block 12.** Select the total number of academic years the individual has received one or more BHPPr financial awards.

(Note: The number of academic years does not have to be consecutive).

Loan Repayment Programs Only

**Block 13.** Indicate the individual's total loan balance at the beginning of the agreement.

**Block 13a.** Of the amount entered in Block 13, indicate the total percentage of the loan paid off with BHPPr funds during the reporting period.

Residency Programs Only

**Block 14.** Indicate the percent FTE paid for with BHPPr funds during the reporting period.

**SECTION D**

**Block 15.** Select the individual's current academic/training year.

(Note: For non-degree bearing programs, select Non-degree bearing Training Program—Year 1 through Non-degree bearing Training Program—Year 2)

Residency & Dentistry Programs Only

**Block 16.** Select the individual's discipline/specialty from the options below:

Dentistry

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

Medicine

- Aerospace Medicine
- Allopathic Medicine, Alternative/Complementary Medicine
- Behavioral/Mental Health In School Of Medicine And Osteopathic Medicine
- Family Medicine
- General Internal Medicine
- General Pediatrics
- General Preventive Medicine
- General Preventive Medicine/ Family Medicine
- General Preventive Medicine/ Internal Medicine
- General Preventive Medicine/ Public Health
- Geriatric Medicine
- Geriatric Psychiatry
- Integrative Medicine
- Internal Medicine /General Pediatrics
- Internal Medicine/Family Medicine
- Neurology
- Obstetrics/Gynecology
- Occupational Medicine
- Osteopathic General Practice
- Pediatrics/Family Medicine
- Pharmacy
- Podiatry
- Psychiatry
- Radiology
- Veterinary Medicine

Other

\_\_\_\_\_

Clinical Training Programs Only

**Block 17.** Select whether the individual received training in a primary care setting during the reporting period.

**Block 17a.** If yes, indicate the total number of contact hours spent in this setting.

**Block 17b.** If yes, indicate the total number of patient encounters in this setting.

**Block 18.** Select whether the individual received training in a medically underserved area during the reporting period.

(Note: A medically underserved area includes a medically underserved community and/or a health professional shortage area. For definitions, please go to <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>)

**Block 18a.** If yes, indicate the total number of contact hours spent in this setting.

**Block 19.** Select whether the individual received training in a rural area during the reporting period.

(Note: Refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx> to determine if a county is considered rural.)

**Block 19a.** If yes, indicate the total number of contact hours spent in this setting.

Public Health Training Centers Program Only

**Block 20.** Select the type of setting where the individual was placed for the purposes of a field placement from the options below:

**Selections:**

Academic institution  
Acute care services  
Aerospace operations setting  
Ambulatory practice sites  
Community Health Center (CHC) Other community health center (i.e. free clinic)  
Community Behavioral Health Center  
Community care programs for elderly mentally challenged individuals)  
Community-based organization  
Day and home care programs (i.e. Home Health)  
Dental services  
Extended care facilities  
Federally-qualified Health Center  
Federal and State Bureau of Prisons  
Hospice  
Hospital-academic center  
Hospital-community  
Hospital-federal  
Hospital-non-profit  
Hospital- for profit  
Indian Health Service (IHS) site  
International nonprofit/nongovernmental organization  
Local health department  
National health association  
Physician Office  
Senior Centers  
School-based clinic

Specialty clinics (e.g. mental health practice, rehabilitation, substance abuse clinic)  
State Health department  
Surgery clinic  
Tribal Health Department  
Long-term Care Facility  
Veterans Affairs Healthcare (e.g. VA hospital)  
Other

**SECTION D**

**Block 21.** Select whether the individual permanently left the program before completion.

(Note: If the individual is on a leave of absence, do not select "Yes" here. Make sure "On leave of absence" is checked in Block 3)

**Block 22.** Select whether the individual completed the program during the reporting period.

(Note: If the individual did not graduate/complete the training program during the reporting period, select "No")

**Block 22a.** For degree-bearing supported with a BHPf-funded grant during the reporting period, select the type of degree earned by the individual from the options below:

**Selections:**

Certificate  
Diploma  
AA  
AS  
BA  
BS  
BSN  
BSW  
BPH  
Bachelor's Not Otherwise Specified  
DC  
DDS  
DDS/MPH  
DDS/MSPH  
DMD  
DNP  
DNSc  
DO  
DO/MPH  
DO/MSPH  
DO/DrPH  
DO/ScD  
DrPH  
DVM  
MA  
MEd  
MHA

MD  
MD/MPH  
MD/MSPH  
MD/DrPH  
MD/ScD  
MD/PhD  
MS  
MMS  
MMS/MPH  
MMS/MSPH  
MMS/DrPH  
MMS/ScD  
MPAS  
MPAS/MPH  
MPAS/MSPH  
MPAS/DrPH  
MPAS/ScD  
MPH  
MSPH  
MSCR  
MS-CTS  
MSN  
MSW  
MSSW  
Master's Degree Not Otherwise Specified  
Post-Masters Certificate  
PhD  
PharmD  
PsyD  
ScD  
VMD

Pipeline Training Programs Only

**Block 22b.** For pipeline programs, select whether the individual intends to pursue health professions training.

Pre-doctoral Training Programs Only

**Block 22c.** For pre-doctoral programs, select whether the individual has applied to a residency program.

Faculty Preparation/Research Awards Programs Only

**Block 22d.** For faculty preparation programs, indicate whether the individual intends to teach.

Research Awards Programs Only

**Block 22e.** Select whether the individual intends to conduct research.

All Other Training Programs

**Block 22f.** Select whether the individual intends to practice in a primary care setting.

**Block 22g.** Select whether the individual intends to practice in a medically underserved area.

**Block 22h.** Select whether the individual intends to practice in a rural area.

**Block 23.** Select whether employment/training data are available for the individual 1-year post program completion.

Pipeline Training Programs Only

**Block 23a.** For pipeline programs, indicate whether the individual pursued health professions training.

Pre-doctoral Training Programs Only

**Block 23b.** For pre-doctoral programs, indicate whether the individual was accepted into a residency program.

Faculty Preparation/Research Awards Programs Only

**Block 23c.1.** For faculty preparation programs, indicate whether the individual currently teaches.

**Block 23c.2.** If yes, select level of teaching from the options below:

**Selections:**

Nursing Diploma School  
Two-year College  
Undergraduate-level  
Graduate-level Masters  
Graduate-level Doctorate

Research Awards Programs Only

**Block 23d.** Select whether the individual is currently conducting research.

All Other Training Programs

**Block 23e.** For all other training programs, select whether the individual practices in a primary care setting.

**Block 23f.** For all other training programs, select whether the individual practices in a medically underserved area.

**Block 23g.** For all other training programs, select whether the individual practices in a rural area.

## SECTION F

### Research Awards Programs Only

**Blocks 24a through 24d.** Indicate the percent FTE spent on each of the activities listed during the reporting period. Totals must add up to 100%.

**Block 25.** Indicate the total number of articles published in peer-reviewed journals during the reporting period.

(Note: You may count articles that have been accepted by the journal, but have not been physically published (i.e. "in press")

**Block 26.** Indicate the total number of conference presentations given during the reporting period.

**Block 27.** Indicate the total number of awarded grants by type and size from the options below.

For type of grant, click on "Add Type of Grant Award" and select from the options below:

**Selections:**

Research  
Education

For size of grant award, click on "Add Size of Grant Award" and select from the options below:

**Selections:**

<\$100,000  
≥\$100,000

For each grant type, indicate the total number of grants awarded during the reporting period.

## SECTION G

### State Oral Health Programs Only

**Block 28.** Indicate the number of weeks the individual is obligated to serve during the reporting period.

**Block 29.** Select whether the individual is currently practicing in a public health facility.

**Block 30.** Select whether the individual is currently practicing in a dental health professional shortage area.

**Block 31.** Select whether the individual is currently practicing in a rural area.

**Block 32.** Select whether the individual is currently enrolled as a provider in the Medicaid/CHIP program.

**Block 32a.** If enrolled, select whether the individual is currently accepting new patients.

**Block 33.** Indicate the total number of patient encounters during the reporting period.

**Block 33a.** Of the number reported in Block 33, indicate the total number of patients enrolled in the Medicaid/CHIP program.

**Click on "Add Another New Case" to enter new cases of individuals supported during the reporting period.**

**Click on "Update Another Existing Case" to be routed to a list of cases reported in previous reporting cycles.**

**If you reported supporting more than one training program with BHP funds in the Program Characteristics Form, click on "Add Information about another Training Program" to complete this form for each program.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** **EXP-1**

Select Training Program

### SECTION A. Training Site Characteristics

**Block 1.** Indicate the name of the training site

**Block 1a.** Select the type of site used to provide training: **[Drop-down]**

**Block 2.** Select the type of setting the training site was located in: (Select all that apply)  Medically underserved community  Health professional shortage area  
 Rural area  None of the above

**Block 3.** Indicate the number of students trained by profession/discipline

Add Profession & Discipline

Number of Students Trained

Add Profession & Discipline

Number of Students Trained

**Block 4.** Select, if any, the partners/consortia used for purpose of delivering clinical/experiential training (Select all that apply) **[Drop-down]**

### SECTION B. Content Area(s) Covered

**Block 5.** Select the primary competency addressed through this training site **[Drop-down]**

**Block 5a.** Select, if any, the secondary competency addressed through this training site **[Drop-down]**

### SECTION C. Team-based Care

**Block 6.** Indicate the total number of interprofessional teams used to provide care

**Block 7.** For each team, indicate the number of team members by profession and discipline

Add TeamNumber

Add Profession & Discipline

Number of Team Members

Add Profession & Discipline

Number of Team Members

Add TeamNumber

Add Profession & Discipline

Number of Team Members

Add Profession & Discipline

Number of Team Members

### SECTION D. Populations Served & Services Provided through Training

**Block 8.** Indicate the total number of vulnerable populations served by population type:

Add Vulnerable Population

Number of Patients Served

Add Vulnerable Population

Number of Patients Served

Add Information about Another Training Program

Save & Continue



## INSTRUCTIONS

**Purpose.** The EXP-1 form captures information about the types of sites used to provide individuals with clinical or experiential trainings through BHPPr-funded grant programs. The EXP-1 form is divided into four sections: Section A captures general information about sites used to provide individuals with clinical or experiential training; Section B captures information about the competency(ies) addressed through training; Section C captures information about team-based care; and Section D captures information specific to populations served by individuals participating in clinical training. Please complete applicable sections and blocks of this form using the instructions below.

National health association  
Physician Office  
Senior Centers  
School-based clinic  
Specialty clinics (e.g. mental health practice, rehabilitation, substance abuse clinic)  
State Health department  
Surgery clinic  
Tribal Health Department  
Long-term Care Facility  
Veterans Affairs Healthcare (e.g. VA hospital)  
Other

(Note: Complete the EXP-1 form for each training site used to provide training during the reporting period. The "Select Training Program" button will only appear if you reported supporting more than 1 non-direct financial support training program in the Program Characteristics Form. This will assist BHPPr in associating the number of individuals to specific types of non-direct financial support training programs.)

