Public Burden Statement: *The BHW Performance Report for Grants and Cooperative Agreements (PRGCA) is an annual performance and progress report required from each health professions and nursing education grantee that has an approved, funded project with a project period of one year or more. The report is required to determine the extent to which objectives of the project have been met so that a decision regarding continuation funding can be made. 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 information collection is 0915-0061 and it is valid until 03/31/2025. This information collection is required to obtain or retain a benefit (Government Performance and Results Act (GPRA) of 1993 and the GPRA Modernization Act of 2010). Public reporting burden for this collection of information is estimated to average 2.8 hours per response to the annual performance report, 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 14N136B, Rockville, Maryland, 20857 or* paperwork@hrsa.gov*.*

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1. Grant Purpose – Setup

The Grant Purpose Setup form captures information about the types of activities conducted by grantees of multipurpose or hybrid programs during the reporting period. Please select the type(s) of activity(ies) that were conducted during the reporting period with BHW funds and then click 'Save and Validate'. Selections on this form affect all subsequent forms. If you are unsure about which options to select, please refer to the instruction manual and/or contact your Government Project Officer. Also, if you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

> **ⓘ Note(s):**
> Selections on this form affect all subsequent forms. If you are unsure about which options to select, please refer to the instruction manual and/or contact your Government Project Officer.

PROGRAMS WITH MULTI-SELECT GRANT PURPOSES

Program	Grant Purpose
D19	NWD-1: Assist underrepresented students throughout the educational pipeline to become registered nurses
	NWD-2: Facilitate diploma or associate degree registered nurses becoming baccalaureate prepared registered nurses
	NWD-3: Prepare practicing registered nurses for advanced nursing education
	NWD-4: Nursing Workforce Diversity - Eldercare Enhancement
Program	**Grant Purpose**
D33	PMR-1: Support resident costs
	PMR-2: Infrastructure and curriculum design
Program	**Grant Purpose**
D34	COE-1: Increase the competitive applicant pool
	COE-2: Enhance student performance
	COE-3: Improve the capacity for faculty development
	COE-4: Facilitate faculty and student research
	COE-5: Carry out student training in providing health care services
	COE-6: Improve information/curriculum design
Program	**Grant Purpose**
D40	GPE-1: Faculty development
	GPE-2: Curricula & Instructional Design / Program Enhancement
	GPE-3: Practica
	GPE-4: Internships
	GPE-5: Post-doctorate fellowships
Program	**Grant Purpose**
D85	PD-1: Plan, develop, and operate or participate in an approved professional training program
	PD-2: Support of an accredited master's in public health program for dental and dental hygiene students
	PD-3: Meet the costs of projects to establish, maintain, or improve pre-doctoral training in primary care
	PD-4: Provide financial assistance to dental or dental hygiene students
Program	**Grant Purpose**
D88	PDD-1: Plan, develop, and operate or participate in an approved professional training program
	PDD-2: Support of an accredited master's degree in public health program for dental residents
	PDD-3: Meet the costs of projects to establish, maintain, or improve post-doctoral training in primary care dentistry programs
	PDD-4: Provide financial assistance to dental residents or practicing dentists
Program	**Grant Purpose**
E01	Conduct Active Training Programs
	Maintain and Administer NFLP Loan Fund

Program	Grant Purpose
M01	BHWET-1: Professional Track- Add to existing, expand, and/or foster the development of (a) pre-degree internships for psychology doctoral students (PhD/PsyD), or (b) field placement/practicum slots for graduate–level behavioral health students
	BHWET-2: Paraprofessional Track- Add to existing, expand, and/or foster the development of paraprofessional certificate programs for students in behavioral health training programs
	BHWET-3: Curriculum Development and Enhancement
Program	**Grant Purpose**
T0B	PCTE-1: Plan, develop, and operate a degree, fellowship or residency program in addition to infrastructure activities (curriculum development, faculty development, and/or continuing education)
	PCTE-2: Faculty Development Programs and Activities Only (no degree, fellowship, or residency programs offered)
	PCTE-IBHPC 3 (PCTE-Integrating Behavioral Health and Primary Care 3): Plan, develop, and operate a degree or residency program in addition to infrastructure activities (curriculum development, faculty development, and/or continuing education)
Program	**Grant Purpose**
T12	SOHWP-1: Loan forgiveness and repayment programs for dentists
	SOHWP-3: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program
	SOHWP-4: The establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools
	SOHWP-5: 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
	SOHWP-6: Placement and support of dental students, dental residents, and advanced dentistry trainees
	SOHWP-7: Continuing dental education, including distance-based education
	SOHWP-10: Coordination with local education agencies within the State to foster programs that promote children going into oral health or science professions
	SOHWP-12: 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
	SOHWP-13: Direct Financial Support
	SOHWP-13: Training
	SOHWP-14: Integrating oral and primary care medical delivery systems for underserved communities
	SOHWP-15: Programs to support oral health providers practicing in advanced roles specifically designed to improve oral health access in underserved communities
	SOHWP-18: Programs to establish or expand oral health services and facilities in Dental HPSAs, such as the establishment or expansion of community-based dental facilities, free-standing dental clinics, school-linked dental facilities, and mobile or portable dental clinics
	SOHWP-19: Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program to enhance capacity, such as through equipment purchases or the sharing of overhead costs to allow for additional hours of operation
Program	**Grant Purpose**
T97	OWEP-2: Paraprofessional Track- Add to existing, expand, and/or foster the development of paraprofessional certificate programs for students in behavioral health training programs
	OWEP-3: Curriculum Development and Enhancement
Program	**Grant Purpose**
T98	OWEP-1a: Professional Track- Add to existing, expand, and/or foster the development of (a) pre-degree internships for psychology doctoral students (PhD/PsyD), or (b) field placement/practicum slots for graduate–level behavioral health students
	OWEP-1b: Professional Track- Add to existing, expand, and/or foster the development of (a) post-doc-degree fellowships for psychology doctoral students (PhD/PsyD), or (b) Psychiatrist (MD).
	OWEP-3: Curriculum Development and Enhancement

Program	Grant Purpose
U77	AHEC-1: Health careers recruitment of underrepresented minority populations or individuals from disadvantaged or rural backgrounds
	AHEC-2: Community-based training and education with emphasis on primary care
	AHEC-3: Continuing education
	AHEC-4: Public health careers exposure to youth
	AHEC-5: Curriculum Development and Enhancement
	AHEC-6: Active AHEC Scholar Program with participants

2. Training Program – Setup

The Training Program Setup form captures general information about the types of training programs that were supported with BHW funds during the reporting period. Please complete this setup page for each training program that was offered during the reporting period and was supported with BHW funds. Enter each training program separately by selecting from the drop-down menu under the 'Add Training Program' section. Once selected, click the 'Load Program Details' button and complete the remaining follow-up question(s) related to your selection. Once you have answered all follow-up questions, click on 'Add Record' to save your entry. Do not include any information about faculty development or continuing education offerings in this form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> ℹ **Note(s):**
> You must enter each training program that was supported with BHW funds separately. Do not include any information about faculty development or continuing education offerings in this form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer.

