

# A-TrACC Field Guide Suggestions for Collecting and Reporting HRSA BHPPr Performance Measures July 2012

	<u>Pages</u>
Resources.....	1
HCPP Forms & Guidelines .....	2-10
CBSE Forms & Guidelines .....	12-22
CE/PES Forms & Guidelines.....	24-32
Program & Center Characteristics Forms & Guidelines.....	34-37
Excerpted and Annotated HRSA Performance Measure Tables distributed 06-18-12 .....	38-57

# Resources

This Field Guide was created by A-TrACC to foster data collection from the perspective of AHEC center staff. The sample forms and associated guidelines gather all field data needed from participants, students and AHEC staff to meet the requirements of the current BHP Performance Measures. They also include some pertinent additional information not required by HRSA but useful/important to implementing an activity/rotation/program and documenting AHEC outcomes. Those items are highlighted gray in the documents.

AHEC Centers and Programs are free to adapt and use these forms to meet their specific needs. Their use is not required by HRSA.

**The most current version of these sample materials can be downloaded from the A-TrACC website and the A-TrACC Resource Room.**

- **Website:**  
<http://bhpr.hrsa.gov/grants/areahealtheducationcenters/ta/Trainings/archives/index.html>
- **Resource Room:**  
<http://a-tracc.adobeconnect.com/a-traccresources/>

**For guidance regarding performance measure requirements, tables and definitions, contact your HRSA Project Officer or refer to the current version of the Performance Report for Grants and Cooperative Agreements manual posted on the HRSA website at**  
<http://bhpr.hrsa.gov/grants/reporting/index.html> .

## **For more information from A-TrACC:**

Mary Wainwright, A-TrACC Director, (409) 772-7884, [mary.wainwright@atracc.org](mailto:mary.wainwright@atracc.org)  
Gretchen Forsell, A-TrACC Project Manager, (402) 644-7256, [gretchen.forsell@atracc.org](mailto:gretchen.forsell@atracc.org)  
Carol Trono, A-TrACC Program Manager, (409) 772-7884, [carol.trono@atracc.org](mailto:carol.trono@atracc.org)

**Contact A-TrACC at [info@atracc.org](mailto:info@atracc.org)**

# Sample HCPP Participant Form

## A-TrACC Field Guide Suggestions

Health Careers Promotion and Preparation

**These forms are intended as an example only, and their use is not required by HRSA.**

<b><sup>1</sup>Today's Date:</b>		<b><sup>2</sup>Activity Code/Title:</b>		<b><sup>3</sup>AHEC Center:</b>													
<small><sup>4</sup>Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.</small>																	
<b><sup>5</sup> 7-Digit ID(AHEC Office Use Only):</b>		<b><sup>6</sup>Participant Type (select one)</b> <input type="checkbox"/> Student-not in high school yet <input type="checkbox"/> Student-HS <input type="checkbox"/> Student-College <input type="checkbox"/> Not currently a student <input type="checkbox"/> Career Changing Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Other (Specify) _____															
<b><sup>7</sup>Last Name/First name</b>		<b><sup>8</sup>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b><sup>9</sup>Birthdate</b> / / (mm/dd/yyyy)													
<b><sup>10</sup>Age</b>																	
<b><sup>11</sup>Address</b>		<b><sup>12</sup>City</b>	<b><sup>13</sup>County (not USA)</b>	<b><sup>14</sup>State</b>	<b><sup>15</sup>Zip code (9 digit as possible)</b>												
<b><sup>16</sup>Primary Phone #</b>		<b><sup>17</sup>Permanent Email address</b>															
<b><sup>18</sup> Ethnicity (select one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		<b><sup>19</sup> Race (select one)</b> <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai – these groups are not underrepresented in the health workforce)		<input type="checkbox"/> Asian (Other) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one Race - White and not underrepresented Asian <input type="checkbox"/> More than one Race all others													
<b><sup>20</sup> Would you consider yourself "disadvantaged" (using the definition provided)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>A "disadvantaged" individual is one who comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professional training school, or from a program providing education or training in an allied health profession OR A disadvantaged individuals comes from a family with an annual income below a level based on low-income thresholds set by the US government.</small>																	
<b><sup>21</sup>Parent/Guardian- Last Name/First name</b>																	
<b><sup>22</sup> Parent/Guardian Address(if different from above)</b>		<b><sup>23</sup>City</b>	<b><sup>24</sup> County (not USA)</b>	<b><sup>25</sup> State</b>	<b><sup>26</sup> Zip code (9 digit as possible)</b>												
<b><sup>27</sup> Parent/Guardian Primary Phone #</b>		<b><sup>28</sup> Parent/Guardian Permanent Email address</b>															
<b><sup>29</sup>How do you prefer to be contacted?</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> US Mail <input type="checkbox"/> Text (If text, what number?) _____																	
<b><sup>30</sup> Please list 3 other persons, who do not live with you, that will know how to contact you in the future.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Phone Number</th> <th style="width: 33%;">Email Address</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>						Name	Phone Number	Email Address	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
Name	Phone Number	Email Address															
1. _____	_____	_____															
2. _____	_____	_____															
3. _____	_____	_____															
<b><sup>31</sup>School Name</b>		<b><sup>32</sup>City</b>	<b><sup>33</sup>County (not USA)</b>	<b><sup>34</sup>State</b>	<b><sup>35</sup>Zip code (9 digit as possible)</b>												
<b><sup>36</sup> Current Grade/ College year</b>	<b><sup>37</sup>If college student, Major</b>	<b><sup>38</sup> Anticipated Date of Graduation</b> / (mm/yyyy)		<b><sup>39</sup>Counselor/Teacher/Advisor Name</b>													
<b><sup>40</sup> Do you plan to apply this activity to a certification for example Community Health Worker, Certified Nurse Assistant, Dental Assistant, CPR, 1<sup>st</sup> Responder, or other:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes Specify _____																	
<b><sup>41</sup> Are you currently enrolled in a Health Professions program such as those listed above?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Yes/Specify _____																	
<b><sup>42</sup> I intend/plan/would like to enter a health career.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b><sup>43</sup> I intend/plan/would like to work in a primary care setting, for example a clinic for Family Medicine, General Internal Medicine, or General Pediatrics.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable																	

<b>44 I intend/plan/would like to enter a health career in primary care for example as a family medicine doctor, nurse practitioner, physician assistant, or community health worker, etc.).</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>45 I intend/plan/would like to work with people who are medically underserved, that is people who face economic, cultural, or linguistic barriers to healthcare.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>46 I intend/plan/would like to work in rural areas (not big cities)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>47 (AHEC Office Use Only)</b>	<b>Date(s) of follow-up</b>	/	/
		(mm/dd/yyyy)	
<b>Did the participant complete the AHEC activity/program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of completion</b>	/    (mm/ yyyy)
<b>Did the participant graduate from school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of graduation</b>	/    (mm /yyyy)
<b>Was the participant accepted in a health professions program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date</b>	/    (mm/ yyyy)
If graduate was accepted into health profession program, select the program.			
<input type="checkbox"/> Allopathic medicine	<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Veterinary Medicine	
<input type="checkbox"/> Osteopathic Medicine	<input type="checkbox"/> First responder (EMP, paramedic, fire rescue, HazMat)	<input type="checkbox"/> Optometry	
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Health administration	<input type="checkbox"/> Marriage and Family Therapy	
<input type="checkbox"/> Community health worker	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Professional Counseling	
<input type="checkbox"/> Dental hygiene	<input type="checkbox"/> Mental/Behavioral Health	<input type="checkbox"/> Physician Assistant	
<input type="checkbox"/> General dentistry	<input type="checkbox"/> Podiatry	<input type="checkbox"/> Other (specify) _____	

**Shaded fields are not required by or reported to HRSA . Numbers correspond with Guidelines items.**

# HCPP Participant Form Guidelines

## A-TrACC Field Guide Suggestions

Health Careers Promotion and Preparation

**These forms are intended as an example only, and their use is not required by HRSA.**

This form is built for individual participants to complete for gathering current data reporting requirements for the Federal Performance Measures (PM). The form includes data points that are not strictly required by the HRSA but are highly useful in program evaluation and performance measurement processes. The 2013 HRSA report requires reporting of individual level data for HCPP participants in programs of 40 hours or greater.

Form Item	Notations	Federal Table
<sup>1</sup> Today's Date:	1. Today's Date– internal use	
<sup>2</sup> Activity Code/Title:	2. Data Source: HCPP Activity/Program Form Activity Code – this will be useful in tracking and aggregating individual data for outcomes evaluation and for completing table IND-GEN. You should devise your own activity coding system as complex or simple as your program requires. An activity code allows you to connect each unique individual participant with multiple activities.	
<sup>3</sup> AHEC Center:	3. AHEC Center – Center name or identifier, internal use.	
<sup>4</sup> Information for this form is provided voluntarily.	4. Purpose and Confidentiality Statement - is recommended. This is only an example and is not offered as a legal statement. <i>AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.</i>	
<sup>5</sup> 7-Digit ID(AHEC Office Use Only):	5. Identifier: This identifier is for the AHEC staff to complete not the participant. AHEC staff assigns this identifier to the participant at the first encounter of the participant in AHEC activity. It is intended to be a unique number for each individual participant without duplicating either the participant or the identifier. It is an element useful in many systems of recording keeping and tracking outcomes. If you do not have a system already in place, you could begin with 0000001 and assign to each completed participant's registration form. If possible the participant would be linked to this identifier throughout their years with AHEC	IND-GEN Col 1; IND-INTPRACT Col 1; INDGEN-EXP Col 1
<sup>6</sup> Participant Type (select one)	6. Participant Type – You may be interested in continuing to collect data about parents, counselors, and teachers as well but that is not part of the new BHP performance measures requirements. Selections: Student not in high school yet, Student HS, Student College, Not currently a student, Career Changing Adult, Other (Specify)	Program Completers LR-1 Rows 3, 4, 8, 9 Col 2
<sup>7</sup> Last Name/First name	7. Last Name/First Name – for registration and tracking. This information IS NOT REQUIRED BY OR REPORTED TO HRSA. Items 7-37 are Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes Remember the importance of data security when managing PII.	
<sup>8</sup> Gender	8. Gender – check one	LR-2, IND-GEN Col 3
<sup>9</sup> Birth date (mm/dd/yyyy)	9. Birth date – A very important data point for tracking and differentiating persons with the same name.	LR-2, IND-GEN Col 4
<sup>10</sup> Age _____	10. Age – Can be reported by participant or calculated from birth date and activity date. Report age at the time of participating in AHEC activity.	LR-2, IND-GEN Col 4
<sup>11</sup> Address	11. Follow-up, tracking, and evaluation. (PII)	
<sup>12</sup> City	12. Follow-up, tracking, and evaluation. (PII)	
<sup>13</sup> County (not USA)	13. Follow-up, tracking, and evaluation.	DV-2, IND-GEN Col 7, 8
<sup>14</sup> State	14. Follow-up, tracking, and evaluation. (PII)	
<sup>15</sup> Zip code (9 digit as possible)	15. Follow-up, tracking, and evaluation. 9-digit aids geo-mapping evaluation strategies.	DV-3 Rows 2, 3, 4, 5 IND-GEN Col 8
<sup>16</sup> Primary Phone #	16. Follow-up, tracking, and evaluation. (PII)	
<sup>17</sup> Permanent Email address	17. Follow-up, tracking, and evaluation. (PII)	
<sup>18</sup> Ethnicity (select one)	18. Hispanic/Latino, Non Hispanic/Latino If left blank = Unknown	DV-1a, DV-1b, IND-GEN Col 5
<sup>19</sup> Race	19. If left blank = Unknown. If more than one selected = More Than One Race Underrepresented minorities in the health professions include all Hispanics/Latinos and all races listed except White and the Asian subpopulations of Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.	DV-1a, DV-1b, DV-2, IND-GEN Col 6

20 Consider "disadvantaged"	20. Follow-up, tracking, and evaluation. HRSA Prefers this information be self-reported by the learner. See guidance glossary for further definition of "disadvantaged." This information is useful in targeting experiences for students "high propensity to serve the underserved."	DV-2, IND-GEN Col 7,8
21 Parent/Guardian name	21. Follow-up, tracking, and evaluation. (PII)	
22 Parent/Guardian Address	22. Follow-up, tracking, and evaluation. (PII)	
23 City	23. Follow-up, tracking, and evaluation. (PII)	
24 County (not USA)	24. Follow-up, tracking, and evaluation. (PII)	
25 State	25. Follow-up, tracking, and evaluation, 9-digit aids geo-mapping evaluation strategies. (PII)	
26 Zip code(9 digit as possible)	26. Follow-up, tracking, and evaluation. (PII)	
27 Primary phone #	27. Follow-up, tracking, and evaluation. (PII)	
28 Permanent email address	28. Follow-up, tracking, and evaluation. (PII)	
29 Prefer to be contacted?	29. Follow-up, tracking, and evaluation. (PII) Phone, Email, Facebook, US Mail, Text Recomendad for tracking.	
30 List 3 persons.	30. Follow-up, tracking, and evaluation. (PII) Recomendad for tracking.	
31 School name	31. Follow-up, tracking, and evaluation.	DV-2, IND-GEN Col 8
32 City	32. Follow-up, tracking, and evaluation. (PII)	
33 County (not USA)	33. Follow-up, tracking, and evaluation. Useful in determining 'rural' staus.	DV-2, IND-GEN Col 7, 8
34 State	34. Follow-up, tracking, and evaluation. (PII)	
35 Zip code(9 digit as possible)	35. Follow-up, tracking, and evaluation, 9-digit aids geo-mapping evaluation strategies.	DV-3 Rows 2, 3, 4, 5 IND-GEN Col 8
36 Grade/College year	36. Follow-up, tracking, and evaluation.	IND-GEN Col 2
37 Specify major	37. Follow-up, tracking, and evaluation.	IND-GEN Col 16,18,19
38 Anticipated Graduation	38. Follow-up, tracking, and evaluation. Date changed to just month and year, not day.	LR-2 Col 3, 8; PY-1 Col 2,3; IND-GEN Col 17
39 Counselor/Teacher/Advisor Name	39. Follow-up, tracking, and evaluation. (PII)	
40 Do you plan to apply this activity to a certification . . . . Yes No /Specify	40. OUTCOMES measure. Follow-up, tracking, and evaluation. HRSA prefers this information be self-reported.	IND-GEN Col 13
41 Additionally, currently enrolled in a Health Professions program...? Yes No Yes/Specify	41. OUTCOMES measure. Follow-up, tracking, and evaluation. HRSA prefers this information be self-reported.	IND-GEN Col 19
42 Intend to enter a health career.	42. OUTCOMES measure. Follow-up, tracking, and evaluation. It is useful for project evaluation to collect and compare student responses from the beginning to the end of the AHEC activity. However, you only report to HRSA responses given at the end of the activity.	IND-GEN Col 16
43 Intend primary care setting	43. OUTCOMES measure. Follow-up, tracking, and evaluation. It is useful for project evaluation to collect and compare student responses from the beginning to the end of the AHEC activity. However, you only report to HRSA responses given at the end of the activity.	IND-INTPRACT Col 5
44 Intend primary care discipline	44. OUTCOMES measure. Follow-up, tracking, and evaluation. It is useful for project evaluation to collect and compare student responses from the beginning to the end of the AHEC activity. However, you only report to HRSA responses given at the end of the activity.	
45 Intend MUC	45. OUTCOMES measure. Follow-up, tracking, and evaluation. It is useful for project evaluation to collect and compare student responses from the beginning to the end of the AHEC activity. However, you only report to HRSA responses given at the end of the activity.	IND-INTPRACT Col 6
46 Intend rural areas	46. OUTCOMES measure. Follow-up, tracking, and evaluation. It is useful for project evaluation to collect and compare student responses from the beginning to the end of the AHEC activity. However, you only report to HRSA responses given at the end of the activity.	IND-INTPRACT Col 7
47 (AHEC Office Use Only) Date(s) of follow-up	47. OUTCOMES measure. Follow-up, tracking, and evaluation. It is useful for project evaluation to collect and compare student responses from the beginning to the end of the AHEC activity. However, you only report to HRSA responses given at the end of the activity. <b>Did the student complete the AHEC activity/program?</b> <b>Did the student graduate from school?</b> <b>Was the student accepted in a health professions program ?</b> If yes, please Specify	LR-2 Col 3,4,8,9 PY-1 Col 2,3,4 IND-GEN Col 11,12,17,18,19

Shaded fields are not required by or reported to HRSA

# HCPP Activity/Program Form

## A-TrACC Field Guide Suggestions

Health Careers Promotion and Preparation

These forms are intended as an example only, and their use is not required by HRSA.

