



A-TrACC Field Guide

for Collecting and Reporting the 2012 HRSA BHP_r Performance Measures Revisited

**October 23, 2012
1:00 PM Webinar 301**

**Mary Wainwright, MS, RN, A-TrACC Director
Gretchen Forsell, MPH, RD, A-TrACC Project Manager
Carol Trono, MA, A-TrACC Program Manager**



U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Bureau of Health Professions (BHP) **Pr**
Division of Public Health and Interdisciplinary Education
(DPHIE)
Area Health Education Center (AHEC) Branch
AHEC Training and Consultation Center (A-TrACC)

A-TrACC Field Guide Development Concepts, Principles and Ideas

- Create data collection forms from the Center staff perspective
- Gather all the field data from participants, students and AHEC staff needed for the 2012 Performance Measures
- Include only the most pertinent additional information that is not required by HRSA but is useful/important to implementing an activity/rotation/program and documenting AHEC outcomes.
- Add additional information at the center/program level to meet specific needs, if appropriate
- Keep forms to one page whenever possible

A-TrACC Field Guide Development Concepts, Principles and Ideas

4 stakeholder categories that influence data collection, planning and evaluation for AHECs:

- Student or Participant
- Community Partners/Training Sites
- Academic Partners
- Federal and Other Funding Sources



Focus: HCPP



Health Careers Promotion and Preparation (HCPP)

Targeted participants are students prior to acceptance into a health professions education program

- Health Career Exploration
- Pipeline Programs
- K-12
- Post Secondary
- Career-Changing Adults, incl. Unemployed



Other HCPP Names



- Youth Public Health Program
- K-16 Pipeline, Preparation, Pre-Professional
- Health Careers Training
- Academic Enhancement Experiences
- Health Professions Training Programs
- Minority Recruitment/Retention
- Students into Health Careers
- Recruitment into Health Careers K-16
- One Stop Delivery System/ Workforce Investment Boards (WIB)
- Pre-Professional
- Health Careers Promotion
- Pipeline Programs
- K-12 Programming
- Job Shadowing
- Health Careers Exploration
- Health Careers Recruitment
- Camp Programs
- Health Academies
- Medical Explorers
- After School Programs
- Career Counseling
- Mentoring
- Pathway Programs
- Youth Health Service Corps
- Collegiate Health Service Corps



3 Sample HCPP Forms



HCPP Participant/Staff Completes 2 page Participant Form

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.				
¹ Today's Date:		² Activity Code:		³ AHEC Center:
<small>⁴Information 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>				
⁵ 7-Digit ID(AHEC Office Use Only):		⁶ 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)		
⁷ Last Name/First name		⁸ Gender	⁹ Birthdate	¹⁰ Age
		<input type="checkbox"/> Male <input type="checkbox"/> Female	/ / (mm/dd/yyyy)	_____
¹¹ Address		¹² City	¹³ County (not USA)	¹⁴ State ¹⁵ Zip code (9 digit as possible)
¹⁶ Primary Phone #		¹⁷ Permanent Email address		
¹⁸ Ethnicity (select one)		¹⁹ Race (select all that apply)		
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		<input type="checkbox"/> Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		
²⁰ Would you consider yourself "disadvantaged" (using the definition provided)? <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 individual comes from a family with an annual income below a level based on low-income thresholds set by the US government.</small>				
²¹ Parent/Guardian- Last Name/First name				
²² Parent/Guardian Address(if different from above)		²³ City	²⁴ County (not USA)	²⁵ State ²⁶ Zip code (9 digit as possible)
²⁷ Primary Phone #		²⁸ Permanent Email address		
²⁹ How do you prefer to be contacted? <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?) _____				
³⁰ Please list 3 other persons, who do not live with you, that will know how to contact you in the future.				
Name	Phone Number	Email Address		
1. _____	_____	_____		
2. _____	_____	_____		
3. _____	_____	_____		
³¹ School Name		³² City	³³ County (not USA)	³⁴ State ³⁵ Zip code (9 digit as possible)
³⁶ Current Grade/ College year		³⁷ If college student, Major	³⁸ Anticipated Date of Graduation	³⁹ Counselor/Teacher/Advisor Name
			/ / (mm/yyyy)	
⁴⁰ Does this activity lead to a certification for example Community Health Worker, Certified Nurse Assistant, Dental Assistant, CPR, 1 st Responder, or other. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Specify _____				
⁴¹ Additionally, are you currently enrolled in a Health Professions program such as listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes/Specify _____				
⁴² I intend/plan/would like to enter a health career. <input type="checkbox"/> Yes <input type="checkbox"/> No				
⁴³ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
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.). <input type="checkbox"/> Yes <input type="checkbox"/> No				
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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
⁴⁶ I intend/plan/would like to work in rural areas (not big cities) <input type="checkbox"/> Yes <input type="checkbox"/> No				



