U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Performance Report for Grants and Cooperative Agreements

ACADEMIC YEAR 2014-2015

# Instruction Manual for Grantees of the Advanced Education Nurse Traineeship (AENT)

## Semi Annual Performance Report 2

# Welcome

Welcome to the Bureau of Health Workforce's Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Performance Report for Grants and Cooperative Agreements (PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.

Please note the following:

1. All required performance measures are linked to the following legislative purpose(s) of the **AENT** grant program:

    - **To provide traineeships to eligible individuals enrolled in an accredited graduate-level nurse practitioner degree program.**

2. Data submitted by grantees of the program must cover all activities that took place between **January 01, 2015 - June 30, 2015** (referred to as **Semi Annual Performance Report 2**)

3. **The PRGCA is due no later than July 31, 2015.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.

4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

We appreciate your feedback and assistance during this process. All requests for technical assistance will be coordinated through the Call Center and responded to promptly. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center via:

- Phone at 877-Go4-HRSA / 877-464-4722 or
- Click this link to send us your inquiry: click here.

*National Center for Health Workforce Analysis*

*Performance Metrics and Evaluation Branch*

# Getting Started

The Office of Management and Budget (OMB) has issued a 3-year approval for the semiannual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforces (BHW) (OMB # **0915-0061**; Expiration Date: **05/31/2016**). The BPMH system has been significantly enhanced to incorporate all approved subforms, as well as increase system performance and functionality. Throughout the manual, there are several icons that identify tips and other important information which will assist you in completing each subform accurately (see below).

Marks a warning statement. Please read information in **bold** carefully in order to complete each subform accurately.

Marks a tip or important note for completing a specific Block or subform in the BPMH system.

Marks the end of a subform and provides instructions for initiating required validations checks.

Due to the nature of semiannual reporting, the BPMH system has been recently enhanced so as to prepopulate specific Blocks within certain subforms with data submitted in a previous reporting period. In addition, a "View Prior Period Data" link has been added at the top of each subform in order to provide you with easy access to data submitted by your organization in prior reporting periods.

**Figure 1. Screenshot of View Prior Period Data Link**

# Getting Started - How Performance Measure Data Fields Are Identified in the Forms

| No. | Type of Training Program | Trainees by Training Category | | Attrition | |
|---|---|---|---|---|---|
| | | Enter # of Enrollees | Enter # of Graduates | Enter # of Individuals who left the Program before Completion | Enter # of URM who left the Program before Completion |
| | (1) | (2) Block 1 | (5) Block 4 | (7) Block 6 | (8) Block 6a |
| 1 | Degree/Diploma \| MD/MPH \| Health Policy & Management | 20 | 5 | 1 | 0 |

Column Number

Block Number

**Figure 2. Example of Performance Measures Data Table**

There are two (2) types of data entry field identifiers. Each data entry field in a performance measure is identified with both types of numbers when the measure appears like the example in the above Figure.

**Column Number**: The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.

**Block Numbers:** The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

# Getting Started: Browser Settings

**Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.**

- HRSA's Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the 'Recommended Settings' tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.
- There are multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: **Recommended Settings**.
- Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the 'Recommended Settings' tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.
- Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.
- Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the 'Recommended Settings' tab.

# Getting Started: Helpful Resources and Recommendations

The following is a list of resources and tips you may find helpful in the event you need assistance:

1. Begin PRGCA data entry early and submit your report prior to the deadline.
2. **Browser Settings**: Check your Internet browser and its settings by using 'Recommended Settings' tab on the EHB home screen within the yellow banner in the top left corner of the screen. Look for green check marks for all system requirements in order to meet system requirements and proceed.
3. **Reporting on Your Grant:** Several resources are available through HRSA's "Reporting on Your Grant" link http://bhw.hrsa.gov/grants/reporting/index.html including general EHB guidance as well as links to the performance measures and program manual.
4. **Resource Links**: Several resources are available via the 'Resource' tab on the EHB home screen including the following links:
   - View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
   - Glossary- Current definitions of key terms
   - Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
   - View recorded videos of how to enter data in the BPMH system: https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos
   - View the recorded TA webinar provided for your grant program. Please access the recording by using the link provided by your Government Project Officer.
6. **Grant Personnel:** Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
7. **Sequence of Forms:** Complete PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2; EXP-2, prior to EXP-3)
8. **Saving and Validating:** You must click 'Save and Validate' in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.
9. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center using the contact information below. If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email.
   - Phone at 877-Go4-HRSA/877-464-4772; or
   - Click this link to send us your inquiry: click here.
10. **Government Project Officers**: Contact your Government Project Officer if you need further assistance.

