### OMB No. 0906-0086, Exp. Date 03/31/2027

**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 0906-0086 and it is valid until 03/31/2027. 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). The information will be kept private to the extent permitted by law (see 42 USC 292 et seq). Public reporting burden for this collection of information is estimated to average 3.2 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 14N39, Rockville, Maryland, 20857 or [paperwork@hrsa.gov.](mailto:paperwork@hrsa.gov)

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# 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.



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 |

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| **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 |

# 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".



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

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| **\* 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) Fellowship program  One-year retraining program (1 yr. Retraining)  Non-degree structured training program (Structured) Practicum/Field Placement program  Residency program Internship Program  Non-degree unstructured training program (Unstructured) Residency - Accredited Rural Training Track  Residency - Rural Area Residency - Rural Rotation  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 | | | |
| **Select Delivery Mode Used to Offer Program** |  | Single Select |  | |
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| **Add Record** | | | | |

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| **No.** | **Record Status** | **Training Program (1)** | **Select Training Activity Status in the Current Reporting Period**  **(2)** | **Option(s)** |
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# PC: Program Characteristics

## 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".



The PC-1 subform collects information specific to Degree/Diploma/Certificate Training Programs only.

PC-1

PC-2

PC-3

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View Prior Period Data

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| **No.** | **Record Status** | **Type of Training Program** | **Type of Degree Offered** | **Primary Focus Area** | **Select Delivery Mode Used to Offer Program** | **Select the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using BHW**  **Funding** | **Select Types of Partner Organizations for the Primary Purpose** | **Select Secondary Purpose(s) of the Grant Partnership(s)** | **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** | **(5a)** | **(5b)** | **(5c)** | **(6b)** | **(6c)** | **(6d)** |
|  |  |  |  |  |  |  |  |  |  |  |  |

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| **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** |
|  |  |  |  |  |  |  |

## 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".



The PC-2 subform collects information specific to Non-degree bearing Unstructured Training Programs only.

PC-1

PC-2

PC-3

PC-4

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View Prior Period Data

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| **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 the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using BHW Funding** | **Select Types of Partner Organizations for the Primary**  **Purpose** | **Select Secondary Purpose(s) of the Grant**  **Partnership(s)** | **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** | **(5a)** | **(5b)** | **(5c)** | **(6a)** | **(7)** |
|  |  |  |  |  |  |  |  |  |  |  |  |

## 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".



The PC-3 subform collects information specific to Non-degree bearing Structured Training Programs only.

PC-1

PC-2

PC-3

PC-4

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View Prior Period Data

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| **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 the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using BHW Funding** | **Select Types of Partner Organizations for the Primary Purpose** | **Select Secondary Purpose(s) of the Grant Partnership(s)** | **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** | **(8a)** | **(8b)** | **(8c)** | **(9a)** | **(10)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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".



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

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| **No.** | **Record Status** | **Type of Training Program** | **Primary Discipline of Individuals Trained** | **Select the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using BHW Funding** | **Select Types of Partner Organizations for the Primary Purpose** | **Select Secondary Purpose(s) of the Grant Partnership(s)** | **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** | **(3a)** | **(3b)** | **(3c)** | **(4)**  **Block 3** | **(5)**  **Block 3a** | **(6)**  **Block 3b** | **(7)**  **Block 8** | **(8)**  **Block 8a** | **(9)**  **Block 9** | **(10)**  **Block 9a** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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".



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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Record Status** | **Type of Training Program** | **Primary Discipline of Individuals Trained** | **Select the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using BHW Funding** | **Select Types of Partner Organizations for the Primary Purpose** | **Select Secondary Purpose(s) of the Grant Partnership(s)** | **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** | **(3a)** | **(3b)** | **(3c)** | **(4)**  **Block 3** | **(5)**  **Block 3a** | **(6)**  **Block 3b** | **(7)**  **Block 8** | **(8)**  **Block 8a** | **(9)**  **Block 9** | **(10)**  **Block 9a** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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".