View Prior Period Data

* Add Training Program	
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Select One .... V Degree/Diploma/Certificate Academic Training Program (Degree/Diploma) Non-degree structured training program (Structured) Non-degree unstructured training program (Unstructured) One-year retraining program (1 yr. Retraining) Internship program Practicum/Field Placement program Residency program Fellowship program Major Participating Site/Rotation Site
	[Load Program Details]
For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity	Single Select
For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity	Textbox
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	Single Select
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	Single Select
For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained	Single Select
For a Major Participating Site/Rotation Site, Select the Program Name	Single Select
[Add Record]	

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)

3. PC: Program Characteristics

3.1. PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. Please complete the required subforms for each program that was entered in the Training Program Setup form. The PC-1 subform collects information specific to Degree/Diploma/Certificate Training Programs only. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> 🛈 **Note(s):**
> The PC-1 subform collects information specific to Degree/Diploma/Certificate Training Programs only.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9

View Prior Period Data

No.	Record Status	Type of Training Program	Type of Degree Offered	Primary Focus Area	Select Delivery Mode Used to Offer Program	Select Type(s) of Partners/Consortia Used to Offer this Training	Select Type(s) of Partners/ Consortia Used for Job Placement Activities	Select Type of Community-based Collaborator(s)	Select Primary Discipline of Collaborative Training Program	Select Status of Preceptor Competency Assessment
		(1) Block 1	(2) Block 1j	(3) Block 1k	(4) Block 1k.1	(6) Block 2	(6a)	(6b)	(6c)	(6d)

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total	URM	Disadvantaged Background and not URM	Total	URM	Total	URM
(7) Block 3	(8) Block 3a	(9) Block 3b	(10) Block 8	(11) Block 8a	(12) Block 9	(13) Block 9a

3.2.   PC-2: Program Characteristics – Non-degree bearing Unstructured Training Programs

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. The PC-2 subform collects information specific to Non-degree bearing Unstructured Training Programs only. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> 🛈 **Note(s):**
> The PC-2 subform collects information specific to Non-degree bearing Unstructured Training Programs only.

| PC-1 | PC-2 | PC-3 | PC-4 | PC-5 | PC-6 | PC-7 | PC-8 | PC-9 |

View Prior Period Data

No.	Record Status	Type of Training Program	Type of Training Activity	Name of Training Activity	Select Education Level(s) of Participants	Enter Length of Training Activity in Clock Hours	Select Type(s) of Partners/Consortia Used to Offer this Training	Select Type of Community-based Collaborator(s)	Select Training Activity Status in the Current Reporting Period
		(1) Block 1	(2) Block 1a	(3) Block 1a.1	(4) Block 1b	(5) Block 1c	(6) Block 2	(6a)	(7)

3.3. PC-3: Program Characteristics – Non-degree bearing Structured Training Programs

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. The PC-3 subform collects information specific to Non-degree bearing Structured Training Programs only. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> **Note(s):**
> The PC-3 subform collects information specific to Non-degree bearing Structured Training Programs only.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9

View Prior Period Data

No.	Record Status	Type of Training Program	Type of Training Activity	Name of Training Activity	Select Education Level(s) of Participants	Enter Length of Training Program in Clock Hours	Select Whether Public Health Careers Content Was Offered	Select Whether Clinical or Practicum Training Was Offered	Select Whether Cultural Competency Training Was Offered	Select Type(s) of Partners/Consortia Used to Offer this Training	Select Type of Community-based Collaborator(s)	Select Training Activity Status in the Current Reporting Period
		(1) Block 1	(2) Block 1d	(3) Block 1d.1	(4) Block 1e	(5) Block 1f	(6) Block 1g	(7) Block 1h	(8) Block 1i	(9) Block 2	(9a)	(10)

3.4. PC-4: Program Characteristics – Internship Programs

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. The PC-4 subform collects information specific to Internship Programs only. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> **ⓘ Note(s):**
> The PC-4 subform collects information specific to Internship Programs only.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9

View Prior Period Data

No.	Record Status	Type of Training Program	Primary Discipline of Individuals Trained	Select Type(s) of Partners/Consortia Used to Offer this Training	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
					Total	URM	Disadvantaged Background and not URM	Total	URM	Total	URM
		(1) Block 1	(2) Block 1l	(3) Block 2	(4) Block 3	(5) Block 3a	(6) Block 3b	(7) Block 8	(8) Block 8a	(9) Block 9	(10) Block 9a

3.5. PC-5: Program Characteristics – One Year Retraining Programs

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. The PC-5 subform collects information specific to 1-year Retraining Programs only. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> **Note(s):**
> The PC-5 subform collects information specific to 1-year Retraining Programs only.

| PC-1 | PC-2 | PC-3 | PC-4 | PC-5 | PC-6 | PC-7 | PC-8 | PC-9 |

View Prior Period Data

No.	Record Status	Type of Training Program	Primary Discipline of Individuals Trained	Select Type(s) of Partners/Consortia Used to Offer This Training	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
					Total	URM	Disadvantaged Background and not URM	Total	URM	Total	URM
		(1) Block 1	(2) Block 1l	(3) Block 2	(4) Block 3	(5) Block 3a	(6) Block 3b	(7) Block 8	(8) Block 8a	(9) Block 9	(10) Block 9a

3.6. PC-6: Program Characteristics – Fellowship Programs

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. The PC-6 subform collects information specific to Fellowship Programs only. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> ℹ **Note(s):**
> The PC-6 subform collects information specific to Fellowship Programs only.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9

View Prior Period Data

No.	Record Status	Type of Training Program	Primary Discipline of Individuals Trained	Select Type(s) of Partners/Consortia Used to Offer this Training	Select Type of Community-based Collaborator(s)	Select Primary Discipline of Collaborative Training Program	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
							Total	URM	Disadvantaged Background and not URM	Total	URM	Total	URM
		(1) Block 1	(2) Block 1l	(3) Block 2	(3a)	(3b)	(4) Block 3	(5) Block 3a	(6) Block 3b	(7) Block 8	(8) Block 8a	(9) Block 9	(10) Block 9a

3.7. PC-7: Program Characteristics – Practica and Field Placements

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. The PC-7 subform collects information specific to Practicum and Field Placement Programs only. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> 🛈 **Note(s):**
> Note: The PC-7 subform collects information specific to Practicum and Field Placement Programs only.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9

View Prior Period Data

No.	Record Status	Type of Training Program	Primary Discipline of Individuals Trained	Select Type(s) of Partners/Consortia Used to Offer this Training	Select Type of Community-based Collaborator(s)	Select the Topic Area(s) Addressed by this Activity	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
							Total	URM	Disadvantaged Background and not URM	Total	URM	Total	URM
		(1) Block 1	(2) Block 1l	(3) Block 2	(3a)	(3b)	(4) Block 3	(5) Block 3a	(6) Block 3b	(7) Block 8	(8) Block 8a	(9) Block 9	(10) Block 9a

3.8. PC-8: Program Characteristics – Residency Programs

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds The PC-8 subform collects information specific to Residency Programs only. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> **Note(s):**
> The PC-8 subform collects information specific to Residency Programs only.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9

View Prior Period Data

No.	Record Status	Type of Training Program	Primary Discipline of Individuals Trained	Type of Dental Residency Program	Select Type(s) of Partners/ Consortia Used to Offer this Training	Select Type of Community-based Collaborator(s)	Select Primary Discipline of Collaborative Training Program
		(1) Block 1	(2) Block 1l	(3) Block 1m	(4) Block 2	(4a)	(4b)

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)		Enter # of Core Physician Faculty as Reported to ACGME or AOA
Total	URM	Disadvantaged Background and not URM	Total	URM	Total	URM	
(5) Block 3	(6) Block 3a	(7) Block 3b	(8) Block 8	(9) Block 8a	(10) Block 9	(11) Block 9a	(12)

3.9. PC-9: Program Characteristics –Positions Description

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. The PC-9 subform collects information specific to positions or slots for certain types of primary care training programs. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> ℹ **Note(s):**
> The PC-9 subform collects information specific to positions or slots for certain types of primary care training programs.

PC-1	PC-2	PC-3	PC-4	PC-5	PC-6	PC-7	PC-8	PC-9

View Prior Period Data

* Add Academic/Training Year	
Select Training Program	Single Select
	(only degree, fellowship and residency programs from setup page will be populated)
Select Training Year	Multi Select
Add	

No.	Record Status	Type of Training Program	Training Year	Enter Total # of Accredited Positions	Enter Total # of Positions Recruited For	Enter Total # of Positions Filled	Enter Total # of Positions Expanded using BHW Funds	Enter # of Residents in FTE Positions	Option(s)
		(1) Block 1	(2)	(3) Block 4	(4) Block 5	(5) Block 6	(6) Block 7	(7)	

3.10. PC-10: Program Characteristics – Major Participating Sites/Rotation Sites

The Program Characteristics (PC) subforms are designed to collect additional information about the training programs that were offered during the reporting period and were supported with BHW funds. The PC-10 subform collects information specific to the Major Participating Sites/Rotation Sites identified in the Training Program Setup form. Each line of this subform contains one of the training programs (rotation sites) that was entered in the Training Program Setup form. Please complete the information requested for each identified Major Participating Site/Rotation Site. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer.

