



# Sample HCPP Participant Form

**A-TrACC Field Guide Suggestions**  
Health Careers Promotion and Preparation

**1** Today's Date:

**2** Activity Code:

**3** AHEC Center:

*4* 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>5</b> 7-Digit ID(AHEC Office Use Only):		<b>6</b> Participant Type (select one) <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"/> Other (Specify) _____									
<b>7</b> Last Name/First name		<b>8</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>9</b> Birthdate / / (mm/dd/yyyy)		<b>10</b> Age _____					
<b>11</b> Address			<b>12</b> City		<b>13</b> County (not USA)		<b>14</b> State		<b>15</b> Zip code (9 digit as possible)		
<b>16</b> Primary Phone #				<b>17</b> Permanent Email address							
<b>18</b> Ethnicity (select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		<b>19</b> Race (select all that apply) <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) <input type="checkbox"/> Asian (Other)			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White Disadvantaged (educationally or economically) <input type="checkbox"/> White Non-Disadvantaged						
<b>20</b> Parent/Guardian- Last Name/First name											
<b>21</b> Parent/Guardian Address(if different from above)				<b>22</b> City		<b>23</b> County (not USA)		<b>24</b> State		<b>25</b> Zip code (9 digit as possible)	
<b>26</b> Primary Phone #				<b>27</b> Permanent Email address							
<b>28</b> School Name				<b>29</b> City		<b>30</b> County (not USA)		<b>31</b> State		<b>32</b> Zip code (9 digit as possible)	
<b>33</b> Current Grade/ College year			<b>34</b> Anticipated Date of Graduation / / (mm/dd/yyyy)				<b>35</b> Counselor/Teacher/Advisor Name				
<b>36</b> Are you currently enrolled in a Health Professions program? (Such as first responder, medical assistant, certified nurse assistant.) <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>37</b> If college student, please specify Major					
<b>38</b> I intend/plan/would like to enter a health career. <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>39</b> What three health careers are you interested in?											
<b>40</b> I intend/plan/would like to enter a health career in primary care (such as Family Medicine doctor, nurse practitioner, physician assistant, or community health worker, etc.). <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>41</b> I intend/plan/would like to work with people who are medically underserved or where there is not enough healthcare. <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>42</b> I intend/plan/would like to work in rural areas (not big cities) <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>43 (AHEC Office Use Only)</b>		Date(s) of follow-up / / (mm/dd/yyyy)		Did the student complete the AHEC activity/program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of completion / / (mm/dd/yyyy)		Did the student graduate from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of graduation / / (mm/dd/yyyy)	
		Was the student accepted in a health professions program? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date / / (mm/dd/yyyy)					

\*Blue numbers correspond with Guidelines items.

Shaded fields are Personally Identifiable Information (PII) needed for follow-up, marketing, tracking and evaluation but not required by or reported to HRSA

# 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 PMs but are highly useful in program evaluation and performance measurement processes. The HRSA report does not require reporting of individual level data for HCPP participants. HRSA is requesting volunteers to pilot individual HCPP participant level reporting. You may have systems for tracking individual participants.

Form Item	Notations	Federal Table
<sup>1</sup> Today's Date:	1. Today's Date– internal use	
<sup>2</sup> Activity Code:	2. Data Source: HCPP Activity/Program Form 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.	
<sup>3</sup> AHEC Center:	3. AHEC Center – Center name or identifier, internal use.	
<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.	4. Purpose and Confidentiality Statement - is recommended. This is only an example and is not offered as a legal statement.	
<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.	Pilot DP-1b Col 1
<sup>6</sup> Participant Type (select one) Student not in high school yet, Student HS, Student College, Not currently a student, Career Changing Adult, Other (Specify)	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 BHPPr performance measures requirements.	Program Completers LR-1
<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, marketing, tracking, and evaluation purposes Remember the importance of data security when managing PII.	
<sup>8</sup> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Gender – check one	LR-2, Pilot DP-1b Col 4
<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, Pilot DP-1b Col 5
<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, Pilot DP-1b Col 5
<sup>11</sup> Address	11. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>12</sup> City	12. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>13</sup> County (not USA)	13. Follow-up, marketing, tracking, and evaluation.	DV-2, Pilot DP-1b Col 9
<sup>14</sup> State	14. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>15</sup> Zip code (9 digit as possible)	15. Follow-up, marketing, tracking, and evaluation. 9-digit aids geo-mapping evaluation strategies.	DV-2, Pilot DP-1b Col 9
<sup>16</sup> Primary Phone #	16. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>17</sup> Permanent Email address	17. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>18</sup> Ethnicity (select one) Hispanic/Latino, Non Hispanic/Latino	18. If left blank = Unknown	DV-1a, Pilot DP-1b Col 6
<sup>19</sup> Race 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 (ed. or eco.), White Non- Disadv.	19. If left blank = Unknown. If more than one selected = More Than One Race	DV-1a, DV-1b, DV-2, Pilot DP-1b Col 7