# Order of Required Forms

The following table shows the order that subforms will appear throughout the BPMH system for your specific grant program. Please note that clicking on the "Save and Validate" button at the end of each subform will cause the system to check all Blocks for errors and route you to the next required subform on the list. If you need to go back to any subform for any reason, simply click on the Form ID on the left sidebar of the Electronic Handbook (EHB). Please note that changing data that has already been saved will require you to click on the "Save and Validate" button and go through the validation process once more.

| Order | Type of Form | Parent Form | Form ID |
|---|---|---|---|
| 1 | Setup Form | Setup Forms | Training Program |
| 2 | Performance Data Form | Program Characteristics-PC Subforms | PC-1 |
| 3 | Performance Data Form | Individual Characteristics-INDGEN Subforms | IND-GEN |
| 4 | Performance Data Form | Individual Characteristics-INDGEN Subforms | INDGEN-GPC |
| 5 | Performance Data Form | Individual Characteristics-INDGEN Subforms | INDGEN-PY |
| 6 | Performance Data Form | Experiential Characteristics-EXP Subforms | EXP-1 |
| 7 | Performance Data Form | Experiential Characteristics-EXP Subforms | EXP-2 |
| 8 | Performance Data Form | Experiential Characteristics-EXP Subforms | EXP-3 |

# Training Program - Setup

## Training Program Setup - Selecting Type of Training Program

**Warning: Complete the Training Program Setup form only if grant funds were used to support degree programs other than those previously reported. You do not need to reenter information about degree programs previously reported. If no new degree programs were supported other than those previously reported, skip to the last step for this subform.**

**Figure 3. Training Program Setup - Selecting Type of Training Program**

**For New Degree Programs Only:**
**Select Type of Training Program Offered:** The Training Program Setup form will configure all subforms specific to the degree program. To begin completing the setup for **new records**, select the type(s) of training program(s) supported with grant funds during the semiannual reporting period by clicking on the drop-down menu next to "Select Type of Training Program Offered" and choosing **one** of the following options from the list below.

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)

*Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.*

# Training Program Setup - Loading Program Details

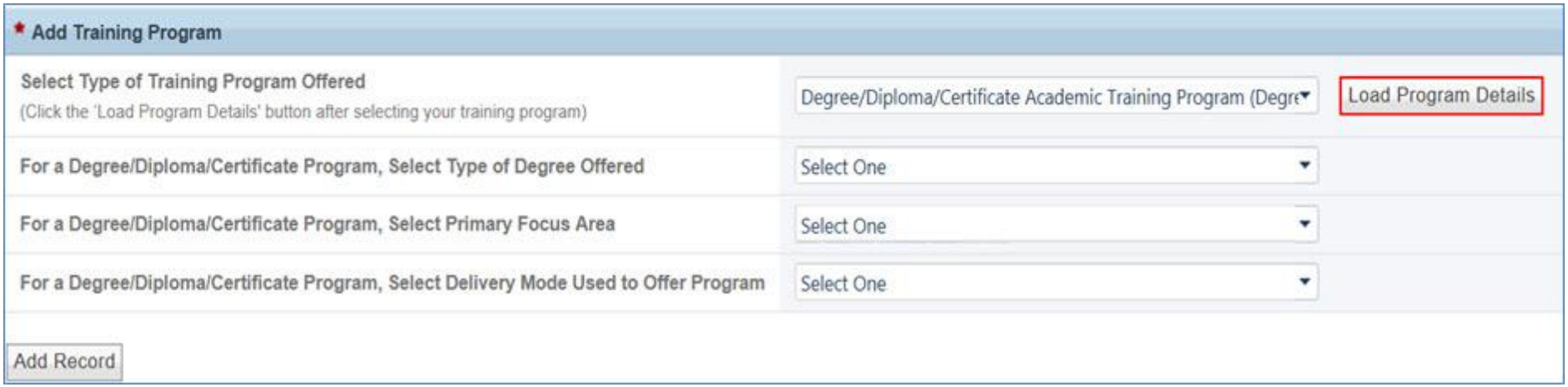


**Figure 4. Training Program Setup - Loading Program Details**

Next, click on the “Load Program Details” button to activate the remaining drop-down menus in this setup form.

*Note: Clicking on the "Load Program Details" button will activate drop-down menus specific to the selection made in the previous step.*