PC-6	PC-8	PC-9	PC-10

View Prior Period Data

No.	Record Status	Type of Training Program	Program Name	Select Type(s) of Partners/Consortia Used to Offer this Training	Enter # of Approved Positions	Enter # of Recruited Positions	Enter # of Approved Positions Filled	Enter # of Residents Rotating Through Programs	Enter # of Trainees Spending >= 75% under Children's Hospital Supervision	Enter # of Core Physician Faculty as Reported to ACGME or AOA
		(1) Block 1	(2)	(3) Block 2	(4)	(5)	(6)	(7)	(8)	(9)

4. LR-1: Legislatively Required

4.1   LR-1a: Trainees by Training Category

The LR-1a subform captures aggregate-level information about the number of trainees who participated in specific types of programs or activities entered in the Training Program Setup form. Please complete this subform for each training program listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

View Prior Period Data

No.	Record Status	Type of Training Program	Trainees by Training Category							Attrition		Nursing Aide Employment Status and Exam Outcomes						Select Training Activity Status in the Current Reporting Period
			Enter # of Ongoing Trainees	Enter # of Enrollees	Enter # of Fellows	Enter # of Residents	Enter # of Graduates	Enter # of Program Completers	Enter # of Graduates/ Program Completers	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion	Enter # of Individuals Employed Full-Time	Enter # of Individuals Employed Part-Time	Enter # of Individuals Unemployed	Select Whether Exam Assessed All Competencies	Enter # of Individuals who Passed the Exam	Enter # of Individuals who Failed the Exam	
		(1)	(1a)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(6a)	(7) Block 6	(8) Block 6a	(10) Block 8	(11) Block 9	(12) Block 10	(13) Block 11	(14) Block 12	(15) Block 13	(16)
																		N/A

4.2 LR-2: Trainees by Age & Sex

The LR-2 form captures aggregate-level information about the age groups and gender of trainees who participated in each of the training programs or activities entered in the Training Program Setup form. Please complete this form for each training program listed below. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

View Prior Period Data

No.	Record Status	Type of Training Program	Age Group of Trainees	Gender: Male							Gender: Female						
				Enter # of Ongoing Trainees	Enter # of Enrollees	Enter # of Fellows	Enter # of Residents	Enter # of Graduates	Enter # of Graduates/ Program Completers	Enter # of Program Completers	Enter # of Ongoing Trainees	Enter # of Enrollees	Enter # of Fellows	Enter # of Residents	Enter # of Graduates	Enter # of Graduates/ Program Completers	Enter # of Program Completers
		(1)	(2)	(2a)	(3) Blocks 1-6	(4) Blocks 13-18	(5) Blocks 25-30	(6) Blocks 37-42	(6a)	(7) Blocks 49-54	(7a)	(8) Blocks 7-12	(9) Blocks 19-24	(10) Blocks 31-36	(11) Blocks 43-48	(11a)	(12) Blocks 55-60
1	Prior Record		19 and Under														
2	Prior Record		20 – 29 years														
3	Prior Record		30 – 39 years														
4	Prior Record		40 – 49 years														
5	Prior Record		50 – 59 years														
6	Prior Record		60 and Over														
7	Prior Record		Age Not Reported														
8	New Record		19 and Under														
9	New Record		20 – 29 years														
10	New Record		30 – 39 years														
11	New Record		40 – 49 years														
12	New Record		50 – 59 years														
13	New Record		60 and Over														
14	New Record		Age Not Reported														

(Contd)

| No. | Record Status | Type of Training Program | Age Group of Trainees | Gender: Not Reported | | | | | | | Select Training Activity Status in the Current Reporting Period |
| | | | | Enter # of Ongoing Trainees | Enter # of Enrollees | Enter # of Fellows | Enter # of Residents | Enter # of Graduates | Enter # of Graduates/ Program Completers | Enter # of Program Completers | |
		(1)	(2)	(12a)	(13)	(14)	(15)	(16)	(16a)	(17)	(18)
1	Prior Record	N/A	19 and Under								N/A
2	Prior Record		20 – 29 years								N/A
3	Prior Record		30 – 39 years								N/A
4	Prior Record	N/A	40 – 49 years								N/A
5	Prior Record	N/A	50 – 59 years								N/A
6	Prior Record	N/A	60 and Over								N/A
7	Prior Record		Age Not Reported								N/A
8	New Record		19 and Under								Complete
9	New Record		20 – 29 years								Complete
10	New Record		30 – 39 years								Complete
11	New Record		40 – 49 years								Complete
12	New Record		50 – 59 years								Complete
13	New Record		60 and Over								Complete
14	New Record		Age Not Reported								Complete

4.3 DV-1: Trainees by Racial & Ethnic Background

The DV-1 form captures aggregate-level information about the racial and ethnic background of trainees who participated in each of the training programs or activities entered in the Training Program Setup form. Please complete this form for each training program entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

View Prior Period Data

No.	Record Status	Type of Training Program	Race Category	Ethnicity: Hispanic/Latino							Ethnicity: Non-Hispanic/Non-Latino						
				Enter # of Ongoing Trainees	Enter # of Enrollees	Enter # of Fellows	Enter # of Residents	Enter # of Graduates	Enter # of Graduates/ Program Completers	Enter # of Program Completers	Enter # of Ongoing Trainees	Enter # of Enrollees	Enter # of Fellows	Enter # of Residents	Enter # of Graduates	Enter # of Graduates/ Program Completers	Enter # of Program Completers
		(1)	(2)	(2a)	(3) Blocks 1-7	(4) Blocks 8-14	(5) Blocks 15-21	(6) Blocks 22-28	(6a)	(7) Blocks 29-35	(7a)	(8) Blocks 36-42	(9) Blocks 43-49	(10) Blocks 50-56	(11) Blocks 57-63	(11a)	(12) Blocks 64-70
1	Prior Record		American Indian or Alaska Native														
2	Prior Record		Asian														
3	Prior Record		Black or African American														
4	Prior Record		Native Hawaiian or Pacific Islander														
5	Prior Record		White														
6	Prior Record		More than one Race														
7	Prior Record		Race Not Reported														
8	New Record		American Indian or Alaska Native														
9	New Record		Asian														
10	New Record		Black or African American														
11	New Record		Native Hawaiian or Pacific Islander														
12	New Record		White														
13	New Record		More than one Race														
14	New Record		Race Not Reported														

(Contd)

No.	Record Status	Type of Training Program	Race Category	Ethnicity: Not Reported							Select Training Activity Status in the Current Reporting Period
				Enter # of Ongoing Trainees	Enter # of Enrollees	Enter # of Fellows	Enter # of Residents	Enter # of Graduates	Enter # of Graduates/ Program Completers	Enter # of Program Completers	
		(1)	(2)	(12a)	(13)	(14)	(15)	(16)	(16a)	(17)	(18)
1	Prior Record		American Indian or Alaska Native								N/A
2	Prior Record		Asian								N/A
3	Prior Record		Black or African American								N/A
4	Prior Record		Native Hawaiian or Pacific Islander								N/A
5	Prior Record		White								N/A
6	Prior Record		More than one Race								N/A
7	Prior Record		Race Not Reported								N/A
8	New Record		American Indian or Alaska Native								Ongoing
9	New Record		Asian								Ongoing
10	New Record		Black or African American								Ongoing
11	New Record		Native Hawaiian or Pacific Islander								Ongoing
12	New Record		White								Ongoing
13	New Record		More than one Race								Ongoing
14	New Record		Race Not Reported								Ongoing