**Block 2.** Select the type of designated setting the training site is located in. You may select more than one option in this block.

**Block 3.** Indicate the total number of students trained by profession and discipline. Click on "Add Profession" and select from the options below:

### SECTION A

**Block 1a.** Select the type of site used to provide training during the reporting period from the options below:

(Note: you will be required to complete this form for each site used to provide training)

**Selections:**

Academic institution  
Acute care services  
Aerospace operations setting  
Ambulatory practice sites  
Community Health Center (CHC) Other community health center (i.e. free clinic)  
Community Behavioral Health Center  
Community care programs for elderly mentally challenged individuals)  
Community-based organization  
Day and home care programs (i.e. Home Health)  
Dental services  
Extended care facilities  
Federally-qualified Health Center  
Federal and State Bureau of Prisons  
Hospice  
Hospital-academic center  
Hospital-community  
Hospital-federal  
Hospital-non-profit  
Hospital- for profit  
Indian Health Service (IHS) site  
International nonprofit/nongovernmental organization  
Local health department  
Mobile Clinic/Site

**Selections:**

Students

K-8 (primary)  
9-12 (secondary)  
Post-high school/Pre-college  
Dental Student  
Dental Hygiene Student  
Dental Assistant Student  
Medical Student  
Physician Assistant Student  
Medical Residents  
Medical Fellows  
Pre-licensure Nursing Students  
Graduate-level Nursing Student  
Undergraduate-level Public Health Student  
Graduate-level Public Health Student  
Graduate-level Psychology Student  
Graduate-level Psychology Intern  
Graduate-level Psychology Fellow  
Faculty  
Administrator  
Other Undergraduate-level Student  
Other Graduate-level Student  
Other Fellow  
Other Resident

Providers

Dentistry

General Dentistry  
Pediatic Dentistry  
Orthodontic Dentistry  
Oral Surgery Dentistry  
Radiology Dentistry  
Periodontic Dentistry

Prosthodontic Dentistry  
Pathology Dentistry  
Dental Assistant  
Dental Hygiene  
Public Health Dentistry  
Endodontic Dentistry

Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary  
Medicine  
Behavioral/Mental Health In School Of Medicine And  
Osteopathic Medicine  
Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal  
CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP –Adult gerontology  
NP –Family  
NP –Neonatal  
NP –Pediatrics  
NP –Women's health  
NP- Acute care adult gerontology  
NP- Acute care pediatric

NP- Emergency care  
NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist  
Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist  
Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

Behavioral Health

Counseling Psychology  
Clinical Psychology  
Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Public Health

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences

Other

Indicate the total number of individuals trained in each profession and discipline. You may add as many rows as necessary.

**Block 4.** Select, if any, the partners/consortia used for the purposes of delivering clinical or experiential training during the reporting period from the options below. You may select more than one option in this block.

**Selections:**

Academic department- within the institution  
Academic department –outside the institution  
Community Mental Health Center  
Federal Government -Veterans Affairs  
Federal Government- Department of Defense/Military  
Federal Government-CDC  
Federal Government-SAMHSA  
Federal Government-IHS  
Federal Government-NIH  
Federal Government-AHRQ  
Federal Government-FDA  
Federal Government-Other HHS Agency/Office  
Federal Government- Other HRSA Program  
Federally-qualified health center or look-alikes

Federal Government –Other  
Community-based health center (e.g., free clinic)  
Health department- Local  
Health department- State  
Health department- Tribal  
Health disparities research center  
Health policy center  
Hospital  
Nonprofit organization (non-faith based)  
State Governmental Programs  
Professional Associations  
Nonprofit organization (faith-based)  
Private/For-profit organization  
Local Government  
Other  
No partners

**Block 7.** Indicate the profession and discipline composition of each team reported in Block 7. Report each team separately by assigning each team a number from 1 to 20.

To begin entering a team, click on "Add Team Number" and select a value from 1 to 20.

To begin entering a profession and discipline, click on "Add Profession & Discipline" and select from the following options:

**Selections:**

Students

K-8 (primary)  
9-12 (secondary)  
Post-high school/Pre-college  
Dental Student  
Dental Hygiene Student  
Dental Assistant Student  
Medical Student  
Physician Assistant Student  
Medical Residents  
Medical Fellows  
Pre-licensure Nursing Students  
Graduate-level Nursing Student  
Undergraduate-level Public Health Student  
Graduate-level Public Health Student  
Graduate-level Psychology Student  
Graduate-level Psychology Intern  
Graduate-level Psychology Fellow  
Faculty  
Administrator  
Other Undergraduate-level Student  
Other Graduate-level Student  
Other Fellow  
Other Resident

Providers

Dentistry

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

**SECTION B**

Public Health Training Centers Program Only

**Block 5.** Select the primary competency addressed through the training site from the options below:

**Selections:**

Analytical/assessment skills  
Policy development program planning skills  
Communication skills  
Cultural competency skills  
Community dimensions of practice skills  
Public health sciences skills  
Financial planning and management skills  
Leadership and systems thinking skills

**Block 5a.** Select the secondary competency, if any, addressed through the training site from the options below:

**Selections:**

Analytical/assessment skills  
Policy development program planning skills  
Communication skills  
Cultural competency skills  
Community dimensions of practice skills  
Public health sciences skills  
Financial planning and management skills  
Leadership and systems thinking skills  
No secondary competency addressed

**SECTION C**

Collaborative/Team-based Training Activities Only

**Block 6.** Indicate the total number of teams used to provide care at the training site.

Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary  
Medicine  
Behavioral/Mental Health In School Of Medicine And  
Osteopathic Medicine  
Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal  
CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP -Adult gerontology  
NP -Family  
NP -Neonatal  
NP -Pediatrics  
NP -Women's health  
NP- Acute care adult gerontology  
NP- Acute care pediatric  
NP- Emergency care  
NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist  
Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist

Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

Behavioral Health

Counseling Psychology  
Clinical Psychology  
Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Public Health

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences

Other

Indicate the total number of individuals trained in each profession and discipline. You may add as many rows as necessary.

## SECTION D

### Clinical/Patient Care Training Programs Only

**Block 8.** Indicate the type(s) and number of vulnerable populations served by individuals receiving training. Report each vulnerable population separately using options below. You may add as many rows as you need.

To enter a vulnerable population, click on "Add Vulnerable Population" and select from the options below:

#### **Selections:**

- Adolescents
- Children
- Chronically ill
- College students
- Homeless individuals
- Individuals with HIV/AIDS
- Individuals with mental health or substance abuse disorders
- Migrant workers
- Military and/or military families
- Older adults
- People with disabilities
- Pregnant women and infants
- Unemployed
- Returning war veterans (Iraq or Afghanistan)
- Veterans
- Victims of abuse or trauma

For each type of vulnerable population selected, indicate the total number patients served by individuals participating in the training program.

**If you reported supporting more than one training program with BHPf funds in the Program Characteristics Form, click on "Add Information about another Training Program" to complete this form for each program.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** **EBP**

### A. Characteristics of Evidence-based Practices Implemented

**Block 1.** Select the focus area for the evidence-based practice **[Drop-down]**

**Block 2.** Select the type of evidence-based practice  Assessment  Intervention

**Block 3.** Select the type of setting designated for the evidence-based practice **[Drop-down]**

**Block 4.** Indicate the total number of sites implementing evidence-based practice

### B. Characteristics of Providers Implementing Evidence-based Practice

**Block 5.** Indicate the total number of providers trained in the evidence-based practice

**Block 6.** Select the primary discipline/specialty of individuals trained in the evidence-based practice **[Drop-down]**

**Block 7a.** Select whether providers of other professions/disciplines were trained  Yes  No

**Block 7b.** If yes, indicate the total number of individuals trained by profession/discipline

<input type="text" value="Add Profession &amp; Discipline"/>	Number Trained	<input type="text"/>
<input type="text" value="Add Profession &amp; Discipline"/>	Number Trained	<input type="text"/>

### C. Characteristics of Patient Populations

**Block 8a.** Indicate the number of patients who received the evidence-based practice before training

**Block 8b.** Indicate the total number of patients before the training

**Block 9a.** Indicate the number of patients who received the evidence-based practice after training

**Block 9b.** Indicate the total number of patients after the training

## INSTRUCTIONS

**Purpose.** The EBP form captures information about evidence-based practices implemented by grantees of select BHP-funded multipurpose grant programs. Please complete applicable sections of this form using the instructions below.

### Geriatric Education Centers Program Only

**Block 1.** Select the focus area for the evidence-based practice implemented during the reporting period from the options below:

**Selections:**

Delirium  
Depression  
Diabetes  
Falls prevention  
Palliative care

**Block 2.** Select the type of evidence-based practice implemented during the reporting period.

**Block 3.** Select the type of setting designated for the evidence-based practice implemented during the reporting period from the list provided.

**Selections:**

Assisted living  
Continuing care retirement community  
Ambulatory care  
Hospice  
Nursing home  
Home care  
Hospital  
Senior center  
Other

**Block 4.** Indicate the total number of sites implementing the evidence-based practice during the reporting period.

## SECTION B

**Block 5.** Indicate the total number of providers trained in the evidence-based practice during the reporting period.

**Block 6.** Select the primary profession and discipline of providers trained during the reporting period from the options below:

**Selections:**

### Students

K-8 (primary)  
9-12 (secondary)  
Post-high school/Pre-college  
Dental Student

Dental Hygiene Student  
Dental Assistant Student  
Medical Student  
Physician Assistant Student  
Medical Residents  
Medical Fellows  
Pre-licensure Nursing Students  
Graduate-level Nursing Student  
Undergraduate-level Public Health Student  
Graduate-level Public Health Student  
Graduate-level Psychology Student  
Graduate-level Psychology Intern  
Graduate-level Psychology Fellow  
Faculty  
Administrator  
Other Undergraduate-level Student  
Other Graduate-level Student  
Other Fellow  
Other Resident

### Providers

### Dentistry

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

### Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary Medicine  
Behavioral/Mental Health In School Of Medicine And Osteopathic Medicine  
Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology

Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences

Other

**Block 7a.** Select whether this training was interprofessional or interdisciplinary.

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal  
CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP -Adult gerontology  
NP -Family  
NP -Neonatal  
NP -Pediatrics  
NP -Women's health  
NP- Acute care adult gerontology  
NP- Acute care pediatric  
NP- Emergency care  
NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist  
Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist  
Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

**Block 7b.** If the training was interprofessional or interdisciplinary, indicate the total number of individuals trained by profession/discipline. Click on "Add Profession & Discipline" and select from the options below. You may add as many rows as you need.

