

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 2: STAFFING PROFILE YEAR 1 <input type="checkbox"/> YEAR 2 <input type="checkbox"/>	FOR HRSA USE ONLY			
	Grant Number		Application Tracking Number	
PERSONNEL BY CATEGORY	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)	Total Federal Support Requested
ADMINISTRATION				
Executive Director/CEO				
Finance Director (Fiscal Officer)/CFO				
Chief Operating Officer/COO				
Chief Information Officer/CIO				
Administrative Support Staff				
MEDICAL STAFF				
Medical/Clinical Director				
Family Physicians				
General Practitioners				
Internists				
OB/GYNs				
Pediatricians				
Other Specialty Physicians Please Specify: _____				
Physician Assistants/Nurse Practitioners				
Certified Nurse Midwives				
Nurses (RNs, LVNs, LPNs)				
Pharmacist, Pharmacy Support, Technicians				
Other Medical Personnel Please Specify: _____				
Laboratory Personnel (Lab Technicians)				
X-Ray Personnel				
Clinical Support Staff (Medical Assistants, etc.)				
Volunteer Clinical Providers (Medical and Dental)		N/A	N/A	N/A
DENTAL STAFF				
Dentists				
Dental Hygienists				
Dental Assistants, Aides, Technicians				
BEHAVIORAL HEALTH STAFF				
Behavioral Health Specialists (BH Provider)				
Alcohol and Substance Abuse Specialists				
Psychiatrists				
Psychologists				
ENABLING STAFF				
Patient Education Specialists (Health Educators)				
Case Managers				
Outreach (Outreach Staff)				
Other Enabling Personnel Please Specify: _____				
OTHER PROFESSIONAL STAFF (discuss in narrative as appropriate)				
OTHER STAFF (discuss in narrative as appropriate)				
SALARY TOTAL				

and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.