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 the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using**  **BHW Funding** | **Select Types of Partner Organizations for the Primary Purpose** | **Select Secondary Purpose(s) of the Grant Partnership(s)** | **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** | **(2a)** | **(2b)** | **(2c)** | **(3a)** | **(3b)** | **(4)**  **Block 3** | **(5)**  **Block 3a** | **(6)**  **Block 3b** | **(7)**  **Block 8** | **(8)**  **Block 8a** | **(9)**  **Block 9** | **(10)**  **Block 9a** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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: 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 the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using BHW Funding** | **Select Types of Partner Organizations for the Primary Purpose** | **Select Secondary Purpose(s) of the Grant Partnership(s)** | **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** | **(2a)** | **(2b)** | **(2c)** | **(3a)** | **(3b)** | **(4)**  **Block 3** | **(5)**  **Block 3a** | **(6)**  **Block 3b** | **(7)**  **Block 8** | **(8)**  **Block 8a** | **(9)**  **Block 9** | **(10)**  **Block 9a** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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".



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 the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using**  **BHW Funding** | **Select Types of Partner Organizations for the Primary Purpose** | **Select Secondary Purpose(s) of the Grant Partnership(s)** | **Select Type of Community- based Collaborator(s)** | **Select Primary Discipline of Collaborative Training Program** |
|  |  | **(1)**  **Block 1** | **(2)**  **Block 1l** | **(3)**  **Block 1m** | **(3a)**  **Block 2** | **(3b)** | **(3c)** | **(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** |
| **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)** |
|  |  |  |  |  |  |  |  |

## 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".



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)** |  |
|  |  |  |  |  |  |  |  |  |  |

## 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 the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using BHW**  **Funding** | **Select Types of Partner Organizations for the Primary Purpose** | **Select Secondary Purpose(s) of the Grant Partnership(s)** | **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)** | **(3a)** | **(3b)** | **(3c)** | **(4)** | **(5)** | **(6)** | **(7)** | **(8)** | **(9)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

# LR-1: Legislatively Required

## 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 |

## LR-2: Trainees by Age & Sex

The LR-2 form captures aggregate-level information about the age groups and sex 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** | **Sex: Male** | | | | | | | **Sex: 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Record Status** | **Type of Training Program** | **Age Group of Trainees** | **~~Gender: Transgender Nonbinary or Another Gender~~** | | | | | | | **Sex: 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~~** | **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)~~** | **(19)** | **(19a)** | **(19b)** | **(19c)** | **(19d)** | **(19e)** | **(19f)** | **(20)** |
| 1 | Prior  Record |  | 19 and Under |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ongoing |
| 2 | Prior  Record |  | 20 – 29 years |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ongoing |
| 3 | Prior  Record |  | 30 – 39 years |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ongoing |
| 4 | Prior  Record |  | 40 – 49 years |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ongoing |
| 5 | Prior Record |  | 50 – 59 years |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ongoing |
| 6 | Prior  Record |  | 60 and Over |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ongoing |
| 7 | Prior  Record |  | Age Not Reported |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ongoing |
| 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 |

## 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  | Complete |
| 2 | Prior Record |  | Asian |  |  |  |  |  |  |  | Complete |
| 3 | Prior Record |  | Black or African American |  |  |  |  |  |  |  | Complete |
| 4 | Prior Record |  | Native Hawaiian or Pacific Islander |  |  |  |  |  |  |  | Complete |
| 5 | Prior Record |  | White |  |  |  |  |  |  |  | Complete |
| 6 | Prior Record |  | More than one Race |  |  |  |  |  |  |  | Complete |
| 7 | Prior Record |  | Race Not Reported |  |  |  |  |  |  |  | Complete |
| 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 |

## 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)** |
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## 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)** |
|  |  |  |  |  |  |  |  |  |  |  |

# 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".



(click Save and Validate button to proceed to the next form)

**No**

(complete IND-GEN)

**Yes**

\* Do you have either a) new trainees OR b) updates to provide for trainees from a previous reporting period? **Yes**