**Selections:**

Students

K-8 (primary)  
9-12 (secondary)  
Post-high school/Pre-college  
Dental Student  
Dental Hygiene Student  
Dental Assistant Student  
Medical Student  
Physician Assistant Student  
Medical Residents  
Medical Fellows  
Pre-licensure Nursing Students  
Graduate-level Nursing Student  
Undergraduate-level Public Health Student  
Graduate-level Public Health Student  
Graduate-level Psychology Student  
Graduate-level Psychology Intern  
Graduate-level Psychology Fellow  
Faculty  
Administrator  
Other Undergraduate-level Student  
Other Graduate-level Student  
Other Fellow  
Other Resident

Behavioral Health

Counseling Psychology  
Clinical Psychology  
Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Providers

Dentistry

General Dentistry  
Pediatric Dentistry  
Orthodontic Dentistry  
Oral Surgery Dentistry  
Radiology Dentistry  
Periodontic Dentistry  
Prosthodontic Dentistry

Public Health



Pathology Dentistry  
Dental Assistant  
Dental Hygiene  
Public Health Dentistry  
Endodontic Dentistry

Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary  
Medicine  
Behavioral/Mental Health In School Of Medicine And  
Osteopathic Medicine  
Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal  
CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP –Adult gerontology  
NP –Family  
NP –Neonatal  
NP –Pediatrics  
NP –Women's health  
NP- Acute care adult gerontology  
NP- Acute care pediatric

NP- Emergency care  
NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist  
Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist  
Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

Behavioral Health

Counseling Psychology  
Clinical Psychology  
Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Public Health

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences

Other

**SECTION C**

**Block 8a.** Indicate the total number of patients receiving the evidence-based practice before the training of providers reported in Block 5.

**Block 8b.** Indicate the total patient universe of providers reported in block 5 before the training.

**Block 9a.** Indicate the total number of patients receiving the evidence-based practice before the training of providers reported in Block 5.

**Block 9b.** Indicate the total patient universe of providers reported in block 5 before the training.

**Click on "Add Additional Evidence-based Practices" to add additional practices implemented during the reporting period.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

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 0915-0061. Public reporting burden for this collection of information is estimated to average .25 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 10-29, Rockville, Maryland, 20857.

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** RET

**Block 1.** Indicate the projected retention rate by funding year

Add Year (Baseline)	Projected Rate	<input type="text"/> %
Add Year (Year 1 of Funding)	Projected Rate	<input type="text"/> %
Add Year (Year 2 of Funding)	Projected Rate	<input type="text"/> %
Add Year (Year 3 of Funding)	Projected Rate	<input type="text"/> %

**Block 4.** Indicate the actual vacancy rate by funding year

Add Year (Baseline)	Actual Rate	<input type="text"/> %
Add Year (Year 1 of Funding)	Actual Rate	<input type="text"/> %
Add Year (Year 2 of Funding)	Actual Rate	<input type="text"/> %
Add Year (Year 3 of Funding)	Actual Rate	<input type="text"/> %

**Block 2.** Indicate the actual retention rate by funding year

Add Year (Baseline)	Actual Rate	<input type="text"/> %
Add Year (Year 1 of Funding)	Actual Rate	<input type="text"/> %
Add Year (Year 2 of Funding)	Actual Rate	<input type="text"/> %
Add Year (Year 3 of Funding)	Actual Rate	<input type="text"/> %

**Block 5.** Indicate the targeted vacant dentist/dental provider positions

**Block 6.** Indicate the number of filled dentist/dental provider positions

**Block 7.** Indicate the number of dentist/dental provider positions retained

**Block 3.** Indicate the projected vacancy rate by funding year

Add Year (Baseline)	Projected Rate	<input type="text"/> %
Add Year (Year 1 of Funding)	Projected Rate	<input type="text"/> %
Add Year (Year 2 of Funding)	Projected Rate	<input type="text"/> %
Add Year (Year 3 of Funding)	Projected Rate	<input type="text"/> %

Save & Continue

## INSTRUCTIONS

**Purpose.** The RET form captures information about retention-related activities from grantees of select BHPPr-funded multipurpose grant programs. Please complete the RET form using the instructions below.

### Nurse Education, Practice, Quality and Retention Program Only)

**Block 1.** Indicate the projected retention rate by funding year. Baseline should be the academic year before you received the BHPPr grant. Rates for projected retention should be calculated and reported at the beginning of each academic year.

To enter projected retention rate at baseline, click on "Add Year (Baseline)" and select from the options below:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014  
Academic Year 2014-2015  
Academic Year 2015-2016

To enter projected retention rates for subsequent academic years, click on "Add Year" and select from the following options:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014  
Academic Year 2014-2015  
Academic Year 2015-2016

**Block 2.** Indicate the actual retention rate by funding year. Baseline should be the academic year before you received the BHPPr grant. Rates for actual retention should be calculated and reported at the end of each academic year.

To enter actual retention rate at baseline, click on "Add Year (Baseline)" and select from the options below:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014  
Academic Year 2014-2015  
Academic Year 2015-2016

To add actual retention rate for subsequent years, click on "Add Year" and select from the options below:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014  
Academic Year 2014-2015  
Academic Year 2015-2016

**Block 3.** Indicate the projected vacancy rate by funding year. Baseline should be the academic year before you received the BHPPr grant. Rates for projected retention should be calculated and reported at the beginning of each academic year.

To add projected vacancy rate for baseline, click on "Add Year" and select from the options below:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014  
Academic Year 2014-2015  
Academic Year 2015-2016

**Block 4.** Indicate the actual vacancy rate by funding year. Baseline should be the academic year before you received the BHPPr grant. Rates for actual retention should be calculated and reported at the end of each academic year.

To add actual vacancy rate for subsequent years, click on "Add Year" and select from the options below:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014  
Academic Year 2014-2015  
Academic Year 2015-2016

State Oral Health Workforce Program Only

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

**Block 5.** Indicate the number of targeted vacant dentist and/or dental provider positions located within a Dental HPSA or a government recognized, dental underserved population or community.

**Block 6.** Indicate the targeted number of vacant dentist/dental provider positions in a dental HPSA or government-recognized dental underserved population or community that were filled during the reporting period.

**Block 7.** Indicate the number of dentist and/or dental provider positions located within a dental HPSA or a government-recognized dental underserved population or community that were retained as a result of activities undertaken through the grant.

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** PCI

**Block 1.** Select a patient core indicator and indicate projected outcomes by funding year

<input type="button" value="Add Patient Core Indicator"/>	
<input type="button" value="Add Year (Baseline)"/>	Projected Rate <input type="text"/> %
<input type="button" value="Add Year (Year 1 of Funding)"/>	Projected Rate <input type="text"/> %
<input type="button" value="Add Year (Year 2 of Funding)"/>	Projected Rate <input type="text"/> %
<input type="button" value="Add Year (Year 3 of Funding)"/>	Projected Rate <input type="text"/> %

**Block 2.** Indicate the actual outcome for the patient core indicator

<input type="button" value="Patient Core Indicator"/>	
<b>(Auto-populated)</b>	
<input type="button" value="Add Year (Baseline)"/>	Actual Rate <input type="text"/> %
<input type="button" value="Add Year (Year 1 of Funding)"/>	Actual Rate <input type="text"/> %
<input type="button" value="Add Year (Year 2 of Funding)"/>	Actual Rate <input type="text"/> %
<input type="button" value="Add Year (Year 3 of Funding)"/>	Actual Rate <input type="text"/> %

## INSTRUCTIONS

**Purpose.** The PCI form captures information about patient core indicators that are targeted by grantees of select BHPPr-funded multipurpose grant programs. Please complete the PCI form using the instructions below.

### Nurse Education, Practice, Quality and Retention Program Only

**Block 1.** Select a patient core indicator and indicate projected outcomes by funding year. Baseline should be the academic year before you received the BHPPr grant. Rates for projected outcomes should be calculated and reported at the beginning of each academic year.

To select patient core indicator, click on "Add Patient Core Indicator" and select from the options below:

#### **Selections:**

Nurse Satisfaction NDNQI Scale  
Blood stream infections (infections/1000 device days)  
Ventilator Assisted Pneumonia (Infections/1000 ventilator days)  
Urinary Track Infections (UTI: infections/1000 foley days)  
% of RNs reporting occasional or frequent patient and family complaints with care over the past year  
% of RNs rating the quality of nursing care delivered to patients on their units as poor or fair  
% of RNs reporting being somewhat or not at all confident that their patients can manage their care  
% of RNs occasionally or frequently reporting wrong med or wrong dose given to one of their patients  
% Children (0-24 mo.) fully immunized  
% clients with high satisfaction  
%PNC in 1st Trimester  
Chlamydia Cases/100,000  
Patient Satisfaction (Overall Quality of Care)  
Behavioral Health  
Safety Climate Survey (Neurosciences)  
Falls (Neurosciences)  
Patient Satisfaction Nurse-to-Patient Communication (Neurosciences)

To enter projected outcomes at baseline, click on "Add Year (Baseline)" and select from the options below:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014

Academic Year 2014-2015  
Academic Year 2015-2016

To enter projected outcomes for subsequent academic years, click on "Add Year" and select from the following options:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014  
Academic Year 2014-2015  
Academic Year 2015-2016

**Block 2.** Indicate the actual outcome by funding year. Baseline should be the academic year before you received the BHPPr grant. Rates for actual outcomes should be calculated and reported at the end of each academic year. To enter actual outcomes at baseline, click on "Add Year (Baseline)" and select from the options below:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014  
Academic Year 2014-2015  
Academic Year 2015-2016

To enter actual outcomes for subsequent academic years, click on "Add Year" and select from the following options:

#### **Selections:**

Academic Year 2009-2010  
Academic Year 2010-2011  
Academic Year 2011-2012  
Academic Year 2012-2013  
Academic Year 2013-2014  
Academic Year 2014-2015  
Academic Year 2015-2016

**Click on "Add Additional Patient Core Indicators" to select additional patient core indicators targeted during the reporting period.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

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OMB Number 0915-0061  
Expiration date XX/XX/201X

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** Curriculum Development and Enhancement

**Block 1.** Select the type of curriculum development or enhancement activity: (select all that apply)

**[Drop-down]**

**Block 2.** For each course, select the type of content, class, and number of students trained by profession.

Course Name	<input type="text"/>	Add Year Implemented	Add Delivery Mode	Add Profession/Discipline	Number Trained	<input type="text"/>
				Add Profession/Discipline	Number Trained	<input type="text"/>

Course Name	<input type="text"/>	Add Year Implemented	Add Delivery Mode	Add Profession/Discipline	Number Trained	<input type="text"/>
				Add Profession/Discipline	Number Trained	<input type="text"/>

Add Another Curriculum Activity

Save & Continue

## INSTRUCTIONS

**Purpose.** The Curriculum Development & Enhancement Form captures information about courses and curriculum developed or enhanced through BHP-funded grant programs. Please complete this form using the instructions below.

and select from the options below. You may add as many rows as necessary.