<b><sup>1</sup>Today's Date</b>	<b><sup>2</sup>Activity Code:</b>		<b><sup>3</sup>AHEC Center:</b>	
<b><sup>4</sup>Activity Title</b>	<b><sup>5</sup>Length of Program</b> Total hours _____		(Also Check one box) <input type="checkbox"/> 0-39 hours <input type="checkbox"/> 120-179 hours <input type="checkbox"/> 40-79 hours <input type="checkbox"/> ≥ 180 hours <input type="checkbox"/> 80-119 hours	
<b><sup>6</sup>Education level(select all that apply)</b> <input type="checkbox"/> Grades K-6 <input type="checkbox"/> Pre grad school/pre matriculation <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grad/health prof school <input type="checkbox"/> Grades 9-12 <input type="checkbox"/> Resident <input type="checkbox"/> Post high school/pre-college <input type="checkbox"/> Fellow <input type="checkbox"/> Certificate <input type="checkbox"/> Faculty member <input type="checkbox"/> 2-year college/community college <input type="checkbox"/> Post graduate <input type="checkbox"/> 4-year undergraduate <input type="checkbox"/> Adult learners <input type="checkbox"/> 12 month post baccalaureate <input type="checkbox"/> Dislocated workers		<b><sup>7</sup>Describe program content (select all key words that apply)</b> <input type="checkbox"/> Academic advising <input type="checkbox"/> Health career clubs <input type="checkbox"/> Academic support services <input type="checkbox"/> Health workforce presentation <input type="checkbox"/> Camps <input type="checkbox"/> Leadership training <input type="checkbox"/> Career planning <input type="checkbox"/> Mentoring <input type="checkbox"/> Clinic tours/study trips <input type="checkbox"/> Professional Development <input type="checkbox"/> College success programs <input type="checkbox"/> Recruitment <input type="checkbox"/> Collegiate health service corps <input type="checkbox"/> Simulations <input type="checkbox"/> Community service <input type="checkbox"/> Shadowing <input type="checkbox"/> Counseling <input type="checkbox"/> Social media outreach <input type="checkbox"/> Education and training <input type="checkbox"/> Tutoring <input type="checkbox"/> Youth health service corps <input type="checkbox"/> Other _____		
<b><sup>8</sup>Does activity lead to a certification for example Community Health Worker, Certified Nurse Assistant, Dental Assistant, CPR, or other:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes Specify _____				
<b><sup>9</sup>Program Content Brief Description</b>				
<b><sup>10</sup>Partners/Leveraging (select all that apply)</b> <input type="checkbox"/> Community-Based Entity <input type="checkbox"/> CHC (Community Health Center) <input type="checkbox"/> FQHC (Federally Qualified Health Center) <input type="checkbox"/> Health Care Provider <input type="checkbox"/> HCOP Program (Health careers Opportunity Program) <input type="checkbox"/> Health Department		<input type="checkbox"/> Indian Health Service <input type="checkbox"/> WIB/DOL (Workforce Investment Board / Department of Labor) <input type="checkbox"/> NHSC (National Health Service Corp) <input type="checkbox"/> Veterans Health Administration <input type="checkbox"/> SEARCH <input type="checkbox"/> School, Elementary <input type="checkbox"/> School, Middle School <input type="checkbox"/> School, High School <input type="checkbox"/> School, Two year community college <input type="checkbox"/> School, Four year undergraduate college/uni. <input type="checkbox"/> School, Graduate School <input type="checkbox"/> School, Health Professions <input type="checkbox"/> Other Specify _____		
<b><sup>11</sup>Public Health Careers Content</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><sup>12</sup>Practicum training?</b> (Such as experiential, hands-on, shadowing and observational) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b><sup>13</sup>If yes to Practicum Training</b> MUA/P setting? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact with underserved? <input type="checkbox"/> Yes <input type="checkbox"/> No Primary care setting? <input type="checkbox"/> Yes <input type="checkbox"/> No Community-based setting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><sup>14</sup>Cultural Competency training?</b> <b><sup>15</sup>If yes to Cultural Competency Training (select all that apply)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Didactic training? <input type="checkbox"/> Yes <input type="checkbox"/> No Practicum training? <input type="checkbox"/> Yes <input type="checkbox"/> No Research training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b><sup>16</sup>Total number enrolled</b>	<b><sup>17</sup>Trainee Attrition</b>	<b><sup>18</sup>Total number of program completers</b>		

Shaded fields are not required by or reported to HRSA. Numbers correspond with Guidelines items.

# HCPP Activity Activity/Program Guidelines

Health Careers Promotion and Preparation

This form is built for center staff to complete for gathering current data reporting requirements for the Federal Performance Measures. For each program or stand-alone activity a separate form would be completed.

Form Item	Notations	Federal Table
<b><sup>1</sup>Today's Date:</b>	1. Today's Date– internal use	
<b><sup>2</sup>Activity Code:</b>	2. Activity Code – this will be useful in tracking and aggregating individual data for outcomes evaluation and for the piloting of Table DP-1b. You should devise your own activity coding system as complex or simple as your program requires. An activity code allows you to connect each unique individual participant with multiple activities.	
<b><sup>3</sup>AHEC Center:</b>	3. AHEC Center – Center name or identifier, internal use	
<b><sup>4</sup>Activity Title</b>	4. Activity Title - title of activity/program, typically this is a program recurring every year with a defined set of activities, defined cohort, and a selection process for the participants.	DP-1a.1 Col 1
<b><sup>5</sup>Length of Program</b>	5. Length of program includes the number of hours a program provides for the participant. This number may reflect a series of activities over the year or may reflect the hours on one activity in the year such as a 40-hour summer camp. The HRSA PM reporting system will likely provide pull-down options for length-span hours categories. Documenting the total number of hours will be useful for further evaluating single programs and the full HCPP AHEC program effectiveness.	DV-1a Col 4,5 DV-1b Col 4,5 DV-2 Col 4,5 DV-3 Col 4,5 DP-1a.1 Col 2
<b><sup>6</sup>Education level</b>	6. The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Grades K-6,(2)Grades 7-8, (3)Grades 9-12, (4)Post high school/pre-college, (5)Certificate/associate's degree, (6)2-year college/community college, (7)4-year undergraduate, (8)12 month post back, (9)Pre grad school, (10)Grad/health prof school, (11)Resident, (12)Fellow, (13)Faculty member, (14)post graduate, (15)Adult learners, (16)Dislocated workers You may wish to develop a code for your own use to facilitate documentation processes.	DP-1a.1 Col 3
<b><sup>7</sup>Describe program content</b>	7. Items <sup>7,8</sup> document the description of the activity/program	DP-1a.1 Col 4
<b><sup>8</sup> Does activity lead to a certification</b>	8. Yes no. If yes please specify. HRSA prefers this information to be self-reported by the participant in the HCPP Participant Form Item <sup>40</sup> .	IND-GEN Col 13 DP-1a.1 Col 4
<b><sup>9</sup>Program Content Brief Description.</b>	9. Items <sup>7,8</sup> document the description of the activity/program. Add other information as needed.	DP-1a.1 Col 4
<b><sup>10</sup>Partners/Leveraging (select all that apply)</b>	10. The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the options listed on the form. You may wish to develop a code for your own use to facilitate documentation processes.	DP-1a.1 Col 5
<b><sup>11</sup>Public Health Careers Content</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	11. This is a Yes/No option to indicate if Public Health Careers were included in the activity/program content e.g. providing information, materials or experiences related to public health careers.	DP-1a.1 Col 6
<b><sup>12</sup> Practicum Training</b>	12. This is a Yes/No option to indicate if this activity/program includes practical experience with hands-on field training.	DP-1a.1 Col 7
<b><sup>13</sup> If yes to Practicum Training</b>	13. If the answer to Item <sup>12</sup> is 'Yes' then document the description of the activity/program. The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) MUC Training Setting, (2) Contact with Underserved Populations, (3) Primary Care Setting, (4) Community-Based Setting. You may wish to develop a code for your own use to facilitate documentation processes.	DP-1a.2 Col 3,4,5,6,
<b><sup>14</sup>Cultural Competency</b>	14. This is a Yes/No option to indicate if this activity/program includes cultural competency training which would include developing academic and interpersonal skills that allow an individual to increase his or her understanding and appreciation of cultural differences and similarities.	DP-1a.1 Col 8
<b><sup>15</sup>If yes to Cultural Competency Training?</b>	15. If the answer to Item <sup>14</sup> is 'Yes' then document the description of the activity/program. The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Didactic training, (2) Practicum training, (3) Research training. You may wish to develop a code for your own use to facilitate documentation processes.	DP-1a.2 Col 7,8,9
<b><sup>16</sup>Total number enrolled</b>	16. Document the total number of participants enrolled in the activity/program.	DP-1a.1 Col 9
<b><sup>17</sup> Trainee Attrition</b>	17. Document the total number of participants who did not complete the activity/program. The criteria for 'completion' is best defined during program design/planning processes.	DP-1a.1 Col 10
<b><sup>18</sup>Total number of program completers</b>	18. At the end of the program you will need to determine which if the participants you define as having completed the program. The criteria for 'completion' is best defined during program design/planning processes.	LR-1 Rows 8,9 Col 2; DP-1a.1 Col 11

**Shaded fields are not required by or reported to HRSA.**

# Sample HCPP Individual Tracking Form

## A-TrACC Field Guide Suggestions

### Health Career Promotion and Preparation

**These forms are intended as an example only, and their use is not required by HRSA.**

The 2013 HRSA report requires individual level data for HCPP students participating in activities/programs of 40 hours or greater. This form is built to track individual participants. You may have systems in place for doing this. This form will capture the current requirements for the Federal Performance Measures for AHECs. It has a few data points that are not required by HRSA but are highly useful in program evaluation and performance measurement processes.

**<sup>1</sup>Reporting Year:**

**<sup>2</sup>AHEC Center:**

<sup>3</sup> Student Name	<sup>4</sup> 7-Digit ID	<sup>5</sup> Activity / Program Codes	<sup>6</sup> Ed Level	<sup>7</sup> Part-time or fulltime student	<sup>8</sup> Gender	<sup>9</sup> Age	<sup>10</sup> Ethnicity	<sup>11</sup> Race	<sup>12</sup> Disadvantaged	<sup>13</sup> Rural/Urban/Suburban/Frontier	<sup>14</sup> Contact Hours	<sup>15</sup> Complete	<sup>16</sup> Apply to credential / cert.	<sup>17</sup> Graduate	<sup>18</sup> Intent to Pursue HP	<sup>19</sup> Accepted to HP Program /Kind of program	<sup>20</sup> Intent to Practice PC	<sup>21</sup> Intent to Practice MUC	<sup>22</sup> Intent to Practice Rural
Instructions	ID /Date										Hrs - Date	Y/N - Date	Y/N - Date	Y/N - Date	Y/N - Date	Y/N -Date	Y/N - Date	Y/N - Date	Y/N - Date
Example 1 Garza, Mary Elena	0000001 07/10/11	HC02S, HC03C	11 <sup>th</sup>	F	F	17	Hispanic	White	Y	Rural	40 09/01/11	Y 09/01/11	N	N	Y 08/30/11				
Example 2 Leonardo, Joe	0000002 07/10/11	HC02S, HC03C	12 <sup>th</sup>	F	M	18	Non-Hispanic	AA	Y	Urban	40, 40 09/01/11 02/29/12	Y 09/01/11	Certified Nurse Assistant 09/01/11	Y 05/30/12	Y 08/30/11	Y Nursing 06/01/12	Y 06/01/12	Y 06/01/12	N 06/01/12

**Shaded fields are not required by or reported to HRSA. Numbers correspond with Guidelines items.**

# HCPP Individual Tracking Form Guidelines

## A-TrACC Field Guide Suggestions

Health Careers Promotion and Preparation

**These forms are intended as an example only, and their use is not required by HRSA.**

The 2013 HRSA report requires individual level data for HCPP students participating in activities/programs of 40 hours or greater. This form is built to track individual participants. You may have systems in place for doing this. This form will capture the current requirements for the Federal Performance Measures for AHECs. It has a few data points that are not required by HRSA but are highly useful in program evaluation and performance measurement processes.

Form Item	Notations	Federal Table/ Other Requirement
<sup>1</sup> Reporting Year:	1. Reporting Year – Internal use	
<sup>2</sup> AHEC Center:	2. AHEC Center – Center name or identifier, internal use	
<sup>3</sup> Student Name	3. Student full name is recommended. This is for internal records and will not be reported in the federal report. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes but this information IS NOT REQUIRED BY OR REPORTED TO HRSA. Remember the importance of data security when managing PII.	
<sup>4</sup> ID	4. Source: HCPP Participant Form Item <sup>5</sup> AHEC staff assigns this identifier to the participant at the first encounter of the participant in AHEC activity. It is intended to be a unique number for each individual participant without duplicating either the participant or the identifier. It is an element useful in many systems of recording keeping and tracking outcomes. If you do not have a system already in place, you could begin with 0000001 and assign to each completed participant's registration form. Note This Identifier should be a 7 digit numeric identifier. <u>We recommend you include a date the participant began under the ID.</u>	IND-GEN Col 1; IND-INTPRACT Col 1
<sup>5</sup> Activity/Program Codes	5. Data Source: HCPP Activity/Program Form Item <sup>2</sup> Activity Code – this will be useful in tracking and aggregating individual data for outcomes evaluation and for completing table IND-GEN. You should devise your own activity coding system as complex or simple as your program requires. An activity code allows you to connect each unique individual participant with multiple activities.	
<sup>6</sup> Education Level	6. Source: HCPP Participant Form Item <sup>36</sup> The HRSA Performance Measures Reporting system will have a pull-down selection option with the education levels listed on the HCPP Activity Form <sup>6</sup> . These options will be built for all BHP <sup>r</sup> programs and may have categories that do not apply to your programming. You may wish to develop a code for your own use to facilitate documentation processes.	DP-1a.1 Col 3 IND-GEN Col 2
<sup>67</sup> Part-time or fulltime student	7. Most likely we will use 'full-time' for all our HCPP participants, but the Federal staff will define the options for AHEC HCPP students.	IND-GEN Col 10
<sup>8</sup> Gender	8. Source: HCPP Participant Form Item <sup>8</sup> The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Male,(2) Female You may wish to develop a code for your own use to facilitate documentation processes.	LR-2 IND-GEN Col 3
<sup>9</sup> Age	9. Source: HCPP Participant Form Item <sup>9,10</sup> The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes age options.	LR-2 IND-GEN Col 4
<sup>10</sup> Ethnicity	10. Source: HCPP Participant Form Item <sup>18</sup> The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Hispanic, (2) Non Hispanic. You may wish to develop a code for your own use to facilitate documentation processes.	DV-1a, DV-1b IND-GEN Col 5
<sup>11</sup> Race	11. Source: HCPP Participant Form Item <sup>19</sup> You may wish to develop a code for your own use to facilitate documentation processes.	DV-1a, DV-1b, DV-2, IND-GEN Col 6
<sup>12</sup> Disadvantaged	12. Source: HCPP Participant Form Item <sup>20</sup> Yes/No answers. HRSA prefers this information be self-reported by the participant. In some cases students' Disadvantaged Background can be identified from information about/from the school the student attends and the service region.	DV-2 IND-GEN Col 8
<sup>13</sup> Rural/ Urban/ Suburban/Frontier	13. Source: HCPP Participant Form Item <sup>13,15</sup> Rural/ Urban/ Frontier Background can be identified from information about the county or area where the student lives. The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Rural, (2) Urban, (3) Suburban, (4) Frontier. You may wish to develop a code for your own use to facilitate documentation processes.	DV-3 IND-GEN Col 7

<sup>14</sup> Contact Hours	14. Source: HCPP Activity/Program Form Item <sup>5</sup> You will need to aggregate the hours for multiple activities by an individual student.	
<sup>15</sup> Complete	15. Source: HCPP Participant Form Item <sup>47</sup> Yes/No answers. At the end of the program you will need to determine which of the participants you define as having completed the program. The criteria for 'completion' is best defined during program design/planning processes.	LR-1; LR-2; IND-GEN Col 11, 12; DP1a.1 Col 11
<sup>16</sup> Apply to credential/ cert.	16. Source: HCPP Participant Form Item <sup>40</sup> Completer applied the training to certification or credentialing.	IND-GEN Col 13
<sup>17</sup> Graduate	17. Did the Trainee Graduate? Yes/No answers. This will require follow-up contact with the participant after the projected graduation date. Data from the HCPP Participant Form about the participant, family, the 3 other persons listed as contacts, and school are resources for making the ongoing connection with the participant. We recommend you include a date you contacted the participant along with their Y/N response.	IND-GEN Col 17 PY-1 Col1
<sup>18</sup> Intent to Pursue HP	18. Source: HCPP Participant Form Item <sup>40,41,43,44</sup> If completed, Intent to Pursue Health Professions Training? Yes/No answers. This information can be collected from the HCPP Participant Form. You may request the participant to repeat completing this Form periodically, such as before and after the activity or quarterly for lengthy programs. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes.	IND-GEN Col 16
<sup>19</sup> Accepted to HP Program/ Kind of Program	19. Source: HCPP Participant Form Item <sup>47</sup> If graduated, Accepted Into Health Professions Program? Yes/No answers. If Yes then, identify what kind of health professions program into which they were accepted. This will require follow-up contact with the participant after the projected graduation date. Data from the HCPP Participant Form about the participant, family, and school are resources for ongoing communication connection with the participant. We recommend you include a date you contacted the participant along with their Y/N response.	IND-GEN Col 18,19 PY-1 Col 4
<sup>20</sup> Intent to Practice PC	20. Source: HCPP Participant Form Item <sup>43,44</sup> Intent to Practice? Primary Care Yes/No answers. This information can be collected from the HCPP Participant Form. You may request the participant to repeat completing this Form periodically, such as before and after the activity or quarterly for lengthy programs. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes. We recommend you include a date the participant provided their Y/N response.	IND-INTRPACT Col 5
<sup>21</sup> Intent to Practice MUC	21. Source: HCPP Participant Form Item <sup>45</sup> Intent to Practice? Medically Underserved Community Yes/No answers. This information can be collected from the HCPP Participant Form. You may request the participant to repeat completing this Form periodically, such as before and after the activity or quarterly for lengthy programs. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes. We recommend you include a date the participant provided their Y/N response.	IND-INTRPACT Col 6
<sup>22</sup> Intent to Practice Rural	22. Source: HCPP Participant Form Item <sup>46</sup> Intent to Practice? Rural Setting Yes/No answers. This information can be collected from the HCPP Participant Form. You may request the participant to repeat completing this Form periodically, such as before and after the activity or quarterly for lengthy programs. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes. We recommend you include a date the participant provided their Y/N response.	IND-INTRPACT Col 7

**Shaded fields are not required by or reported to HRSA.**



# Sample CBSE Student Form

A-TrACC Field Guide Suggestions  
Community-Based Student Education

These forms are intended as an example only, and their use is not required by HRSA

**1 Today's Date:**

**2 AHEC Center:**

<sup>3</sup> Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.