Form Item	Notations	Federal Table
<sup>20</sup> Parent/Guardian-Last name/First name	20. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>21</sup> Parent/Guardian Address(if different from above)	21. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>22</sup> City	22. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>23</sup> County (not USA)	23. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>24</sup> State	24. Follow-up, marketing, tracking, and evaluation, 9-digit aids geo-mapping evaluation strategies. (PII)	
<sup>25</sup> Zip code(9 digit as possible)	25. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>26</sup> Primary phone #	26. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>27</sup> Permanent email address	27. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>28</sup> School name	28. Follow-up, marketing, tracking, and evaluation.	DV-2, Pilot DP-1b Col 8
<sup>29</sup> City	29. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>30</sup> County (not USA)	30. Follow-up, marketing, tracking, and evaluation	DV-2, Pilot DP-1b Col 8
<sup>31</sup> State	31. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>32</sup> Zip code(9 digit as possible)	32. Follow-up, marketing, tracking, and evaluation, 9-digit aids geo-mapping evaluation strategies.	DV-2, Pilot DP-1b Col 8
<sup>33</sup> Grade/College year	33. Follow-up, marketing, tracking, and evaluation.	DP-1a.1 Col 3, Pilot DP-1b Col 2
<sup>34</sup> Anticipated Date of Graduation	34. Follow-up, marketing, tracking, and evaluation.	DP-1c Col 2
<sup>35</sup> Counselor/Teacher/Advisor Name	35. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>36</sup> Are you currently enrolled in a Health Professions program? (Such as first responder, medical assistant, certified nurse assistant.)	36. Follow-up, marketing, tracking, and evaluation.	DP-1c Col 3 Pilot DP-1b Col 11,12
<sup>37</sup> If college student, please specify major	37. Follow-up, marketing, tracking, and evaluation.	DP-1a.1 Col 12
<sup>38</sup> I intend/plan/would like to enter a health career.	38. Follow-up, marketing, 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.	Pilot DP-1b Col 11
<sup>39</sup> What three health careers are you interested in?	39. Follow-up, marketing, tracking, and evaluation. (PII)	
<sup>40</sup> I intend/plan/would like to enter a health career in primary care (such as Family Medicine doctor, nurse practitioner, physician assistant, or community health worker, etc.).	40. Follow-up, marketing, 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.	Pilot DP-1b Col 14
<sup>41</sup> I intend/plan/would like to work with people who are medically underserved or where there is not enough healthcare.	41. Follow-up, marketing, 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.	Pilot DP-1b Col 15
<sup>42</sup> I intend/plan/would like to work in rural areas (not big cities)	42. Follow-up, marketing, 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.	Pilot DP-1b Col 16
<sup>43</sup> (AHEC Office Use Only) Date(s) of follow-up Did the student complete the AHEC activity/program? Did the student graduate from school? Was the student accepted in a health professions program ?	43. Follow-up, marketing, 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.	Pilot DP-1b Col 16

Shaded fields are Personally Identifiable Information (PII) needed for follow-up, marketing, tracking and evaluation but not required by or reported to HRSA

# Sample HCPP Activity/Program Form

Health Career Promotion and Preparation  
 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>Activity Code:

<sup>3</sup>AHEC Center:

<b><sup>4</sup>Activity Title</b>		<b><sup>5</sup>Length of Program</b> <input type="checkbox"/> 0-39 hours <input type="checkbox"/> 40-79 hours <input type="checkbox"/> 80-119 hours <input type="checkbox"/> 120-179 hours <input type="checkbox"/> ≥ 180 hours Total 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 bacc <input type="checkbox"/> Dislocated workers		<b><sup>7</sup>Describe program content (select all 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"/> Recruitment <input type="checkbox"/> College success programs <input type="checkbox"/> Simulations <input type="checkbox"/> Collegiate health service corps <input type="checkbox"/> Shadowing <input type="checkbox"/> Community service <input type="checkbox"/> Social media outreach <input type="checkbox"/> Counseling <input type="checkbox"/> Tutoring <input type="checkbox"/> Education and training <input type="checkbox"/> Youth health service corps <input type="checkbox"/> Other _____	
<b><sup>8</sup>Program Content Brief Description:</b>			
<b><sup>9</sup>Partners/Leveraging (select all that apply)</b> <input type="checkbox"/> Elementary school <input type="checkbox"/> Graduate school <input type="checkbox"/> Veterans Health Administration <input type="checkbox"/> Middle school <input type="checkbox"/> Resident <input type="checkbox"/> Indian Health Service <input type="checkbox"/> High school <input type="checkbox"/> Fellow <input type="checkbox"/> Health Department <input type="checkbox"/> Two year community college <input type="checkbox"/> WIB/DOL <input type="checkbox"/> HCOP Program <input type="checkbox"/> FQHC <input type="checkbox"/> Four year undergraduate college/university <input type="checkbox"/> Community Health Center <input type="checkbox"/> SEARCH <input type="checkbox"/> NHSC <input type="checkbox"/> Other _____			
<b><sup>10</sup>Public Health Careers Content</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b><sup>11</sup>Practicum training?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><sup>12</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>13</sup>(If yes to Practicum Training -option) Contact with underserved Populations (select all that apply)</b> <input type="checkbox"/> Elderly <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Military Personnel <input type="checkbox"/> Individuals with HIV/AIDS <input type="checkbox"/> HPSA area <input type="checkbox"/> Public Housing Residents <input type="checkbox"/> Substance Abuse Populations <input type="checkbox"/> MUC area <input type="checkbox"/> Rural Communities <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant farm workers			
<b><sup>14</sup>Cultural Competency training?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b><sup>15</sup>If yes to Cultural Competency Training (select all that apply)</b> 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>			

\*Blue numbers correspond with Guidelines items.

# HCPP Activity Activity/Program 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 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> <input type="checkbox"/> 0-39 hrs <input type="checkbox"/> 40-79 hrs <input type="checkbox"/> 80-119 hrs <input type="checkbox"/> 120-179 hrs <input type="checkbox"/> ≥ 180 hrs Total hours _____	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.	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 Pilot DP-1b Col 2
<b><sup>7</sup>Describe program content</b>	7. Items <sup>7&amp;8</sup> document the description of the activity/program	DP-1a.1 Col 4
<b><sup>8</sup>Program Content Brief Description:</b>	8. Items <sup>7&amp;8</sup> document the description of the activity/program	DP-1a.1 Col 4
<b><sup>9</sup>Partners/Leveraging (select all that apply)</b>	9. The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Elementary school, (2) Middle school, (3) High school, (4) Two year community college, (5) Four year undergraduate college/university, (6) Graduate school, (7) Resident, (8) Fellow, (9) WIB/DOL, (10) HCOP Program, (11) Community Health Center, (12) NHSC, (13) Veterans Health Administration, (14) Indian Health Service, (15) Health Department, (16) FQHC, (17) SEARCH, (18) Other _____ You may wish to develop a code for your own use to facilitate documentation processes.	DP-1a.1 Col 5
<b><sup>10</sup>Public Health Careers Content</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	10. This is a Yes/No option to indicate if Public Health Careers were included in the activity/program content.	DP-1a.1 Col 6
<b><sup>11</sup>Practicum Training</b>	11. This is a Yes/No option to indicate if this activity/program includes practical experience with hands-on field training.	DP-1a.1 Col 8
<b><sup>12</sup>If yes to Practicum Training</b>	12. 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 1,2,3,4
<b><sup>13</sup>(If yes to Practicum Training – option) Contact with underserved Populations</b>	13. For program evaluation processes you may want to further document the underserved populations with which the participants had contact. This list serves that purpose: (1) Elderly, (2) Individuals with HIV/AIDS, (3) Substance Abuse Populations, (4) Homeless, (5) Domestic Violence, (6) HPSA area, (7) MUC area t, (8) Migrant farm workers, (9) Military Personnel, (10) Public Housing Residents, (11) Rural Communities. You may wish to develop a code for your own use to facilitate documentation processes.	DP-1a.2 Col 2
<b><sup>14</sup>Cultural Competency</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	14. This is a Yes/No option to indicate if this activity/program includes cultural competency training.	DP-1a.1 Col 9
<b><sup>15</sup>If yes to Cultural Competency Training?</b>	15. If the answer to Item <sup>15</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,	DP-1a.3 Col 1,2,3,4