View Prior Period Data

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Record Status** | **Type of Training Program** | **Trainee Unique ID** | **NPI**  **Number** | **Select Whether T9C Funding Was Used for Resident or Fellow** | **Select Individual's Training or Awardee Category** | **Select Whether Individual is an International Medical Graduate (IMG)** | **Select Highest Degree Held by Individual** | **Select Residency/Degree Already Completed by Individual** | **Select Individual's Enrollment / Employment Status** | **Select Individual's Sex** | **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)** | **(2b)** | **(3)**  **Block 2** | **(3a)** | **(3b)** | **(3c)** | **(4)**  **Block 3** | **(5a)** | **(6a)** | **(7)**  **Block 6** | **(8)**  **Block 7** | **(9)**  **Block 8** | **(10)**  **Block 9** | **(11)**  **Block 10** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Profession** | **Select Individual's Primary Discipline/Specialty** | **Select Individual's Specialty** | **Training in Interprofessional Education and/or Practice** | | **Enter Total # of Patients Treated during Academic Year** | **Training in a Telehealth** | | | **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)** | **(26d)** | **(27aa)** | **(27a)** | **(27b)** | **(27c)** | **(27d)** | **(27e)** | **(27f)** | **(28)**  **Block 17** | **(29)**  **Block 17a** | **(30)**  **Block 17b** |
|  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) Block 19** | **(34ab) Block 19** | **(34ac)** | **(34a)** | **(34b)** |
|  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Select Any Key Services Provided by Individual** | **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** | **Select Competencies the Individual is Highly Ready to Perform** | **Select Factors Individual was Highly Satisfied with** |
| **(34c)** | **(35)**  **Block 20** | **(36)**  **Block 21** | **(36a)** | **(37)**  **Block 22** | **(38)**  **Block 22a** | **(38a)** | **(38b)** | **(38c)** | **(38d)** | **(38e)** | **(38f)** | **(39)**  **Block 22b** | **(39a)** | **(39b)** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** |
| **(40)**  **Block 24a** | **(41)**  **Block 24b** | **(42)**  **Block 24c** | **(43)**  **Block 24d** | **(44)**  **Block 25** | **(45)**  **Block 26** | **(45a)**  **Block 26** | **(45b)**  **Block 26** | **(46)**  **Block 27** | **(47)**  **Block 27** | **(48)**  **Block27** | **(49)**  **Block 27** |
|  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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?** | **Select Whether Your Organization Hired this Individual** | **Select Whether a Partner Organization Hired this Individual** | **Select Whether Program Sponsoring Employer Hired the Apprentice After the Apprenticeship** | **Hired Hourly Wage** | **Enter Zip Code** | **Enter City** | **Enter State** | **Select Type of Employment** | **Select Individual’s Employment Location Settings** | **Select Individual’s Primary Role at Employment Setting** | **Select Individual's Other Role(s) at Employment Setting** | **Select Type(s) of Vulnerable Populations Served at Employment Setting** |
| **(50)**  **Block 28** | **(51)**  **Blocks 29-31** | **(52)**  **Block 32** | **(53)**  **Block 32a** | **(54)**  **Block 33** | **(55)**  **Block 33a** | **(56)** | **(56a)** | **(56b)** | **(56c)** | **(56d)** | **(57)** | **(58)** | **(59)** | **(60)** | **(61)** | **(62)** | **(63)** | **(64)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Medication Assisted Treatment (MAT) Services Provided by**  **Individual** | **Select If Individual Holds a Substance Use Disorder License or Certificate** | **Select Primary Site Name** | **Select Other Site Name(s)** |
| **(80)** | **(81)** | **(82)** | **(84)** | **(85)** | **(86)** | **(88)** | **(89)** | **(91)** | **(92)** |
|  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Apprenticeship Data** | | | | | | | | | | | | | | | | **Options** |
| **Select Apprenticeship Program Status** | **Program Entry Date for Apprenticeship Participant** | **Program Exit Date for Apprenticeship Participant** | **Employment Status at Apprenticeship Entry** | **Hourly Wage At Apprenticeship Entry** | **Select Apprentice Role(s) at Site** | **Select Skills the Apprentice is Developing** | **Select Support Received During Apprenticeship** | **Apprenticeship Minimum Term Length** | **Total Number of Apprenticeship Training Hours** | **Apprenticeship Street** | **Apprenticeship City** | **Apprenticeship State** | **Apprenticeship Zip Code** | **Type of Credential Attained During Or At Apprenticeship Exit** | **Hourly Wage At Apprenticeship Exit** |  |
| **(93)** | **(94)** | **(95)** | **(96)** | **(97)** | **(98)** | **(99)** | **(100)** | **(101)** | **(102)** | **(103)** | **(104)** | **(105)** | **(106)** | **(107)** | **(108)** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# 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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Sex** | **Enter Year of Birth** | **Select Individual's Ethnicity** | **Select Individual's Race** | **Select Whether Individual is from a Rural Residential Background** |
| **(1)** | **(2)**  **Block 1** | **(2a)** | **(3)**  **Block 2** | **(4)**  **Block 3** | **(5a)**  **Block 4** | **(6a)** | **(7)**  **Block 6** | **(8)**  **Block 7** | **(9)**  **Block 8** |
|  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Select Whether Individual is from a Disadvantaged Background** | **Select Degree Earned** | **Select Individual's Post- Graduation/ Completion Intentions** | **Enter Zip Code** | **Select Type of Employment** | **Select Individual's Employment Location Settings** | **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 PY** | **Select Whether a Partner Organization Hired this Individual PY** | **Select Employment Location PY** | **Enter Zip Code PY** | **City PY** | **State PY** | **Select Whether individual is Enrolled in Medicaid/CHIP Program** | **Select Whether individual is Accepting new Medicaid/CHIP Patients** | **Select Individual’s Primary Role at Employment Setting PY** | **Select Individual's Other Role(s) at Employment Setting PY** |
| **(10)**  **Block 9** | **(11)**  **Block 22a** | **(12)**  **Block 22b** | **(12a)** | **(12b)** | **(12c)** | **(13)**  **Block 23** | **(14)**  **Block 23a** | **(15)**  **Block 23b** | **(16)** | **(17)** | **(18)** | **(18a)** | **(18b)** | **(18c)** | **(19)** | **(20)** | **(21)** | **(22)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# EXP: Experiential Characteristics