4.4   DV-2: Trainees from a Disadvantaged Background

The DV-2 form captures aggregate-level information about the disadvantaged background status of trainees who participated in each of the training programs or activities entered in the Training Program Setup form. Please complete this form for each training program listed below. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

View Prior Period Data

No.	Record Status	Type of Training Program	Enrollees		Fellows		Residents		Graduates		Program Completers		Ongoing Trainees		Graduates/Program Completers		Select Training Activity Status in the Current Reporting Period
			Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM	
		(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10	(13)	(14)	(15)	(16)	(12)

4.5   DV-3: Trainees from a Rural Background

The DV-3 form captures aggregate-level information about the number of trainees who participated in each of the training programs or activities entered in the Training Program Setup form and are from a rural background. Please complete this form for each training program entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

View Prior Period Data

No.	Record Status	Type of Training Program	Trainees from Rural Residential Background							Select Training Activity Status in the Current Reporting Period
			Enter # of Enrollees from a Rural Background	Enter # of Fellows from a Rural Background	Enter # of Residents from a Rural Background	Enter # of Graduates from a Rural Background	Enter # of Program Completers from a Rural Background	Enter # of Ongoing Trainees from a Rural Background	Enter # of Graduates/Program Completers from a Rural Background	
		(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(8)	(9)	(7)

5. IND-GEN: Individual Characteristics

The IND-GEN form captures individual-level information about students, faculty, or other types of awardees who either received direct financial support (e.g., loans, loan repayment, scholarships, or stipends) through a HRSA grant or participated in specific types of HRSA-supported training. Please complete this form in its entirety. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

* Do you have either a) new trainees OR b) updates to provide for trainees from a previous reporting period? **Yes**	Yes	(complete IND-GEN)	No	(click Save and Validate button to proceed to the next form)

[View Prior Period Data]

No.	Record Status	Type of Training Program	Trainee Unique ID	NPI Number	Select Individual's Training or Awardee Category	Select Whether Individual is an International Medical Graduate (IMG)	Select Highest Degree Held by Individual	Select Individual's Enrollment / Employment Status	Select Individual's Gender	Enter Year of Birth	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
		(1)	(2) Block 1	(2a)	(3) Block 2	(3a)	(3b)	(4) Block 3	(5) Block 4	(6a)	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10

Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)												Enter Individual's Financial Award Amount		
	Stipend	Tuition, Fees, and Supplies	Traineeship	Scholarship	Loan	Career Award	Loan Repayment	Grant	Fellowship	Direct Financial Support	Academic Year Total	Cumulative BHW Financial Award Total	Federal Contribution to Loan Repayment	State Contribution to Loan Repayment	Total Contribution to Loan Repayment
(12) Block 11	(13) Block 11	(13a) Block 11	(14) Block 11	(15) Block 11	(16) Block 11	(17) Block 11	(18) Block 11	(19) Block 11	(20) Block 11	(20a) Block 11	(21b) Block 11	(21c) Block 11	(21d)	(21e)	(21h)

(Contd)

Enter # of Academic Years the Individual has Received BHW Funding	Enter Original Qualifying Educational Loan Amount	Enter Balance of Individual's Loan	Select Whether Loan Remains in Good Standing and is not in Default	Enter % of Loan Paid Off	Enter % FTE paid for through BHW Financial Award	Enter % of Training Costs Covered through BHW-funded Financial Award	Select Individual's Academic or Training Year	Select Topic Area(s) on which Individual was Trained	Select any HHS Priority Topic Area on which an Individual Received Training	Select Individual's Primary Discipline Type	Select Individual's Primary Discipline	Select Individual's Specialty	Training in Interprofessional Education and/or Practice		Enter Total # of Patients Treated during Academic Year	Training in a Telehealth Setting			Training in a Primary Care Setting		
													Select Whether Individual Received Training	Enter # of Contact Hours		Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters	Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters
(22) Block 12	(22a)	(23) Block 13	(23a)	(24) Block 13a	(25) Block 14	(25a)	(26) Block 15	(26a)	(26b)	(26c)	(27) Block 16	(27aa)	(27a)	(27b)	(27c)	(27d)	(27e)	(27f)	(28) Block 17	(29) Block 17a	(30) Block 17b

Training in a Medically Underserved Community			Training in a Rural Area			Enter Total # of Patient Encounters Across All Settings Including Inpatients	Enter Total # of Contact Hours Across All Settings Including Inpatients	Student Services	
Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters	Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters			Select Social Support services used by Trainee	Select Academic Support services used by Trainee
(31) Block 18	(32) Block 18a	(32a)	(33) Block 19	(34) Block 19a	(34aa)	(34ab)	(34ac)	(34a)	(34b)

(Contd)

Select Individual's Field Placement Setting	Select Whether Individual Left the Program Before Completion	Select Reason for Attrition or Inactive Status	Select Whether Individual Graduated/ Completed the Program	Select Degree Earned	Select whether individual earned degree on-schedule/ on-time	Select whether individual passed a certifying examination on the first attempt	Enter the Number of Education Courses Taken	Did Medical Student Match to a Residency Program?	Select Type of Residency Program	Enter Certification Number	Select Individual's Post-Graduation/ Completion Intentions	Enter the % FTE Individual Spent on the Following Roles				Enter # of Articles Published in Peer-Reviewed Journals	Enter # of Peer-Reviewed Conference Presentations	Enter # of Trainees Precepted	Enter # of Hours Spent Precepting	Enter # of Grants Awarded by Type and Amount			
												Research	Teaching	Administration	Clinical					Research (<$100,000)	Research (>=$100,000)	Education (<$100,000)	Education (>=$100,000)
(35) Block 20	(36) Block 21	(36a)	(37) Block 22	(38) Block 22a	(38a)	(38b)	(38c)	(38d)	(38e)	(38f)	(39) Block 22b	(40) Block 24a	(41) Block 24b	(42) Block 24c	(43) Block 24d	(44) Block 25	(45) Block 26	(45a)	(45b)	(46) Block 27	(47) Block 27	(48) Block27	(49) Block 27

Enter Total Time Obligated to Serve (in weeks)	Select Individual's Current Designated Practice Settings	Select Whether individual is Enrolled in Medicaid/CHIP Program	Select Whether individual is Accepting new Medicaid/CHIP Patients	Enter Total # of Patient Encounters	Enter # of Medicaid/CHIP Patient Encounters	Select whether Employment Data is available?	Enter Zip Code	Enter City	Enter State	Select Type of Employment	Select Individual's Employment Location Settings
(50) Block 28	(51) Blocks 29-31	(52) Block 32	(53) Block 32a	(54) Block 33	(55) Block 33a	(56)	(57)	(58)	(59)	(60)	(61)

Select Whether Individual is a First Time Participant	Select Whether this is a Continuation Award	Select Whether Provider is in default of service obligation	Enter Service Obligation Start Date	Enter Service Obligation End Date	Select Any HRSA/BHW program Individual Participated In Prior to Entering NHSC SLRP	Select if Individual Holds a DATA 2000 Waiver	Select Medication Assisted Treatment (MAT) Services Provided by Individual	Select If Individual Holds a Substance Use Disorder License or Certificate	Select Any Key Services Provided by Individual	Select Primary Site Name	Select Other Site Name(s)	Options
(80)	(81)	(82)	(84)	(85)	(86)	(87)	(88)	(89)	(90)	(91)	(92)	

6. INDGEN-PY: Individual Prior Year

The INDGEN-PY subform captures 1-year follow-up information about individuals who received direct financial support (e.g., loans, loan repayment, scholarships, or stipends) through a HRSA grant or participated in specific types of HRSA-supported training programs and have since graduated or completed their training. Please complete this form for each individual listed below. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

View Prior Period Data

No.	Record Status	Type of Training Program	Trainee Unique ID	NPI Number	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Gender	Enter Year of Birth	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background
		(1) Block 1	(2) Block 1	2a	(3) Block 2	(4) Block 3	(5) Block 4	(6a)	(7) Block 6	(8) Block 7	(9) Block 8