3 Sample HCPP Forms



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 2012 HRSA report does not require individual level data for Health Careers Promotion and Preparation participants. AHECS are encouraged to pilot the data collection this year. AHECs will be required to report individual level data for HCPP students participating in activities/programs of 40 hours or greater in FY 2013. 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.

The tracking information is for participants who graduated and participated in activity/programs of 40 hours or greater.

¹Reporting Year: July 1, 2011- June 30, 2012

²AHEC Center:

1	4	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Student Name	7-Digit ID	Program Code	Ed Level	Part-time or Full-time student	Gender	Age	Ethnicity	Race	Disadvantaged	Rural/Urban/Suburban/Frontier	Contact Hours	Complete	Apply to credential /cont	Graduate	Intent to Pursue HP	Accepted to HP Program /kind of program	Intent to Practice PC	Intent to Practice MJC	Intent to Practice Rural
Instructions	ID Date										40 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 Garcia, Mary Elena	0000001 07/10/11	HCC05, HCC03C	11th	F	F	17	Hispanic	White	Y	Rural	40 08/01/11	Y 09/01/11	N	N	Y 08/30/11				
Example 2 Leonardo, Joe	0000002 07/10/11	HCC05, HCC03C	12th	F	M	18	Non-Hispanic	AA	Y	Urban	40-40 08/01/11 02/29/12	Y 09/01/11	Certified Nurse Assistant Y 09/01/11	Y 05/30/12	Y 09/30/11	Y Nursing 05/01/12	Y 05/01/12	Y 05/01/12	N 05/01/12 2

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

**AHEC Staff
Completes
1 page Individual
Tracking Form**



3 Sample HCPP Forms



**AHEC Staff
Completes
1 page
Activity/Program
Form**

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.		
¹ Today's Date	² Activity Code:	³ AHEC Center:
⁴Activity Title	⁵Length of Program (Also Check one box) Total hours _____	<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
⁶Education level(select all that apply) <input type="checkbox"/> Grades K-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-12 <input type="checkbox"/> Post high school/pre-college <input type="checkbox"/> Certificate <input type="checkbox"/> 2-year college/community college <input type="checkbox"/> 4-year undergraduate <input type="checkbox"/> 12 month post baccalaureate	<input type="checkbox"/> Pre grad school/pre matriculation <input type="checkbox"/> Grad/health prof school <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Faculty member <input type="checkbox"/> Post graduate <input type="checkbox"/> Adult learners <input type="checkbox"/> Dislocated workers	⁷Describe program content (select all key words that apply) <input type="checkbox"/> Academic advising <input type="checkbox"/> Academic support services <input type="checkbox"/> Camps <input type="checkbox"/> Career planning <input type="checkbox"/> Clinic tours/study trips <input type="checkbox"/> College success programs <input type="checkbox"/> Collegiate health service corps <input type="checkbox"/> Community service <input type="checkbox"/> Counseling <input type="checkbox"/> Education and training <input type="checkbox"/> Health career clubs <input type="checkbox"/> Health workforce presentation <input type="checkbox"/> Leadership training <input type="checkbox"/> Mentoring <input type="checkbox"/> Professional Development <input type="checkbox"/> Recruitment <input type="checkbox"/> Simulations <input type="checkbox"/> Shadowing <input type="checkbox"/> Social media outreach <input type="checkbox"/> Tutoring <input type="checkbox"/> Youth health service corps <input type="checkbox"/> Other _____
⁸Does activity lead to a certification for example Community Health Worker, Certified Nurse Assistant, Dental Assistant, CPR, or other: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Specify _____		
⁹Program Content Brief Description <div style="height: 40px;"></div>		
¹⁰Partners/Leveraging (select all that apply) <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 _____
¹¹Public Health Careers Content <input type="checkbox"/> Yes <input type="checkbox"/> No	¹²Practicum training? (Such as experiential, hands-on, shadowing and observational) <input type="checkbox"/> Yes <input type="checkbox"/> No	¹³If yes to Practicum Training 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
¹⁴Cultural Competency training? <input type="checkbox"/> Yes <input type="checkbox"/> No	¹⁶If yes to Cultural Competency Training (select all that apply) 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	
¹⁶Total number enrolled	¹⁷Trainee Attrition	¹⁸Total number of program completers