# Training Program Setup - Adding Degree/Diploma Program

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

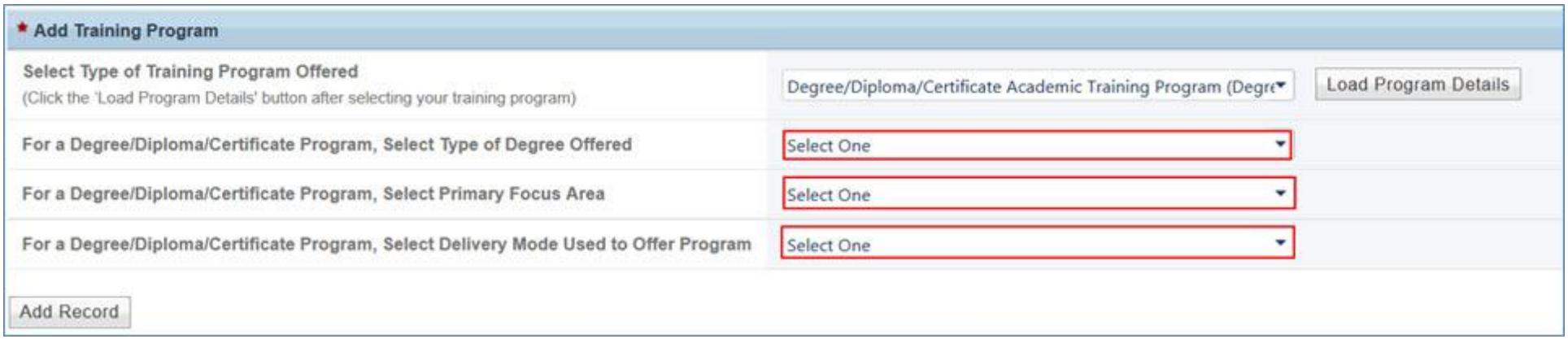


**Figure 5. Training Program Setup - Adding Degree/Diploma Program**

**For a Degree/Diploma/Certificate Program, Select Type of Degree Offered:** To complete your entry, select the degree program of students who received BHW-funded financial awards during semiannual reporting period by clicking on the drop-down menu next to "For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered" and choosing **one** of the following options:

- DNAP
- EdD
- MSN
- MSN/MPH
- DNP / DrNP
- MA
- MSN/MBA
- PhD
- DNSc / DNS
- MS
- MSN/MHA
- Post-Masters Certificate

**For a Degree/Diploma/Certificate Program, Select Primary Focus Area:** Next, select the degree program's primary focus area by clicking on the drop-down menu next to "For a Degree/Diploma/Certificate Training Program, Select Primary Focus Area" and choosing **one** of the following options:

- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental

- Nursing - CNS - Women's health
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Other advanced nurse specialists
- Nursing - Nurse Administrator
- Nursing - Nurse Midwife
- Nursing - Public Health Nurse
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Pediatrics
- Nursing - Nurse Anesthetist
- Nursing - Nurse Researchers/Scientists
- Other - Midwife

health

- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - NP - Women's health
- Nursing - Nurse Educator
- Nursing - Nursing Informatics

**Select Delivery Mode Used to Offer Program:** Next, select the primary mode used to deliver each degree program during the semiannual reporting period by clicking on the drop-down menu under and choosing **one** of the options from the list below.
Click on the "**Add Record**" button to save your entry. **Repeat this process** to capture the degree programs of all students who received a BHW-funded financial award during semiannual reporting period.

- Campus-based program
- Distance learning program
- Hybrid program

*Example: The John Doe School of Nursing provided traineeships to 7 students between Jan 1 and June 30. Among the 7 students who received a traineeship, 3 were enrolled in a NP program with a focus area in Family; 2 were enrolled in a NP program with a focus area in Women's Health; and 2 were enrolled in a DNP program with a focus area in Adult. In the setup form, the John Doe School of Nursing would enter each degree program, focus area and mode of delivery separately—for a total of 3 entries.*

# Training Program Setup - Selecting Training Activity Status

| No. | Record Status | Training Program (1) | Select Training Activity Status in the Current Reporting Period (2) | Option(s) |
|---|---|---|---|---|
| 1 | Prior Record | Degree/Diploma \| MS \| Nursing - NP - Adult gerontology \| Campus-based program | Select one | Delete |
| 2 | Prior Record | Degree/Diploma \| MS \| Nursing - NP - Family \| Campus-based program | Select one / Inactive / Active | Delete |
| 3 | Prior Record | Degree/Diploma \| DNP \| Nursing - NP - Family \| Campus-based program | | Delete |

**Figure 6. Training Program Setup - Selecting Training Activity Status**

To complete the Training Program Setup form, please review the Saved Records Table to ensure that all degree programs supported with grant funds during the semiannual reporting period were captured accurately.

**For new records**, please review the information contained in the table for accuracy and, for any reason a record has to be deleted, simply click on the "Delete" link under the Option(s) column.

**Select Training Activity Status in the Current Reporting Period:** Select the Training Activity Status of all reported training programs by choosing **one** of the options from the list below. If you are reporting on a program, please choose 'Active.'