	(3) Research training. You may wish to develop a code for your own use to facilitate documentation processes.	
<sup>16</sup> <b>Total number enrolled</b>	16. Document the total number of participants enrolled in the activity/program.	DP-1a.1 Col 10
<sup>17</sup> <b>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 11
<sup>18</sup> <b>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 Col 2 and DP-1a.1 Col 12

# Sample HCPP Individual Tracking Form **For Pilot**

## 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 HRSA report does not require individual level data for Health Careers Promotion and Preparation participants this year. AHECS are encouraged to pilot the data collection this year. This form is built to track individual 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.

**<sup>1</sup>Reporting Year: July 1, 2011- June 30, 2012**

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

3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Student Name	7-Digit ID	Program Codes	Ed Level	Gender	Age	Ethnicity	Race	Disadvantaged	Rural/Urban/Frontier	Complete	Intent to Pursue HP	Graduate	Accepted to HP Program	Intent to Practice PC	Intent to Practice MUC	Intent to Practice Rural
Instructions	ID /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	17	Hispanic	White	Y	Rural	Y	Y	N				
Example 2 Leonardo, Joe	0000002 07/10/11	HC02S, HC03C	12 <sup>th</sup>	M	18	Non-Hispanic	AA	Y	Urban	Y	Y	Y	Y	Y	Y	N

**\*Blue numbers correspond with Guidelines items.**

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# HCPP Individual Tracking Form Guidelines

## A-TrACC Field Guide Suggestions

Health Careers Promiton and Preparation

**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
<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: 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. We recommend you include a date the participant began under the ID.	DP-1a.1 Pilot DP-1b Col 1
<sup>5</sup> 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 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.	
<sup>6</sup> Ed Level	6. Source: HCPP Participant Form Item <sup>33</sup> 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 These options will be built for all BHPr 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 Pilot DP-1b Col 2
<sup>7</sup> Gender	7. 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 Pilot DP-1b Col 4
<sup>8</sup> Age	8. 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 Pilot DP-1b Col 5
<sup>9</sup> Ethnicity	9. 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 Pilot DP-1b Col 6
<sup>10</sup> Race	10. Source: HCPP Participant Form Item <sup>19</sup> The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) African American / Black, (2) American Indian/Alaskan Native, (3) Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai), (4) Asian (Other), (5) Native	DV-1a, DV-1b, DV-2, Pilot DP-1b Col 7

Form Item	Notations	Federal Table/ Other Requirement
	Hawaiian/Other Pacific Islander, (6) White Disadvantaged (educationally or economically), (7) White Non-Disadvantaged. You may wish to develop a code for your own use to facilitate documentation processes.	
<sup>11</sup> Disadvantaged	11. Source: HCPP Participant Form Item <sup>13,15,19,28,30,32</sup> Yes/No answers. Disadvantaged Background can be identified from information about/from the school the student attends and the service region.	DV-2 Pilot DP-1b Col 8
<sup>12</sup> Rural/ Urban/ Frontier	12. 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) Frontier. You may wish to develop a code for your own use to facilitate documentation processes.	Pilot DP-1b Col 9
<sup>13</sup> Complete	13. Did the Trainee Complete the Program? 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 DP-1c Col 2 Pilot DP-1b Col 10
<sup>14</sup> Intent to Pursue HP	14. Source: HCPP Participant Form Item <sup>36,38,39</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.	Pilot DP-1b Col 11
<sup>15</sup> Graduate	15. 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 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.	DP-1c Col 2 Pilot DP-1b Col 12
<sup>16</sup> Accepted to HP Program	16. If graduated, Accepted Into Health Professions Program? 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, 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.	DP-1c Col 3 Pilot DP-1b Col 13
<sup>17</sup> Intent to Practice PC	17. Source: HCPP Participant Form Item <sup>40</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.	Pilot DP-1b Col 14
<sup>18</sup> Intent to Practice MUC	18. Source: HCPP Participant Form Item <sup>41</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.	Pilot DP-1b Col 15
<sup>19</sup> Intent to Practice Rural	19. Source: HCPP Participant Form Item <sup>42</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.	Pilot DP-1b Col 16