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

Community-Based Student Education

Targeted participants are students currently in a health professions education program

- Students in Health Certificate Programs
- Nursing, Medical and PA Students
- Students in other Health Professions Degree Programs
- Residents

Community-Based Student Education

- Innovative Curricula
- Field Placements
- Preceptorships
- Health Professions Students Community-Based Education
- Residencies
- Community Based Education
- Rotations
- Students in HC Training Rotations
- Clinical Rotations
- Rural Rotations
- Community Health Worker Programs
- Patient Navigators
- Clinical Placements
- Service Learning
- Housing and Travel Assistance
- Cultural Competency
- Recruitment
- Mentoring
- Community Immersion
- Interdisciplinary/Interprofessional Training



3 Sample CBSE Forms

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:** _____

3 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): _____

5 Last Name/First name _____ **6 Gender** Male Female **7 Birthdate (mm/dd/yyyy)** / /

8 Address _____ **9 City** _____ **10 County (not USA)** _____ **11 State** _____ **12 Zip code (9 digit as possible)** _____

13 Primary Phone # _____ **14 Preferred Email Address Currently:** _____
Permanent (after completing school) Email Address: _____

15 Ethnicity (select one) Hispanic Non Hispanic **16 Race (select all that apply)** African American / Black American Indian/Alaskan Native Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) Asian (Other) Native Hawaiian/Other Pacific Islander White

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

19 In what institution are you currently enrolled? _____ **20 Are you in the education program (Select one)** Part Time Full Time **21 Anticipated Date of Graduation (mm/yyyy)** / /

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

23 Health Profession Discipline (Select one and specify below)
 Allopathic Medicine Chiropractic Osteopathic General Practice Optometry Pharmacy Podiatry Psychiatry Veterinary Medicine Physician Assistant Licensed Practical/Vocational Nurse Nurse Midwife Nurse Practitioner 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 Adm. Nutrition - Dietetics Public Health (General Studies) Clinical Lab Worker EMT/Paramedic/ 1st Responder Health Information Systems/Data Analysis Occupational Therapy Physical Therapy Other - specify below _____

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

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

Student /Staff
 Completes
 2 page Student
 Form

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



3 Sample CBSE Forms



AHEC Staff Completes 1 page Individual Tracking Form

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 HRSA report requires individual level data for Community Based Student Education students beginning in the last quarter of the reporting year, April 1, 2012. 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

¹Reporting Year: July 1, 2011- June 30, 2012

²AHEC Center:

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



3 Sample CBSE Forms



AHEC Staff
Completes
2 page
Site Form

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.						
1 Today's Date			2 AHEC Center/Staff:			
3 Training Site Code:	4 Training Site Name <small>If site linked to a multi-office system specify system name</small>		5 Training Site Contact Name		6 Contact Phone # ()	
7 Address		8 City	9 County (not USA)	10 State	11 Zip code (9 digit as possible)	
12 Primary Phone # ()	13 Fax # ()	14 Email address		15 Website		
16 Site Location (Select one) <input type="checkbox"/> Urban/Inner City <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Frontier						
17 Training Site Type (Select one)			18 Training Settings (Select all that apply)			
<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"/> 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"/> 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"/> Federally Qualified Health Center (FQHC) Includes look-alikes <input type="checkbox"/> Frontier location <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"/> Not Applicable
19 Vulnerable Populations Served in Training Site (Select all that apply)						
<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) _____		
20 Interprofessional Education (IPE) <input type="checkbox"/> Yes <input type="checkbox"/> No						
21 Health Profession Discipline in IPE (Select all that apply)						
<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 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 _____						
22 Description of Training Available at Site (Select all that apply):						
<input type="checkbox"/> Medical Students <input type="checkbox"/> Physician Assistant Students		<input type="checkbox"/> Nurse Practitioner Students <input type="checkbox"/> Primary Care Residents		<input type="checkbox"/> Other Students - Specify _____ <input type="checkbox"/> Other Training Available - Specify _____		

