

Program Specific Data Forms

Fields marked with an asterisk (*) are required

Fields marked with an asterisk (**) are optional

Note: When it comes to reporting the data from academic partners, the applicant may (1) each partner into the system separately and have the system aggregate the data for them or (2) create their own spreadsheet (or other means) to summarize the information, then input it into the system.

****Automatically tabulated**

Select Degrees/Certificates for Trainees/Students
 (drop-down with multiple options
 Allowed)

A. STUDENTS/TRAINEEs BY GENDER (DEGREE/CERTIFICATION: _____)

***STUDENTS/TRAINEEs IN YOUR PROGRAM FOR THE THREE PREVIOUS CONSECUTIVE ACADEMIC YEARS AND THEIR GENDER**

Students/Trainees By Gender

Number of Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Students/Trainees Enrolled for Academic Year [INSERT YEAR]
a. Female			
b. Male			
c. Not Provided			
**Subtotal			

B. STUDENTS/TRAINEEs BY RACE AND ETHNICITY (DEGREE/CERTIFICATION: _____)

***STUDENTS/TRAINEEs IN YOUR PROGRAM FOR THE THREE PREVIOUS CONSECUTIVE ACADEMIC YEARS AND THEIR RACIAL/ETHNIC BACKGROUNDS**

1. Hispanic or Latino Students/Trainees

Did your program have students/trainees of "Hispanic or Latino Ethnicity"? Yes No

Hispanic or Latino Students/Trainees by Race	Number of Hispanic or Latino Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Hispanic or Latino Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Hispanic or Latino Students/Trainees Enrolled for Academic Year [INSERT YEAR]
a. American Indian/ Alaskan Native			
b. Black or African American			

c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			
f. More Than One Race			
g. Race Not Reported			
**Sub Total			

2. Non-Hispanic or Non-Latino Students/Trainees

Non-Hispanic or Non-Latino Students/Trainees byRace	Number of Non-Hispanic or Non-Latino Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Non-Hispanic or Non-Latino Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Non-Hispanic or Non-Latino Students/Trainees Enrolled for Academic Year [INSERT YEAR]
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			
f. More Than One Race			
g. Race Not Reported			
**Sub Total			

3. Ethnicity Not reported for Students/Trainees

Ethnicity NOT REPORTED Students/Trainees byRace	Number of Enrolled Students/Trainees Ethnicity NOT REPORTED for Academic Year [INSERT YEAR]	Number of Enrolled Students/Trainees Ethnicity NOT REPORTED for Academic Year [INSERT YEAR]	Number of Enrolled Students/Trainees Ethnicity NOT REPORTED for Academic Year [INSERT YEAR]
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			

f. More Than One Race			
g. Race Not Reported			
***Sub Total			

C. CLASS ENROLLMENT INFORMATION (DEGREE/CERTIFICATION: _____)

*** TOTAL CLASS ENROLLMENT AND DISADVANTAGED BACKGROUND ENROLLMENT BY CLASS YEAR FOR STUDENTS/TRAINEEES IN YOUR PROGRAM FOR THE THREE PREVIOUS CONSECUTIVE ACADEMIC YEARS**

Class Year	Total Class Enrollment			Total Disadvantaged Background Enrollment		
	Academic Year	Academic Year	Academic Year	Academic Year	Academic Year	Academic Year
	[ENTER ACADEMIC YEAR]	[ENTER ACADEMIC YEAR]	[ENTER ACADEMIC YEAR]	[ENTER ACADEMIC YEAR]	[ENTER ACADEMIC YEAR]	[ENTER ACADEMIC YEAR]
*Total						

D. GRADUATES/COMPLETERS INFORMATION

*** TOTAL GRADUATES/COMPLETERS AND DISADVANTAGED BACKGROUND GRADUATES/COMPLETERS FOR THE PREVIOUS THREE CONSECUTIVE ACADEMIC YEARS**

	Academic Year [ENTER ACADEMIC YEAR]	Academic Year [ENTER ACADEMIC YEAR]	Academic Year [ENTER ACADEMIC YEAR]
Total graduates/completers			
Disadvantaged background graduates/completers			

*** GRADUATES/COMPLETERS FROM YOUR PROGRAM SERVING IN PRIMARY CARE, MEDICALLY UNDERSERVED AND RURAL COMMUNITIES FOR THE PREVIOUS THREE CONSECUTIVE ACADEMIC YEARS**

Primary Care

	[ENTER ACADEMIC YEAR]	[ENTER ACADEMIC YEAR]	[ENTER ACADEMIC YEAR]
Of the graduates/completers, enter the number of graduates/completers serving in primary care			

Medically Underserved Communities

	[Enter Academic Year]	[Enter Academic Year]	[Enter Academic Year]
Of the graduates/completers in primary care, enter the number of graduates practicing/working in medically underserved communities.			