**4 7-Digit ID (AHEC Office Use Only):**

<b>5 Last Name/First name</b>	<b>6 Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>7 Birthdate (mm/dd/yyyy)</b> / /
-------------------------------	--	--

<b>8 Address</b>	<b>9 City</b>	<b>10 County(not USA)</b>	<b>11 State</b>	<b>12 Zip code (9 digit as possible)</b>
------------------	---------------	---------------------------	-----------------	--

<b>13 Primary Phone #</b>	<b>14 Preferred Email Address Currently:</b> <b>Permanent (after completing school) Email Address:</b>
---------------------------	---

<b>15 Ethnicity (select one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	<b>16 Race (select one)</b> <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai – these groups are not underrepresented in the health workforce)	<input type="checkbox"/> Asian (Other) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one Race - White and not underrepresented Asian <input type="checkbox"/> More than one Race all others
--	--	---

**17 Would you consider yourself "disadvantaged" (using the definition provided)?**  Yes  No  
*A "disadvantaged" individual is one who comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professional training school, or from a program providing education or training in an allied health profession OR A disadvantaged individual comes from a family with an annual income below a level based on low-income thresholds set by the US government.*

**18 In which kind of community did you grow up? (Select one)**  Urban/Inner City  Suburban  Rural or  Frontier

<b>19 In what institution are you currently enrolled?</b>	<b>20 Are you in the education program (Select one)</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	<b>21 Anticipated Date of Graduation</b> / (mm/yyyy)
---	--	---

<b>22 Currently in which Educational Level (Select one)</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Two-year college/community college <input type="checkbox"/> Associates <input type="checkbox"/> Diploma (Nursing) <input type="checkbox"/> Four-year college <input type="checkbox"/> Bachelors <input type="checkbox"/> Twelve-month post-baccalaureate <input type="checkbox"/> Pre-matriculation/pre-graduate school <input type="checkbox"/> Masters (MHA, MS, MSN, MSW, MPH, MSPH)	<input type="checkbox"/> Post-Masters Certificate <input type="checkbox"/> Doctorate (PhD, DNP, DNSc; DC, DPT) <input type="checkbox"/> Post-Doctorate <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Faculty member <input type="checkbox"/> Post-graduate <input type="checkbox"/> Medicine Doctor (MD) <input type="checkbox"/> Doctor of Osteopathy (DO) <input type="checkbox"/> Doctor of Dental Surgery (DDS, DMD)	<input type="checkbox"/> Doctor of Pharmacy (PharmD) <input type="checkbox"/> Doctor of Veterinary Medicine (DVM or VMD) <input type="checkbox"/> Doctor of Psychology (PsyD) <input type="checkbox"/> Doctor of Public Health (DrPH) <input type="checkbox"/> ScD (Doctor of Science) <input type="checkbox"/> Adult learner <input type="checkbox"/> Dislocated worker <input type="checkbox"/> Other (Specify) _____
--	--	--

**23 Health Profession Discipline (Select one and specify below)**

<input type="checkbox"/> Allopathic Medicine	<input type="checkbox"/> Veterinary Medicine	<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Community Health Worker	<input type="checkbox"/> EMT/Paramedic/ 1 <sup>st</sup> Responder
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Dental Hygiene	<input type="checkbox"/> Health Education/ Behavior	<input type="checkbox"/> Health Information Systems/ Data Analysis
<input type="checkbox"/> Osteopathic General Practice	<input type="checkbox"/> Licensed Practical/Vocational Nurse	<input type="checkbox"/> General Dentistry	<input type="checkbox"/> Health Services/ Hospital Adm.	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Optometry	<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Clinical Psychology	<input type="checkbox"/> Nutrition - Dietetics	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Clinical Social Work	<input type="checkbox"/> Public Health (General Studies)	<input type="checkbox"/> Other – specify below
<input type="checkbox"/> Podiatry	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Substance Abuse/Addictions Counseling	<input type="checkbox"/> Clinical Lab Worker	

**Please further specify discipline/specialty/subspecialty** \_\_\_\_\_

**24 Did you apply the training in this rotation/course to certification or credentialing?**  Yes  No  Unknown  Not Applicable

**25 After completion of this rotation/course, did you pass a profession-specific exam or boards? (USMLE, PANCE, NECLEX)**  
 Yes  No  Unknown  Not Applicable

**26 I intend/plan/would like to work in a primary care setting for example a clinic for Family Medicine, General Internal Medicine, or General Pediatrics.**  Yes  No  Not Applicable

**27 I intend/plan/would like to enter a health career as a primary care clinician (for example Family Medicine doctor, General Internal Medicine doctor, General Pediatrics doctor, nurse practitioner, or physician assistant, etc.).**  Yes  No  Not Applicable

**28 I intend/plan/would like to work with people who are medically underserved, that is people who face economic, cultural, or linguistic barriers to healthcare.**  Yes  No  Not Applicable

**29 I intend/plan/would like to work in rural areas (not big cities)**  Yes  No  Not Applicable

Shaded fields are not required by or reported to HRSA. Numbers correspond with Guidelines items.

**AHEC Office Use Only**

<sup>30</sup> <b>Rotation/Course Dates</b> Start    /    /    (mm/dd/yyyy)    End    /    /    (mm/dd/yyyy)		<sup>31</sup> <b>Total hours</b>	
<b>Description of Rotation/Course:</b> <sup>32</sup> <b>Rotation/ Course Code</b> <sup>33</sup> <b>Rotation/ Course Name</b>			
<sup>34</sup> <b>Training Objective/Description</b>			
<sup>35</sup> <b>Education Level for Rotation/Course</b>		<sup>36</sup> <b>What specific experiences are required by the rotation/course?</b>	
<sup>37</sup> <b>Service learning/community service/community engagement as part of the course?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<sup>38</sup> <b>Required/preferred Interprofessional Education (IPE)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<sup>39</sup> <b>Academic Course Coordinator Name</b>		<sup>40</sup> <b>Academic Course Coordinator Phone</b>	<sup>41</sup> <b>Academic Course Coordinator Email Address</b>
<sup>42</sup> <b>Rotation/Course Academic Sponsor School/Organization</b> <input type="checkbox"/> School/College/University    Name _____			
<input type="checkbox"/> Other Organization.    Name _____			
<sup>43</sup> <b>School/Organization Address</b>		<sup>44</sup> <b>City</b>	<sup>45</sup> <b>State</b>
<sup>46</sup> <b>Zip code (9 digit as possible)</b>			
<sup>47</sup> <b>Training Site Name</b>		<sup>48</sup> <b>Training Site Code</b>	<sup>49</sup> <b>Community Faculty Name</b>
<sup>50</sup> <b>Housing Provided</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<sup>51</sup> <b>If yes, Housing Site Name</b>	
<sup>52</sup> <b>Follow-up / Tracking Outcomes</b> Date(s)    /    /    (mm/dd/yyyy)			
<hr/> <hr/> <hr/>			
<sup>53</sup> <b>Did the student complete the AHEC rotation/program?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of completion</b> /    /    (mm/dd/yyyy)
<sup>54</sup> <b>Did the student graduate?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of graduation</b> /    (mm/yyyy)
<sup>55</sup> <b>Did the graduate begin work in primary care?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date began in PC</b> /    (mm/yyyy)
<sup>56</sup> <b>Did the graduate begin work in an underserved area?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date began in underserved</b> /    (mm/yyyy)
<sup>57</sup> <b>Did the graduate begin work in a rural area?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date began in rural</b> /    (mm/yyyy)
<sup>58</sup> <b>Did the graduate continue to work in an underserved area?</b>		Currently <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>How many Years?</b> _____

Shaded fields are not required by or reported to HRSA. Numbers correspond with Guidelines items.

# Sample CBSE Student Form Guidelines

## A-TrACC Field Guide Suggestions

### Community-Based Student Education

These forms are intended as an example only, and their use is not required by HRSA.

The following are guidelines for the CBSE Student Form built for individual participants to complete for gathering current data reporting requirements for the Federal Performance Measures (PM). The Form includes data points that are not strictly required by the HRSA PMs but are highly useful in program evaluation and performance measurement processes. The 2<sup>nd</sup> page of the form is for AHEC staff to complete.

Form Item	Notations	Federal Table
<sup>1</sup> Today's Date:	1. Today's Date– internal use	
<sup>2</sup> AHEC Center:	2. AHEC Center – Center name or identifier, internal use.	
<sup>3</sup> Information for this form is provided voluntarily. AHEC is required to report information about program participants.....	3. Purpose and Confidentiality Statement - is recommended. This is only an example and is not offered as a legal statement.	
<sup>4</sup> 7-Digit ID(AHEC Office Use Only):	4. Identifier: This identifier is for the AHEC staff to complete not the participant. AHEC staff assigns this identifier to the participant at the first encounter of the participant in AHEC activity. It is intended to be a unique number for each individual participant without duplicating either the participant or the identifier. It is an element useful in many systems of record keeping and tracking outcomes. THIS MUST BE A 7-DIGIT ID. If you do not have a system already in place, you could begin with 0000001 and assign to each completed participant's registration form.  NOTE: Within a program with multiple centers you will need to devise a system for assigning a unique 7-Digit ID to each student. The single ID number will need to be linked to a specific student regardless of the different centers where the student has rotations.	IND-GEN Col 1; IND-INTRRACT Col 1; INDGEN-EXP Col 1
<sup>5</sup> Last Name/First name	5. Last Name/First Name – for registration and tracking. This information IS NOT REQUIRED BY OR REPORTED TO HRSA. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security when managing PII.	
<sup>6</sup> Gender - Male, Female	6. Gender – check one	LR-2, IND-GEN Col 3
<sup>7</sup> Birth date (mm/dd/yyyy) / /	7. Birth date – A very important data point for tracking and differentiating persons with the same name. This information IS NOT REQUIRED BY OR REPORTED TO HRSA. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security.	LR-2, IND-GEN Col 4
<sup>8</sup> Address	8. Follow-up, tracking, and evaluation. This information IS NOT REQUIRED BY OR REPORTED TO HRSA. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security when managing PII.	
<sup>9</sup> City	9. Follow-up, tracking, and evaluation.	
<sup>10</sup> County (not USA)	10. Follow-up, tracking, and evaluation. If a person's county of residence is a designated HPSA that is an indicator for disadvantaged status.	DV-2, IND-GEN Col 7,8
<sup>11</sup> State	11. Follow-up, tracking, and evaluation.	
<sup>12</sup> Zip code (9 digit as possible)	12. Follow-up, tracking, and evaluation. 9-digit aids geo-mapping evaluation strategies.	DV-2, IND-GEN Col 7,8
<sup>13</sup> Primary Phone #	13. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security when managing PII.	
<sup>14</sup> Preferred email address:  Permanent (after completing school) Email address:	14. Collect both current and permanent email addresses. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security when managing PII.	
<sup>15</sup> Ethnicity (select one) Hispanic/Latino, Non Hispanic/Latino	15. If left blank = Unknown	DV-1a, DV-1b, IND-GEN Col 5
<sup>16</sup> Race (select all that apply)	16. If left blank = Unknown. If more than one selected = More Than One Race Underrepresented minorities in the health professions include all Hispanics/Latinos and all races listed except White and the Asian subpopulations of Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.	DV-1a, DV-1b, DV-2, IND-GEN Col 6,8

17 <b>Would you consider yourself "disadvantaged" (using the definition provided)?</b> Yes, No	17. Follow-up, tracking, and evaluation. HRSA Prefers this information be self-reported by the learner. See guidance glossary for further definition of "disadvantaged." This information is useful in targeting experiences for students "high propensity to serve the underserved."	DV-2, IND-GEN Col 7,8
18 <b>In which kind of community did you grow up? (Select one)</b> Rural, Frontier, Urban/Inner City, Suburban	18. Follow-up, tracking, and evaluation. This information is useful in targeting experiences for students and tracking "high propensity to serve the underserved."	IND-GEN Col 7
19 <b>In what institution are you currently enrolled?</b>	19. Follow-up, tracking, and evaluation.	
20 <b>Are you in the education program (Select one) part /full time</b>	20. To determine if student is part time or full time.	IND-GEN Col 10
21 <b>Anticipated Date of Graduation</b>	21. Follow-up, tracking, and evaluation. Useful in outcomes tracking.	LR-1 & LR-2 IND-GEN Col 17
22 <b>Currently in which Educational Level</b>	22. Follow-up, tracking, and evaluation	LR-1 & LR-2 IND-GEN Col 2
23 <b>Health Profession Discipline (Select one and specify below)</b>	23. Follow-up, tracking, and evaluation. The disciplines listed are those that HRSA prefers AHECs report within for greater consistency and reliability of the data. This will result in a more controlled measure that can document outcomes and impacts with greater reliability.	IND-GEN Col 9
24 <b>Did you apply the training in this rotation/course to certification or credentialing?</b> Yes, No, Unknown, Not Applicable	24. OUTCOMES measure. Self reported by learner. Follow-up, tracking, evaluation and outcomes measure. An end of rotation response would be preferable for collecting this data.	IND-GEN Col 13
25 <b>After completion of this rotation/course, did you pass a profession-specific exam or boards? (USMLE, PANCE, NECLEX)</b> Yes, No, Unknown, Not Applicable	25. OUTCOMES measure. Self reported by learner. Follow-up, tracking, evaluation and outcomes measure. An end of rotation response would be preferable for collecting this data.	IND-GEN Col 14
26 <b>I intend/plan/would like to enter a health career in a primary care setting, for example a clinic for Family Medicine, General Internal Medicine, or General Pediatrics.</b> Yes, No, Not Applicable	26. OUTCOMES measure. The primary care examples help the student recognize what is meant by primary care. An end of rotation response would be preferable for collecting this data.	IND-INTPRACT Col 2
27 <b>I intend/plan/would like to enter a health career as a primary care clinician (such as Family Medicine, General Internal Medicine, General Pediatrics, nurse practitioner, or physician assistant, etc.).</b> Yes, No, Not Applicable	27. OUTCOMES measure. The primary care examples help the student recognize what is meant by primary care. An end of rotation response would be preferable for collecting this data.	
28 <b>I intend/plan/would like to work with people who are medically underserved or where there is not enough healthcare.</b> Yes, No	28. OUTCOMES measure. The description 'where there is not enough healthcare' helps the student recognize what is meant by medically underserved. An end of rotation response would be preferable for collecting this data.	IND-INTPRACT Col 3
29 <b>I intend/plan/would like to work in rural areas (not big cities)</b> Yes, No	29. OUTCOMES measure. An end of rotation response would be preferable for collecting this data.	IND-INTPRACT Col 4
<b>AHEC staff provide the following information to connect the students to a training site and to a rotation/course description.</b>		
30 <b>Rotation/Course Dates</b>	30. Follow-up, tracking, and evaluation. This data helps link the student, site and course information. Include start and end dates.	
31 <b>Total hours</b>	31. Total number of hours for the rotation or course, for example a 4 week rotation can be expressed as 160 hours. Record the hours for each rotation and then aggregate <b>the total</b> for the HRSA PM report.	INDGEN-EXP Col 2
32 <b>Rotation/ Course Code</b>	32. You should devise <u>your own course coding system</u> (not those of multiple universities' codes) as complex or simple as your program requires. This data helps link the student, site and course information. You may find that reporting the total number of students and the type of sites utilized is a valuable impact communication to academic partners.	
33 <b>Rotation/ Course Name</b>	33. You should devise <u>your own course naming system</u> (not those of multiple universities' codes) as complex or simple as your program requires. This data helps link the student, site and course information. Include start and end dates.	
34 <b>Training Objective/Description</b>	34. Briefly describe the primary objective of the training provided. For example - 1) community- based Family Medicine 3 <sup>rd</sup> -year clerkship, 2) Pediatrics NP 1st yr Introduction to Infants and Children Care	EXP-1 Col 5
35 <b>Education Level for Course</b>	35. Assessing match between learning need and training site, follow-up, tracking, and evaluation.	
36 <b>What specific experiences are required by the course?</b>	36. Evaluation strategies may include assessing how effective the AHEC program	