### SECTION A

**Block 1.** Select the type of curriculum development or enhancement activity conducted during the reporting period from the options below. You may select more than one option in this block.

**Selections:**

- Developed new course
- Developed new curriculum/program
- Enhanced existing course
- Enhanced existing curriculum/program

(Note: If you developed or enhanced multiple courses that are not part of the same curriculum, complete this form for each course individually. For 2 or more courses that were developed or enhanced and are part of the same curriculum, click on the appropriate "Curriculum/Program" selections and complete only 1 form for the entire curriculum. You may add as many rows as necessary to capture all courses developed or enhanced)

**Block 2.** For each course/curriculum developed or enhanced, indicate its name, year implemented, delivery mode, and professions and disciplines of students trained. You may add as many rows as necessary.

Enter the name of the course in the text box provided.

To select the academic year that the course was first implemented, click on "Add Academic Year" and select from the options below:

**Selections:**

- Academic Year 2011-2012
- Academic Year 2012-2013
- Academic Year 2013-2014
- Academic Year 2014-2015

To select the delivery mode of the course, click on "Add Delivery Mode" and select from the options below:

**Selections:**

- Classroom-based
- Distance learning (Online, Webinar)
- Hybrid (mostly classroom)
- Hybrid (mostly distance learning)

To indicate the professions and disciplines of individuals trained in each course, click on "Add Profession & Discipline"

**Selections:**

Students

- K-8 (primary)
- 9-12 (secondary)
- Post-high school/Pre-college
- Dental Student
- Dental Hygiene Student
- Dental Assistant Student
- Medical Student
- Physician Assistant Student
- Medical Residents
- Medical Fellows
- Pre-licensure Nursing Students
- Graduate-level Nursing Student
- Undergraduate-level Public Health Student
- Graduate-level Public Health Student
- Graduate-level Psychology Student
- Graduate-level Psychology Intern
- Graduate-level Psychology Fellow
- Faculty
- Administrator
- Other Undergraduate-level Student
- Other Graduate-level Student
- Other Fellow
- Other Resident

Providers

Dentistry

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

Medicine

- Aerospace Medicine
- Allopathic Medicine, Alternative/Complementary Medicine
- Behavioral/Mental Health In School Of Medicine And
- Osteopathic Medicine
- Chiropractic
- Family Medicine
- General Internal Medicine



General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal  
CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP –Adult gerontology  
NP –Family  
NP –Neonatal  
NP –Pediatrics  
NP –Women's health  
NP- Acute care adult gerontology

NP- Acute care pediatric  
NP- Emergency care  
NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist  
Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist  
Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

Behavioral Health

Counseling Psychology  
Clinical Psychology  
Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Public Health

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences

Other

**Click on "Add Another Curriculum Activity" to enter information about each type of activity completed during the reporting period.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** Faculty Development, Instruction and Recruitment

### SECTION A. Type of Faculty Development, Instruction, and Recruitment Activities

**Block 1.** Select the type of faculty development activities: [Drop-down]

### SECTION B. Structured Faculty Development Training Programs

**Block 2.** Select whether the training program will culminate in faculty earning a new degree  Yes  No

**Block 2a.** If degree-bearing program, select type of degree [Drop-down]

**Block 2b.** If degree-bearing program, select primary focus area [Drop-down]

**Block 3.** If non-degree bearing program, indicate length of program in clock hours

**Block 4.** Indicate the total number of faculty trained by profession and disciplines

Add Profession & Discipline
Add Profession & Discipline

Number Trained

Number Trained

**Block 5.** Indicate the percent of time in the training program dedicated to develop competencies for each of the following roles:

Clinician	<input type="text"/>
Administrator	<input type="text"/>
Educator	<input type="text"/>
Researcher	<input type="text"/>

**Block 6.** Indicate the number of faculty who completed the training program

**Block 7.** Select whether any faculty received a BHPf-funded stipend during the training program  Yes  No

### SECTION C. Faculty Development Activities

**Block 8.** Select the type of faculty development activity [Drop-down]

**Block 8a.** If training course or workshop, select whether it is accredited for continuing education purposes:  Yes  No

**Block 8b.** If training course or workshop, select whether attendance was to acquire or maintain professional certification  Yes  No

**Block 9.** Indicate the duration of the faculty development activity in clock hours:

**Block 10.** Select the delivery mode(s) used to deliver this training: [Drop-down]

**Block 11.** Indicate the faculty roles addressed at this training (select all that apply):  Administrator  Clinician  Researcher  Educator

**Block 12.** Indicate the total number of faculty trained by profession and disciplines

Add Profession & Discipline
Add Profession & Discipline

Number Trained

Number Trained

SECTION D. Faculty-Student Collaboration Projects

**Block 13.** Select the type of faculty-student collaboration project  Research-based project  Non-research based project

**Block 13a.** If research-based, select the content area of the project [Drop-down]

**Block 13b.** If non-research based, select purpose of project [Drop-down]

**Block 14.** Indicate the number of faculty members involved in the project

**Block 14a.** Indicate the total number of underrepresented minority faculty members involved in the project

**Block 15.** Indicate the number of students involved in the project

**Block 15a.** Indicate the total number of underrepresented minority students involved in the project

SECTION E. Faculty Instruction

**Block 16.** Indicate the name of the course/workshop offered

**Block 17.** Select the content area of the course/workshop offered [Drop-down]

**Block 18.** Indicate the length of the course/workshop in clock hours

**Block 19.** Indicate the number of times the course/workshop was offered

**Block 20.** Indicate the total number of individuals trained by profession and discipline

Add Profession & Discipline

Number Trained

Add Profession & Discipline

Number Trained

**Block 21.** Indicate the education level(s) of individuals trained [Drop-down]

**Block 22.** Select the delivery mode(s) used to train individuals [Drop-down]

SECTION F. Faculty Recruitment

**Block 23.** Indicate if your institution established a faculty recruitment program:  Yes  No

**Block 23a.** If yes, indicate the total number of dental faculty recruited through the program:

**Block 23b.** If yes, indicate the number of underrepresented minority dental faculty recruited:

**Block 23c.** If yes, indicate the number of dental faculty positions retained:

Add Another Faculty Development Activity

Save & Continue

## INSTRUCTIONS

**Purpose.** The Faculty Development form captures information about faculty-related activities conducted through BHPf-funded grant programs. The faculty form is divided into five sections: Section A captures general information about the type of faculty activities conducted; Section B captures information about structured faculty development training programs; Section C captures information about various types of faculty development activities; Section D captures information about faculty-student collaboration and research projects; Section E captures information about courses and workshops taught by faculty; and Section F captures information about faculty recruitment activities. Please complete the applicable sections and blocks using the instructions below.

(Note: Each type of faculty development, instruction and recruitment activity must be reported separately)

### SECTION A

**Block 1.** Select the type of faculty development, instruction or recruitment activity conducted during the reporting period from the options below:

**Selections:**

Structured Faculty Development Training Program  
Faculty Development Activity  
Faculty-Student Research or Collaboration Project  
Faculty Instruction  
Faculty Recruitment Activities

### SECTION B

Structured Faculty Development Training Programs Only

**Block 2.** Select whether faculty will earn a new degree by completing the program.

**Block 2a.** If yes, select the type of degree faculty will earn from the options below:

**Selections:**

Certificate  
Diploma  
AA  
AS  
BA  
BS  
BSN  
BSW  
BPH  
Bachelor's Not Otherwise Specified  
DC  
DDS  
DDS/MPH

DDS/MSPH  
DMD  
DNP  
DNSc  
DO  
DO/MPH  
DO/MSPH  
DO/DrPH  
DO/ScD  
DrPH  
DVM  
MA  
MEd  
MHA  
MD  
MD/MPH  
MD/MSPH  
MD/DrPH  
MD/ScD  
MD/PhD  
MS  
MMS  
MMS/MPH  
MMS/MSPH  
MMS/DrPH  
MMS/ScD  
MPAS  
MPAS/MPH  
MPAS/MSPH  
MPAS/DrPH  
MPAS/ScD  
MPH  
MSPH  
MSCR  
MS-CTS  
MSN  
MSW  
MSSW  
Master's Degree Not Otherwise Specified  
Post-Masters Certificate  
PhD  
PharmD  
PsyD  
ScD  
VMD

Dental, Nursing, Public Health, and Behavioral Health Programs Only

**Block 2b.** For degree-bearing programs supported with a BHPf-funded grant during the reporting period, select the focus area from the options below:

**Selections:**

Dentistry-General  
Dentistry-Pediatric Dentistry

Dentistry-Orthodontic Dentistry  
Dentistry-Oral Surgery Dentistry  
Dentistry-Radiology Dentistry  
Dentistry-Periodontic Dentistry  
Dentistry-Prosthodontic Dentistry  
Dentistry-Pathology Dentistry  
Dentistry-Dental Assistant  
Dentistry-Dental Hygiene  
Dentistry-Public Health Dentistry  
Dentistry-Endodontic Dentistry  
Nursing-General Practice  
Nursing-Administration  
Nursing-Anesthesia  
Nursing-Education  
Nursing-Informatics  
Nursing-Midwifery  
Nursing-Advanced Practice  
Nursing-Public Health  
Nursing-Acute care adult-gerontology nurse practitioner  
Nursing-Acute-care pediatric nurse practitioner  
Nursing-Adult Gerontology  
Nursing-Adult-Gerontology Primary Care  
Nursing-Family Nurse Practitioner  
Nursing-Family/Individual Across Lifespan  
Nursing-Geropsychiatric  
Nursing-Neonatal  
Nursing-Neonatal Nurse Practitioner  
Nursing-Pediatric Primary Care  
Nursing-Pediatrics  
Nursing-Psychiatric nurse specialists  
Nursing-Psychiatric/Mental Health  
Nursing-Women's Health/Gender Related And Psychiatric  
Mental Health  
Nursing-Women's Health/Gender-Related  
Nursing-Research  
Psychology-Clinical  
Psychology-Counseling  
Psychology-School  
Public Health-Epidemiology  
Public Health-Biostatistics  
Public Health-Health Policy and Management  
Public Health-Environmental Health  
Public Health-Social and Behavioral Health Sciences  
Social Work-General  
Social Work-Clinical

**Selections:**

Students

K-8 (primary)  
9-12 (secondary)  
Post-high school/Pre-college  
Dental Student  
Dental Hygiene Student  
Dental Assistant Student  
Medical Student  
Physician Assistant Student  
Medical Residents  
Medical Fellows  
Pre-licensure Nursing Students  
Graduate-level Nursing Student  
Undergraduate-level Public Health Student  
Graduate-level Public Health Student  
Graduate-level Psychology Student  
Graduate-level Psychology Intern  
Graduate-level Psychology Fellow  
Faculty  
Administrator  
Other Undergraduate-level Student  
Other Graduate-level Student  
Other Fellow  
Other Resident

Providers

Dentistry

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

Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary  
Medicine  
Behavioral/Mental Health In School Of Medicine And  
Osteopathic Medicine  
Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine

**Block 3.** If the training program will not result in a new degree for faculty, indicate the length of the training program in clock hours.