- Active
- Inactive

***Note: No action is needed for prior records, if they remain Active****. If a prior record training program no longer has active enrollees (no students are enrolled and all students have already graduated), you may select 'Inactive' as the status of the program. Selecting 'Inactive' indicates the training program is completed, you are no longer administering it, and you have no active INDGEN records or faculty development programs. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records) will be made inactive.*

**To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

# PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

## PC-1 - Selecting Type(s) of Partners/Consortia

**Warning: For degree programs previously reported, Block 1k.1 will appear as read-only and is not editable. If the delivery mode for a degree program has changed, this requires a new entry in the Training Program Setup form.**

**Warning: If no new records were added in the Training Program Setup form, complete the PC-1 subform for prior records.**

| No. | Record Status | Type of Training Program (1) Block 1 | Type of Degree Offered (2) Block 1j | Primary Focus Area (3) Block 1k | Select Delivery Mode Used to Offer Program (4) Block 1k.1 | Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2 |
|---|---|---|---|---|---|---|
| 1 | Prior Record | Degree/Diploma \| MSN \| Nursing - NP - Family | MSN | Nursing - NP - Family | Hybrid program | |

**Figure 7. PC-1 - Selecting Type(s) of Partners/Consortia**

**Select Type(s) of Partners/Consortia Used to Offer this Training:** For all records, select the type(s) of partnerships or consortia used or established for the purpose of offering each degree program during semiannual reporting period by clicking on the drop-down menu under Block 2 and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HRSA Program

- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government
- No partners/consortia used

**Warning: You may not select "No partners/consortia used" in combination with any other option.**

# PC-1 - Entering Enrollment Information

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Blocks 3, 3a and 3b on the PC-1 subform **apply to all records** and capture enrollment information about the students enrolled in degree programs where BHW-funded financial awards were provided during the semiannual reporting period.

| Enter Total # Enrolled (whether funded by BHW or not) | | | Enter Total # Graduated/Completed (whether funded by BHW or not) | | Enter Total # Who left the Program Before Completion (whether funded by BHW or not) | |
|---|---|---|---|---|---|---|
| Total (7) Block 3 | URM (8) Block 3a | Disadvantaged Background and not URM (9) Block 3b | Total (10) Block 8 | URM (11) Block 8a | Total (12) Block 9 | URM (13) Block 9a |
| | | | | | | |

**Figure 8. PC-1 - Entering Enrollment Information**

**Enter Total # Enrolled (whether funded by BHW or not): Total: For Block 3**, enter the **total** number of students enrolled in each degree program listed during the semiannual reporting period. Count all students enrolled—regardless of whether they received a BHW-funded financial award or not.

Do not count students who permanently left the degree program before completion (i.e. attrition). These students will be captured separately in Block 9.

**Enter Total # Enrolled (whether funded by BHW or not): URM: For Block 3a**, enter the number of students enrolled in each degree program during the semiannual reporting period who were underrepresented minorities. Block 3a is a subset of Block 3.

**Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Block 3b**, enter the number of students enrolled in each degree program during the semiannual reporting period who are from disadvantaged backgrounds and are not underrepresented minorities. Block 3b is a subset of Block 3.

*Reference: Refer to the glossary for a definition of underrepresented minority.*

*Reference: Refer to the glossary for a definition of disadvantaged background.*

*Example: The John Doe School of Nursing had a total of 27 students enrolled in the NP program with a focus area in Family. The school used BHW funds to provide traineeships to 3 out of the 27 students in the program during the semiannual reporting period. During this period, 2 students permanently left the degree program before completion.*
***In Block 3 of this form, the John Doe School of Nursing would enter 25.***

*Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the semiannual reporting period. Among the 25 students enrolled in this degree program, 15 are underrepresented minorities.*
***In Block 3a, the John Doe School of Nursing would enter 15.***

*Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the semiannual reporting period. Among the 25 students enrolled in this degree program, a total of 10 students are from disadvantaged backgrounds. Six (6) out of the 10 students from a disadvantaged background are also underrepresented minorities.*
***In Block 3b, the John Doe School of Nursing would enter 4.***

# PC-1 - Entering Graduate Information

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Blocks 8 and 8a on the PC-1 subform **apply to all records** and capture graduates information for students in degree programs where BHW-funded financial awards were provided during the semiannual reporting period.

| Enter Total # Enrolled (whether funded by BHW or not) | | | Enter Total # Graduated/Completed (whether funded by BHW or not) | | Enter Total # Who left the Program Before Completion (whether funded by BHW or not) | |
|---|---|---|---|---|---|---|
| Total (7) Block 3 | URM (8) Block 3a | Disadvantaged Background and not URM (9) Block 3b | Total (10) Block 8 | URM (11) Block 8a | Total (12) Block 9 | URM (13) Block 9a |
| | | | | | | |

**Figure 9. PC-1 - Entering Graduate Information**

**Enter Total # Graduated/Completed (whether funded by BHW or not): Total: For Block 8**, enter the total number of students in each degree program who graduated during the semiannual reporting period. Block 8 is a subset of Block 3.