	is in meeting the specific required needs of a course. This information can help with both planning and evaluation.	
<b>37 Service Learning/community service/community engagement as part of the course? Yes, No</b>	37. Service learning / community engagement is a valuable AHEC intervention for impacting students' practice location decision processes. Your program evaluation may include how many courses include Service Learning / community engagement, perhaps as a response to AHEC advocacy.	
<b>38 Required/preferred Interprofessional Education? Yes, No</b>	38. As interprofessional education is well-aligned with AHECs' mission, your program evaluation may include how many courses include IPE, perhaps as a response to AHEC advocacy.	
<b>39 Academic Course Coordinator Name</b>	39. Communication, follow-up, tracking, and evaluation.	
<b>40 Academic Course Coordinator Phone</b>	40. Communication, follow-up, tracking, and evaluation.	
<b>41 Academic Course Coordinator Email Address</b>	41. Communication, follow-up, tracking, and evaluation.	
<b>42 Rotation/Course Academic Sponsor School/Organization</b>	42. Your evaluation strategies may include performance measures and utilization by partner school, community organization, etc.	
<b>43 School/Organization Address</b>	43. Communication, follow-up, tracking, and evaluation.	
<b>44 City</b>	44. Communication, follow-up, tracking, and evaluation.	
<b>45 State</b>	45. Communication, follow-up, tracking, and evaluation.	
<b>46 Zip code (9 digit as possible)</b>	46. Communication, follow-up, tracking, and evaluation.	
<b>47 Training Site Name</b>	47. This name is from the CBSE Site form to be used for tracking and evaluation. This data helps link the student, site and course.	EXP-1a Col 1
<b>48 Training Site Code</b>	48. This code is from the CBSE Site form to be used for follow-up, tracking, and evaluation. This data helps link the student, site and course information.	
<b>49 Community Faculty name</b>	49. Follow-up, tracking, and evaluation. Community Faculty identification can help with process evaluation strategies. Community Faculty often changes within the same training site in relationship to the student needs and availability of the site staff.	
<b>50 Housing provided Yes, No</b>	50. Facilitating housing for student rotations is a traditional AHEC service.	
<b>51 If yes, Housing site name</b>	51. Connecting housing information with the student information can be useful in evaluating housing utilization and other process measures.	
<b>52 Follow-up / Tracking Outcomes -Date(s) of</b>	52. Recording the dates of follow-up contact helps with planning, process evaluation, and tracking strategies.	
<b>53 Did the student complete the AHEC rotation/program? Yes, No. Date of completion</b>	53. OUTCOMES measure. Recording the dates of follow-up contact facilitates tracking strategies.	LR-1 & LR-2 IND-GEN Col 11,12
<b>54 Did the student graduate? Yes, No. Date of graduation</b>	54. OUTCOMES measure. The student graduation, health career milestone, shifts AHEC work with the individual to supporting them in practice entry and retention especially for work in underserved areas. Recording the dates of follow-up contact facilitates tracking.	LR-1 & LR-2 IND-GEN Col 17
<b>55 Did the graduate begin work in primary care? Yes, No. Date began in PC</b>	55. OUTCOMES measure. Recording the dates of follow-up contact facilitates tracking strategies. This follow-up contact documents the outcome for the 'intent to practice in primary care' Item <sup>26,27</sup>	IND-INTPRACT Col 2
<b>56 Did the graduate begin work in an underserved area? Yes, No. Date began in underserved</b>	56. OUTCOMES measure. Recording the dates of follow-up contact facilitates tracking strategies. This follow-up contact is further documentation of the outcome in relationship to the 'intent to practice in underserved areas for Item <sup>28</sup> .	IND-INTPRACT Col 3
<b>57 Did the graduate begin work in a rural area? Yes, No. Date began in rural</b>	57. OUTCOMES measure. Recording the dates of follow-up contact facilitates tracking strategies. This follow-up contact is further documentation of the outcome in relationship to the 'intent to practice in rural areas for Item <sup>27</sup> .	IND-INTPRACT Col 4
<b>58 Did the graduate continue to work in an underserved area? Currently Yes, No How many Years?</b>	58. OUTCOMES measure. Recording the dates of follow-up contact facilitates tracking strategies. This follow-up contact is further documentation of the outcome in relationship to the 'intent to practice in underserved areas' for Item <sup>28</sup> . It also documents health professionals' retention outcomes.	IND-INTPRACT Col 3

Shaded fields are not required by or reported to HRSA.

# Sample CBSE Site Form

## A-TrACC Field Guide Suggestions

### Community Based Student Education

These forms are intended as an example only, and their use is not required by HRSA.

<sup>1</sup>Today's Date \_\_\_\_\_

<sup>2</sup> AHEC Center/Staff: \_\_\_\_\_

<b>3 Training Site Code:</b>	<b>4 Training Site Name</b> _____	<b>5 Training Site Contact Name</b>		<b>6 Contact Phone #</b> ( )
If site linked to a multi-office system specify system name _____				
<b>7 Address</b>			<b>8 City</b>	<b>9 County (not USA)</b>
		<b>10 State</b>	<b>11 Zip code (9 digit as possible)</b>	
<b>12 Primary Phone #</b> ( )	<b>13 Fax #</b> ( )	<b>14 Email address</b>		<b>15 Website</b>
<b>16 Site Location (Select one)</b>				
<input type="checkbox"/> Urban/Inner City <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Frontier				
<b>17 Training Site Type (Select one)</b>			<b>18 Training Settings (Select all that apply)</b>	
<input type="checkbox"/> Academic institution <input type="checkbox"/> Acute care services <input type="checkbox"/> Aerospace operations setting <input type="checkbox"/> Ambulatory practice sites (e.g. Geriatric ambulatory care; designated by State governor) <input type="checkbox"/> Community Health Center (CHC) <input type="checkbox"/> Other community health center (i.e. free clinic) <input type="checkbox"/> Community Behavioral Health Center <input type="checkbox"/> Community-based organization <input type="checkbox"/> Day and home care programs (i.e. Home Health)			<input type="checkbox"/> Local health department, Mobile unit <input type="checkbox"/> National health association <input type="checkbox"/> Physician Office <input type="checkbox"/> School-based clinic <input type="checkbox"/> Specialty clinics (e.g. mental health practice, rehabilitation, substance abuse clinic) <input type="checkbox"/> State Health department <input type="checkbox"/> Surgery clinic <input type="checkbox"/> Long-term Care Facility <input type="checkbox"/> Veterans Affairs Healthcare (e.g. VA hospital) <input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Dental services <input type="checkbox"/> Extended care facilities <input type="checkbox"/> Federal and State Bureau of Prisons <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital-academic center <input type="checkbox"/> Hospital-community <input type="checkbox"/> Hospital-federal <input type="checkbox"/> Hospital-non-profit <input type="checkbox"/> Hospital-for profit <input type="checkbox"/> Indian Health Service or Tribal health site <input type="checkbox"/> International nonprofit/nongovernmental organization			<input type="checkbox"/> Federally Qualified Health Center (FQHC) Includes look-alikes (also includes Federally designated Community Health Centers – CHCs) <input type="checkbox"/> HPSA (Health Professionals Shortages Areas) and Dental HPSA <input type="checkbox"/> Medically Underserved Communities (MUC) <input type="checkbox"/> Rural Location <input type="checkbox"/> Frontier location <input type="checkbox"/> Not Applicable	
<b>19 Vulnerable Populations Served in Training Site (Select all that apply)</b>				
<input type="checkbox"/> Adolescents <input type="checkbox"/> Children <input type="checkbox"/> Chronically ill <input type="checkbox"/> College students <input type="checkbox"/> Homeless Individuals <input type="checkbox"/> Individuals with HIV/AIDS				
<input type="checkbox"/> Individuals with mental health or substance abuse disorders; <input type="checkbox"/> Migrant Workers <input type="checkbox"/> Military and/or military families <input type="checkbox"/> Older adults <input type="checkbox"/> People with disabilities <input type="checkbox"/> Pregnant women and infants				
<input type="checkbox"/> Unemployed <input type="checkbox"/> Returning war veterans (Iraq or Afghanistan) <input type="checkbox"/> Veterans <input type="checkbox"/> Victims of Abuse or Trauma <input type="checkbox"/> Other (specify) _____				
<b>20 Which Disciplines are trained at this site (Select all that apply)</b>				
<input type="checkbox"/> Allopathic Medicine <input type="checkbox"/> Chiropractic <input type="checkbox"/> Osteopathic General Practice <input type="checkbox"/> Optometry <input type="checkbox"/> Pharmacy <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychiatry				
<input type="checkbox"/> Veterinary Medicine <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Licensed Practical/ Vocational Nurse (LPN/LVN) <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Registered Nurse				
<input type="checkbox"/> Dental Assistant <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> General Dentistry <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Clinical Social Work <input type="checkbox"/> Substance Abuse/Addictions Counseling				
<input type="checkbox"/> Community Health Worker <input type="checkbox"/> Health Education/ Behavior <input type="checkbox"/> Health Services/ Hospital Administration <input type="checkbox"/> Nutrition - Dietetics <input type="checkbox"/> Public Health (General Studies)				
<input type="checkbox"/> Clinical Lab Worker <input type="checkbox"/> EMT – Paramedic/ First Responder <input type="checkbox"/> Health Information Systems/ Data Analysis <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other – specify below				
Please further <u>specify</u> discipline/specialty/subspecialty _____				
<b>21 Interprofessional/Interdisciplinary Education (IPE)</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No            If yes Specify disciplines from <sup>20</sup> list above _____				

<p><b>22 Partners/Leveraging (Select up to 3)</b></p> <p><input type="checkbox"/> *Federally-Qualified Health Center (FQHC) or look-alike (includes Federally designated Community Health Centers – CHCs)</p> <p><input type="checkbox"/> Other community health center (i.e. free clinic)</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Business/industry – For profit</p> <p><input type="checkbox"/> Nonprofit organization</p> <p><input type="checkbox"/> Community Mental Health Center</p> <p><input type="checkbox"/> State public health association</p> <p><u>Academic</u></p> <p><input type="checkbox"/> Medical school</p> <p><input type="checkbox"/> School of Public Health</p>	<p><input type="checkbox"/> Other academic departments (other disciplines)</p> <p><input type="checkbox"/> Other academic institution</p> <p><input type="checkbox"/> Racial/ethnic population entity/ research center</p> <p><input type="checkbox"/> Health disparities research center</p> <p><input type="checkbox"/> Health policy center</p> <p><u>Government</u></p> <p><input type="checkbox"/> Federal - Centers for Disease Control and Prevention (CDC) program</p> <p><input type="checkbox"/> Federal - Veterans Affairs (VA)</p> <p><input type="checkbox"/> Federal – Other</p> <p><input type="checkbox"/> State Governmental Programs</p> <p><input type="checkbox"/> Local Government Programs</p>	<p><u>Health Department</u></p> <p><input type="checkbox"/> Local</p> <p><input type="checkbox"/> State</p> <p><input type="checkbox"/> Tribal</p> <p><u>Other HRSA program</u></p> <p><input type="checkbox"/> Comprehensive Geriatric Education Program (CGEP)</p> <p><input type="checkbox"/> Geriatric Education Center (GEC)</p> <p><input type="checkbox"/> Health Careers Opportunity Program (HCOP)</p> <p><input type="checkbox"/> Nurse Education, Practice, Quality and Retention (NEPQR)</p> <p><input type="checkbox"/> Public Health Training Center (PHTC)</p> <p><input type="checkbox"/> Area Health Education Center (AHEC)</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p><input type="checkbox"/> No partners</p>
--	--	---

<p><b>23 Number of unduplicated trainees for each discipline trained in this site for 2011-2012 Year.</b></p>	<p><b>24 Total number of rotations per discipline in this site for 2011-2012 Year.</b></p>
---	--

**Shaded fields are not required by or reported to HRSA. Numbers correspond with Guidelines items.**

# Sample CBSE Site Form Guidelines

## A-TrACC Field Guide Suggestions Community-Based Student Education

**These forms are intended as an example only, and their use is not required by HRSA.**

This form is built for AHEC staff to complete for gathering current data reporting requirements for the Federal Performance Measures (PM). The form includes data points that are not strictly required by the HRSA PMs but are highly useful in program evaluation and performance measurement processes.

Form Item	Notations	Federal Table
<sup>1</sup> Today's Date:	1. Today's Date-(internal use)	
<sup>2</sup> AHEC Center:	2. AHEC Center-Center name or identifier(internal use)	
<sup>3</sup> Training Site Code:	3. Identifier- for AHEC staff to complete. You should devise <u>your own site coding system</u> as complex or simple as your program requires. It is an element useful in many systems of record keeping and tracking outcomes. You may use this code to connect to students and courses to the site. Each site with a separate physical location should have a separate form and a separate Site Code.	EXP-1a Col 10
<sup>4</sup> Training Site Name	4. Each site with a separate physical location should have a separate form and Site Code.	EXP-1a Col 1
<sup>5</sup> Contact Name	5. Name of contact at training site. Useful for follow-up, tracking, and evaluation.	
<sup>6</sup> Contact Phone #	6. Training site contact's phone #. Useful for follow-up, tracking, and evaluation.	
<sup>7</sup> Address	7. Follow-up, tracking, and evaluation.	EXP-1a Col 2
<sup>8</sup> City	8. Follow-up, tracking, and evaluation.	EXP-1a Col 2
<sup>9</sup> County (not USA)	9. Follow-up, tracking, and evaluation.	CLSET-1 Col 2,3,4,6
<sup>10</sup> State	10. Follow-up, tracking, and evaluation.	EXP-1a Col 2
<sup>11</sup> Zip code (9 digit as possible)	11. Follow-up, tracking, and evaluation. 9-digit aids geo-mapping evaluation.	EXP-1a Col 2 CLSET-1 Col 2,3,4,6
<sup>12</sup> Primary Phone #	12. Follow-up, tracking, and evaluation.	
<sup>13</sup> Fax #	13. Follow-up, tracking, and evaluation	
<sup>14</sup> Email address	14. Follow-up, tracking, and evaluation	
<sup>15</sup> Website	15. Follow-up, tracking, and evaluation	
<sup>16</sup> Site Location Urban, Suburban, Rural, Frontier	16. If the site location is rural then it will be applicable to the selections for CLSET-1 Col 6.	CLSET-1 Col 6
<sup>17</sup> Training Site Type	17. Select only one.	EXP-1a Col 3
<sup>18</sup> Training Setting	18. Select all that apply	EXP-1a Col 4 CLSET-1 Col 2,3,4,6
<sup>19</sup> Vulnerable Populations Served in Training Site (Select all that apply)	19. Exposure to underserved/vulnerable populations - select all that apply. There are 16 options. The options with the descriptor (U/VP) will be included in the pull-down menus we expect to see in the HRSA reporting processes. The full selection of options is useful in evaluating the overall program effectiveness in providing experiences to students with a wide range of underserved populations.	EXP-1a Col 6
<sup>20</sup> Which student disciplines are trained at this site (Select all that apply)	20. Identify all disciplines that are trained in this setting. This discipline list is specified for AHEC priority selection. <b>NOTE: When beginning to submit the Annual Performance Report in the HRSA Electronic Handbook (EHB) for Applicants/Grantee the person entering the data should include these 29AHEC priority disciplines in their selections in the Setup Data section 'Health Profession and Discipline.' The process for reporting to table EXP-1a requires a separate table for each discipline and all the sites that train that particular discipline. Thus each site may be included in multiple discipline-specific EXP-1a reports. For further information see the A-TrACC Field Guide Attachment – 'Setup Data - Health Profession and Discipline.'</b>	EXP-1a Col 9
<sup>21</sup> Interprofessional / Interdisciplinary Education (IPE) Select yes or no If yes Specify.	21. Does this training site utilize an Interprofessional Team model in the learning environment? If yes list the disciplines from item <sup>20</sup>	EXP-1a Col 8
<sup>22</sup> Partners/Leveraging (Select up to 3) **Federally-Qualified Health Center (FQHC)	22. Identify partners. If one of your partners is a (FQHC) <b>be sure to include them</b> in your 3 options for selection, since CHCs are priority partners for AHECs.	EXP-1a Col 7
<sup>23</sup> Number of unduplicated trainees for each discipline trained in this site for 2011-2012 Year.	23. Utilize the list of disciplines from item <sup>20</sup> to report the student disciplines.	EXP-1a Col 11
<sup>24</sup> Total number of rotations per discipline in this site for 2011-2012 Year.	24. Each separate rotation should be counted for each discipline. The number of rotations for each discipline may be greater than number of trainees for each discipline in item <sup>23</sup> . This information may be part of your program evaluation processes, assessing the utilization of the site and potential for learning environment enhancements.	EXP-1a Col 10