**Block 4.** Indicate the professions and disciplines of faculty members trained. Click on "Add Profession" and select from the options below. You may add as many rows as necessary.

General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal  
CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP -Adult gerontology  
NP -Family  
NP -Neonatal  
NP -Pediatrics  
NP -Women's health  
NP- Acute care adult gerontology  
NP- Acute care pediatric  
NP- Emergency care  
NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist  
Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist  
Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

Behavioral Health

Counseling Psychology  
Clinical Psychology

Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Public Health

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences

Other

**Block 5.** Indicate the percent of time in the training program dedicated to develop competencies in each of the roles listed.

**Block 6.** Indicate the number of faculty who completed the training program during the reporting period.

**Block 7.** Select whether any faculty received a BHP-funded stipend during the training program .

(Note: Grantees will be required to complete the IND-GEN form for faculty members who received a stipend during the reporting period)

**SECTION C**

Faculty Development Activities Only

**Block 8.** Select the type of faculty development activity supported through the grant during the reporting period from the options below:

**Selections:**

Professional Conference  
Academic Course for Continuing Education  
Training/Workshop for Continuing Education

(Note: Each activity must be reported separately)

**Block 8a.** If training/workshop, select whether accredited for continuing education purposes.

**Block 8b.** Select whether faculty attended the training/workshop for the purposes of acquiring or maintain a professional certification.

**Block 9.** Indicate the length of the training activity in clock hours.

**Block 10.** Select the delivery mode used to provide the faculty training activity from the options below:

**Selections:**

Classroom-based  
Distance learning (Online, Webinar)  
Hybrid (mostly classroom)  
Hybrid (mostly distance learning)

**Block 11.** Select the type(s) of faculty roles addressed in the training. You may select more than one option in this block.

**Block 12.** Indicate the professions and disciplines of faculty members trained. Click on "Add Profession" and select from the options below. You may add as many rows as necessary.

**Selections:**

Students

K-8 (primary)  
9-12 (secondary)  
Post-high school/Pre-college  
Dental Student  
Dental Hygiene Student  
Dental Assistant Student  
Medical Student  
Physician Assistant Student  
Medical Residents  
Medical Fellows  
Pre-licensure Nursing Students  
Graduate-level Nursing Student  
Undergraduate-level Public Health Student  
Graduate-level Public Health Student  
Graduate-level Psychology Student  
Graduate-level Psychology Intern  
Graduate-level Psychology Fellow  
Faculty  
Administrator  
Other Undergraduate-level Student  
Other Graduate-level Student  
Other Fellow  
Other Resident

Providers

Dentistry

General Dentistry  
Pediatric Dentistry  
Orthodontic Dentistry  
Oral Surgery Dentistry  
Radiology Dentistry  
Periodontic Dentistry  
Prosthodontic Dentistry  
Pathology Dentistry  
Dental Assistant

Dental Hygiene  
Public Health Dentistry  
Endodontic Dentistry

Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary Medicine  
Behavioral/Mental Health In School Of Medicine And  
Osteopathic Medicine  
Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal  
CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP -Adult gerontology  
NP -Family  
NP -Neonatal  
NP -Pediatrics  
NP -Women's health  
NP- Acute care adult gerontology  
NP- Acute care pediatric  
NP- Emergency care

NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist  
Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist  
Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

Behavioral Health

Counseling Psychology  
Clinical Psychology  
Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Public Health

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences

Other

**SECTION D**

Faculty-Student Collaboration Projects Only

**Block 13.** Select the type of faculty-student collaboration project conducted during the reporting period.

**Block 13a.** For research-based projects, select the primary content area of the project from the options below:

**Selections:**

Aerospace medicine  
Clinical preventive services  
Communicable diseases  
Community health planning/assessments  
Cultural Competencies  
Health Promotion and disease prevention  
Environmental health  
Epidemiology  
Evidence-based medicine  
Food safety and inspection

Health administration and management  
Health communications (media)  
Health disparities reduction  
Informatics  
Injury prevention  
Interprofessional integrated models of care  
Leadership advocacy  
Occupational medicine  
Policy development/analysis  
Program planning and evaluation  
Public health systems and services research  
Quality improvement/assurance  
Risk assessment and communication  
Surveillance  
Other

**Block 13b.** For non-research based projects, select the type of project from the options below:

**Selections:**

Materials supporting health department accreditation  
Grant application for community organization  
Environmental health assessments  
Community health assessments  
Development of evidence-based programs for community partner  
Other

**Block 14.** Indicate the total number of faculty members who participated in the project.

**Block 14a.** Of the number reported in Block 12, indicate the number of underrepresented minority faculty who participated in the project.

**Block 15.** Indicate the total number of students who participated in the project.

**Block 15a.** Of the number reported in Block 13, indicate the number of underrepresented minority students who participated in the project.

**SECTION E**

Faculty Instruction Activities

**Block 16.** Indicate the title of the course taught by the faculty during the reporting period.

(Note: Report each course separately)



**Block 17.** Select the content area of the course taught by the faculty from the options below:

**Selections:**

Aerospace medicine  
Clinical preventive services  
Communicable diseases  
Community health planning/assessments  
Cultural Competencies  
Health Promotion and disease prevention  
Environmental health  
Epidemiology  
Evidence-based medicine  
Food safety and inspection  
Health administration and management  
Health communications (media)  
Health disparities reduction  
Informatics  
Injury prevention  
Interprofessional integrated models of care  
Leadership advocacy  
Occupational medicine  
Policy development/analysis  
Program planning and evaluation  
Public health systems and services research  
Quality improvement/assurance  
Risk assessment and communication  
Surveillance  
Other

**Block 18.** Indicate the length of the course in clock hours.

**Block 19.** Indicate the number of times the course was offered during the reporting period.

**Block 20.** Indicate the total number of individuals trained by profession and discipline. Click on "Add Profession" and select from the options below:

**Selections:**

Students

K-8 (primary)  
9-12 (secondary)  
Post-high school/Pre-college  
Dental Student  
Dental Hygiene Student  
Dental Assistant Student  
Medical Student  
Physician Assistant Student  
Medical Residents  
Medical Fellows  
Pre-licensure Nursing Students  
Graduate-level Nursing Student  
Undergraduate-level Public Health Student  
Graduate-level Public Health Student

Graduate-level Psychology Student  
Graduate-level Psychology Intern  
Graduate-level Psychology Fellow  
Faculty  
Administrator  
Other Undergraduate-level Student  
Other Graduate-level Student  
Other Fellow  
Other Resident

Providers

Dentistry

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

Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary Medicine  
Behavioral/Mental Health In School Of Medicine And Osteopathic Medicine  
Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal  
CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP -Adult gerontology  
NP -Family  
NP -Neonatal  
NP -Pediatrics  
NP -Women's health  
NP- Acute care adult gerontology  
NP- Acute care pediatric  
NP- Emergency care  
NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist  
Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist  
Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

Behavioral Health

Counseling Psychology  
Clinical Psychology  
Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Public Health

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences

Other

Indicate the total number of individuals trained in each profession and discipline. You may add as many rows as necessary.

**Block 21.** Select the education level(s) of individuals trained by the faculty from the options below:

**Selections:**

Primary level (K-8)  
Secondary (9-12)  
Post-Secondary/Pre-College  
Nursing Diploma/Certificate  
Undergraduate—Two Year College  
Undergraduate—Baccalaureate Degree  
Graduate—Master's Degree  
Graduate—Medical Degree  
Graduate—Doctoral  
Faculty  
Administrator

**Block 22.** Select the delivery mode used to provide the training from the options below:

**Selections:**

Classroom-based  
Distance learning (Online, Webinar)  
Hybrid (mostly classroom)  
Hybrid (mostly distance learning)

**SECTION F**

State Oral Health Programs Only

**Block 23.** Select whether a faculty recruitment program was established during the reporting period.

**Block 23a.** If yes, indicate the total number of faculty recruited.

**Block 23b.** Of the number reported in Block 23a, indicate the number of underrepresented minority faculty recruited.

**Block 23c.** Of the number reported in Block 23a, indicate the number of faculty retained during the reporting period.

**Click on "Add Another Faculty Development Activity" to enter additional faculty development, instruction and recruitment activities conducted during the reporting period.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

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 0915-0061. Public reporting burden for this collection of information is estimated to average .25 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 10-29, Rockville, Maryland, 20857.

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** CE-1

### SECTION A. Course Characteristics

- Block 1.** Indicate the title of the course offered:
- Block 2.** Select whether the course is approved for continuing education purposes:  Yes  No
- Block 3.** Indicate the duration of the course offering in clock hours
- Block 4.** Indicate the number of times this course was offered
- Block 5.** Select the delivery mode used to deliver this course **[Drop-down]**
- Block 6.** Select, if any, the partnership(s) established for the purposes of delivering this course **[Drop-down]**

### SECTION B. Trainee Characteristics

- Block 7.** Indicate the total number of individuals who participated in the course
- Block 8.** Indicate the total number of individuals trained by profession and discipline

Add Profession/Discipline	Number Trained	<input type="text"/>
Add Profession/Discipline	Number Trained	<input type="text"/>

- Block 9.** Select whether employment location data are available for individuals trained:  Yes  No
- Block 9a.** If yes, indicate the total number of individuals trained who are employed in a primary care setting
- Block 9b.** If yes, indicate the total number of individuals trained who are employed in a medically underserved community
- Block 9c.** If yes, indicate the total number of individuals trained who are employed in a rural area
- Block 10.** Indicate the number of individuals who applied this course to initial certification or continuing education requirements

### SECTION C. Course Content

- Block 11.** Select the primary topic covered by this course **[Drop-down]**
- Block 11a.** Select, if any, the secondary topic covered by this course **[Drop-down]**
- Block 12.** Select the primary competency addressed through this course **[Drop-down]**
- Block 12a.** Select, if any, the secondary competency addressed through this course **[Drop-down]**
- Block 13.** Select the competency tier addressed through this course.  Tier 1  Tier 2  Tier 3
- Block 14.** Select whether supplemental funding for Alzheimer's Disease-related training was used to offer this course:  Yes  No

Add Additional Courses

Save & Continue

## INSTRUCTIONS

**Purpose.** The Continuing Education Form captures information about continuing education offerings provided through BHP-funded grant programs. The Continuing Education Form is divided into three sections: Section A captures general information about each continuing education course offered during the reporting period; Section B captures information about the trainees participating in each continuing education offering; and Section C captures information about the content and competencies addressed through each course. Please complete applicable sections and blocks of this form using the instructions below.

(Note: Each course must be reported separately)

### SECTION A

**Block 1.** Indicate the title of the course offered.

**Block 2.** Select whether the course is accredited for continuing education purposes. Courses accredited are those that provide participants with certificates of completion that can be applied to continuing education requirements for the health professions.