## 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 the Primary Purpose of the Grant Partnership(s) Developed or Enhanced using BHW Funding** | **Select Types of Partner Organizations for the Primary Purpose** | **Select Secondary Purpose(s) of the Grant Partnership(s)** | **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** |
| **(1)**  **Block 1** | **(2)** | **(3)**  **Block 1a** | **(4)**  **Block 2** | **(5a)** | **(5b)** | **(5c)** | **(6)** | **(7)** | **(7a)** | **(7b)** | **(8)** | **(9)** | **(10)** | **(11)** | **(12)** | **(13)** | **(14)** | **(15)** | **(16)** | **(17)** | **(18)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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.

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EXP-1

EXP-2

EXP-3

View Prior Period Data

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Type of Training Program** | **Site Name** | **Select Profession and Discipline of Individuals Trained** | **Select Discipline/Specialty 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** |
| **(1)** | **(2)**  **Block 1** | **(3)** | **(3a)** | **(4)**  **Block 3** | **(5)**  **Block 8** | **(6)** | **(7)** |
|  |  |  |  |  |  |  |  |  |

## 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 of Team Members** | **Select Discipline/Specialty 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** |
|  | **(1)** | **(2)**  **Block 1** | **(3)**  **Block 7b** | **(4)** | **(4a)** | **(5)**  **Block 7b** | **(6)** | **(7)** |
|  |  |  |  |  |  |  |  |  |

# 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)** |

# CDE: Course and Training Activity Development and Enhancement

## 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".



(Click Save and Validate to proceed to the next form)

**No**

(complete CDE-1 and CDE-2)

**Yes**

\* 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**

CDE-2

CDE-1

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 Supplement Funding Used?** | **Select Status of Development or Enhancements Prior Year** | **Option(s)** |
| **(1)**  **Block 1** | **(2)**  **Block 2** | **(3)**  **Block 3** | **(4)**  **Block 4** | **(7a)** | **(8)**  **Block 6** | **(11)** | **(12)** | **(13)** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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’ |
| **Select Profession of Individuals Trained** | **(Multi-Select)** |
| **Select Discipline/Speciality of Individuals Trained** | **(Multi-Select)** |
| **Add Record** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name of Course or Training Activity** | **Profession and Discipline of Individuals Trained** | **Select Discipline/Specialty 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 Supplement Funding Used?** | **Option(s)** |
|  | **(1)**  **Block 1** | **(2)** | **(2a)** | **(3)**  **Block 7** | **(4)**  **Block 2** | **(5)**  **Block 3** | **(6)** | **(7)**  **Block 6** | **(8)** | **(9)** | **(10)** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

# CE: Continuing Education

## 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".



CE-1

CE-2

\* Did you use BHW funds to support one or more continuing education

offerings **Yes**

(Click Save and Validate to proceed to the next form)

**No**

(complete CE-1 and CE-2)

**Yes**

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.