Continuing Education/ Professional Education and Support

Programs or trainings that serve to enhance the knowledge, skills and professional attitudes and/or maintain the credentials of health professionals.



3 Sample CE/PES Forms



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.

¹Today's Date:

²AHEC Center:

³Information 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 ID(AHEC Office Use Only):		⁵ Participant Type (select one) <input type="checkbox"/> Student <input type="checkbox"/> Healthcare Prof/Worker <input type="checkbox"/> Other		
⁶ Last Name/First name		⁷ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	⁸ Age <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	
⁹ Address		¹⁰ City	¹¹ County (Parish or Borough)	¹² State
¹⁴ Primary Phone #		¹⁵ Permanent Email address		
¹⁶ Ethnicity (select one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		¹⁷ 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
¹⁸ Employer Name				
¹⁹ Work/ Practice Location(s)Address		²⁰ City	²¹ County (Parish or Borough)	²² State
²³ Zip code (9 digit as possible)				
²⁴ 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): _____				
²⁵ Health Profession Discipline (Select one and specify below)				
<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 specify discipline/specialty/subspecialty _____				
²⁶ Do you intend to apply the training from this activity toward employment or professional requirements, continuing education credit, certification, or credentialing? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Participant Completes
1 page Registration
Form



3 Sample CE/PES Forms



Participant Completes 1 page Evaluation Form

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.

¹ 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.

² Today's Date: _____ ³ 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 ___

52. 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 ___

63. After completing this educational session I intend to improve : _____

74. I will _____.
Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree Not Applicable/No response
1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___

85. 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.



3 Sample CE/PES Forms



Sample CE/PES Report 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.