**Block 3.** Indicate the duration of the course offering in clock hours. For courses less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. Example: a 15-minute course would entered as  $15/60 = .25$ .

**Block 4.** Indicate the total number of times the course was offered during the reporting period.

**Block 5.** Select the delivery mode used to deliver the course from the list provided.

#### Selections:

- Classroom-based
- Distance learning (Online, Webinar)
- Hybrid (mostly classroom)
- Hybrid (mostly distance learning)

**Block 6.** Select, if any, the partnership(s) established for the purposes of delivering this course from the list provided. You may select more than one option in this block.

#### Selections:

- Academic department- within the institution
- Academic department –outside the institution
- Community Mental Health Center
- Federal Government -Veterans Affairs
- Federal Government- Department of Defense/Military
- Federal Government-CDC
- Federal Government-SAMHSA
- Federal Government-IHS

- Federal Government-NIH
- Federal Government-AHRQ
- Federal Government-FDA
- Federal Government-Other HHS Agency/Office
- Federal Government- Other HRSA Program
- Federally-qualified health center or look-alikes
- Federal Government –Other
- Community-based health center (e.g., free clinic)
- Health department- Local
- Health department- State
- Health department- Tribal
- Health disparities research center
- Health policy center
- Hospital
- Nonprofit organization (non-faith based)
- State Governmental Programs
- Professional Associations
- Nonprofit organization (faith-based)
- Private/For-profit organization
- Local Government
- Other
- No partners/consortia used

### SECTION B

**Block 7.** Indicate the total number of participants. Example: If the course was offered two (2) times with 15 participants each time, the number reported in Block 7 would be 30.

**Block 8.** Indicate the total number of individuals trained by profession and discipline. Click on "Add Profession" and select from the options below:

#### Selections:

#### Students

- K-8 (primary)
- 9-12 (secondary)
- Post-high school/Pre-college
- Dental Student
- Dental Hygiene Student
- Dental Assistant Student
- Medical Student
- Physician Assistant Student
- Medical Residents
- Medical Fellows
- Pre-licensure Nursing Students
- Graduate-level Nursing Student
- Undergraduate-level Public Health Student
- Graduate-level Public Health Student
- Graduate-level Psychology Student
- Graduate-level Psychology Intern
- Graduate-level Psychology Fellow
- Faculty
- Administrator
- Other Undergraduate-level Student
- Other Graduate-level Student

Other Fellow  
Other Resident

Providers

Dentistry

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

Medicine

Aerospace Medicine  
Allopathic Medicine, Alternative/Complementary  
Medicine  
Behavioral/Mental Health In School Of Medicine And  
Osteopathic Medicine  
Chiropractic  
Family Medicine  
General Internal Medicine  
General Pediatrics  
General Preventive Medicine  
General Preventive Medicine/ Family Medicine  
General Preventive Medicine/ Internal Medicine  
General Preventive Medicine/ Public Health  
Geriatric Medicine  
Geriatric Psychiatry  
Integrative Medicine  
Internal Medicine /General Pediatrics  
Internal Medicine/Family Medicine  
Neurology  
Obstetrics/Gynecology  
Occupational Medicine  
Osteopathic General Practice  
Pediatrics/Family Medicine  
Pharmacy  
Podiatry  
Psychiatry  
Radiology  
Veterinary Medicine

Nursing

Alternative/Complementary Nursing  
CNS-Adult gerontology  
CNS-Family  
CNS-Geropsychiatric  
CNS-Neonatal

CNS-Pediatrics  
CNS-Psychiatric/Mental health  
CNS-Women's health  
Clinical Nurse Specialist (CNS)  
Home Health Aide  
Licensed Practical/Vocational Nurse (LPN/LVN)  
NP - Other advanced nurse specialists  
NP - Psychiatric/Mental health  
NP -Adult gerontology  
NP -Family  
NP -Neonatal  
NP -Pediatrics  
NP -Women's health  
NP- Acute care adult gerontology  
NP- Acute care pediatric  
NP- Emergency care  
NP- Geropsychiatric  
Nurse Administrator  
Nurse Anesthetist  
Nurse Assistant/Patient Care Associate (PCA)  
Nurse Educator  
Nurse Generalist  
Nurse Midwife  
Nurse Practitioner (NP)  
Nurse Researchers/Scientists  
Nursing Informatics  
Public Health Nurse  
Registered Nurse

Behavioral Health

Counseling Psychology  
Clinical Psychology  
Clinical Social Work  
Marriage and Family Therapy  
Pastoral/Spiritual Care  
Other Psychology  
Other Social Work, Substance Abuse/Addictions  
Counseling

Public Health

Biostatistics  
Environmental Health  
Epidemiology  
Health Policy & Management  
Social & Behavioral Sciences

Other

**Block 9.** Select whether employment data are available for individuals who participated in this course.

**Block 9a.** If yes, indicate the total number of participants who currently work in a primary care setting.

**Block 9b.** If yes, indicate the total number of

participants who currently work in a medically underserved community.

**Block 9c.** If yes, indicate the total number of participants who currently work in a rural area. A rural area is located in a county that is not part of a Metropolitan Statistical Area. Refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx> to determine if a county is considered rural.

(Note: Blocks 9a through 9c are not meant to be mutually exclusive. Totals may exceed those reported in block 7).

**Block 10.** Indicate the number of individuals who applied this course to initial certification or continuing education requirements for their profession.

### SECTION C

**Block 11.** Select the primary topic covered by the course from the options below:

#### Selections:

Acute care  
Adolescent Health  
Advanced 3D graphics  
Advocacy/health policy  
African-Americans  
Alcohol and substance misuse/prevention  
Alternative/complementary medicine  
Alzheimer's disease  
Alzheimer's disease/dementia  
Ambulatory care  
American Indian/Alaska Natives  
Asthma  
Basic restorative skills  
Behavioral assessment and consultation in primary care  
Behavioral health  
Behavioral interventions for primary care  
Bioterrorism/preparedness  
Border Health  
Border health activities  
Cancer  
Chronic Disease  
Chronic disease management  
Clinical Practice Information  
Clinical preventive services  
Communication Skills  
Communications  
Community collaboration  
Community health nursing  
Community needs assessment  
Community-Based Care  
Community-based continuity of care

Computer-based instructions  
Consumers' rights  
Crisis intervention  
Cultural competence in nursing  
Cultural competencies  
Data collection and analysis  
Delirium  
Dementia  
Depression  
Diabetes  
Domestic Violence  
Domestic Violence/Interpersonal violence  
Drug-resistant diseases  
Elder abuse  
E-Learning technology  
Emergency preparedness  
Emergency training  
Environmental health  
Epidemiology  
Ethics and confidentiality  
Ethics/bioethics  
Evidence Based Medicine  
Evidence Based Medicine/Practice  
Evidence-Based Practices  
Experiences  
Extended care  
Financial planning and management (including budgeting)  
Focus groups  
Food borne Disease  
Genetics  
Genomics  
Geriatric education for direct care providers  
Geriatric medicine  
Geriatrics  
Gerontological nursing  
Grant writing  
Health care and older adults  
Health Disparities  
Health information technology  
Health literacy  
Health promotion  
Health promotion and disease prevention  
Healthy aging  
Heart disease  
Hepatitis  
Hispanics  
HIV/AIDS  
HIV/AIDS and other infectious diseases  
Home health  
Home health care  
Homeless  
Homelessness  
Hypertension  
Improving communication skills  
Infant Health  
Infection control  
Influenza

Informatics  
Information Technology  
Injury prevention  
Interactive simulated case studies  
Interdisciplinary training  
Interpersonal skills  
Interprofessional Education  
Interprofessional integrated models of care  
Interprofessional team training  
Leadership Training  
Leadership/Management  
Lesbian, gay, bisexual, transgender individuals  
Long-Term Care  
Long-term care nursing  
Managed Care  
Mannequin-based and patient simulators  
Maternal and child health  
Medical economics  
Medication basics  
Medications/drugs  
Meeting facilitation  
Mental health  
Mental health and older adults  
Migrant health initiatives  
Minority Health  
Minority health issues  
Native Hawaiian/Pacific Islander  
Needs-specific training  
Negotiations  
Nursing care for vulnerable populations  
Nursing leadership and management  
Nutrition  
Nutrition/healthy eating  
Obesity  
Oral health  
Other (Specify)  
Other simulated or virtual methods  
Pain management  
Palliative and end of life care  
Palliative care  
Pastoral/Spiritual Care  
Patient safety (medical errors)  
Perioperative care  
Personal care skills  
Pharmacology  
Physical activity/active lifestyles  
Prevention/Primary care  
Primary care  
Professional development  
Program design  
Program evaluation  
Program management  
Program planning  
Project management  
Public health infrastructure  
Public health law  
Public health policy development  
Public health science

Quality Improvement  
Quality improvement and patient safety  
Rehabilitation  
Rehabilitation Therapies  
Research  
Rural Health  
Secondary care Technology  
Sexual health  
Sexually transmitted infections  
Skills-based training (including coalition building)  
Social marketing  
Stroke  
Substance Abuse  
Suicide  
Survey design  
Sustainability  
Teledentistry  
Telehealth  
Telemedicine/telehealth  
Tertiary care  
Tobacco cessation  
Training  
Transitional care  
Trauma  
Tuberculosis  
Urban health  
Urgent care  
Veteran Related  
Veterans Health  
Virtual simulation  
Women's health  
Women's health issues  
Worker and patient safety  
Workforce development  
Wound care  
Youth development

**Block 11a.** Select, if any, the secondary topic covered by the course from options below:

**Selections:**

Acute care  
Adolescent Health  
Advanced 3D graphics  
Advocacy/health policy  
African-Americans  
Alcohol and substance misuse/prevention  
Alternative/complementary medicine  
Alzheimer's disease  
Alzheimer's disease/dementia  
Ambulatory care  
American Indian/Alaska Natives  
Asthma  
Basic restorative skills  
Behavioral assessment and consultation in primary care  
Behavioral health

Behavioral interventions for primary care	Health promotion and disease prevention
Bioterrorism/preparedness	Healthy aging
Border Health	Heart disease
Border health activities	Hepatitis
Cancer	Hispanics
Chronic Disease	HIV/AIDS
Chronic disease management	HIV/AIDS and other infectious diseases
Clinical Practice Information	Home health
Clinical preventive services	Home health care
Communication Skills	Homeless
Communications	Homelessness
Community collaboration	Hypertension
Community health nursing	Improving communication skills
Community needs assessment	Infant Health
Community-Based Care	Infection control
Community-based continuity of care	Influenza
Computer-based instructions	Informatics
Consumers' rights	Information Technology
Crisis intervention	Injury prevention
Cultural competence in nursing	Interactive simulated case studies
Cultural competencies	Interdisciplinary training
Data collection and analysis	Interpersonal skills
Delirium	Interprofessional Education
Dementia	Interprofessional integrated models of care
Depression	Interprofessional team training
Diabetes	Leadership Training
Domestic Violence	Leadership/Management
Domestic Violence/Interpersonal violence	Lesbian, gay, bisexual, transgender individuals
Drug-resistant diseases	Long-Term Care
Elder abuse	Long-term care nursing
E-Learning technology	Managed Care
Emergency preparedness	Mannequin-based and patient simulators
Emergency training	Maternal and child health
Environmental health	Medical economics
Epidemiology	Medication basics
Ethics and confidentiality	Medications/drugs
Ethics/bioethics	Meeting facilitation
Evidence Based Medicine	Mental health
Evidence Based Medicine/Practice	Mental health and older adults
Evidence-Based Practices	Migrant health initiatives
Experiences	Minority Health
Extended care	Minority health issues
Financial planning and management (including budgeting)	Native Hawaiian/Pacific Islander
Focus groups	Needs-specific training
Food borne Disease	Negotiations
Genetics	Nursing care for vulnerable populations
Genomics	Nursing leadership and management
Geriatric education for direct care providers	Nutrition
Geriatric medicine	Nutrition/healthy eating
Geriatrics	Obesity
Gerontological nursing	Oral health
Grant writing	Other (Specify)
Health care and older adults	Other simulated or virtual methods
Health Disparities	Pain management
Health information technology	Palliative and end of life care
Health literacy	Palliative care
Health promotion	Pastoral/Spiritual Care
	Patient safety (medical errors)



Public Health Training Centers Program Only

Perioperative care  
Personal care skills  
Pharmacology  
Physical activity/active lifestyles  
Prevention/Primary care  
Primary care  
Professional development  
Program design  
Program evaluation  
Program management  
Program planning  
Project management  
Public health infrastructure  
Public health law  
Public health policy development  
Public health science  
Quality Improvement  
Quality improvement and patient safety  
Rehabilitation  
Rehabilitation Therapies  
Research  
Rural Health  
Secondary care Technology  
Sexual health  
Sexually transmitted infections  
Skills-based training (including coalition building)  
Social marketing  
Stroke  
Substance Abuse  
Suicide  
Survey design  
Sustainability  
Teledentistry  
Telehealth  
Telemedicine/telehealth  
Tertiary care  
Tobacco cessation  
Training  
Transitional care  
Trauma  
Tuberculosis  
Urban health  
Urgent care  
Veteran Related  
Veterans Health  
Virtual simulation  
Women's health  
Women's health issues  
Worker and patient safety  
Workforce development  
Wound care  
Youth development

**Block 12.** Select the primary competency addressed through the course from the options below:

**Selections:**

Analytical/assessment skills  
Policy development program planning skills  
Communication skills  
Cultural competency skills  
Community dimensions of practice skills  
Public health sciences skills  
Financial planning and management skills  
Leadership and systems thinking skills  
No secondary competency addressed

**Block 12a.** Select, if any, the secondary competency addressed through the course from the options below:

**Selections:**

Analytical/assessment skills  
Policy development program planning skills  
Communication skills  
Cultural competency skills  
Community dimensions of practice skills  
Public health sciences skills  
Financial planning and management skills  
Leadership and systems thinking skills  
No secondary competency addressed

**Block 13.** Select the competency tier addressed through the course. Tier 1 is entry-level; Tier 2 is management; Tier 3 is senior-level leadership.

Geriatric Education Centers Program Only

**Block 14.** Select whether supplemental funding for Alzheimer's Disease-related training was used to offer this course.

**Click on "Add Additional Courses" to enter additional courses offered during the reporting period.**

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** Needs Assessment

### SECTION A. Geographic Coverage Area

**Block 1.** Indicate the geographically designated coverage area.

### SECTION B. Public Health Priorities & Related Training Needs

**Block 2.** Select and describe the trends of the top three (3) public health priorities and related training needs in the geographically designated coverage area.

a. Public Health Priority Area  b. Data Source  c. Current Rate  d.  e.

a. Public Health Priority Area  b. Data Source  c. Current Rate  d.  e.

a. Public Health Priority Area  b. Data Source  c. Current Rate  d.  e.

### SECTION C. Methodology for Assessing Training Needs

**Block 3.** Select the method(s) and types of participants used to assess training needs of the public health workforce in the geographically designated coverage area.

a.  b. Types of participants queried

a.  b. Types of participants queried

## INSTRUCTIONS

**Purpose.** The Needs Assessment Form captures information about the required assessment of training needs in the geographically designated coverage area. The Needs Assessment Form is divided into three sections: Section A captures information about your geographically designated coverage area; Section B captures information about the prevailing public health issues and related training needs in your geographically designated coverage area; Section C captures information about the types of methods and participants used to assess training needs in your geographically designated coverage area. Please complete this form using the instructions below.

### SECTION A

**Block 1.** Indicate your geographically designated coverage area by selecting a State and applicable counties. You may add as many rows as you need.

**Selections:**

AK	MT
AL	NC
AR	ND
AS	NE
AZ	NH
CA	NM
CO	NJ
CT	NY
DC	NV
DE	OH
FL	OK
FM	OR
GA	PA
GU	PR
HI	PW
IA	RI
ID	SC
IL	SD
IN	TN
KS	TX
KY	UT
LA	VA
MA	VI
MD	VT
ME	WA
MH	WI
MI	WV
MN	WY
MO	
MP	
MS	

(Note: Block 1b will auto-populate with a list of counties for the State selected in Block 1a.)

### SECTION B

**Block 2.** Select, in rank order, the public health priority areas and related training needs of public health personnel in your geographically designated area.

For Block 2a, indicate the public health priority area.

For Block 2b, indicate the data source used to document the public health priority reported in Block 2a.

For Block 2c, indicate the current rate of the public health priority area using the most recent data point from the source selected in Block 2b.

For Block 2d, select the direction of the trend over the past 3 data points from the following:

**Selections:**

Increasing  
Decreasing  
No Change

For Block 2e, select the training need(s) specific to the priority area reported in Block 2a from the following:

**Selections:**

Analytical/assessment skills  
Policy development program planning skills  
Communication skills  
Cultural competency skills  
Community dimensions of practice skills  
Public health sciences skills  
Financial planning and management skills  
Leadership and systems thinking skills

(Note: You may select more than one option in this block.)

### SECTION C

**Block 3.** Select the method(s) and types of participants used to assess training needs of the public health workforce in the geographically designated coverage area.

For Block 3a, select from the following:

**Selections:**

Surveys  
Focus Groups  
Key Informant Interviews  
Delphi Panel  
Secondary Data Sources

For Block 3b, enter the types of participants queried.

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** State Oral Health Workforce

### SECTION A. New Facilities

**Block 1.** Select whether the program established new dental facilities in a HPSA/Underserved area:  Yes  No

**Block 1a.** If yes, select type of facility [Drop-down]

**Block 1b.** If yes, indicate name of facility

**Block 1c.** If yes, select types of oral health services [Drop-down]

**Block 1d.** If yes, indicate number of patient encounters

**Block 1e.** If yes, select if this facility is mobile/portable  Yes  No

Add New Facility

### SECTION B. Expanded Facilities

**Block 2.** Select whether the program expanded existing dental facilities in a HPSA/Underserved area:  Yes  No

**Block 2a.** If yes, select type of facility [Drop-down]

**Block 2b.** If yes, indicate name of facility

**Block 2c.** If yes, select types of oral health services (select all that apply) [Drop-down]

**Block 2d.** If yes, indicate average number of patient encounters prior to expansion

**Block 2e.** If yes, indicate actual number of patient encounters post expansion

**Block 2f.** If yes, indicate average number of patient encounters facility can accommodate

**Block 2g.** If yes, select if this facility is mobile/portable  Yes  No

Add Expanded Facility

### SECTION C. Teledentistry

**Block 3.** Indicate number of dental facilities with teledentistry capabilities

**Block 4.** Indicate number of teledentistry encounters involving patient care

**Block 5.** Indicate number of teledentistry sessions involving training

SECTION D. Prevention Services

- Block 6.** Indicate number of new water systems with fluoridated water:
- Block 7.** Indicate number of replaced water systems with fluoridated water:
- Block 8.** Indicate estimated number of residents served:
- Block 9.** Indicate the number of children receiving dental sealants:
- Block 10.** Indicate the number of individuals receiving topical fluoride:
- Block 11.** Indicate the number of individuals receiving diagnostic or preventive dental services:
- Block 12.** Indicate the number of recipients of oral health education:

SECTION E. Events

**Block 13.** Select whether the program provided promotional events for children:  Yes  No

**Block 13a.** Select type of promotional event: **[Drop-down]**

**Block 13b.** Number of promotional events of that type:

**Block 13c.** Select types of local organizations involved in events: **[Drop-down]**

**Block 13d.** Number of children attending events:

**Block 13e.** Select types of promotional materials created for event: **[Drop-down]**

Add New Event Type

SECTION F. State Dental Offices

**Block 14.** Select whether a new state dental office was created:  Yes  No

**Block 15.** Select whether a new state dental officer position was created:  Yes  No

**Block 16.** Indicate number of new administrative support staff members hired:

**Block 17.** Indicate number of new dentists, dental hygienists, oral health coordination staff members hired:

**Block 17a.** Select whether a dentist, dental hygienist, or oral health coordination staff member hired in a previous reporting period has been retained  Yes  No

**Block 18.** Indicate number of new fluoridation expert staff members hired:

**Block 18a.** Select whether a fluoridation expert staff member hired in a previous reporting period has been retained  Yes  No

**Block 19.** Indicate number of new epidemiologist staff members hired:

**Block 19a.** Select whether an epidemiologist staff member hired in a previous reporting period has been retained  Yes  No

**Block 20.** Indicate number of new statistician staff members hired:

**Block 20a.** Select whether a statistician staff member hired in a previous reporting period has been retained  Yes  No

**Block 21.** Indicate number of new other staff members hired:

**Block 21a.** Select whether any other staff member hired in a previous reporting period has been retained  Yes  No

Save & Continue

## INSTRUCTIONS

**Purpose.** The State Oral Health Workforce Form captures information about the various types of State Oral Health projects that are supported with a BHPr-funded grant. The form is divided into six sections: Section A captures information about new dental facilities established in dental HPSAs or underserved areas; Section B captures information about expanded existing dental facilities in a dental HPSA or underserved area; Section C captures information about teledentistry; Section D captures information about dental prevention services; Section E captures information about promotional dental events for children; and Section F captures information about state dental offices. Please complete applicable sections of the form using the instructions below.

(Note: The "Select Training Program" button will only appear if you reported supporting more than 1 non-direct financial support training program in the Program Characteristics Form. This will assist BHPr in associating the number of individuals to specific types of non-direct financial support training programs.)

### SECTION A

**Block 1.** If your program established new dental facilities in a HPSA/underserved area, select 'Yes', otherwise select 'No.'