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 Supplement Funding Used?** | **Option(s)** |
| **(12)**  **Block 11** | **(13)**  **Block 12** | **(14)**  **Block 13** | **(15)**  **Block 14** | **(16)** |  |
|  |  |  |  |  |  |

## 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.



CE-1

CE-2

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.

View Prior Period Data

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

# NA: Needs Assessment

## 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** |  |
|  |  |  |  |

## 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** |  |
|  |  |  |  |  |  |  |  |

## 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** |  |
|  |  |  |  |

# State Oral Health Workforce

## 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



(proceed to the next form)

**No**

(complete table below)

**Yes**

\* Did your program establish new dental facilities in a HPSA/Underserved area (Block 1)

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** |  |
|  |  |  |  |  |  |  |

## 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



(proceed to the next form)

**No**

(complete table below)

**Yes**

\* Did your program expand existing dental facilities in a HPSA/Underserved area (Block 2)

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** |  |
|  |  |  |  |  |  |  |  |  |

## 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 |

## 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) |

## 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** |  |
|  |  |  |  |  |  |  |

## 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** | **Administra tive** | **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** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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)** |

# Faculty Development

## 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.



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 | □ |

## 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-1b

FD-1a

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 Supplement Funding Used?** | **Option(s)** |
| **Select Type of Degree Offered** | **Select Primary Focus Area** |
| **Clinician** | **Administrator** | **Educator** | **Researcher** |
| **(1)** | **(1a)** | **(1b)** | **(2)**  **Block 2** | **(3)**  **Block 2a** | **(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)** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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-1b

FD-1a

Fields with **\*** are required

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 of Faculty Trained** | Multi-Select |
| **Select Discipline/Speciality of Faculty Trained** | Multi-Select |
| **Add Record** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Program Name** | **Profession and Discipline of Faculty Trained** | **Select Discipline/Specialty of Faculty Trained** | **Enter # Trained in this Profession and Discipline** | **Option(s)** |
| **(1)** | **(2)**  **Block 4** | **(2a)** | **(3)**  **Block 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 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)** |  |
|  |  |  |  |  |  |  |  |  |  |

## 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 Fields with \*are required

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Activity Name** | **Select Profession of Faculty Trained** | **Select Discipline/Specialty of Faculty Trained** | **Enter # Trained in this Profession and Discipline** | **Option(s)** |
| **(1)** | **(2)** | **(2a)** | **(3)**  **Block 12** |  |
|  |  |  |  |  |  |

## 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 in this Project** | **Was 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** | **(7)** | **(8)**  **Block 16** | **(9)** | **(10)** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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** |  |
|  |  |  |  |  |  |  |  |  |

## 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) |
| **Select Profession of Individuals Trained** | Multi-Select |
| **Select Discipline/Specialty of Individuals Trained** | Multi-Select |
| **Add Record** | |

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

## 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) |

## 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) |  |

## FD-5: Faculty Development - Faculty Recruitment – U3M 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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Profession** | **Number Employed at Start of Project Year** | **Number of Positions Recruited for** | **Number of New Staff Hired** | **Number that Left the Organization** | **Number of Employees that Participated in the Program** | **Number of Employees that Left the Program** | **Number of Employees that Participated in the Program and Left the**  **Organization** | **Number of Employees that Did Not Participate in the Program and Left**  **the Organization** |
| **Nurses** |  |  |  |  |  |  |  |  |
| **Physicians** |  |  |  |  |  |  |  |  |
| **Physician Assistants** |  |  |  |  |  |  |  |  |
| **Behavioral Health Providers** |  |  |  |  |  |  |  |  |
| **Other Medical Staff** |  |  |  |  |  |  |  |  |
| **Non-Medical Staff** |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