**Shaded fields are not required by or reported to HRSA.**

# Sample CBSE Individual Tracking Form (Begin April 1, 2012)

**A-TrACC Field Guide Suggestions**  
Community Based Student Education

**These forms are intended as an example only, and their use is not required by HRSA.**

The 2013 HRSA report requires individual level data for Community Based Student Education students. You may have systems for tracking individual students. This form will capture the current requirements for the Federal Performance Measures for AHECs. It may have a few data points that are not strictly required but are highly useful in program evaluation and performance measurement processes. **All data points for this form come from:**

- **CBSE Student Form**
- **CBSE Site Form**

<sup>1</sup>Reporting Year:

<sup>2</sup>AHEC Center:

<sup>3</sup> Student Name	<sup>4</sup> 7-Digit ID	<sup>5</sup> Rotation/ Course Codes	<sup>6</sup> Discipline	<sup>7</sup> Current Ed Level	<sup>8</sup> Part-time or fulltime student	<sup>9</sup> Gender	<sup>10</sup> Age	<sup>11</sup> Ethnicity	<sup>12</sup> Race	<sup>13</sup> Disadvantaged Bckgrnd	<sup>14</sup> Rural/ Urban/ Frontier Bckgrnd	<sup>15</sup> Contact Hours	<sup>16</sup> Complete	<sup>17</sup> Apply to credential/ cert	<sup>18</sup> Passed profess. exam	<sup>19</sup> Did trainee Graduate	<sup>20</sup> Intent to practice PC	<sup>21</sup> Intent to practice MUC	<sup>22</sup> Intent to practice Rural
Instructions	ID /Date											Hrs - Date	Y/N - Date	Y/N - Date	Y/N - Date	Y/N - Date	Y/N - Date	Y/N - Date	Y/N - Date
Example 1 Garza, Mary Elena	0000001	CB01MS3	Al Med	Medicine Doctor	F	F	25	Hispanic	White	Y	Rural	160	Y	N	N	N	Y	Y	Y
	07/10/11											09/01/11	09/01/11						
Example 2 Leonardo, Joe	0000002	CB03MS4 CB04MS4	Al Med	Medicine Doctor	F	M	27	Non-Hispanic	AA	Y	Urban	160, 160	Y, Y	N	Y - USMLE	Y	Y	Y	N
	07/10/11											09/01/11 02/29/12	09/01/11 02/29/12		5/12/12	05/30/12	06/01/12	06/01/12	06/01/12

\*Numbers correspond with Guidelines items.

Shaded fields are not required by or reported to HRSA. This information may be useful for follow-up, tracking, and evaluation.

# CBSE Individual Tracking Form Guidelines

## A-TrACC Field Guide Suggestions Community Based Student Education

**These forms are intended as an example only, and their use is not required by HRSA.**

The 2013 HRSA report requires individual level data for Community Based Student Education students. You may have systems for tracking individual students. This form will capture the current requirements for the Federal Performance Measures for AHECs. It may have a few data points that are not strictly required but are highly useful in program evaluation and performance measurement processes. **All data points for this form come from:**

- **CBSE Student Form**
- **CBSE Site Form**

Form Item	Notations	Federal Table/ Other Requirement
<sup>1</sup> Reporting Year:	1. Reporting Year – Internal use	
<sup>2</sup> AHEC Center:	2. AHEC Center – Center name or identifier, internal use	
<sup>3</sup> Student Name	3. Student full name is recommended. This is for internal records and will not be reported in the federal report. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, marketing, tracking, and evaluation purposes but this information IS NOT REQUIRED BY OR REPORTED TO HRSA. Remember the importance of data security when managing PII.	
<sup>4</sup> ID	4. Source: CBSE Student Form Item <sup>4</sup> AHEC staff assigns this identifier to the student at the first encounter of the student in AHEC activity. It is intended to be a unique number for each individual student without duplicating either the student or the identifier. It is an element useful in many systems of recording keeping and tracking outcomes. If you do not have a system already in place, you could begin with 0000001 and assign to each completed student's registration form. Note This Identifier should be a 7 digit numeric identifier. We recommend you include a date the student began AHEC activity under the ID.	IND-GEN Col 1; IND-INTPRACT Col 1; INDGEN-EXP Col 1
<sup>5</sup> Rotation/Course Codes	5. Data Source: CBSE Student Form Item <sup>32</sup> Rotation/Course Code – this will be useful in tracking and aggregating individual data for outcomes evaluation. We recommend you include dates of the beginning of rotations along with their rotation/course codes from CBSE Rotation/Course Form Item <sup>3</sup> . Multiple rotations by an individual student are considered outcome indicators for program evaluation plans but not required by HRSA.	
<sup>6</sup> Discipline	6. Data Source: CBSE Student Form Item <sup>23</sup> Discipline – This will be useful in tracking and aggregating individual data for outcomes evaluation.	IND-GEN Col 9
<sup>7</sup> Ed Level	7. Source: CBSE Student Form Item <sup>22</sup> This is the education degree level of the program in which the student is enrolled. The HRSA Performance Measures Reporting system will likely have a pull-down selection.	IND-GEN Col 2
<sup>8</sup> Part-time or fulltime student	8. Source: CBSE Student Form Item <sup>20</sup> Trainee Status	IND-GEN Col 10
<sup>9</sup> Gender	9. Source: CBSE Student Form Item <sup>6</sup> The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Male,(2) Female	LR-2 IND-GEN Col 3
<sup>10</sup> Age	10. Source: CBSE Student Form Item <sup>7</sup> The age will need to be calculated based on the birth date in item <sup>7</sup> . The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes age options.	LR-2 IND-GEN Col 4
<sup>11</sup> Ethnicity	11. Source: CBSE Student Form Item <sup>15</sup> The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Hispanic, (2) Non Hispanic. You may wish to develop a code for your own use to facilitate documentation processes.	DV-1a, DV-1b, IND-GEN Col 5
<sup>12</sup> Race	12. Source: CBSE Student Form Item <sup>16</sup> The HRSA Performance Measures Reporting system will have a pull-down selection option that includes the following: (1) African American / Black, (2) American Indian/Alaskan Native, (3) Asian (not underrepresented), (4) Asian (underrepresented), (5) Native Hawaiian/Other Pacific Islander, (6) White, (7) More than One Race, (8) Unknown. You may wish to develop a code for your own use to facilitate documentation processes.	DV-1a, DV-1b, DV-2, IND-GEN Col 6

<sup>13</sup> Disadvantaged Background	13. Source: CBSE Student Form Item <sup>17</sup> Yes/No answers.	DV-2 IND-GEN Col 8
<sup>14</sup> Urban/Inner City, Suburban, Rural, Frontier Background	14. Source: CBSE Student Form Item <sup>18</sup> Urban/Inner City, Suburban, Rural, Frontier Background can be identified from the CBSE Student Form Item <sup>18</sup> . The HRSA Performance Measures Reporting system will likely have a pull-down selection option. You may wish to develop a code for your own use to facilitate documentation processes.	IND-GEN Col 7
<sup>15</sup> Contact Hours	15. Source: CBSE Student Form Item <sup>31</sup> Generally a 4 week rotation is expressed as 160 hours. You will need to aggregate the hours for multiple rotations by an individual student.	INDGEN-EXP Col 2
<sup>16</sup> Complete	16. Source: CBSE Student Form Item <sup>53</sup> Did the Trainee Complete the Program? Yes/No answers. A program completer is a trainee who has successfully fulfilled the requirements of a clinical rotation, as specified by the university or clinical training site.	LR-1 IND-GEN Col 11, 12
<sup>17</sup> Apply to credential/ cert.	17. Source: CBSE Student Form Item <sup>24</sup> Completer applied the training to certification or credentialing.	IND-GEN Col 13
<sup>18</sup> Passed profess. exam	18. Source: CBSE Student Form Item <sup>25</sup> Did the trainee pass the profession-specific certifying exam or boards such as USMLE, PANCE, NECLEX	IND-GEN Col 14
<sup>19</sup> Did trainee graduate?	19. Did the Trainee Graduate? Source: CBSE Student Form Item <sup>54</sup> Yes/No answers. This will require follow-up contact with the student after the projected graduation date, CBSE Student Form Item <sup>24</sup> . Data from the CBSE Student Form about the student and school are resources for making the ongoing connection with the student. We recommend you include a date you contacted the student along with their Y/N response.	IND-GEN Col 17
<sup>20</sup> Intent to practice PC	20. Source: CBSE Student Form Item <sup>26, 55</sup> Intent to Practice? Primary Care Yes/No answers. This information can be collected from the CBSE Student Form Items <sup>26, 55</sup> For evaluation strategies you may request the student to repeat completing this Form periodically, such as before and after the rotation/course. You should report the response at the end of the rotation/course to HRSA. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes. We recommend you include a date the student provided their Y/N response.	IND-INTPRACT Col 2
<sup>21</sup> Intent to practice MUC	21. Source: CBSE Student Form Item <sup>28, 56, 58</sup> Intent to Practice? Medically Underserved Community Yes/No answers. This information can be collected from the CBSE Student Form Items <sup>28, 56, 58</sup> . For evaluation strategies you may request the student to repeat completing this Form periodically, such as before and after the rotation/course. You should report the response at the end of the rotation/course to HRSA. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes. We recommend you include a date the student provided their Y/N response.	IND-INTPRACT Col 3
<sup>22</sup> Intent to practice Rural	22. Source: CBSE Student Form Item <sup>29, 57</sup> Intent to Practice in Rural Setting? Yes/No answers. This information can be collected from the CBSE Student Form Item <sup>29, 57</sup> . For evaluation strategies you may request the student to repeat completing this Form periodically, such as before and after the rotation/course. You should report the response at the end of the rotation/course to HRSA. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes. We recommend you include a date the student provided their Y/N response.	IND-INTPRACT Col 4

**Shaded fields are not required by or reported to HRSA. This information may be useful for follow-up, tracking, and evaluation.**



# Sample CE/PES Participant Registration Form

## A-TrACC Field Guide Suggestions

Continuing Education/Professional Education and Support

**These forms are intended as an example only, and their use is not required by HRSA.**

**<sup>1</sup>Today's Date:**

**<sup>2</sup>AHEC Center:**

*<sup>3</sup>Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.*

<b><sup>4</sup>ID(AHEC Office Use Only):</b>	<b><sup>5</sup>Participant Type (select one)</b> <input type="checkbox"/> Student <input type="checkbox"/> Healthcare Prof/Worker <input type="checkbox"/> Other
--	---

<b><sup>6</sup>Last Name/First name</b>	<b><sup>7</sup>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b><sup>8</sup>Age</b> <input type="checkbox"/> <20 <input type="checkbox"/> 30-39 <input type="checkbox"/> 50-59 <input type="checkbox"/> 20-29 <input type="checkbox"/> 40-49 <input type="checkbox"/> 60 -69 <input type="checkbox"/> =>70
---	--	--

<b><sup>9</sup>Address</b>	<b><sup>10</sup>City</b>	<b><sup>11</sup>County (Parish or Borough)</b>	<b><sup>12</sup>State</b>	<b><sup>13</sup>Zip code (9 digit as possible)</b>
----------------------------	--------------------------	--	---------------------------	--

<b><sup>14</sup>Primary Phone #</b>	<b><sup>15</sup>Permanent Email address</b>
-------------------------------------	---

<b><sup>16</sup> Ethnicity (select one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	<b><sup>17</sup> Race (select one)</b> <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai – these groups are not underrepresented in the health workforce)	<input type="checkbox"/> Asian (Other) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one Race - White and not underrepresented Asian <input type="checkbox"/> More than one Race all others
---	---	---

**<sup>18</sup>Employer Name**

<b><sup>19</sup>Work/ Practice Location(s)Address</b>	<b><sup>20</sup>City</b>	<b><sup>21</sup>County (Parish or Borough)</b>	<b><sup>22</sup>State</b>	<b><sup>23</sup>Zip code (9 digit as possible)</b>
---	--------------------------	--	---------------------------	--

**<sup>24</sup>Are you employed by or work in the following? (select all that apply)**

<input type="checkbox"/> Rural Setting <input type="checkbox"/> *Federally-qualified health center (FQHC) – includes health care for the homeless; primary care public housing, migrant health center, school-based health center, rural health clinic) <input type="checkbox"/> Community-Based Training Site - Area Health Education Center (AHEC) <input type="checkbox"/> National Health Service Corp (NHSC) Site <input type="checkbox"/> Hospitals <input type="checkbox"/> Nursing Home <input type="checkbox"/> Community-Based Organizations/Non-profit <input type="checkbox"/> * Health department, Local <input type="checkbox"/> * Health Department, State <input type="checkbox"/> Academia – education/ college/ university	<input type="checkbox"/> US Department of Health and Human Services <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) <input type="checkbox"/> Health Resources and Services Administration (HRSA) <input type="checkbox"/> National Institutes of Health (NIH) <input type="checkbox"/> Tribal Government; <input type="checkbox"/> *Indian Health/Tribal Health Department <input type="checkbox"/> * Indian Health Service (IHS) <input type="checkbox"/> Veteran's Administration (VA) <input type="checkbox"/> Geriatric Education Center (GEC) <input type="checkbox"/> Government, Other State <input type="checkbox"/> Government, Other City <input type="checkbox"/> Government, Other County <input type="checkbox"/> Government, Other Federal	<input type="checkbox"/> * Shortage areas -Primary medical care, mental health, and dental health professional shortage areas (HPSA ) (federally designated under section 332) <input type="checkbox"/> *Ambulatory Practice Site Designated by State Governor <input type="checkbox"/> *Public Housing Primary Care <input type="checkbox"/> **Other Medically Underserved Site such as: Emergency care facilities, State-owned facilities for indigent care, teaching hospitals, and other teaching facilities with a Medicaid/Medicare patient population of 50% or more of the total patient population, Sites with un-insured patient population greater than the national average, Ambulatory practice sites with a Medicaid/Medicare patient population of 50% or more of the total patient population including public, non-profit, faith-based, and charity facilities <input type="checkbox"/> Other (specify) _____
---	--	--

**<sup>25</sup>Health Profession Discipline (Select one and specify below)**

<input type="checkbox"/> Allopathic Medicine <input type="checkbox"/> Chiropractic <input type="checkbox"/> Osteopathic General <input type="checkbox"/> Optometry <input type="checkbox"/> Pharmacy <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychiatry	<input type="checkbox"/> Veterinary Medicine <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Licensed Practical/ Vocational Nurse (LPN/LVN) <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Dental Assistant <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> General Dentistry <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Clinical Social Work <input type="checkbox"/> Substance Abuse/ Addictions Counseling	<input type="checkbox"/> Community Health Worker <input type="checkbox"/> Health Education/ Behavior <input type="checkbox"/> Health Services/ Hospital Administration <input type="checkbox"/> Nutrition - Dietetics <input type="checkbox"/> Public Health (General Studies)	<input type="checkbox"/> Clinical Lab Worker <input type="checkbox"/> EMT – Paramedic/ First Responder <input type="checkbox"/> Health Information Systems/ Data Analysis <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other – specify below
--	--	--	--	---

**Please further specify discipline/specialty/subspecialty** \_\_\_\_\_

**<sup>26</sup>Do you intend to apply the training from this activity toward employment or professional requirements, continuing education credit, certification, or credentialing?**    Yes    No

**Shaded fields are not required by or reported to HRSA. Numbers correspond with Guidelines items.**

# CE/PES Participant Registration Form Guidelines

## A-TrACC Field Guide Suggestions

Continuing Education/Professional Education and Support

**These forms are intended as an example only, and their use is not required by HRSA.**

The HRSA report does not require individual level data for Continuing Education participants. This form is built for individual participants to complete, as is typical for CE participants. You may have systems for tracking individual participants. This form will capture the current requirements for the Federal Performance Measures for AHECs. It may have a few data points that are not strictly required but are highly useful in program evaluation and performance measurement processes.