Select Whether Individual is from a Disadvantaged Background	Select Degree Earned	Select Individual's Post-Graduation/ Completion Intentions	Select whether status/employment data are available for the individual 1-year post graduation/ completion	Select Individual's Current Training/ Employment Status	Select Individual's Type of Faculty Appointment	Select Whether Your Organization Hired this Individual	Select Whether a Partner Organization Hired this Individual	Select Employment Location	Options
(10) Block 9	(11) Block 22a	(12) Block 22b	(13) Block 23	(14) Block 23a	(15) Block 23b	(16)	(17)	(18)	

7. EXP: Experiential Characteristics

7.1. EXP-1: Training Site Setup

The EXP-1 Setup form captures information about the names of sites used by grantees to provide trainees with clinical or experiential training. Please enter each site used separately by typing in a site's name and clicking the 'Add Record' button. Please complete this setup form for each training site used. If you have any questions about how to complete this setup form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about sites used in a prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

EXP-1	EXP-2	EXP-3

[View Prior Period Data](#)

No.	Record Status	Site Name	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/ Consortia used to Offer Training at this Site	Select Primary Training Competency Addressed at this Site	Select Type(s) of Vulnerable Population Served at this Site	Street Address 1	Street Address 2	Zip Code	City	State	Four Digit Zip Code Extension	Payment Model	Select whether the training site implements interprofessional education and/or practice	Select any HHS Priorities Addressed at this Site	Select Provider HPSA Type for Site	Dental HPSA Score	Mental Health HPSA Score	Primary Care HPSA Score	Option(s)
		(1) Block 1	(2)	(3)	(4)	(5) Block 5	(6) Block 6	(7) Block 4	(7a)	(7b)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

7.2. EXP-2: Experiential Characteristics - Trainees by Profession/Discipline

The EXP-2 subform collects information about the profession and discipline of individuals trained at each site that was entered in the EXP-1 Setup form. Please complete this subform for each site listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

| EXP-1 | EXP-2 | EXP-3 |

View Prior Period Data

No.	Type of Training Program	Site Name	Select Profession and Discipline Type of Individuals Trained	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care	Select Type of Site Used	Select Type of Setting Where the Site was Located	Option(s)
	(1)	(2) Block 1	(2a)	(3) Block 3	(4) Block 3	(5) Block 8	(6)	(7)	

7.3. EXP-3: Experiential Characteristics - Team Based Care

The EXP-3 subform collects information about the profession and discipline of individuals trained at each site that was entered in the EXP-1 Setup form. Please complete this subform for each site listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

EXP-1	EXP-2	EXP-3

View Prior Period Data

No.	Type of Training Program	Site Name	Select Team Number	Select Profession and Discipline Type of Team Members	Select Profession and Discipline of Team Members	Enter # of Team Members in this Profession and Discipline	Select Type of Site Used	Select Type of Setting Where the Site was Located	Option(s)
	(1)	(2) Block 1	(3) Block 7b	(3a)	(4) Block 7b	(5) Block 7b	(6)	(7)	

8. RET: Retention Programs

The RET form captures information about recruitment and retention-related efforts for specific types of BHW-supported initiatives. Please complete this form for any recruitment and retention-related efforts conducted during this reporting period. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

View Prior Period Data

* Retention Information	
Indicate # of Targeted Vacant Dentist/Dental Provider Positions (Block 5)	Text Box (4 digits)
Indicate # of Filled Dentist/Dental Provider Positions (Block 6)	Text Box (4 digits)
Indicate # of Dentist/Dental Provider Positions Retained (Block 7)	Text Box (4 digits)

9. CDE: Course and Training Activity Development and Enhancement

9.1. CDE-1: Course Development and Enhancement - Course Information

The CDE-1 subform captures information about courses or other training activities that have been developed or enhanced by grantees using BHW funds during their project period. Please complete an entry for each course or other training activity that was developed or enhanced. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

| CDE-1 | CDE-2 |

* Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant **Yes**	[Yes] (complete CDE-1 and CDE-2) [No] (Click Save and Validate to proceed to the next form)

View Prior Period Data

* Add Course	
Enter the Name of the Course of Training Activity that was Developed or Enhanced	(text 200 chars)
[Add Record]	

No.	Record Status	Name of Course or Training Activity	Select Type of Course or Training Activity	Select whether Course or Training Activity was Newly Developed or Enhanced	Select Status of Development or Enhancements	Select Primary Competency Addressed by the Course	Select Delivery Mode Used to Offer this Course or Training Activity	Select Primary Topic Area	Select Whether the Course or Training Activity was Offered in the Current Reporting Period	Was COVID-19 Telehealth Supplement Funding Used?	Option(s)
		(1) Block 1	(2) Block 2	(3) Block 3	(4) Block 4	(7a)	(8) Block 6	(11)	(12)	(13)	

9.2. CDE-2: Course Development and Enhancement - Trainees by Profession/Discipline

The CDE-2 subform captures information about individuals who participated in courses or other types of training activities that were developed or enhanced using BHW funds. Please complete this subform for each type of course or training activity that was developed or enhanced using BHW funds and has been implemented either in the current or in a previous academic year. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

View Prior Period Data

* Add Profession/Discipline	
Name of Course or Training Activity	Populated with the following: - Courses in CDE-1 where Column 4 = Implemented and Column 2 = 'Academic Course' or 'Training/Workshop for health professions students, fellows or residents' and column 12 = 'Offered' or 'Reoffered'
Profession and Discipline of Individuals Trained	(Multi-Select)

Add Record

No.	Name of Course or Training Activity	Select Profession and Discipline Type of Individuals Trained	Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Select Type of Course or Training Activity	Select whether Course or Training Activity was Newly Developed or Enhanced	Select Primary Competency Addressed by the Course	Select Delivery Mode Used to Offer this Course or Training Activity	Select Primary Topic Area	Select Whether the Course or Training Activity was Offered in the Current Reporting Period	Was COVID-19 Telehealth Supplement Funding Used?	Option(s)
	(1) Block 1	(1a)	(2) Block 7	(3) Block 7	(4)	(5)	(6)	(7)	(8)	(9)	(10)	

10. CE: Continuing Education

10.1. CE-1: Continuing Education - Course Characteristics and Content

The CE-1 subform captures information about continuing education courses developed and/or offered by grantees using BHW funds during this reporting period. Please complete an entry for each individual course that was offered. Report each individual course only once and indicate the number of times offered within this subform. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

> ℹ️ **Note(s):**
> To add more than 50 records, click the arrow icon (>) displayed next to the page number in the left side of the page navigation bar below. Report each individual course only once and indicate the number of times offered within this subform.

CE-1	CE-2

* Did you use BHW funds to support one or more continuing education offerings **Yes**	Yes (complete CE-1 and CE-2)	No (Click Save and Validate to proceed to the next form)

View Prior Period Data

No.	Record Status	Course Title	Select Type of Course or Training Activity	Select Whether Course is Approved for Continuing Education Credit	Enter the Duration of the Course in Clock Hours	Enter # of Times Course was Offered	Select Delivery Mode Used to Offer Course	Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course	Select Whether Employment Location Data are Available for Individuals Trained	Enter # of Individuals Trained by Employment Location (not mutually exclusive)		
										Primary Care Setting	Medically Underserved Community	Rural Area
		(1) Block 1	(1b)	(2) Block 2	(3) Block 3	(4) Block 4	(5) Block 5	(6) Block 6	(8) Block 9	(9) Block 9a	(10) Block 9b	(11) Block 9c

Select the Course's Primary Topic Area	Select the Primary Competency Addressed by the Course	Select the Competency Tier for this Course	Select Whether this Course Covers Alzheimer's Disease-Related Training	Was COVID-19 Telehealth Supplement Funding Used?	Option(s)
(12) Block 11	(13) Block 12	(14) Block 13	(15) Block 14	(16)	

10.2. CE-2: Continuing Education - Individuals Trained by Profession/Discipline

The CE-2 subform captures information about the profession and discipline of individuals participating in continuing education offerings supported with BHW funds. Please complete this subform for each course entered in CE-1. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

> **Note(s):**
> To add more than 50 records, click the arrow icon (>) displayed next to the page number in the left side of the page navigation bar below.

| CE-1 | CE-2 |

[View Prior Period Data]

No.	Course Title	Select Profession and Discipline Type of Individuals Trained	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Primary Topic Area	Select Whether this Course Covers Alzheimer's Disease-Related Training	Was COVID-19 Telehealth Supplement Funding Used?	Option(s)
	(1) Block 1	(1a)	(2) Block 8	(3) Block 8	(4)	(5)	(6)	

11. NA: Needs Assessment

11.1. NA-1: Needs Assessment - Geographic Coverage Area

The NA-1 subform captures information about your geographically designated service area. Please select the state(s) covered by your project and identify the specific counties that are also covered in your service area. You must report each state separately. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer.