**Block 1a.** If yes, select the type of new facility that was established as a result of activities undertaken by the grant from the options below:

**Selections:**

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

**Block 1b.** Indicate the name of the new dental facility established in a designated Dental HPSA or government-recognized underserved population/community as a result of activities undertaken by the grant.

**Block 1c.** Select the type(s) of oral health services offered at the newly established facility as a result of activities undertaken by the grant from the options below:

**Selections:**

- Prevention
- Restoration
- Education
- Interprofessional training

**Block 1d.** Indicate the number of patient encounters in the new dental facility established in a designated

Dental HPSA or government-recognized underserved population/community as a result of activities undertaken by the grant.

**Block 1e.** Select 'Yes' if this facility is mobile/portable. Select 'No' if this facility is in a permanent structure.

**Click on "Add New Facility" to enter new cases of a new facility established during the reporting period.**

### SECTION B

**Block 2.** If your program expanded existing dental facilities in a HPSA/underserved area, select 'Yes', otherwise select 'No.'

**Block 2a.** If yes, select the type of facility that was expanded as a result of activities undertaken by the grant from the options below:

**Selections:**

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

**Block 2b.** Indicate the name of the dental facility that was expanded in a designated Dental HPSA or government-recognized underserved population/community as a result of activities undertaken by the grant.

**Block 2c.** Select the type(s) of oral health services offered at the expanded facility as a result of activities undertaken by the grant from the options below (select all that apply):

**Selections:**

- Prevention
- Restoration
- Education
- Interprofessional training

**Block 2d.** Indicate the average number of patient encounters for the entire prior reporting period that occurred prior to the expansion.

**Block 2e.** Indicate the actual number of patient encounters during the current reporting period that occurred after expansion in the dental facility.

**Block 2f.** Indicate the average number of patient encounters during a typical reporting period that the newly expanded facility can accommodate.

**Block 2g.** Select 'Yes' if this facility is mobile/portable. Select 'No' if this facility is in a permanent structure.

**Click on "Add Expanded Facility" to enter new cases of an expanded facility funded during the reporting period.**

### SECTION C

**Block 3.** Indicate the number of dental facilities that have teledentistry capabilities that were/are supported by the grant.

**Block 4.** Indicate the number of teledentistry encounters involving patient care that occurred during the reporting period.

**Block 5.** Indicate the number of teledentistry sessions involving training that occurred during the reporting period.

### SECTION D

**Block 6.** Indicate the number of new water systems that were installed to provide optimally fluoridated water as a result of activities funded through the grant during the current reporting period.

**Block 7.** Indicate the number of water systems that were replaced to provide optimally fluoridated water as a result of activities funded through the grant during the current reporting period.

**Block 8.** Indicate the estimated number of residents served by community water systems with optimally fluoridated water as a result of activities funded through the grant during the current reporting period.

**Block 9.** Indicate the number of children that received a sealant on at least one permanent molar tooth during the current reporting period as a result of activities funded through the grant.

**Block 10.** Indicate the number of individuals who received topical fluoride during the current reporting period as a result of activities funded through the grant.

**Block 11.** Indicate the number of individuals who received diagnostic or preventive dental services during the current reporting period as a result of activities funded through the grant.

**Block 12.** Indicate the number of individuals who received oral health education during the current reporting period as a result of activities funded through the grant.

### SECTION E

**Block 13.** If your program sponsored/conducted oral health promotion events through the grant, select 'Yes', otherwise select 'No.'

**Block 13a.** If yes, select the type of event offered that promoted oral health and science professions from the options below:

**Selections:**

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

**Block 13b.** Indicate the number of events held of the type indicated in block 13a during the reporting period as a result of activities undertaken by the grant.

**Block 13c.** Select all applicable type(s) of local organizations involved in promoting oral health and science professions of the type indicated in block 13a during the reporting period from the options below:

**Selections:**

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

**Block 13d.** Indicate the estimated number of children reached by oral health and science professions events of the type indicated in block 13a during the reporting period.

**Block 13e.** Select all applicable types of promotional materials that were created as a result of activities taken through the grant from the options below:

**Selections:**

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

**Click on "Add New Event Type" to enter a new type of promotional event during the reporting period.**



## SECTION F

**Block 14.** Select whether a new State dental office was established as a result of activities taken through the grant during the current reporting period.

**Block 15.** Select whether a new State dental officer position was established as a result of activities taken through the grant during the current reporting period.

**Block 16.** Indicate the number of new administrative support staff members (.5 FTE or greater) hired to support the State dental officer and office as a result of activities taken through the grant during the reporting period.

**Block 17.** Indicate the number of new dentists, dental hygienists and/or oral health coordination staff members (.5 FTE or greater) hired to support the State dental officer and office as a result of activities taken through the grant during the reporting period.

**Block 17a.** Select dentist, dental hygienist, or oral health coordination staff member hired in a previous reporting period has been retained.

**Block 18.** Indicate the number of new fluoridation expert staff members (.5 FTE or greater) hired to support the State dental officer and office as a result of activities taken through the grant during the reporting period.

**Block 18a.** Select whether fluoridation staff member hired in a previous reporting period has been retained.

**Block 19.** Indicate the number of new epidemiologist staff members (.5 FTE or greater) hired to support the State dental officer and office as a result of activities taken through the grant during the reporting period.

**Block 19a.** Select whether epidemiological staff hired in a previous reporting period has been retained.

**Block 20.** Indicate the number of new statistician staff members (.5 FTE or greater) hired to support the State dental officer and office as a result of activities taken through the grant during the reporting period.

**Block 20a.** Select whether statistical staff member hired in a previous reporting period has been retained.

**Block 21.** Indicate the number of new other staff members (.5 FTE or greater) hired to support the State dental officer and office as a result of activities taken through the grant during the reporting period.

**Block 21a.** Select whether other staff member hired in a previous reporting period has been retained.

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**

## PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

**FORM NAME:** State Primary Care Offices (PCOs)

### SECTION A. Obligated Health Professional (OHP) Providing Care

**Block 1.** Indicate the number of Obligated Health Professionals (OHP) currently providing care: Number Trained

**Block 2.** Indicate the number of Obligated Health Professionals (OHP) working in National Health Service Corps' (NHSC) sites: Number Trained

**Block 3.** Indicate the number of Obligated Health Professionals (OHP) participating in State Loan Repayment Program (SLRP): Number Trained

**Block 4.** Indicate the number of Obligated Health Professionals (OHP) participating in Non-State Loan Repayment Program (SLRP): Number Trained

**Block 5.** Indicate the number of Obligated Health Professionals (OHP) practicing on a J-1 Waiver: Number Trained

**Block 6.** Indicate the number of Obligated Health Professionals (OHP) receiving other incentives or benefits: Number Trained

**Block 7.** Indicate the number of Obligated Health Professionals (OHP) working in Community Health Centers: Number Trained

**Block 8.** Indicate the number of Obligated Health Professionals (OHP) working in Health Professional Shortage Areas (HPSAs): Number Trained

**Block 9.** Indicate the number of Obligated Health Professionals (OHP) working in other settings: Number Trained

### SECTION B. Number of NHSC Site Application State Recommendation Forms Submitted

**Block 10.** Indicate the total number of National Health Service Corps' (NHSC) Site application state recommendation forms submitted by the state Primary Care Office to the NHSC within 14 days (10 business days). Number of Forms

**Block 10a.** Indicate the number of National Health Service Corps' (NHSC) Site application state recommendation forms submitted by the State Primary Care Office to the NHSC. Number of Forms

### SECTION C. New Safety Net Sites Developed or Expanded

**Block 11.** Select the Type of New Safety Net Site  New Safety Net Sites Developed  Safety Net Sites Expanded

**Block 11a.** Select type of site developed or expanded **[Drop-down]**

**Block 12.** Indicate the total number of New Safety Net Sites

SECTION D. Number of Clients Who Received Technical Assistance

**Block 13.** Indicate the type of clients who received technical assistance by type of site

Add Profession & Discipline

Number Trained

Add Profession & Discipline

Number Trained

Save & Continue

## INSTRUCTIONS

**Purpose.** The State Primary Care Offices form captures information about State Primary Care Offices conducted through BHP-funded grant programs. The State Primary Care Offices form is divided into four sections: Section A captures information about the type of Obligated Health Professional (OHP) providing care; Section B captures information about Number of NHSC Site Application State Recommendation Forms Submitted; Section C captures information about New Safety Net Sites Developed or Expanded; Section D captures information about Number of Clients Who Received Technical Assistance. Please complete the applicable sections and blocks using the instructions below.

### SECTION A

**Block 1.** Enter the total number of Obligated Health Professionals (OHP) currently providing care by discipline in column A for the current reporting period. Enter value greater than zero. At least one discipline is required during the reporting period from the options below:

#### Discipline

Non-psychiatric Physician (MD or DO)  
Dentist (DDS/DMD)  
Nurse Practitioner (NP)  
Nurse Midwife (NM)  
Physician Assistant (PA)  
Dental Hygienist (DH)  
Psychiatrist (MD&DO)  
Clinical Psychologist (CP)  
Licensed Clinical Social Worker (LCSW)  
Psychiatric Nurse Specialist (PNS)  
Other Mental Health Clinician (specify)  
Licensed Professional Counselor (LPC)  
Marriage and Family Therapist (MFT)  
Other (specify)

Only count OHP that were obligated as of June 30, 2013. This measure does not have a start and end data collection date. This measure ONLY has an end date.

**Block 2 through Block 6.** Of the number reported in Block 1, indicate the total number of OHP by type.

(Note: Do NOT count Nursing and Education Loan Repayment (NELRP) Participants)

**Block 7 through Block 9.** Of the number reported in Block 1, indicate the total number of OHP by practice setting.

### SECTION B

#### Number of Site Application Recommendation State Recommendation Forms Submitted

**Block 10.** Indicate the total number of National Health Service Corps' (NHSC) Site application state recommendation forms submitted by the state Primary Care Office to the NHSC within 14 days (10 business days).

**Block 10a.** Indicate the number of National Health Service Corps' (NHSC) Site application state recommendation forms submitted by the State Primary Care Office to the NHSC.

### SECTION C

#### New Safety Net Sites Developed or Expanded

**Block 11.** Indicate the total number of newly developed or expanded safety net sites for each type of new safety net site. If more than one type is offered, expand the table to include all types of clients. Leave blank if type of new safety net site is not applicable.

**Block 11a.** Select the type of safety net sites developed or expanded from the options below:

330 Sites  
RHC  
FQHC Look-a-Like  
Free Clinics  
School Based Health Centers  
Faith Based Clinics  
Other (specify)

**Block 12.** Indicate the total number of New Safety Net Sites

### SECTION D

#### Number of Clients Who Received Technical Assistance

**Block 13.** Indicate the number of clients who received technical assistance by profession and discipline from the options below:

**When finished, click on "Save and Continue" to be routed to the appropriate form(s).**