**REFERENCE ONLY**

**HRSA BHPr AHEC Required Performance Measures Tables Distributed 10-19-11 Excerpts**

The following Tables are excerpted from the BHPr Manual distributed 10/19/2011. These are 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 area, and Columns.

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

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

Col 1 Category of Trainees	Col 2 Number
<b>Enrollees</b>	
Trainees who are newly enrolled or continuing the program but did not complete a training program, or did not graduate from a health professions school.	
<b>Graduates</b>	
Trainees who successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.	
<b>Fellowships and Residencies</b>	
Trainees who completed fellowships and residencies of one year or more	
<b>Program Completers (Exclude fellowships and residencies from this row)</b>	
Trainees who successfully completed a non-degree course of study or training program that was less than 120 hours.	
Trainees who successfully completed a non-degree course of study or training program that was equal to or more than 120 hours.	
<b>Continuing Education (Exclude program completers from this row)</b>	
Trainees who successfully completed a continuing education offering. Include trainees receiving a continuing education offering that may or may not have received CEU credit.	
<b>Total</b>	Auto-calculate

LR-2 (HCPP, CBSE)

Table LR-2: Trainee Age and Gender

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	Males					Females					Grand Total (Auto-calculate)
	Trainee Category					Trainee Category					
	Number of Enrollees	Number of Graduates	Number of Program Completers	Number Who Completed Fellowships and Residencies	Total (auto calculate)	Number of Enrollees	Number of Graduates	Number of Program Completers	Number Who Completed 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											
<b>Total</b>											

Table DV-1: Trainees by Ethnicity and Race

DV-1a (HCPP, CBSE)

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
	Number of Enrollees	Number of Graduates	Number of Program Completers (< 120 hours)	Number of Program Completers (≥ 120 hours)	Number Who Completed Fellowships and Residencies (1 year or more)	
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>						

\*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented.

DV-1b (HCPP, CBSE)

DV-1-b: Non-Hispanic or Non-Latino Ethnicity

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
Race	Trainee Category					Total by Race
	Number of Enrollees	Number of Graduates	Number of Program Completers (< 120 hours)	Number of Program Completers (≥ 120 hours)	Number Who Completed Fellowships and Residencies (1 year or more)	
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>						

\*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented.

**Table DV-2: Trainees by Disadvantaged Status and Race**

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

**Table CE-1 (1a, 1b): Continuing Education**

**CE-1a.1 (CE)**

**CE-1a.1: Educational Offering Description**

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8
Educational Offering Title  (One per row)	Number of Offerings	Primary Educational Offering Topic  (Select one)	Secondary Educational Offering Topic  (Select one)	Delivery Mode  (Select all that apply)	Partners/ Leveraging  (Select up to three)	Hours of Instruction	Interprofessional/ Interdisciplinary Education  (Y/N)

**CE-1a.2 (CE)**

**CE-1a.2: Trainee and Completer Outcomes**

Col 1	Col 2	Col 3	Col 4
Total Number of Trainees	Number of Completers Who Increased Their Knowledge	Number of Completers Who Reported Intent to Implement at Least One Practice Improvement	Number of Completers Who Applied the Training to State Certification or Annual Continuing Education Requirements

**CE-1b.1 (CE)**  
Col 1

**CE-1b.1: Trainees Disciplines**  
Col 2

Trainee Type	Total Number of Trainees
Allopathic medicine physicians	
Audiologists	
Chiropractors	
Community health workers	
Dental hygienists	
Dentists	
Epidemiologists	
First responders (e.g., EMP, paramedic, fire rescue, HazMat)	
Health administrators	
Health education specialists	
Health information systems/data analysts	
Health professions students	
Home health aides	
Marriage and family therapists	
Medical assistants	
Nursing assistants (certified)	
Nurses (licensed practice)	
Nurses (registered)	