NA-1	NA-2	NA-3

* Add Geographically Designated Coverage Area	
Select the State(s) Covered in Your Geographically Designated Service Area (Click the 'Load Counties' button after selecting the State)	Select One V Load Counties
Select the County(ies) covered in Your Geographically Designated Service Area	Multi-Select
Add Record	

No.	State	County	Option(s)
	(1) Block 1	(2) Block 1	

11.2. NA-2: Needs Assessment - Public Health Priorities

The NA-2 subform captures information about the trends of the public health priorities and related training needs in a geographically designated service area. Complete the 'Add Public Health Priority' section and click the 'Add Record' button. In the data table, provide particulars related to this public health priority. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer.

NA-1	NA-2	NA-3

* Add Public Health Priority	
Enter the Public Health Priority	Textbox 200 characters

Add Record

No.	Public Health Priority	Select the State(s) for Which this is a Priority	Enter the Data Source Used to Document this Priority	Enter the Current Rate	Select the Type of Observed Trend	Select the Type(s) of Competency(ies) that Need to be Addressed related to this Priority	Option(s)
	(1) Block 2	(2) Block 1	(3) Block 2	(4) Block 2	(5) Block 2	(6) Block 2	

11.3. NA-3: Needs Assessment - Methods for Assessing Training Needs

The NA-3 subform captures information about the method(s) used to assess training needs among public health workers in a geographically designated service area. If several methods are used, each must be reported separately. Please complete this form in its entirety. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer.

NA-1	NA-2	NA-3

* Add Methods to Assess Training Needs	
Method Used to Assess Training Needs in Geographically Designated Service Area	Multi-Select V

Add Record

No.	Methods Used	Enter the Types of Participants Queried using this Method	Option(s)
	(1) Block 3	(2) Block 3	

12. State Oral Health Workforce

12.1. SOHWP-A: New Facilities

If your program established new dental facilities in a HPSA/underserved area, select 'Yes' and complete the table below, otherwise select 'No' and proceed to the next form. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP- D	SOHWP-E	SOHWP-F	SOHWP-G

* Did your program establish new dental facilities in a HPSA/Underserved area (Block 1)	Yes (complete table below)　　No (proceed to the next form)

View Prior Period Data

* Add Facility	
Facility name	(Textbox 100 chars)
Add Record	

No.	Facility Name	Select the Type of Facility	Select Type(s) of Oral Health Services Provided	Enter # of Patient Encounters	Select whether this is a Mobile/Portable Facility	Option(s)
	(1) Block 1b	**(2)** Block 1a	**(3)** Block 1c	**(4)** Block 1d	**(5)** Block 1e	

12.2. SOHWP-B: Expanded Facilities

If your program expanded existing dental facilities in a HPSA/underserved area, select 'Yes' and complete the table below, otherwise select 'No' and proceed to the next form. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP-D	SOHWP-E	SOHWP-F	SOHWP-G

* Did your program expand existing dental facilities in a HPSA/Underserved area (Block 2)	Yes (complete table below)	No (proceed to the next form)

View Prior Period Data

* Add Facility	
Facility name	(Textbox 100 chars)
Add Record	

No.	Facility Name	Select the Type of Facility	Select Type(s) of Oral Health Services Provided	Enter Average # of Patient Encounters Prior to Expansion	Enter Actual # of Patient Encounters Post Expansion	Enter Average # of Patient Encounters Facility can Accommodate	Select whether this is a Mobile/Portable Facility	Option(s)
	(1) Block 2b	(2) Block 2a	(3) Block 2c	(4) Block 2d	(5) Block 2e	(6) Block 2f	(7) Block 2g	

12.3. SOHWP-C: Teledentistry

Provide information on the teledentistry education training particulars for the program offered by you. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

SOHWP-A	SOHWP-B	SOHWP-C	SOHWP- D	SOHWP-E	SOHWP-F	SOHWP-G

View Prior Period Data

* Add Teledentistry Program Details	
Number of Dental Facilities with Teledentistry Capabilities (Block 3)	3 digits
Number of Teledentistry Encounters Involving Patient Care (Block 4)	3 digits
Number of Teledentistry Sessions Involving Training (Block 5)	3 digits

12.4.   SOHWP-D: Prevention Services

Provide information on the types of community-based preventive services provided by your program in the table below. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.
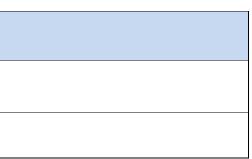
SOHWP-A	SOHWP-B	SOHWP- C	SOHWP-D	SOHWP-E	SOHWP-F	SOHWP-G

View Prior Period Data

* Community-Based Prevention Services Details	
Enter # of New Water Systems with Fluoridated Water (Block 6)	(text 3 digits)
Enter # of Replaced Water Systems with Fluoridated Water (Block 7)	(text 2 digits)
Enter Estimated # of Residents Served (Block 8)	(text 7 digits)
Enter # of Children Receiving Dental Sealants (Block 9)	(text 5 digits)
Enter # of Individuals Receiving Topical Fluoride (Block 10)	(text 5 digits)
Enter # of Individuals Receiving Diagnostic or Preventive Dental Services (Block 11)	(text 5 digits)
Enter # of Recipients of Oral Health Education (Block 12)	(text 5 digits)
Enter # of Individuals Receiving an Oral Screening	(text 5 digits)
Enter # of Individuals Receiving a Referral for Dental Services	(text 5 digits)
Enter # of Individuals Receiving any other Type of Preventive Services	(text 5 digits)

12.5. SOHWP-E: Promotional Events

In the table below, describe the programs that encourage children going into oral health and science professions. Select a promotional event in the dropdown list and click 'Add Record'. In the data table, provide particulars related to this promotional event. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

SOHWP-A	SOHWP-B	SOHWP- C	SOHWP-D	SOHWP-E	SOHWP-F	SOHWP-G

View Prior Period Data

* Add Type of Promotional Event	
Promotional Event	Multi select
Add Record	

No.	Type of Promotional Event	Enter # Promotional Events Held	Select Type(s) of Local Organizations Involved in Promotional Events	Enter Total # of Children Who Attended Promotional Events	Select Type(s) of Materials Created for Promotional Events	Option(s)
	(1) Block 13a	(2) Block 13b	(3) Block 13c	(4) Block 13d	(5) Block 13e	

12.6. SOHWP-F: State Dental Offices

Answer each question below for the reporting period. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen

| SOHWP-A | SOHWP-B | SOHWP- C | SOHWP-D | SOHWP-E | SOHWP-F | SOHWP-G |

View Prior Period Data

Select whether a new state dental office was created	Select whether a new state dental officer position was created	Enter # of new support staff members hired						Select whether staff members hired in a previous reporting period have been retained					
		Administrative	Dentists, Dental Hygienists, Oral Health Coordination	Fluoridation expert	Epidemiologist	Statistician	Other	Administrative	Dentist, Dental Hygienist Oral Health Coordination	Fluoridation expert	Epidemiologist	Statistician	Other
(1) Block 14	(2) Block 15	(3) Block 16	(4) Block 17	(5) Block 18	(6) Block 19	(7) Block 20	(8) Block 21	(9) Block 16a	(10) Block 17a	(11) Block 18a	(12) Block 19a	(13) Block 20a	(14) Block 21a