Form Item	Notations	Federal Table/ Other Requirement
<b><sup>1</sup>Today's Date:</b>	1. Today's Date– (internal use) Reporting period is July 1, 2011 to June 30, 2012.	
<b><sup>2</sup>AHEC Center:</b>	2. AHEC Center – Center name or identifier (internal use)	
<sup>3</sup> <i>Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.</i>	3. Purpose Statement - is recommended. This is only an example and is not offered as a legal statement.	
<b><sup>4</sup>ID(AHEC Office Use Only):</b>	4. Identifier: This identifier is for the AHEC staff to complete, not the participant. It is an element useful in many systems of record keeping and tracking outcomes. If you do not have a system already in place, you could begin with 0000001 and assign to each completed participant's registration form. You may use this number in the processes for evaluation follow-up.	
<b><sup>5</sup>Participant Type (select one)</b> Student, Healthcare Prof/Worker, Other	5. Participant Type – if they are already a health professional but currently a student too, they should check health professional.	LR-1 Row 12
<b><sup>6</sup>Last Name/First name</b>	6. This is Personal Identifying Information (PII). Needed for registration, CE accreditation, tracking, and evaluation follow-up. This information should be kept private to the extent allowed by law.	
<b><sup>7</sup>Gender:</b> Male, Female	7. Gender – check one	
<b><sup>8</sup>Age</b> <20, 20-29, 30-39, 40-49, 50-59, 60 -69 , =>70	8. Age – Sometimes participants will give you their age but not their birth date and vice versa.	
<b><sup>9</sup>Address</b>	9. Follow-up, marketing, tracking, and evaluation.	
<b><sup>10</sup>City</b>	10. Follow-up, marketing, tracking, and evaluation.	
<b><sup>11</sup>County (Parish or Borough)</b>	11. Follow-up, marketing, tracking, and evaluation.	
<b><sup>12</sup>State</b>	12. Follow-up, marketing, tracking, and evaluation.	
<b><sup>13</sup>Zip code (9 digit as possible)</b>	13. Follow-up, marketing, tracking, and evaluation. 9-digit aids geo-mapping evaluation strategies.	
<b><sup>14</sup>Primary Phone #</b>	14. This is Personal Identifying Information (PII). Utilized for future marketing, tracking, and follow-up evaluation.	
<b><sup>15</sup>Permanent Email address</b>	15. This is Personal Identifying Information (PII). Utilized for future marketing, tracking, and follow-up evaluation.	
<b><sup>16</sup>Ethnicity (select one)</b> Hispanic/Latino, Non Hispanic/Latino	16. If left blank = Unknown	
<b><sup>17</sup>Race (select all that apply)</b> African American / Black , American Indian/Alaskan Native, Asian (Chinese, Filipino, Japanese, Korean, Asian, Indian, or Thai), Asian (Other), Native Hawaiian/Other Pacific Islander, White Disadvantaged (educationally or economically), White Non-Disadvantaged	17. If left blank = Unknown. If more than one selected = More Than One Race	

<b>18Employer Name</b>	18. Identifying site type, follow-up, marketing, tracking, and evaluation. Some systems may find it more accurate and effective to research each employer and provide the MUC/Rural site determination, instead of requesting the information from the participant. The following location information will be needed for making the site determination.	
<b>19 Work/ Practice Location(s) Address</b>	19. Identifying site type, follow-up, marketing, tracking, and evaluation.	
<b>20City</b>	20. Identifying site type, follow-up, marketing, tracking, and evaluation.	
<b>21County (Parish or Borough)</b>	21. Identifying site type, follow-up, marketing, tracking, and evaluation.	
<b>22State</b>	22. Identifying site type, follow-up, marketing, tracking, and evaluation.	
<b>23Zip code (9 digit as possible)</b>	23. Identifying site type, follow-up, marketing, tracking, and evaluation. 9-digit Zip Code aids geo-mapping evaluation strategies.	
<b>24Are you employed by or work in following? (select <u>all</u> that apply)</b>  **Other Medically Underserved Site such as: School health services and health clinics, Emergency care facilities, State owned facilities for indigent care, teaching hospitals, and other teaching facilities with a Medicaid/Medicare patient population of 50% or more of the total patient population, Sites with un-insured patient population greater than the national average, Ambulatory practice sites with a Medicaid/Medicare patient population of 50% or more of the total patient population including public, non-profit, faith-based, charity, and other types of clinics where the ability to pay does not restrict access.	24. Note that this item requests to select <u>all that apply</u> . When a participant selects any "" item, they can be counted toward Medically Underserved categories in CE-2 Row 2 Col 2. AHECs have a priority for working with CHCs and FQHCs and may wish to report these separately for other data requests. The location data will aid in researching and identifying employment setting for CE-2 Row 2 Col 3. Rural is based on the county being designated as not part of a Metropolitan Statistical Area.  **These 'Other Medically Underserved Sites' are not included in the glossary for the Federal Performance Measures; however, you may wish to report these separately for other data requests. They should not be included in the federal report for MUC CE-2 Row 2 Col 2.	CE-TTY Col 2 CE-2 Row 2 Col 2, 3
<b>25Health Professional / Worker Discipline (select only one)</b>	25. Follow-up, tracking, and evaluation. The disciplines listed are those that HRSA prefers AHECs report within for greater consistency and reliability of the data. This will result in a more controlled measure that can document outcomes and impacts with greater reliability. This is the list required for reporting with slight rearranging to enhance participant response. In the case of slightly different titles or credentials the participants can be added to the related discipline category, for example Physical Therapy Assistant can be reported with Physical Therapy.	CE-1 Col 13 CE-TTY Col 1
<b>26Do you intend to apply the training from this activity toward employment or professional requirements, continuing education credit, certification, or credentialing? Yes/No</b>	26. HRSA Performance Measure requirement. Project OUTCOMES: Proxy for retention measure	CE-1 Col 14

**Shaded fields are not required by or reported to HRSA.**

# Sample CE/PES Evaluation Form

## A-TrACC Field Guide Suggestions

Continuing Education/Professional Education and Support

**These forms are intended as an example only, and their use is not required by HRSA.**

<sup>1</sup>Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.

<sup>2</sup> Today's Date:	<sup>3</sup> CE Offering Title:
----------------------------	---------------------------------

**41. In this educational session I increased my knowledge of \_\_\_\_\_.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable/No response
1 ___	2 ___	3 ___	4 ___	5 ___	6 ___

**42. After completing this CE I improved skill in \_\_\_\_\_.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable/No response
1 ___	2 ___	3 ___	4 ___	5 ___	6 ___

**43. After completing this educational session I intend to improve : \_\_\_\_\_**

**44. I will \_\_\_\_\_.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable/No response
1 ___	2 ___	3 ___	4 ___	5 ___	6 ___

**45. Before completing this educational session, I \_\_\_\_\_.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable/No response
1 ___	2 ___	3 ___	4 ___	5 ___	6 ___

**Shaded fields are not required by or reported to HRSA.**

	Community (MUC) reporting category - This category may be useful in your evaluation strategies and reporting to other stakeholders <b>For the HRSA Annual Performance Report aggregate all the participants by employed type for multiple offerings of the same program/course/content.</b>	
<sup>17</sup> Number of <u>participants by discipline by their zip code</u> address for where they work (or home zip if work not available)	17. 'Distribution of Knowledge' using both zip code of employment and discipline for geomapping is powerful in impact evaluation but not required by the HRSA Performance Measures. Useful in evaluation of 'distribution of knowledge'.	CE-TTY Col 2
<sup>18</sup> Participant response to "Do you intend to apply the training from this activity toward employment or professional requirements, continuing education credit, certification, or credentialing?" (Check yes or no)	18. Project OUTCOMES: Proxy for retention measure. <b>For the HRSA Annual Performance Report aggregate all the participants for multiple offerings of the same program/course/content.</b>	CE-1 Col 14
<b>Participants' Evaluation Responses at the end of the CE Offering</b>		
<sup>19</sup> 1. In this educational session I increased my knowledge of (fill in the blank related to the objectives of the offering) _____.	19. Project OUTCOMES: Change in knowledge Provide the number for each response item.	
<sup>20</sup> 2. After completing this CE I improved skill in (fill in the blank related to the objectives of the offering) _____.	20. Project OUTCOMES: Change in knowledge Provide the number for each response item.	
<sup>21</sup> 3. After completing this educational session I intend to improve _____.	21. Project OUTCOMES: Change in professional's behavior Report the # who give <u>any response</u> for this item.	
<sup>22</sup> 4. I will (fill in the blank related to the objectives of the offering) _____.	22. Project OUTCOMES: Change in professional's behavior Items 4 and 5 are designed as a 'Retrospective Pretest', also known as 'Then Now' questions. The protocol is to ask the participant to respond based on their answer after the educational offering and then reflect on how they would have responded before the educational offering. The sequencing of the questions is part of the design.	
<sup>23</sup> 5. <u>Before</u> completing this educational session, I (fill in the blank related to the objectives of the offering) _____.	23. See above	

**Shaded fields are not required by or reported to HRSA.**



<b>14 Total # of Participants</b>		<b>15 Gender</b> ____ # Male ____ # Female		<b>16 Age</b> ____ # <20 ____ # 30-39 ____ # 50-59 ____ # =>70 ____ # 20-29 ____ # 40-49 ____ # 60-69 ____ # No Response						
<b>18 Ethnicity (select one)</b> ____ # Hispanic ____ # Non Hispanic		<b>19 Race (select one)</b> ____ # African American / Black ____ # American Indian/Alaskan Native ____ # Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai – these groups are not underrepresented in the health workforce)		____ # Asian (Other) ____ # Native Hawaiian/Other Pacific Islander ____ # White ____ # More than one Race - White and not underrepresented Asian ____ # More than one Race all others						
<b>14 Number of Participants by Discipline</b>		____ # Podiatry ____ # Psychiatry ____ # Veterinary Medicine ____ # Physician Assistant ____ # Licensed Practical/Vocational Nurse (LPN/LVN) ____ # Nurse Midwife		____ # Nurse Practitioner (NP) ____ # Registered Nurse ____ # Dental Assistant ____ # Dental Hygiene ____ # General Dentistry ____ # Clinical Psychology ____ # Clinical Social Work ____ # Substance Abuse/Addictions Counseling		____ # Community Health Worker ____ # Health Education/Behavior ____ # Health Services/Hospital Administration ____ # Nutrition - Dietetics ____ # Public Health (General Studies)		____ # Clinical Lab Worker ____ # EMT – Paramedic/ First Responder ____ # Health Information Systems/Data Analysis ____ # Occupational Therapy ____ # Physical Therapy ____ # Other		
<b>16 Are you employed by or work in the following? (select all that apply) Number of participants choosing each category.</b>										
____ # Rural Setting ____ # *Federally-qualified health center (FQHC) – includes health care for the homeless; primary care public housing, migrant health center, school-based health center, rural health clinic) ____ # Community-Based Training Site - Area Health Education Center (AHEC) ____ # National Health Service Corp (NHSC) Site ____ # Hospitals ____ # Nursing Home ____ # Community-Based Organizations/Non-profit ____ # * Health department, Local ____ # * Health Department, State ____ # Academia – education/ college/ university *HRSA designated Medically Underserved Community (MUC)			____ # US Department of Health and Human Services ____ # Centers for Disease Control and Prevention (CDC) ____ # Health Resources and Services Administration (HRSA) ____ # National Institutes of Health (NIH) ____ # Tribal Government; ____ # *Indian Health/Tribal Health Department ____ # * Indian Health Service (IHS) ____ # Veteran’s Administration (VA) ____ # Geriatric Education Center (GEC) ____ # Government Other State ____ # Government Other City ____ # Government Other County ____ # Government Other Federal			____ # * Shortage areas -Primary medical care, mental health, and dental health professional shortage areas (HPSA) (federally designated under section 332) ____ # *Ambulatory Practice Site Designated by State Governor ____ # *Public Housing Primary Care ____ # **Other Medically Underserved Site such as: Emergency care facilities, State-owned facilities for indigent care, teaching hospitals, and other teaching facilities with a Medicaid/Medicare patient population of 50% or more of the total patient population, Sites with un-insured patient population greater than the national average, Ambulatory practice sites with a Medicaid/Medicare patient population of 50% or more of the total patient population including public, non-profit, faith-based, and charity facilities. ____ # Other (specify). _____ ** Not to be included in HRSA designated Medically Underserved Community (MUC)				
<b>17 Number of participants by discipline by their zip code address for where they work (or home zip if work not available)</b>										
<b>18 Participant response to “Do you intend to apply the training from this activity toward employment or professional requirements, continuing education credit, certification, or credentialing?”</b> ____ # Yes ____ # No										
<b>Participants’ Evaluation Responses at the end of the CE Offering</b>										
<b>191. In this educational session I increased my knowledge of _____.</b>										
Strongly Agree 1 ____ #		Agree 2 ____ #		Neither Agree nor Disagree 3 ____ #		Disagree 4 ____ #		Strongly Disagree 5 ____ #		Not Applicable/No Response 6 ____ #
<b>202. After completing this CE I improved skill in _____.</b>										
Strongly Agree 1 ____ #		Agree 2 ____ #		Neither Agree nor Disagree 3 ____ #		Disagree 4 ____ #		Strongly Disagree 5 ____ #		Not Applicable/No Response 6 ____ #
<b>213. After completing this educational session I intend to improve : _____</b>										
<b>224. I will _____.</b>										
Strongly Agree 1 ____ #		Agree 2 ____ #		Neither Agree nor Disagree 3 ____ #		Disagree 4 ____ #		Strongly Disagree 5 ____ #		Not Applicable/No Response 6 ____ #
<b>235. Before completing this educational session, I _____.</b>										
Strongly Agree 1 ____ #		Agree 2 ____ #		Neither Agree nor Disagree 3 ____ #		Disagree 4 ____ #		Strongly Disagree 5 ____ #		Not Applicable/No Response 6 ____ #

Shaded fields are not required by or reported to HRSA.

# Sample CE/PES Report Form Guidelines

## A-TrACC Field Guide Suggestions

Continuing Education/Professional Education and Support

**These forms are intended as an example only, and their use is not required by HRSA.**

This form is built for AHEC staff to complete for gathering current data reporting requirements for the Federal Performance Measures (PM). The form includes data points that are not strictly required by the HRSA PMs but are highly useful in program evaluation and performance measurement processes.

Form Item	Notations	Federal Table/ Other Requirement
<sup>1</sup> CE Activity Date:	1. Date of the offering	
<sup>2</sup> AHEC Center:	2. AHEC center reporting the CE activity. If multiple AHEC centers involved, report should be from only one center.	
<sup>3</sup> CE Activity Title	3. Title of the CE offering	CE-1 Col 1
<sup>4</sup> Number of offerings	4. For the annual Federal report, if the offering is given at the <u>same time in multiple sites</u> it is counted as <u>one offering</u> . <b>For the Federal Report aggregate all the data for multiple offerings of the same program/course/content.</b>	CE-1 Col 8
<sup>5</sup> Hours of instruction	5. Enter the total number of instruction hours per offering	CE-1 Col 9
<sup>6</sup> CE Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No	6. This is a new required data point. Non- accredited CEs add value and prepare the workforce but HRSA also wants to capture which ones are accredited.	CE-1 Col 2
<sup>7</sup> Interpersonal/Interdisciplinary education?	7. Indicate if trainees' learning outcomes pertained to interprofessional. Interdisciplinary teamwork.	CE-1 Col 6, 7
<sup>8</sup> Is CE Offering location site(s) predominately (check all that apply) Underserved, Non-Underserved, Rural (Non-MSA), Non-Rural (MSA), Unknown	8. This is for the location of the CE offering(s). You may have multiple sites, so mark all the boxes that apply to those multiple sites. MSA = Metropolitan Statistical Area Useful in evaluation of 'access/distribution of services'	
<sup>9</sup> Zip code of CE Offering location site(s):	9. Provide zip codes for the location(s) of the CE offering(s). Useful in evaluation of 'distribution of knowledge'	
<sup>10</sup> Delivery Mode (mark all that apply)	10. Some video conferencing/live presentations also can include a web-based site or two, and with a telehealth system we can have live, web-based and video conferencing at one conference. Indicate all that apply.	CE-1 Col 11
<sup>11</sup> Partners/Leveraging	11. Mark up to 3 choices. <b>**Federally-Qualified Health Center (FQHC) or look-alike – this is a priority area for AHECs. Please always select this as one of your 3 choices if applicable.</b> Note: FQHCs includes federally designated CHCs Community Health Centers.	CE-1 Col 5
<sup>12</sup> Primary Topic (Select one)	12. Select priority topic first, even if many options apply.	CE-1 Col 3
<sup>13</sup> Secondary Topic (Select one)	13. Select priority topic first, even if many options apply.	CE-1 Col 4
<sup>14</sup> Number of Participants by Discipline	14. Number of Participants by Discipline. These options are the priority options for AHEC. <b>For the HRSA Annual Performance Report aggregate all the participants by discipline for multiple offerings of the same program/course/content.</b>	CE-TTY Col 1
<sup>15</sup> Total # of Participants	15. Total number. Use this number for comparisons to all other totals. <b>For the HRSA Annual Performance Report aggregate all the participants for multiple offerings of the same program/course/content.</b>	LR-1; CE-1 Col 12; CE-TTY Col 3
<sup>16</sup> Participants <u>Employed</u> : MEDICALLY UNDERSERVED COMMUNITY, NON-UNDERSERVED COMMUNITY, RURAL (non MSA)	16. Total will not equal <sup>17</sup> Total # of Participants because participants may select all that apply. *HRSA designated Medically Underserved Community (MUC) ** Not to be included in HRSA designated Medically Underserved	CE-2 Row 2 Col 2, Row 3 Col 2

	Community (MUC) reporting category - This category may be useful in your evaluation strategies and reporting to other stakeholders <b>For the HRSA Annual Performance Report aggregate all the participants by employed type for multiple offerings of the same program/course/content.</b>	
<sup>17</sup> Number of <u>participants by discipline by their zip code</u> address for where they work (or home zip if work not available)	17. 'Distribution of Knowledge' using both zip code of employment and discipline for geomapping is powerful in impact evaluation but not required by the HRSA Performance Measures. Useful in evaluation of 'distribution of knowledge'.	CE-TTY Col 2
<sup>18</sup> Participant response to "Do you intend to apply the training from this activity toward employment or professional requirements, continuing education credit, certification, or credentialing?" (Check yes or no)	18. Project OUTCOMES: Proxy for retention measure. <b>For the HRSA Annual Performance Report aggregate all the participants for multiple offerings of the same program/course/content.</b>	CE-1 Col 14
<b>Participants' Evaluation Responses at the end of the CE Offering</b>		
<sup>19</sup> 1. In this educational session I increased my knowledge of (fill in the blank related to the objectives of the offering) _____.	19. Project OUTCOMES: Change in knowledge Provide the number for each response item.	
<sup>20</sup> 2. After completing this CE I improved skill in (fill in the blank related to the objectives of the offering) _____.	20. Project OUTCOMES: Change in knowledge Provide the number for each response item.	
<sup>21</sup> 3. After completing this educational session I intend to improve _____.	21. Project OUTCOMES: Change in professional's behavior Report the # who give <u>any response</u> for this item.	
<sup>22</sup> 4. I will (fill in the blank related to the objectives of the offering) _____.	22. Project OUTCOMES: Change in professional's behavior Items 4 and 5 are designed as a 'Retrospective Pretest', also known as 'Then Now' questions. The protocol is to ask the participant to respond based on their answer after the educational offering and then reflect on how they would have responded before the educational offering. The sequencing of the questions is part of the design.	
<sup>23</sup> 5. <u>Before</u> completing this educational session, I (fill in the blank related to the objectives of the offering) _____.	23. See above	

**Shaded fields are not required by or reported to HRSA.**



# Sample Program Characteristics Report Form

## A-TrACC Field Guide Suggestions

### Program Specific Progress Reporting

These forms are intended as an example only, and their use is not required by HRSA.

NOTE: This is a 'snapshot' report.

#### **Program Characteristics**

1. Name of AHEC Program: \_\_\_\_\_
2. Date of Program Establishment: \_\_\_\_\_  
Describe/Explain Federal Funding Gaps, if Applicable: \_\_\_\_\_  
\_\_\_\_\_  
(Include list of years with no Federal funding after initial Funding began.)
3. Service Area of AHEC Program (Please check one):  
 Statewide                       Regional area within a state                       Multi-state
4. Total Program Budget: (Includes program office and affiliated AHEC centers)  
  
4a. Federal:    \$ \_\_\_\_\_  
  
4b. Non-Federal:    \$ \_\_\_\_\_ (funds used towards 1:1 match)  
  
4c. Additional Non-Federal Funds: \$ \_\_\_\_\_  
  
4a. In-Kind Support:    \$ \_\_\_\_\_

#### **Program Staffing**

5. Provide the total number of federally supported full time and part time staff employed by your AHEC Program, as well as the number of volunteer staff. Please include staff employed by each AHEC center in your service area (as reported on the AHEC Center Characteristics form), as part of the total number provided below.  
Total AHEC Program Office and Center Staff:
  - 5a. Number of Federally Supported Full Time Staff: \_\_\_\_\_
  - 5b. Number of Federally Supported Part Time Staff: \_\_\_\_\_
  - 5c. 5a + 5b. Equivalent to \_\_\_\_\_ FTEs
  - 5d. Number of volunteer Staff: \_\_\_\_\_
  - 5e. Volunteer Staffed Equivalent to \_\_\_\_\_ FTEs)

#### **Program Activity**

6. In the AHEC Program Activity table below, please estimate the percentage of staff time and effort focused on each AHEC program activity. Please include staff time and effort from each AHEC center, as reported on the AHEC Center Program Activity Table, in addition to the effort of AHEC Program Office staff. This table provides a snapshot of staff time and effort for the entire AHEC Program, including affiliated AHEC centers within your service area. If one or more program areas are not applicable, please indicate a 0% time allocation.

<b>AHEC Program Activity</b>	<b>% of Staff Time/Effort Focused on Programmatic Category</b>
6a. Health Careers Recruitment	6a. _____
6b. Community-based education, field placements or preceptorships, emphasis on primary care	6b. _____
6c. Continuing Education	6c. _____
6d. Evaluation	6d. _____
6e. Interdisciplinary Training	6e. _____
6f. Public Health Careers	6f. _____
6g. Dissemination of evidenced-based information, research results, best practices	6g. _____
6h. Innovative curricula	6h. _____
6i. Community Based Participatory Research	6i. _____
6j. Other activity related to health workforce development	6j. _____
	<b>TOTAL 100%</b>

**Shaded fields are not required by or reported to HRSA**

## Sample Program Characteristics Report Form Guidelines

### A-TrACC Field Guide Suggestions

Program Specific Progress Reporting

**These forms are intended as an example only, and their use is not required by HRSA.**

This form is built for AHEC staff to complete for gathering current data reporting requirements for the Federal Performance Measures (PM). The form includes data points that are not strictly required by the HRSA PMs but are highly useful in program evaluation and performance measurement processes.

NOTE: This is a 'snapshot' report.

Form Item	Notations	Federal Table/ Other Requirement
<sup>1</sup> Name of AHEC Program	1. Name of AHEC Program	Table AHEC -1
<sup>2</sup> Date of Program Establishment: Describe/Explain Federal Funding Gaps, if Applicable:	1. Date of Program Establishment – Initial establishment. Describe/Explain any gaps in Federal funding, if Applicable. Include list of years with no Federal funding after initial Funding began.	Table AHEC -1
<sup>3</sup> Service Area of AHEC Program	2. Service Area of AHEC Program – Select the response that best describes your service area. Utilize glossary definitions in the HRSA Manual 'Performance Report for Grants and Cooperative Agreements' distributed 6/18/12 . pgs 117 Rural; 115 – Frontier; 118 – Urban	Table AHEC -1
<sup>4</sup> Total Program Budget	3. Total Program Budget: <i>(Includes program office and affiliated AHEC centers)</i>	Table AHEC -1
<sup>5</sup> Program Staffing	4. Program Staffing	Table AHEC -1
<sup>6</sup> AHEC Program Activity	5. AHEC Program Activity	Table AHEC -1
	6.	Table AHEC -1
	7.	Table AHEC -1
	8.	

Shaded fields are not required by or reported to HRSA

# Sample Center Characteristics Report Form

## A-TrACC Field Guide Suggestions

Program Specific Progress Reporting

**These forms are intended as an example only, and their use is not required by HRSA.**

NOTE: This is a 'snapshot' report.

### Center Characteristics

1. Name of AHEC Center: \_\_\_\_\_
2. Date of Center Establishment: \_\_\_\_\_
3. Total Number of Years Center has Received Federal Funds: \_\_\_\_\_  
Describe/Explain Funding Gaps, if Applicable: \_\_\_\_\_
4. Geographic Location of Center (Please check one):
  - 4a.  Urban
  - 4b.  Rural
  - 4c.  Frontier
  - 4d. 9-Digit Zip Code \_\_\_\_\_
5. Geographic Service Area of Center (Check all that apply):
  - 5a.  Urban
  - 5b.  Rural
  - 5c.  Frontier
6. Total Center Budget:
  - 6a. Federal: \$ \_\_\_\_\_
  - 6b. Non-Federal: \$ \_\_\_\_\_ (funds used towards 1:1 match)
  - 6c. Additional Non-Federal Funds: \$ \_\_\_\_\_
  - 6a. In-Kind Support: \$ \_\_\_\_\_

### Center Staffing

7. Provide the total number of federally supported full time and part time staff employed by your AHEC Program, as well as the number of volunteer staff.  
Total AHEC Center Staff:
  - 7a. Number of Federally Supported Full Time Staff: \_\_\_\_\_
  - 7b. Number of Federally Supported Part Time Staff: \_\_\_\_\_
  - 7c. 5a + 5b. Equivalent to \_\_\_\_\_ FTEs
  - 7d. Number of volunteer Staff: \_\_\_\_\_
  - 7e. Volunteer Staffed Equivalent to \_\_\_\_\_ FTEs)

### Center Activity

8. In the AHEC Program Activity table below, please estimate the percentage of staff time and effort focused on each AHEC program activity. This table provides a snapshot of staff time and effort. If one or more program areas are not applicable, please indicate a 0% time allocation.

<b>AHEC Center Activity</b>	<b>% of Staff Time/Effort Focused on Programmatic Category</b>
8a. Health Careers Recruitment	8a. _____
8b. Community-based education, field placements or preceptorships, emphasis on primary care	8b. _____
8c. Continuing Education	8c. _____
8d. Evaluation	8d. _____
8e. Interdisciplinary Training	8e. _____
8f. Public Health Careers	8f. _____
8g. Dissemination of evidenced-based information, research results, best practices	8g. _____
8h. Innovative curricula	8h. _____
8i. Community Based Participatory Research	8i. _____
8j. Other activity related to health workforce development	8j. _____
	<b>TOTAL 100%</b>

**Shaded fields are not required by or reported to HRSA**

## Sample Center Characteristics Report Form Guidelines

### A-TrACC Field Guide Suggestions

#### Program Specific Progress Reporting

**These forms are intended as an example only, and their use is not required by HRSA.**

This form is built for AHEC staff to complete for gathering current data reporting requirements for the Federal Performance Measures (PM). The form includes data points that are not strictly required by the HRSA PMs but are highly useful in program evaluation and performance measurement processes.

NOTE: This is a 'snapshot' report.

Form Item	Notations	Federal Table/ Other Requirement
<sup>1</sup> Name of AHEC Center	1. Name of AHEC Center	Table AHEC -2
<sup>2</sup> Date of Center Establishment: Describe/Explain Funding Gaps, if Applicable	2. Date of Program Establishment – this should be the initial establishment date. Describe/Explain Funding Gaps, if Applicable –	Table AHEC -2
<sup>3</sup> Total Number of Years Center has Received Federal Funds:  Describe/Explain Funding Gaps, if Applicable	3. Total Number of Years Center has Received Federal Funds:  Describe/Explain Funding Gaps, if Applicable - include dates without federal funding and/or not in operation	Table AHEC -2
<sup>4</sup> Geographic Location of Center	4. Geographic Location of Center – Select the response that best describes where your main center office is physically located. Utilize glossary definitions in the HRSA Manual 'Performance Report for Grants and Cooperative Greements' distributed 6/18/12 . – pgs 117 Rural; 115 – Frontier; 118 – Urban 9-digit Zip Code of the AHEC Center office location will assist HRSA in geomapping applications but is not required.	Table AHEC -2
<sup>5</sup> Geographic Service Area of Center	5. Geographic Service Area of Center – Select the response that best describes your service area. Utilize glossary definitions in the HRSA Manual 'Performance Report for Grants and Cooperative Greements' distributed 6/18/12 . – pgs 117 Rural; 115 – Frontier; 118 – Urban	Table AHEC -2
<sup>6</sup> Total Center Budget	6. Total Center Budget – the numbers should reflect the funding toward AHEC activities. Funding for non-AHEC activity i.e. clinic funds, should not be included in this figure.	Table AHEC -2
<sup>7</sup> Center Staffing	7. Center Staffing	Table AHEC -2
<sup>8</sup> AHEC Center Activity	8. AHEC Center Activity	Table AHEC -2

**Shaded fields are not required by or reported to HRSA**

## REFERENCE ONLY

### Excerpted HRSA BHP AHEC Required Performance Measures Tables from the BHP Manual Distributed 06/18/2012

The following is the set of tables that AHECs are required to complete for the annual report to HRSA. For a copy of the full document, contact AHEC Program Federal staff.

**Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions  
Performance Report for Grants and Cooperative Agreements  
Reports Due: August 31, 2012    Reporting Period: July 1, 2011 to June 30, 2012**

**Blue labels identify Table Numbers, AHEC Program Areas, and Rows and Columns included in AHEC reporting.**

**LR-1 (HCPP, CBSE, CE)**

**Table LR-1: Total Number of Trainees in BHP-Funded Programs**

**Table purpose:** To describe the total number of trainees in BHP-funded programs by category of trainees. **For purposes of BHP reporting, anyone receiving training or education in a BHP-funded program is considered a trainee.**

Rows	Col 1	Col 2
	Category of Trainees	Number
2	<b>Enrollees (Exclude Continuing Education trainees from this row)</b>	
3	Trainees who are newly enrolled and/or continuing the program or did not graduate from a health professions programs.	
4	<b>Attrition</b> (subset of Enrollees) Trainees who left permanently without completing the training program	
5	<b>Fellowships and Residencies (Exclude Enrollees from this row)</b>	
6	Trainees who are newly enrolled and/or continuing fellowship and residencies program.	
7	<b>Program Completers (Exclude Graduating Trainees from this row)</b>	
8	Trainees who successfully completed a non-degree course of study or training program that was less than 120 hours.	
9	Trainees who successfully completed a non-degree course of study or training program that was equal to or more than 120 hours.	
10	<b>Total</b>	Auto-calculate
11	<b>Continuing Education (Exclude all of the above)</b>	
12	Trainees who successfully completed a continuing education offering. Include trainees receiving a continuing education offering that may or may not have received CEU/GME credit.	

**Table LR-2: Trainee Age and Gender**

**Table purpose:** To describe the age and gender of trainees and those completing or graduating from BHPPr-funded programs.

**LR-2 (HCPP, CBSE)**

**Col 1      Col 2      Col 3      Col 4      Col 5      Col 6      Col 7      Col 8      Col 9      Col 10      Col 11      Col 12**

Age	Trainee Category- Males					Trainee Category - Females					Grand Total (Auto-calculate)
	# Enrollees	# Graduates	# Program Completers	# Fellowships and Residencies	Total (auto calculate)	# Enrollees	# Graduates	# Program Completers	# Fellowships and Residencies	Total (auto calculate)	
Under 20 years											
20-29 years											
30-39 years											
40-49 years											
50-59 years											
60 – 69 years											
70 years or older											
Unknown											
<b>Total</b>											

**DV-1a (HCPP, CBSE)**

**Table DV-1: Trainees by Ethnicity and Race**

**Table purpose:** BHPPr-supported programs will describe the ethnicity and race of all trainees by trainee category as reported in table LR-1.