Rural Communities			
	[Enter Academic Year]	[Enter Academic Year]	[Enter Academic Year]
Of the graduates/completers in primary care, enter the number of graduates practicing/working in rural communities.			
Select Health Workforce Occupations for Graduates/Completers (drop-down with multiple options Allowed)	<div style="border: 2px solid red; background-color: yellow; width: 100%; height: 20px;"></div>		

E. COMMUNITY COLLEGE	
*COMMUNITY COLLEGE QUESTION	
Is your entity a community college?	Yes No

F. RECRUITMENT AND RETENTION	
*RECRUITMENT AND RETENTION ELIGIBILITY	
Is your entity currently carrying out a program to recruit and retain students/trainees from disadvantaged backgrounds? Note: The applicant must provide their recruitment and retention plan with the Standardized Work Plan (SWP) plan.	Yes No
Please indicate the data sources used to determine areas targeted for recruitment of students/trainees from disadvantaged backgrounds.	<input type="checkbox"/> Health Professional Shortage Area (HPSA) <input type="checkbox"/> Medically Underserved Areas/Populations (MUA/P) <input type="checkbox"/> Other: _____
Is your entity currently carrying out a program to recruit and retain students/trainees from rural communities?	Yes No
Please indicate the data sources used to determine areas targeted for recruitment of students/trainees from rural communities.	<input type="checkbox"/> Health Professional Shortage Area (HPSA) <input type="checkbox"/> Medically Underserved Areas/Populations (MUA/P) <input type="checkbox"/> Other: _____

FACULTY QUESTIONS ARE ONLY FOR PROGRAMS WITH A FACULTY COMPONENT/FOCUS

****Indicates automatic tabulation**

G. FACULTY			
FACULTY BY TENURE STATUS, GENDER, RACE AND ETHNICITY			
1. *Total Number of Faculty			
Enter Total Number of Faculty: ____			
Enter Total Number of Tenured Faculty: ____			
2a. Faculty by Gender			
Total Faculty by Gender	Number of Faculty Academic Year [INSERT YEAR]	Number of Faculty Academic Year [INSERT YEAR]	Number of Faculty Academic Year [INSERT YEAR]
a. Female			
b. Male			
c. Not Provided			
**Subtotal			
2b. Tenured Faculty by Gender			
Tenured Faculty by Gender	Number of Tenured Faculty Academic Year [INSERT YEAR]	Number of Tenured Faculty Academic Year [INSERT YEAR]	Number of Tenured Faculty Academic Year [INSERT YEAR]
a. Female			
b. Male			
c. Not Provided			
**Subtotal			
3a. Faculty by Race			
Total Faculty by Race	Number of Faculty for Academic Year: [YEAR]	Number of Faculty Academic Year: [ENTER]	Number of Faculty Academic Year: [ENTER]
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			

e. White			
f. More Than One Race			
g. Race Not Reported			
**Total			

3b. Tenured Faculty by Race

Tenured Faculty by Race	Number of Tenured Faculty for Academic Year: [YEAR]	Number of Tenured Faculty Academic Year: [ENTER]	Number of Tenured Faculty Academic Year: [ENTER]
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			
f. More Than One Race			
g. Race Not Reported			
**Subtotal			

4. Faculty by Ethnicity

* Did your program have faculty members of "Hispanic or Latino Ethnicity"?

Yes No

* Did your program have faculty members that did not report their ethnicity?

Yes No

4a. Total Number of Hispanic or Latino Faculty

Total Number of Hispanic or Latino Faculty	Total Number of Hispanic or Latino Ethnicity Faculty for Academic Year: [YEAR]	Total Number of Hispanic or Latino Ethnicity Faculty Academic Year: [ENTER]	Total Number of Hispanic or Latino Ethnicity Faculty Academic Year: [ENTER]
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			

f. More Than One Race			
g. Race Not Reported			
**Sub Total			
4b. Total Number of Hispanic or Latino Faculty			
Hispanic or Latino Tenured Faculty by Race	Number of Tenured Hispanic or Latino Ethnicity Faculty for Academic Year: [YEAR]	Number of Tenured Hispanic or Latino Ethnicity Faculty Academic Year: [ENTER]	Number of Tenured Hispanic or Latino Ethnicity Faculty Academic Year: [ENTER]
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			
f. More Than One Race			
g. Race Not Reported			
**Sub Total			
4c. Non-Hispanic or Non-Latino Tenured Faculty			
Non-Hispanic or Non-Latino Tenured Faculty	Number of Tenured Non-Hispanic or Non-Latino Faculty Academic Year: [ENTER]	Number of Tenured Non-Hispanic or Non-Latino Faculty Academic Year: [ENTER]	Number of Tenured Non-Hispanic or Non-Latino Faculty Academic Year: [ENTER]
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			
f. More Than One Race			
g. Race Not Reported			
**Sub Total			

4d. Ethnicity Not Reported Tenured Faculty			
Ethnicity Not Reported	Number of Tenured Faculty Ethnicity Not Reported Academic Year: [ENTER]	Number of Tenured Faculty Ethnicity Not Reported Academic Year: [ENTER]	Number of Tenured Faculty Ethnicity Not Reported Academic Year: [ENTER]
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			
f. More Than One Race			
g. Race Not Reported			
**Sub Total			

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. If this information collection includes information protected by any form of confidentiality then explain this confidentiality and cite the authority. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.