12.7. SOHWP-G: Other Activities

Describe activities conducted. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

SOHWP-A	SOHWP-B	SOHWP- C	SOHWP-D	SOHWP-E	SOHWP-F	SOHWP-G

View Prior Period Data

Policy (Block 22)	Multi-line text box (5000 chars)
Grants Contracts (Block 22)	Multi-line text box (5000 chars)
Strategic Efforts (Block 22)	Multi-line text box (5000 chars)
Partnerships (Block 22)	Multi-line text box (5000 chars)
Training (Block 22)	Multi-line text box (5000 chars)
Prevention Activity (Block 22)	Multi-line text box (5000 chars)
Workforce Development (Block 22)	Multi-line text box (5000 chars)
Direct Financial Support (Block 22)	Multi-line text box (5000 chars)
Other (Block 22)	Multi-line text box (5000 chars)

13. Faculty Development

13.1. Faculty Development – Setup

The Faculty development Setup form captures information about the specific types of faculty development activities conducted by grantees using BHW funds Please select the type(s) of faculty development activities supported that took place during the reporting period and were supported with BHW funds. Selections in this form will affect all subsequent faculty-related forms. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

> ⓘ **Note(s):**
> Selections in this form will affect all subsequent faculty-related forms.

View Prior Period Data

Faculty Development Activities	
Structured Faculty Development Training Program	☐
Faculty Development Activity	☐
Faculty-Student Research or Collaboration Project	☐
Faculty Instruction	☐
Faculty Recruitment Activities	☐
No faculty-related activities conducted	☐

13.2. FD-1a: Faculty Development - Structured Faculty Development Training Programs

The FD-1a subform captures general information about structured faculty development programs offered by grantees using BHW funds. Please complete this subform for each structured faculty development program offered during the reporting period and supported with BHW funds. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

FD-1a	FD-1b

View Prior Period Data

* Add Structured Faculty Development Program	
Program Name	Textbox (200 char)
Add Record	

No.	Record Status	Program Name	Select Program Status in the Current Reporting Period	Select Whether this was a Preceptor Training Program	Select Whether this was a Degree Bearing Program	For Degree-Bearing Programs			For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours	Enter the % of Time Spent Developing Competencies for the Following Roles				Enter # of Faculty Who Completed the Program	Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program	Was COVID-19 Telehealth Supplement Funding Used?	Option(s)
						Select Type of Degree Offered	Select Primary Focus Area Type	Select Primary Focus Area		Clinician	Administrator	Educator	Researcher				
		(1)	(1a)	(1b)	(2) Block 2	(3) Block 2a	(3a)	(4) Block 2b	(5) Block 3	(6) Block 5	(7) Block 5	(8) Block 5	(9) Block 5	(10) Block 6	(11) Block 7	(12)	

13.3. FD-1b: Faculty Development - Faculty Trained By Profession/Discipline

The FD-1b subform captures information about the profession and discipline of faculty who participated in a structured faculty development program that was offered by grantees using BHW funds. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

FD-1a	FD-1b

View Prior Period Data

* Add Training Program and Discipline	
Program Name	Only newly added programs from FD-1a will be populated in this single select dropdown box.
Select Profession and Discipline of Faculty Trained	Multi-Select
Add Record	

No.	Program Name	Select Profession and Discipline Type of Faculty Trained	Profession and Discipline of Faculty Trained	Enter # Trained in this Profession and Discipline	Was COVID-19 Telehealth Supplement Funding Used?	Option(s)
	(1)	(1a)	(2) Block 4	(3) Block 4	(4)	

13.4.   FD-2a: Faculty Development - Faculty Development Activities

The FD-2a subform captures general information about unstructured faculty development training activities offered by grantees using BHW funds. Please complete this subform for each faculty development activity offered during the reporting period and supported with BHW funds. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

FD-2a	FD-2b

View Prior Period Data

* Add Faculty Development Activities	
Activity Name	Textbox (200 char)
Add Record	

No.	Activity Name	Select Type of Faculty Development Activity Offered	For Courses or Workshops		Enter Duration of Training Activity in Clock Hours	Select Delivery Mode Used to Offer Training Activity	Select the Faculty Role(s) Addressed at Training Activity	Was COVID-19 Telehealth Supplement Funding Used?	Option(s)
			Select Whether Activity is Accredited for Continuing Education Credit	Select Whether Attendance was to Acquire or Maintain Professional Certification					
	(1)	(2) Block 8	(3) Block 8a	(4) Block 8b	(5) Block 9	(6) Block 10	(7)	(8)	

13.5.   FD-2b: Faculty Development - Faculty Trained By Profession/Discipline

The FD-2b subform captures information about the profession and discipline of faculty who participated in unstructured faculty development activities offered by grantees using BHW funds. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

FD-2a	FD-2b

View Prior Period Data

* Add Activity Name and Discipline	
Activity Name	Values populated from Activity Name col. in previous tab (single-select)
Select Profession and Discipline of Faculty Trained	Multi-Select
Add Record	

No.	Activity Name	Select Profession and Discipline Type of Faculty Trained	Profession and Discipline of Faculty Trained	Enter # Trained in this Profession and Discipline	Was COVID-19 Telehealth Supplement Funding Used?	Option(s)
	(1)	(1a)	(2) Block 12	(3) Block 12	(4)	

13.6. FD-3: Faculty Development - Faculty-Student Collaboration Projects

The FD-3 subform captures information about faculty-student collaborations that are supported by grantees using BHW funds. Please complete this subform for each faculty-student collaboration project supported during this reporting period. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

View Prior Period Data

* Add Collaboration Projects	
Project Name	Textbox (200 char)
Add Record	

No.	Record Status	Project Name	Select Project Status in the Current Reporting Period	Describe the Faculty-Student Project	Select the Purpose of the Project	Enter # of Faculty Members Involved in the Project		Enter # of Students Involved in the Project		Select whether any Faculty Received any type of BHW-Funded Financial Award	Select Type(s) of Vulnerable Population Studied at this site	Was COVID-19 Telehealth Supplement Funding Used?	Option(s)
						Total	URM	Total	URM				
		(1)	(1a)	(2) Block 13	(3) Block 13a	(4) Block 14	(5) Block 14a	(6) Block 15	(9)	(8) Block 16	(9)	(10)	

13.7.   FD-4a: Faculty Development - Faculty Instruction

The FD-4a subform captures information about the courses or trainings offered by faculty that receive direct financial support from a BHW grant. Please complete this subform for each course or workshop offered during this reporting period. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as 'Prior Records' under the column labeled "Record Status".

FD-4a	FD-4b

View Prior Period Data

* Add Courses/Workshops	
Enter the Name of the Course or Workshop Offered by the Faculty	Textbox (200 char)
Add Record	

No.	Record Status	Name of the Course or Workshop Offered by the Faculty	Select Whether the Course/Workshop was Offered in the Current Reporting Period	Select the Content Area Of the Course or Workshop	Enter the Length of the Course or Workshop in Clock Hours	Enter # of Times the Course or Workshop was Offered	Select the Delivery Mode Used to Offer the Course or Workshop	Option(s)
		(1) Block 17	(1a)	(2) Block 18	(3) Block 19	(4) Block 20	(5) Block 22	

13.8.   FD-4b: Faculty Development - Faculty Trained by Profession/Discipline

The FD-4b subform captures information about the profession and discipline of individuals who participated in courses or workshops offered by faculty receiving direct financial support from a BHW grant during the reporting period. Please complete this subform for each course or workshop listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

FD-4a	FD-4b

View Prior Period Data

* Add Profession/Discipline	
Name of the Course or Workshop Offered by the Faculty	Course/Workshop Name from FD-4a where Column 1a = 'Yes' (single-select)
Profession and Discipline of Individuals Trained	Multi-Select
Add Record	

No.	Name of the Course or Workshop Offered by the Faculty	Select Profession and Discipline Type of Individuals Trained	Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Option(s)
	(1) Block 17	(1a)	(2) Block 21	(3) Block 21	

13.9. FD-5: Faculty Development - Faculty Recruitment

Answer each question below for the reporting period. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

View Prior Period Data

* Faculty Recruitment Details	
Enter # of Faculty Recruited through the Program (Block 23a)	(text 3 digits)
Enter # of URM Faculty Recruited through the Program (Block 23b)	(text 3 digits)
Enter # of Faculty Positions Retained (Block 23c)	(text 3 digits)

13.10. FD-5: Faculty Development - Faculty Recruitment – T93 Only

Answer each question below for the reporting period. If you wish to view data that were submitted in the prior reporting period, click on the 'View Prior Period Data' link and a read-only version of your most recent prior performance report will pop-up in a new screen.

View Prior Period Data

* Faculty Recruitment Details	Individuals participating in both Loan Repayment and Faculty Development	Individuals Participating in Faculty Development Programs/Activities Only	Total
Enter # of Faculty Participants in the current reporting period	(text 7 digits)	(text 7 digits)	
Enter # of Faculty Recruited (new participants) in the current reporting period	(text 7 digits)	(text 7 digits)	
Enter # of Faculty Retained (existing participants) in the current reporting period	(text 7 digits)	(text 7 digits)	

14. CHGME Hospital Data

14.1. CHD-1: CHGME Hospital Data – Hospital Discharge Data

Please provide the requested general information and answer the lead question below. If your children's hospital has any residency program where at least one resident spent greater than or equal to 75% time under children's hospital supervision, please answer 'Yes' and complete the table below with hospital-level data. If not, please answer 'No', and click 'Save and Validate' to proceed to the next required form. If 'Yes' was answered, please provide the number of hospital discharges for the most recently completed academic year (July 1 – June 30) for each of the following payment groups. Include all Medicaid payments including Medicaid managed care and any other Medicaid payments under the Medicaid and/or CHIP category. Self-pay refers to patients who have made out-of-pocket payments for services. Uncompensated care means care for which the hospital receives no payment. Do not include lab services under Outpatient visits. Please refer to the instruction manual and/or contact your Government Project Officer if you have any questions about how to complete this form.
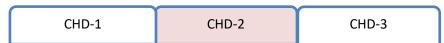
CHD-1	CHD-2	CHD-3

View Prior Period Data

General Information	
Medicare Provider Number	
* Year hospital first received funding	Text Box
* How many outside institutions send residents to your hospital?	Text Box

* Did any of your residency programs have at least one resident spending >= 75% under Children's Hospital Supervision? **Yes**   Yes (complete table below)   No (Click Save and Validate to proceed to the next form)

No.	Payor (1)	Enter # of Inpatient Discharges (2)	Enter # of Outpatient Visits (3)	Enter # of Emergency Department Visits (4)
1	Private Insurance			
2	Medicaid and/or CHIP			
3	Medicare			
4	Other Public (TRICARE, Indian Health Service)			
5	Self-Pay			
6	Uncompensated Care			
	Total			

14.2.   CHD-2: CHGME Hospital Data – Hospital Discharge and Safety Data

Please answer the lead question below. If your children's hospital has any patient safety initiatives in place during the most recently completed academic year, answer 'Yes' and proceed to complete this form. If not, please answer 'No' and click 'Save and Validate' to proceed to the next required form. If 'Yes' was answered, please select all patient safety initiatives your children's hospital utilized. You may add additional ones not listed. Please click 'Add Record' after each selection. Each selected initiative will form a line on the table. Then indicate whether your children's hospital utilized the selected initiatives in the most recently completed academic year (July 1 – June 30) and if any changes in the initiatives have occurred since the previous academic year. Also, please select all applicable reasons for the change and resulting benefits from any change(s) in the following columns. Please refer to the instruction manual and/or contact your Government Project Officer if you have any questions about how to complete this form.
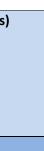
CHD-1	CHD-2	CHD-3

All fields with * are required

* Did your children's hospital have any patient safety initiatives in place in the most recently completed academic year? **Yes**	Yes (complete CHD-2)	No (Click Save and Validate to proceed to the next form)

View Prior Period Data

Add Patient Safety Initiative (add all that apply)
* **Patient Safety Initiative**	Single Select Dropdown Box **If Other, specify** [Text Box]

Add Record

No.	Patient Safety Initiative	Select Whether Initiative is Part of the Hospital's Patient Safety Program in Most Recent Academic Year	Select Whether the Hospital has made Changes in Initiative since the Previous Academic Year	Reasons for Change	Benefits of Initiative	Option(s)
	(1)	(2)	(3)	(4)	(5)	

14.3. CHD-3: CHGME Hospital Data – Hospital Discharge Data by Zip Code

Please complete the following steps to enter locality data identifying the number of hospital discharges by zip code. First, download the excel template to enter the required data (see link below; alternatively, you can contact your Government Project Officer to acquire this template). Note that the structure of the Excel template must not be altered (i.e., do not add/remove/edit/rearrange columns or column headers). Complete each row of data entry by reporting (a) each zip code used by your program and (b) the corresponding number of hospital discharges. If you are reporting an overseas zip code, use code "88888". If the zip code is unknown, enter "00000".

When you have completed data entry using the template, save your work to a local folder and follow the instructions to upload this file into BPMH (e.g., using the browse function to select your file from your local folder). Once your file has been uploaded, select the "Process Data" button, which will populate the table below with the data you entered into the excel template (i.e., zip codes and discharge counts). Next, select the "Save" button to automatically populate the city and state fields (based on the zip codes you have provided) and run the form validations. Errors in editable fields will be identified with a "Row" number and can be corrected either (a) within the BMPH system or (b) corrected in the original excel template and then re-uploaded. (Note- once uploaded into BMPH, template data cannot be downloaded back into an Excel format). After you have verified that all data are present and accurate, select the Save/Validate button to proceed to the next subform. Please refer to the instruction manual and/or contact your Government Project Officer if you have any questions about how to complete this form.

CHD-1	CHD-2	CHD-3

View Prior Period Data

Fields with * are required

[Download Template]

▼ Upload Discharge Data (Maximum 1)   [Max 1 Allowed]

Document Name	Size	Date Attached	Description	Options
Discharges By Zip - Upload.xls	74 kB	07/14/2021		Update Description ▼

[Process Data]

(Click the 'Process Data' button to view the excel file data on the screen)

No.	Record Status	Zip Code	City	State	Number of Inpatient Discharges	Option(s)
		(1)	(2)	(3)	(4)	

15. PCC: Program Curriculum Changes

Please list all courses and training activities implemented by your residency or fellowship program as part of its training/curriculum in the most recent academic year. Be sure to list all courses and training activities related to quality improvement and measurement, cultural competency, primary care, underserved populations, oral health, community health, diversity, etc. You do not need to list standard curriculum mandated for accreditation unless it falls into a category mentioned above. For all identified training activities/curriculum, indicate whether the topic was newly developed or enhanced since the previous year, select the standard topic area, and delivery mode. Also, please select the training sites where the curriculum was implemented from the list you indicated on the EXP form.

View Prior Period Data

Fields with * are required

Download Template

▼ Upload Course/Training Activities Data (Maximum 1)   Max 1 Allowed

Document Name	Size	Date Attached	Description	Options
PCC_Template.xls	107 kB	07/27/2021		Update Description ▼

Process Data

(Click the 'Process Data' button to view the excel file data on the screen)

View Prior Period Data

No.	Record Status	Select Residency Program Name	Enter the Name of Course or Training Activity	Select Type of Course or Training Activity	Select whether Course or Training Activity was Newly Developed or Enhanced	Select Primary Topic Area	Select Topics in Quality Improvement and Measurement	Enter the Curriculum the Course or Training Activity is Associated With	Select Delivery Mode Used to Offer this Course or Training Activity	Option(s)
		(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5)	(6)	(7) Block 5	(8) Block 6	