**DV-1a: Hispanic or Latino Ethnicity**

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
Race	Trainee Category					Total by Race
	# Enrollees	# Graduates	# Program Completers (<120 hours)	# Program Completers (≥120 hours)	# Fellowships and Residencies	
American Indian or Alaska Native						
Asian (not underrepresented)*						
Asian (underrepresented)*						
Black or African- American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown						
More Than One Race						
<b>Total (Auto-calculate)</b>						

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
Race	Trainee Category					Total by Race
	# Enrollees	# Graduates	# Program Completers (<120 hours)	# Program Completers (≥120 hours)	# Fellowships and Residencies	
American Indian or Alaska Native						
Asian (not underrepresented*)						
Asian (underrepresented*)						
Black or African-American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown						
Asian (not underrepresented*) and White						
More Than One Race						
Total (Auto-calculate)						

Table DV-2: Trainees by Disadvantaged Status and Race

Rows	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
		Trainee Category					
		# Enrollees	# Graduates	# Program Completers (<120 hours)	# Program Completers (≥120 hours)	# Fellowships and Residencies	Total
1	Trainees with Disadvantaged Background						
2	Unknown Disadvantaged Background						
3	Underrepresented Minority Trainees Reported in DV-1 Tables						
4	Unduplicated Disadvantaged Trainees (Trainees in row 1 and who were not counted as URM in row 3)						
5	Disadvantaged and/or Underrepresented Minority Trainees (unduplicated)						

**DV-3 (HCPP, CBSE)**

**Table DV-3: Trainees by Residential Background**

**Table purpose:** To describe the residential background (rural/urban/suburban/frontier) of trainees in BHPPr-supported programs as reported in table LR-1.

Rows	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
		Trainee Category					
		# Enrollees	# Graduates	# Program Completers (<120 hours)	# Program Completers (≥120 hours)	# Fellowships and Residencies	Total
2	Trainees with Rural background						
3	Trainees with Urban background						
4	Trainees with Suburban background						
5	Trainees with Frontier background						
6	Unknown						
7	Total						

**PY-1 (HCPP)**

**Table PY-1: Prior Year Completers and Graduates**

**Table purpose:** To describe the training experiences and outcomes of previous graduates, including subsequent employment in underserved areas and primary care.

**Health Profession: (Select one)**

**Discipline: (Select all that apply)**

**Degree Obtained: (Select all that apply)**

Col 1	Col 2	Col 3	Col 4
Year Graduated/ Completion	Total # of Program Graduates	Total # of Completers who Received a Degree or Diploma	# Graduates/Completers Accepted into Health Professions Program  (AHEC, HCOP, NWD)
2010-2011			
2009-2010			
2008-2009			
2007-2008			
2006-2007			

**Instructions:** Complete the table per health profession/discipline/degree combination as described below for each of the five prior academic years. The glossary contains clarifications and/or definitions of key terms.

**AHEC Instructions: This table is applicable only for participants in health careers enrichment/training activities.**

**EXP-1 (CBSE)**

**Table EXP-1 (1a, 1b): Experiential and/or Clinical Training (Sites/Clinic Programs)**

**Table purpose:** To describe the experiential and/or clinical training experiences offered.

**Table EXP-1a: Training Site Description** Select Discipline/specialty or role: (Select One per Row): \_\_\_\_\_

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10	Col 11
Training Site/	Training Site Address	Training Site Type	Training Setting	Training Objective/Description	Vulnerable Populations Served	Partnering/ Leveraging	Interprofessional/ Interdisciplinary Training	Disciplines that Participated in Inter-professional Training	Number of Clinical Trainings per Site	Total # Trainees at Site
	(One per row)	(Select one)	(Select all that apply)	(Services Provided)	(Select all that apply)	(Select up to three)	(Y/N)			

**IND-GEN (HCPP Pilot, CBSE)**

**IND-GEN: Individual Trainee General Characteristics**

**Table purpose:** To describe the individual trainee’s general characteristics.

**Table IND-GEN:** Individual Trainee General Characteristics

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10	Col 11	Col 12
Trainee Unique ID	Educational Level/Highest Degree Earned (Select one)	Gender (M/F)	Age (Select one)	Ethnicity (Select one)	Race (Select one)	Rural/Urban/Suburban/Frontier Background (Select one)	Disadvantaged Background (Y/N/Unknown)	Discipline/Specialty (Select one)  <b>(AHEC- Clinical Trainees Only)</b>	Trainee Status (Select one)	Did the Trainee Leave the Program Before Completion? (Y/N)	Did the Trainee complete the Program? (Y/N)

Continuation of IND-GEN:

Col 13	Col 14	Col 15	Col 16	Col 17	Col 18	Col 19
Completer Applied the Training to Certification or Credentialing (Y/N/Unknown)	Did the trainee pass the Profession-Specific Certifying Exam or Boards? (Y/N/Unknown)	Clinical Training? (Y/N)  (AENT, <b>AHEC</b> , ANEE, COE, NAT, NEPQR, NFLP, NWD, Pre-doc training in Primary Care)	If Completed, Intent to Pursue Health Professions Training? (Y/N)  <b>(AHEC – Health Careers Trainees only, COE, HCOP, NWD)</b>	Did the Trainee Receive a Degree or Diploma? (Y/N)	If Received a Degree or Diploma, Accepted into Health Professions Program (Y/N/Unknown)  <b>(AHEC- Health Careers Trainees only, COE, HCOP, NWD)</b>	If Accepted, Select Health Professions Program (Select one)  <b>(AHEC- Health Careers Trainees only, COE, HCOP, NWD)</b>

**IND-INTPRACT (HCPP, CBSE)**

**Table IND-INTPRACT: Individual Intent to Practice Characteristics**

**Table purpose:** Describe the individual trainee’s intention to practice in specific settings

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
Trainee Unique ID	If Completed the Program, Intent to Practice? (Exclude COE, GPE, HCOP, NWD) (Y/N)			If Received a Degree or Diploma, Intent to Practice? (AHEC, COE, HCOP, NWD) (Y/N)		
	Primary Care Setting  (Select one)	Medically Underserved Community  (Select one)	Rural Setting  (Select one)	Primary Care Setting  (Select one)	Medically Underserved Community  (Select one)	Rural Setting  (Select one)
Populated from IND-GEN						

Columns 2, 3 and 4 are for reporting CBSE students only

Columns 5, 6 and 7 are for reporting HCPP students only

## INDGEN-EXP (CBSE)

### Table INDGEN-EXP: Trainee-to-Site Association

**Table Purpose:** To link training site related information (provided in the EXP-1a table) for each trainee (identified in the IND-Gen table).

Select Training Site/Clinical Program: (Drop down)

Col 1

Col 2

Trainee unique ID	Contact Hours (AHEC , COE, NMHC, NWD)
Populated from IND-GEN	

**Instructions:** Each row represents one trainee. For each training site/clinical program, specify trainees who are trained at the site. Then enter data for each trainee associated to the training site/clinical program. Number of trainees for each site must match the total number of trainees per site in EXP-1a. The glossary contains clarifications and/or definitions of key terms.

**AHEC Instructions: This table is applicable only for clinical training participants.**

**CLSET-1 (CBSE)**

**Table CLSET-1: Clinical Settings per Training Year**

**Table Purpose:** To classify the clinical or experiential training offered in designated settings.

Select Discipline/Population Foci: (Drop down)

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
Training Year	Total # of Trainees by Clinical Setting				
	Federally Qualified Health Centers (FQHC)	Health Profession Shortage Area and Dental (HPSA)	Medically Underserved Community (MUC)	Nurse Managed Health Clinics	Rural Setting

**Instructions:** Complete a separate table for each Discipline/Population Foci. For each table complete one row per training year. For each Discipline/Population Foci selected complete each column as described below for the reporting period. For non-nursing programs, Discipline selection values are populated from the Health Profession and Disciplines – Setup form. The glossary contains clarifications and/or definitions of certain terms.

**CE-1 (CE/PES)**

**Table CE-1: Educational Offering/Continuing Education offerings**

**Table purpose:** To identify and describe the continuing education and course offerings as well as trainee experiences.

**CE-1: Educational Course Offering Description**

<b>Col 1</b>	<b>Col 2</b>	<b>Col 3</b>	<b>Col 4</b>	<b>Col 5</b>	<b>Col 6</b>	<b>Col 7</b>	<b>Col 8</b>
<b>Educational Offering Title</b>  (One per row)	<b>Course Accreditation</b>  (exclude GPE)  (Y/N)	<b>Primary Educational Offering Topic</b>  (Select one)	<b>Secondary Educational Offering Topic</b>  (Select one)	<b>Partners/ Leveraging</b>  (Select up to three)	<b>Interprofessional/ Interdisciplinary Education</b>  (Y/N)	<b>If Yes, List the Disciplines Represented</b>	<b>Number of Offerings</b>

<b>Col 9</b>	<b>Col 10</b>	<b>Col 11</b>	<b>Col 12</b>	<b>Col 13</b>	<b>Col 14</b>
<b>Hours of Instruction per Offering</b>	<b>Total Hours of Instruction</b>	<b>Delivery Mode</b>  (Select all that apply)	<b>Total Trainees</b>	<b>Trainees by Discipline Specialty</b>	<b># of Trainees Applied Training to National Certification or Continuing Educational Requirements</b>
	<b>Calculated</b>				

**CE-TTY (CE/PES)**

**Table CE-TTY: Educational Offering/Continuing Education Trainee Type**

**Table purpose:** Identify continuing education trainee professions and employment locations

Select Educational Offering Title: (Drop down)

<b>Col 1</b> <b>Trainee Profession Type</b>  (Select one)	<b>Col 2</b> <b>Trainee Employment Location</b>  (Select all that apply)	<b>Col 3</b> <b># of Trainees</b>

**Instructions:** For each educational offering title identified in CE-1, indicate the type and number of trainees per employment location. Complete each column as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

**CE-2 (CE/PES)**

**Table CE-2: Educational Offering Trainee Employment Settings**

**Table Purpose:** To describe the employment locations of trainees in continuing education programs.

Does your program have data to report for employment of trainees in designated settings? Yes/No

<b>Rows</b>	<b>Col 1</b>	<b>Col 2</b>
	<b>Employment Settings of Trainees</b>	<b>Total Number of Trainees</b>
<b>2</b>	Employment Setting in a Medically Underserved Community (MUC)	
<b>3</b>	Employment Location in a Rural Setting	

**DP-1a.1 (HCPP)**

**Diversity and Pipeline Program**

**Table DP-1 (1a.1, 1a.2): Diversity/Pipeline Content**

**Table purpose:** To provide information about the training and trainee experiences, including the type of training received, program completion, and subsequent acceptance into a health professions program.

**DP-1a.1: Diversity/Pipeline/ Program Content**

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10	Col 11
Diversity/ Pipeline Program	Length of Program	Education Level	Program Content	Partners	Public Health Careers Content	Practicum Training	Cultural Competency Training	Total Number of Trainees	Attrition	Total Program Completers
(One per Row)	(Select one)	(Select all that apply)	(Brief Description)	(Select all that apply)	(AHEC only)  (Y/N)	(HCOP, AHEC, COE)  (Y/N)	(Y/N)			

**Instructions:** Each row represents one Diversity/Pipeline program. Complete each column as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

**U76/U77 AHEC Instruction:** This table is applicable only for health careers enrichment/training activities.

**DP-1a.2 (HCPP)**

**DP-1a.2: Diversity/Pipeline Practicum and Cultural Competency Training**

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
<b>Diversity/ Pipeline Program</b>  (Pre-populated from DP-1a.1)	<b>Length of Program</b>  (Pre- populated from DP- 1a.1)	<b>If Yes to Practicum Training, Then...</b>  (exclude NWD)			
		<b>MUC Training Setting</b>  (Y/N)	<b>Contact with Underserved Populations</b>  (Y/N)	<b>Primary Care Setting</b>  (Y/N)	<b>Communit y-Based Setting</b>  (Y/N)

(Continuation of DP-1a.2)

Col 7	Col 8	Col 9
<b>If Yes to Cultural Competency Training, Then...</b>		
<b>Didactic Training</b>  (Y/N)	<b>Practicum Training</b>  (Y/N)	<b>Research Training</b>  (Y/N)

Rows

**Table AHEC-1: Program Characteristics**

**1** Name of AHEC Program: \_\_\_\_\_

**2** Date of Program Establishment: \_\_\_\_\_

**3** Service Area of AHEC Program (Please check one):

- Statewide
- Regional area within a state
- Multi-state

**4** Total Program Budget: *(Includes program office and affiliated AHEC centers)*

Federal: \$ \_\_\_\_\_

Non-Federal: \$ \_\_\_\_\_ (funds used towards 1:1 match)

Additional Non-Federal Funds: \$ \_\_\_\_\_

In-Kind Support: \$ \_\_\_\_\_

Provide the total number of federally supported full time and part time staff employed by your AHEC Program, as well as the number of volunteer staff. Please include staff employed by each AHEC center in your service area (as reported on the AHEC Center Characteristics form), as part of the total number provided below.

**5** Total AHEC Program Office and Center Staff:

a. Number of Federally Supported Full Time Staff: \_\_\_\_\_

b. Number of Federally Supported Part Time Staff: \_\_\_\_\_

(Equivalent to \_\_\_\_\_ FTEs)

c. Number of volunteer Staff: \_\_\_\_\_

(Equivalent to \_\_\_\_\_ FTEs)

**6** In the AHEC Program Activity table below, please estimate the percentage of staff time and effort focused on each AHEC program activity. Please include staff time and effort from each AHEC center, as reported on the AHEC Center Program Activity Table, in addition to the effort of AHEC Program Office staff. This table provides a snapshot of staff time and effort for the entire AHEC Program, including affiliated AHEC centers within your service area. If one or more program areas are not applicable, please indicate a 0% time allocation.

AHEC Program Activity	Percent of Staff Time/Effort Focused on Programmatic Category
a. Health Careers Recruitment	
b. Community-based education, field placements or preceptorships, emphasis on primary care	
c. Continuing Education	
d. Evaluation	
e. Interdisciplinary Training	
f. Public Health Careers	
g. Dissemination of evidenced-based information, research results, best practices	
h. Innovative curricula	
i. Community Based Participatory Research	
j. Other activity related to health workforce development	
<b>TOTAL</b>	<b>100%</b>

**Table AHEC-2: Center Characteristics**

Complete the following information for each AHEC center that receives federal funds:

- 1 Name of AHEC Center: \_\_\_\_\_  
(Do not abbreviate the name of the center)
- 2 Date of Center Establishment: \_\_\_\_\_
- 3 Total Number of Years Center has Received Federal Funds: \_\_\_\_\_  
Describe/Explain Funding Gaps, if Applicable: \_\_\_\_\_  
\_\_\_\_\_
- 4 Geographic Location of Center (Please check one):  
 Urban                       Rural                       Frontier
- 5 Geographic Service Area of Center (Check all that apply):  
 Urban                       Rural                       Frontier
- 6 Total Center Budget:  
Federal:                                      \$ \_\_\_\_\_

Non-Federal: \$ \_\_\_\_\_ (funds used towards 1:1 match)

Additional Non-Federal Funds: \$ \_\_\_\_\_

In-Kind Support: \$ \_\_\_\_\_

**7** Provide the total number of federally supported full time and part time staff employed by your AHEC center. Data provided for “federally supported part time staff” must include both the number of employees and the full time equivalent (FTE) of part-time staff members.

Total Center Staff:

a. Number of Federally Supported Full Time Staff: \_\_\_\_\_

b. Number of Federally Supported Part Time Staff: \_\_\_\_\_

(Equivalent to \_\_\_\_\_ FTEs)

d. Number of volunteer Staff: \_\_\_\_\_

(Equivalent to \_\_\_\_\_ FTEs)

**8** In the AHEC Center Program Activity table below, please estimate the percentage of staff time and effort focused on each AHEC Center program activity. If one or more program areas are not applicable, please indicate a 0% time allocation.

<b>AHEC Center Program Activity</b>	<b>Percent of Staff Time/Effort Focused on Programmatic Category</b>
a. Health Careers Recruitment	
b. Community-based education, field placements or preceptorships, emphasis on primary care	
c. Continuing Education	
d. Evaluation	
e. Interdisciplinary Training	
f. Public Health Careers	
g. Dissemination of evidenced-based information, research results, best practices	
h. Innovative curricula	
i. Community-based Participatory Research	
j. Other activity related to health workforce development	
<b>TOTAL</b>	<b>100%</b>