# CHGME Hospital Data

## 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** | |  |  | |  |

## 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

View Prior Period Data

Fields with \* are required



(Click Save and Validate to proceed to the next form)

**No**

(complete CHD-2)

**Yes**

\* Did your children’s hospital have any patient safety initiatives in place in the most recently completed academic year? **Yes**

|  |  |
| --- | --- |
| **\* 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)** |  |
|  |  |  |  |  |  |  |

## 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

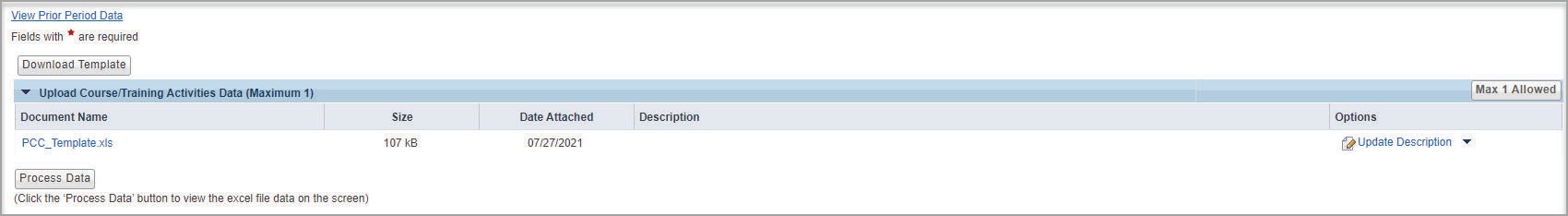
CHD-2

CHD-3

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

# 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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

# State Primary Care Offices

## PCO-1: State Primary Care Offices – Number of Forms Submitted

Please provide the total number of NHSC site application and recertification forms submitted by the State Primary Care Office to the NHSC.

|  |  |
| --- | --- |
| **\*Number of Forms Submitted** | |
| Total number of NHSC Site Application and Recertification recommendation forms submitted by the State Primary Care Office to the NHSC |  |
| Total number of NHSC Site Application and Recertification recommendation forms submitted by the State Primary Care Office to the NHSC within 21 calendar days (15 business days) |  |

## PCO-2: State Primary Care Offices – OP Impact on Health Professional Shortage Areas

Please complete the following steps to enter the OP impact on HPSAs.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **HPSA Name** | **HPSA ID#** | **OP NPI#** | **State OP Placements by Specialty**  **per HPSA** | **If Other Specialty, specify** | **State OP hours per week in**  **direct patient care** | **State OP Program**  **Sponsor** | **If Other Program, specify** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** | **(8)** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |

## PCO-3a: State Primary Care Offices – Type of Clients Who Received Technical Assistance

Please enter the type of clients who received technical assistance.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Clients Who Received Technical Assistance**  **(1)** | **NHSC**  **(2)** | **Expansion**  **(3)** | **Data Sharing**  **(4)** | **Designation**  **(5)** | **Needs Assessment**  **(6)** | **Other Technical Assistance Type** | |
| **Clients Specify**  **(7) (8)** | | | | | | | |
| Community |  |  |  |  |  |  |  |
| Provider |  |  |  |  |  |  |  |
| J1-Waiver |  |  |  |  |  |  |  |
| Community Health Center |  |  |  |  |  |  |  |
| Health Department |  |  |  |  |  |  |  |
| State Agency |  |  |  |  |  |  |  |
| Office of Regional Operations |  |  |  |  |  |  |  |
| Medicaid |  |  |  |  |  |  |  |
| Primary Care Association |  |  |  |  |  |  |  |
| State Loan Repayment Program |  |  |  |  |  |  |  |
| Rural Health Clinic |  |  |  |  |  |  |  |
| NHSC |  |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

## PCO-3b: State Primary Care Offices – Groups Receiving Technical Assistance

Please enter the groups receiving technical assistance.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date of Event** | **Name of Outreach Event** | **Define Audience Reached** | **If Multiple or Other Audience,**  **Specify** | **Total #’s Reached at Each**  **Outreach Event** | **Describe Audience Reached** | **Option(s)** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |