Department of Health and Human Services
Health Resources and Services Administration

OMB No. 0915-0313
Expiration Date: 11/30/2013

CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

ANNUAL REPORT FORM HRSA 100-5

Public Burden Statement

Children's Hospitals Graduate Medical Education Payment Program

Annual Report Checklist

ANNUAL REPORT FORM HRSA 100-5

Name of Children's Hospital: **Address:**

City: **State:**

Zip Code: **Date of Report:**

Medicare Provider Number:

Federal fiscal year for application:

Year the hospital first received CHGME funding:

Annual Report Forms	This Column to be Completed by the Applicant Hospital	This Column to be Completed by the CHGME PP
	Is the Listed Item Completed and Attached?	
HRSA 100-1	○ Yes ○ No	○ Yes ○ No
HRSA 100-2	○ Yes ○ No	○ Yes ○ No
HRSA 100-3	○ Yes ○ No	○ Yes ○ No
HRSA 100-4	○ Yes ○ No	○ Yes ○ No
HRSA 100-5	○ Yes ○ No	○ Yes ○ No
Computer Disk with Zip Code Data	○ Yes ○ No	○ Yes ○ No
One (1) hard copy and (1) electronic copy of the completed Annual Report including relevant forms and the zip code file.	◉ Yes ○ No	◉ Yes ○ No