Trainee Type	Total Number of Trainees
Nurse midwives	
Nurse practitioners	
Nutritionists	
Occupational health specialists	
Occupational therapists	
Optometrists	
Osteopathic medicine physicians	
Pharmacists	
Physical therapists	
Physician assistants	
Podiatrists	
Professional counselors	
Psychiatrists	
Psychologists	
Public health specialists	
Social workers	
Speech therapists	
Veterinary physicians	
Unknown	
Other (specify)	
<b>Total</b>	

**CE-1b.2 (CE)**  
Col 1

**CE-1b.2: Educational Offering Trainee Employment Settings**  
Col 2

Employment Settings of Trainees	Total Number of Trainees
Employment Setting in a Medically Underserved Community (MUC)	
Employment Location in a Rural Setting	



DP-1b (HCPP- Pilot Only)

DP-1b: Diversity/Pipeline Program Trainees and Completer Outcomes

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10	Col 11	Col 12	Col 13
Trainee Unique ID	Educational Level  (Select one)	Amount of BHP Financial Support	Gender	Age	Ethnicity  (Select one)	Race  (Select one)	Disadvantaged Background  (Y/N)	Rural/Urban/Frontier Background  (Select one)	Did the Trainee Complete the Program?  (Y/N)	If Completed, Intent to Pursue Health Professions Training?  (Y/N)	Did the Trainee Graduate?  (Y/N)	If Graduated, Accepted Into Health Professions Program  (Y/N)
		NOT AHEC FIELD										

DP-1b (HCPP- Pilot Only)

Trainee Intent to Practice (continuation of Table DP1b)

Col 14	Col 15	Col 16
Intent to Practice?  (Y/N)		
Primary Care Setting	Medically Underserved Community	Rural Setting

DP-1c (HCPP- Pilot Only)

DP-1c: Prior Academic Year Outcomes

Col 1	Col 2	Col 3
Academic Year	Total Number of Graduates or Completers	Total Number of Graduates Accepted into Health Professions Program
2010-2011		
2009-2010		
2008-2009		
2007-2008		

**Table DP-4: Diversity/Pipeline Clinical Training Table**

**DP-4a (CBSE)**

**DP-4a: Training Site**

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10
Training Site Name (One per row)	Training Site Address	Training Site Zip Code	Number of Trainings per Site	Training Setting Types (Select all that apply)	Training Description (Describe)	Number of Inter-professional Teams Trained	Disciplines that Participated in Inter-professional Training (Select all that apply)	Exposure to Underserved/ Vulnerable Populations (Select all that apply)	Total Number of Trainees

**DP-4b (CBSE – April 1, 2012)**

**DP-4b: Clinical Training- Trainee Characteristics**

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10
Trainee Unique ID	Discipline (Select one)	Educational Level (Select one)	BHPr Financial Award Amount	Trainee Gender (M/F)	Trainee Age (Select one)	Trainee Ethnicity (Select one)	Trainee Race (Select one)	Disadvantaged Background (Y/N)	Rural/ Urban/ Frontier Background (Select one)
			<b>NOT AHEC FIELD</b>						

**DP- 4c (CBSE – April 1, 2012)**

**DP- 4c: Trainee Outcomes**

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
Trainee Unique ID	Contact Hours	Did the Trainee Complete the Program? (Y/N)	Did the Trainee Graduate? (Y/N)	Intent to Practice in Primary Care Setting? (Y/N)	Intent to Practice in MUC? (Y/N)	Intent to Practice in Rural Setting? (Y/N)

These are also required tables but we did not build Field Guide Samples for these Tables.

**Table AHEC-1: Program Characteristics**

Name of AHEC Program: \_\_\_\_\_  
 Date of Program Establishment: \_\_\_\_\_  
 Service Area of AHEC Program (Please check one):       Statewide       Regional area within a state       Multi-state  
 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.

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)

**Table AHEC-2: Program Activity**

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>