¹ CE Activity Date:		² AHEC Center:	
³ CE Activity Title		⁴ Number of offerings	⁵ Hours of instruction
		⁶ CE Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No	
⁷ Interprofessional/ Interdisciplinary CE ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list disciplines represented. (Select all that apply and specify below)			
<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 specify discipline/specialty/subspecialty			
⁸ Is CE Offering location site(s) predominately (check all that apply) <input type="checkbox"/> Underserved <input type="checkbox"/> Non-Underserved <input type="checkbox"/> Rural (Non-MSA) <input type="checkbox"/> Non-Rural (MSA)			
⁹ Zip code of CE Offering location site(s): _____, _____, _____, _____, _____ (Add others as needed)			
¹⁰ Delivery Mode (mark all that apply)			
<input type="checkbox"/> Hands-on <input type="checkbox"/> Live lecture and Hands-on <input type="checkbox"/> Simulation <input type="checkbox"/> Other <input type="checkbox"/> Live lecture & Web-based <input type="checkbox"/> Observation <input type="checkbox"/> Video Conference/Webinar/ Web-based <input type="checkbox"/> Live lecture/Seminar/Class room <input type="checkbox"/> Research <input type="checkbox"/> Video/DVD/CD ROM			
¹¹ Partners/Leveraging (Select up to 3)			
<input type="checkbox"/> **Federally-Qualified Health Center (FQHC) or look-alike <input type="checkbox"/> Other community health center (i.e. free clinic) <input type="checkbox"/> Hospital <input type="checkbox"/> Business/industry - For profit <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> State public health association		<input type="checkbox"/> Other academic departments (other disciplines) <input type="checkbox"/> Other academic institution <input type="checkbox"/> Racial/ethnic population entity/ research center <input type="checkbox"/> Health disparities research center <input type="checkbox"/> Health policy center <u>Government</u> <input type="checkbox"/> Federal - Centers for Disease Control and Prevention (CDC) program <input type="checkbox"/> Federal - Veterans Affairs (VA) <input type="checkbox"/> Federal - Other <input type="checkbox"/> State Governmental Programs <input type="checkbox"/> Local Government Programs	
<u>Academic</u> <input type="checkbox"/> Medical school <input type="checkbox"/> School of Public Health		<u>Health Department</u> <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Tribal <u>Other HRSA program</u> <input type="checkbox"/> Comprehensive Geriatric Education Program (CGEP) <input type="checkbox"/> Geriatric Education Center (GEC) <input type="checkbox"/> Health Careers Opportunity Program (HCOP) <input type="checkbox"/> Nurse Education, Practice, Quality and Retention (NEPQR) <input type="checkbox"/> Public Health Training Center (PHTC) <input type="checkbox"/> Area Health Education Center (AHEC) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> No partners	
¹² Primary Topic (Select one)			
<input type="checkbox"/> AHEC Veterans/Service Members Mental/Behavioral Health <input type="checkbox"/> Adolescent Health <input type="checkbox"/> Advocacy/Health Policy <input type="checkbox"/> African-Americans <input type="checkbox"/> Alcohol substance misuse/prevention <input type="checkbox"/> Alternative/Complementary Medicine <input type="checkbox"/> Alzheimer's disease/dementia <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> American Indian/Alaska Natives <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral health <input type="checkbox"/> Bioterrorism/preparedness <input type="checkbox"/> Border health activities <input type="checkbox"/> Cancer <input type="checkbox"/> Clinical Preventive Services <input type="checkbox"/> Community-based Continuity of Care		<input type="checkbox"/> Environmental Health <input type="checkbox"/> Cultural Competence <input type="checkbox"/> Diabetes <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Drug resistant diseases <input type="checkbox"/> Environmental health <input type="checkbox"/> Evidence-based medicine/practice <input type="checkbox"/> Food Borne Disease <input type="checkbox"/> Genetics <input type="checkbox"/> Geriatrics <input type="checkbox"/> Health Disparities <input type="checkbox"/> Health Promotion/Disease prevention <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hispanics <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Home Health <input type="checkbox"/> Homelessness <input type="checkbox"/> Hypertension <input type="checkbox"/> Influenza <input type="checkbox"/> Informatics <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Interdisciplinary Training <input type="checkbox"/> Interprofessional Integrated Model of Care <input type="checkbox"/> Leadership Training <input type="checkbox"/> Long-term Care <input type="checkbox"/> Managed Care <input type="checkbox"/> Maternal and Child Health <input type="checkbox"/> Medical Economics <input type="checkbox"/> Mental Health <input type="checkbox"/> Migrant Health Initiatives <input type="checkbox"/> Minority Health Issues <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Nutrition/Healthy Eating <input type="checkbox"/> Obesity <input type="checkbox"/> Oral Health <input type="checkbox"/> Patient safety (medical errors) <input type="checkbox"/> Physical Activity <input type="checkbox"/> Public Health Infrastructure <input type="checkbox"/> Quality Improvement/ Patient Safety <input type="checkbox"/> Research <input type="checkbox"/> Rural Health <input type="checkbox"/> Sexual Health <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Stroke <input type="checkbox"/> Telemedicine/Telehealth <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Urban Health <input type="checkbox"/> Veterans Health <input type="checkbox"/> Women's health <input type="checkbox"/> Other (specify) _____	
¹³ Secondary Topic (Select one from above and record here.)			

Staff Completes 2 page Report Form

Presenter Contact

Mary Wainwright, A-TrACC Director

(409) 772-7884 mary.wainwright@atracc.org

Gretchen Forsell, A-TrACC Project Manager

(402) 644-7256 gretchen.forsell@atracc.org

Carol Trono, A-TrACC Program Manager

(409) 772-7884 Carol.trono@atracc.org

Contact A-TrACC at info@atracc.org



HRSA Contact

Kyle Peplinski, MA

Public Health Analyst

U.S. Department of Health and Human Services

Health Resources and Services Administration

Bureau of Health Professions

5600 Fishers Lane, Rm. 9C-26

Rockville, MD 20857

301-443-7758

kpeplinski@hrsa.gov