**Enter Total # Graduated/Completed (whether funded by BHW or not): URM: For Block 8a**, enter the number students in each degree program who graduated during the semiannual reporting period and are underrepresented minorities. Block 8a is a subset of Block 8.

*Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the semiannual reporting period. Among the 25 students enrolled in this degree program, a total of 8 students completed all degree requirements and graduated during this period.*
***In Block 8, the John Doe School of Nursing would enter 8.***

*Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the semiannual reporting period. Among the 25 students enrolled in this degree program, a total of 8 completed all degree requirements and graduated*

*during this period. Four (4) out of the 8 students who graduated are underrepresented minorities.*
***In Block 8a, the John Doe School of Nursing would enter 4.***

# PC-1 - Entering Attrition Information

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**
Blocks 9 and 9a on the PC-1 subform **apply to all records** and capture attrition information for students in degree programs where BHW-funded financial awards were provided during the semiannual reporting period.

| Enter Total # Enrolled (whether funded by BHW or not) | | | Enter Total # Graduated/Completed (whether funded by BHW or not) | | Enter Total # Who left the Program Before Completion (whether funded by BHW or not) | |
|---|---|---|---|---|---|---|
| Total (7) Block 3 | URM (8) Block 3a | Disadvantaged Background and not URM (9) Block 3b | Total (10) Block 8 | URM (11) Block 8a | Total (12) Block 9 | URM (13) Block 9a |
| | | | | | | |

**Figure 10. PC-1 - Entering Attrition Information**

**Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: For Block 9**, enter the total number of students who permanently left each degree program before completion during the semiannual reporting period.

**Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: For Block 9a**, enter the number of students who permanently left each degree program before completion during the semiannual reporting period and are underrepresented minorities. Block 9a is a subset of Block 9.

*Example: The John Doe School of Nursing had a total of 27 students enrolled in the NP program with a focus area in Family. The school used BHW funds to provide traineeships to 3 out of the 27 students in the program during the semiannual reporting period. During this period, 2 students permanently left the degree program before completion.*
***In Block 9 of this form, the John Doe School of Nursing would enter 2.***

*Example: The John Doe School of Nursing had a total of 27 students enrolled in the NP program with a focus area in Family. The school used BHW funds to provide traineeships to 3 out of the 27 students in the program during the semiannual reporting period. During this period, 2 students*

*permanently left the degree program before completion and none who left were underrepresented minorities.*

***In Block 9a of this form, the John Doe School of Nursing would enter 0.***

| Enter Total # Enrolled (whether funded by BHW or not) | | | Enter Total # Graduated/Completed (whether funded by BHW or not) | | Enter Total # Who left the Program Before Completion (whether funded by BHW or not) | |
|---|---|---|---|---|---|---|
| Total (7) Block 3 | URM (8) Block 3a | Disadvantaged Background and not URM (9) Block 3b | Total (10) Block 8 | URM (11) Block 8a | Total (12) Block 9 | URM (13) Block 9a |
| 25 | 15 | 4 | 8 | 4 | 2 | 0 |

**Figure 11. Example of PC-1 Subform**

**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

# Individual-level Data—INDGEN Subforms

## INDGEN - Introduction

**Warning: The INDGEN subforms have been enhanced from the most recent reporting period to reduce overall burden. Please read these instructions carefully.**

**Notice to Grantees about Individual-level Data**

1. You must complete an IND-GEN subform for each student who received a BHW-funded financial award during the semiannual reporting period. In addition, semiannual updates are required for students who were previously reported on IND-GEN and were not marked as having graduated, completed or attrited from their degree program by **June 30, 2015**.
2. For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each student. **All other fields must be updated on a semiannual basis until the student graduates from or permanently leaves their degree program.**
3. The IND-GEN subform will automatically calculate and display read-only columns labeled “Academic Year Total” and "Cumulative BHW Financial Award Total."
   - The Academic Year Total will sum the amounts entered for both reporting period across a given academic year.
   - The Cumulative BHW Financial Award Total will sum all amounts entered for this individual in the BMPH system since the beginning of Academic Year 2012-2013.
4. Individuals who were reported as having graduated from their degree program in the previous reporting period will automatically be transferred from IND-GEN to the new INDGEN-GPC subform. No action is needed on these records until one (1) full calendar year has passed from the moment of graduation. At that point, records will automatically be transferred from the INDGEN-GPC subform to the INDGEN-PY subform where 1-year post completion status data must be provided for each student (see example below).

*Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.*

| Reporting Period when Individual Completed/Graduated from the Training Program | Reporting Period When Record will be Transferred to INDGEN-GPC *(No action needed)* | Reporting Period When Record will be Transferred to INDGEN-PY *(For updating 1-year employment status)* |
|---|---|---|
| Academic Year A, Reporting Period #1 | Academic Year A, Reporting Period #2 | Academic Year B, Reporting Period #1 |
| Academic Year A, Reporting Period #2 | Academic Year B, Reporting Period #1 | Academic Year B, Reporting Period #2 |

**Figure 12. Example of records transferred between IND-GEN**

# IND-GEN: Individual Characteristics

## IND-GEN - Setup

To begin providing individual-level data for students who received BHW-funded financial awards during the semiannual reporting period or to provide updates for students previously reported on IND-GEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel form that will allow you to begin data entry.

**Figure 13. IND-GEN - Setup**

**Warning: If you have used the INDGEN form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. Please move ahead to the INDGEN form by using the form list located on the left side of your screen.**

**Warning: If you are unable to enter data into the INDGEN form, edit prior records, or see drop-down menus despite the question above being answered 'Yes', you have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.**

**Warning: Gray fields in prior records cannot be edited.**

# IND-GEN - Selecting Type of Training Program

| Record Status | Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status | Select Individual's Sex |
|---|---|---|---|---|---|
| | (1) | (2) Block 1 | (3) Block 2 | (4) Block 3 | (5) Block 4 |
| | Select one | | | | |

**Figure 14. IND-GEN - Selecting Type of Training Program**

**Type of Training Program:** To begin completing the IND-GEN subform, select each student's degree program by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing **one** of the available options.

*Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form. The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" does not apply to the AENT program. Selecting this option will result in an error message.*

*Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.*

# IND-GEN - Entering Trainee Unique ID

| Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status | Select Individual's Sex |
|---|---|---|---|---|
| (1) | (2) Block 1 | (3) Block 2 | (4) Block 3 | (5) Block 4 |
| Select one | | | | |

**Figure 15. IND-GEN - Entering Trainee Unique ID**

**Trainee Unique ID:** Enter a seven (7) alphanumeric unique identifier for each student in the textbox under Block 1.

**Warning: It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide semiannual updates and 1-year follow-up data for each student.**

*Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.*

# IND-GEN - Selecting Individual's Training or Awardee Category

| Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status | Select Individual's Sex |
|---|---|---|---|---|
| (1) | (2) Block 1 | (3) Block 2 | (4) Block 3 | (5) Block 4 |
| | | Select one | | |

**Figure 16. IND-GEN - Selecting Individual's Training or Awardee Category**

**Select Individual's Training or Awardee Category:** Select each student's training category during the semiannual reporting period by clicking on the drop-down menu under Block 2 and choosing **one** of the following options:

- Enrollee (campus-based only)
- Enrollee (distance learning only)
- Enrollee (hybrid)

*Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.*

# IND-GEN - Selecting Individual's Enrollment/Employment Status

**Figure 17. IND-GEN - Selecting Individual's Enrollment/Employment Status**

**Select Individual's Enrollment / Employment Status:** Select each student's enrollment status in their degree program during the semiannual reporting period by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Both Full-time and Part-time
- Full-time
- On leave of absence
- Part-time
- Inactive

# IND-GEN - Selecting Individual's Sex

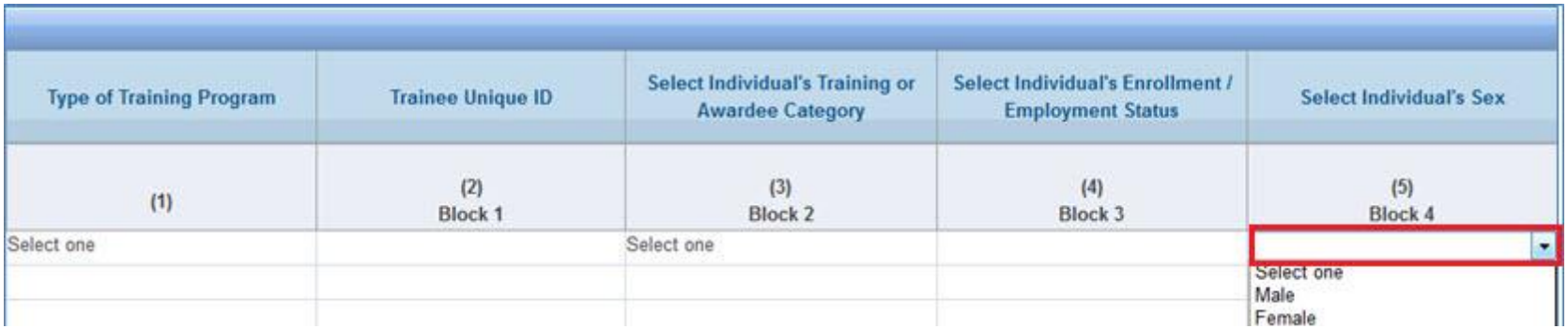


**Figure 18. IND-GEN - Selecting Individual's Sex**

**Select Individual's Sex:** Select each student's biological sex by clicking on the drop-down menu under Block 4 and choosing **one** of the following options:

- Female
- Male
- Not Reported

*Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

# IND-GEN - Selecting Individual's Age

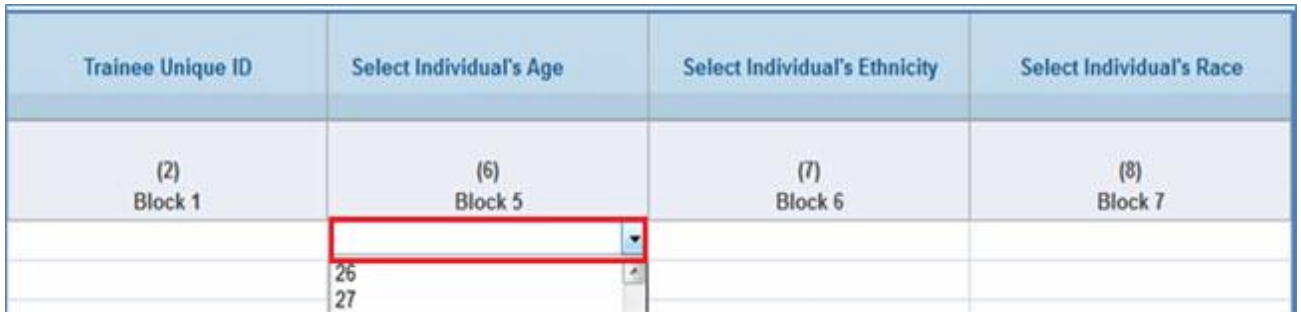


**Figure 19. IND-GEN - Selecting Individual's Age**

**Select Individual's Age:** Select each student's age at the end of the semiannual reporting period by clicking on the drop-down menu under Block 5 and choosing **one** of the following options:

- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
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- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68

- 69
- 70
- 71
- 72
- 73
- 74
- 75
- Not Reported

*Note: In previous reporting periods, age was measured using a set of ranges. Moving forward, you will be required to enter each student's age at the end of each semiannual reporting period.*

# IND-GEN - Selecting Individual's Ethnicity

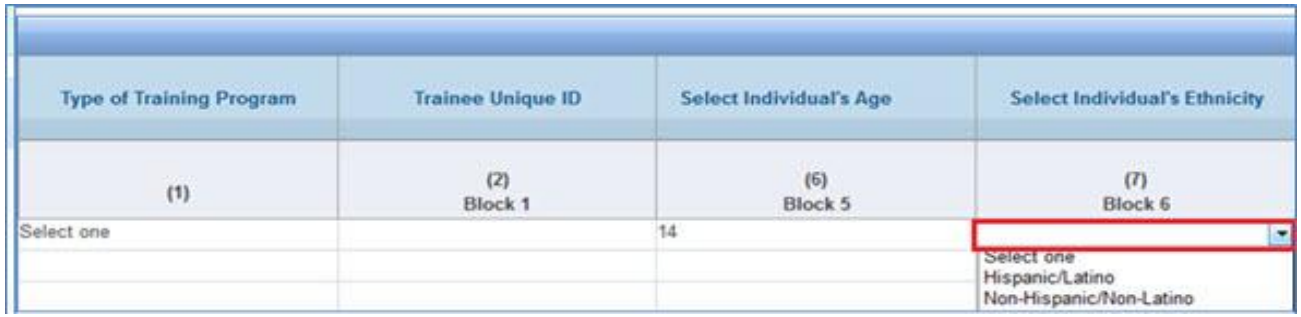


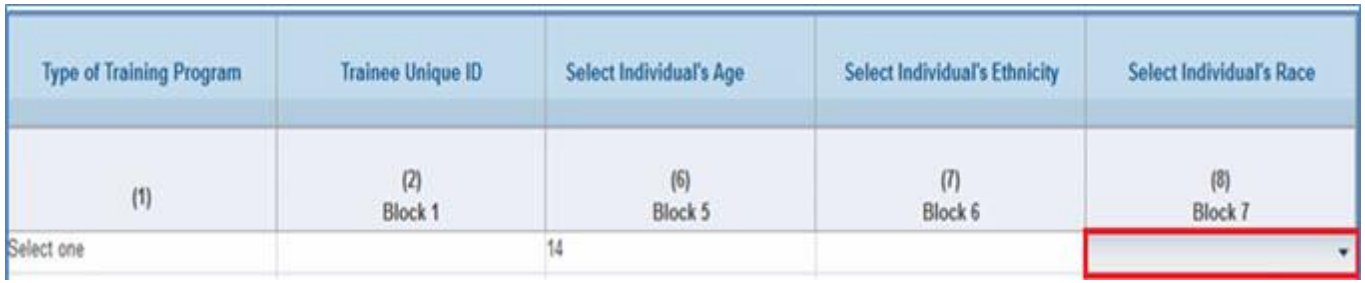

**Figure 20. IND-GEN - Selecting Individual's Ethnicity**

**Select Individual's Ethnicity:** Select each student's ethnicity by clicking on the drop-down menu under Block 6 and choosing **one** of the following options:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Not Reported

*Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

# IND-GEN - Selecting Individual's Race



| Type of Training Program | Trainee Unique ID | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race |
|---|---|---|---|---|
| (1) | (2) Block 1 | (6) Block 5 | (7) Block 6 | (8) Block 7 |
| Select one | | 14 | | |

**Figure 21. IND-GEN - Selecting Individual's Race**

**Select Individual's Race:** Select each student's race by clicking on the drop-down menu under Block 7 and choosing **all that apply** from the following options:

- American Indian or Alaska Native
- Black or African-American
- White
- Asian
- Native Hawaiian or Other Pacific Islander
- Not Reported

**Warning: You may not select "Not Reported" in combination with any other option.**

*Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

# IND-GEN - Selecting if Individual is from a Rural Residential Background

| Trainee Unique ID | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background | Select Individual's Veteran Status |
|---|---|---|---|
| (2) Block 1 | (9) Block 8 | (10) Block 9 | (11) Block 10 |
| | | | |

**Figure 22. IND-GEN - Selecting if Individual is from a Rural Residential Background**

**Select Whether Individual is from a Rural Residential Background:** Select whether each student is from a rural residential background by clicking on the drop-down menu under Block 8 and choosing **one** of the following options:

- Yes
- No
- Not Reported

*Reference: Refer to the glossary for a definition of rural setting.*

# IND-GEN - Selecting if Individual is from a Disadvantaged Background

| Trainee Unique ID | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background |
|---|---|---|
| (2) Block 1 | (9) Block 8 | (10) Block 9 |
| | | |

**Figure 23. IND-GEN - Selecting if Individual is from a Disadvantaged Background**

**Select Whether Individual is from a Disadvantaged Background:** Select whether each student is from a disadvantaged background by clicking on the drop-down menu under Block 9 and choosing **one** of the following options:

- Yes
- No
- Not Reported

*Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

*Reference: Refer to the glossary for a definition of disadvantaged background.*

# IND-GEN - Selecting Individual's Veteran Status

| Trainee Unique ID | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background | Select Individual's Veteran Status |
|---|---|---|---|
| (2) Block 1 | (9) Block 8 | (10) Block 9 | (11) Block 10 |
| | | | |

**Figure 24. IND-GEN - Selecting Individual's Veteran Status**

**Select Individual's Veteran Status:** Select each student's veteran status by clicking on the drop-down menu under Block 10 and choosing **one** of the following options:

- Active Duty Military
- Reservist
- Veteran - Retired
- Individual is not a Veteran
- Veteran - Prior Service
- Not Reported

*Note: This Block will prepopulate for prior records with data submitted in previous reporting periods. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

*Reference: Refer to the glossary for a definition of the various types of veteran statuses.*

# IND-GEN - Entering BHW-Funded Financial Award Information

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

| Type of Training Program | Trainee Unique ID | Select Whether Individual Received BHW Financial Award? | Enter Individual's Financial Award Amount (BHW funds only) | | | |
|---|---|---|---|---|---|---|
| | | | Traineeship | Current Reporting Period Total | Academic Year Total | Cumulative BHW Financial Award Total |
| (1) | (2) Block 1 | (12) Block 11 | (14) Block 11 | (21a) Block 11 | (21b) Block 11 | (21c) Block 11 |
| | | | | 0 | 0 | |
| | | Select one<br>Yes<br>No | | 0 | 0 | |
| | | | | 0 | 0 | |

**Figure 25. IND-GEN - Entering BHW-Funded Financial Award Information**

**Select Whether Individual Received BHW Financial Award?:** Select whether each student received a BHW-funded financial award during the semiannual reporting period by clicking on the drop-down menu under Block 11 and choosing **one** of the following options:

- Yes
- No

**Enter Individual's Financial Award Amount (BHW funds only): Traineeship: If the student received a BHW-funded financial award**, enter the **total** amount of BHW dollars provided during the semiannual reporting period in the textbox under the column labeled "Traineeship". The total amount reported should account for all BHW dollars including those applied to tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations.
**If the student did not receive a BHW-funded financial award**, enter "0" in the textbox under the column labeled "Traineeship".

# IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

| Type of Training Program | Trainee Unique ID | Enter # of Academic Years the Individual has Received BHW Funding | Select Individual's Academic or Training Year |
|---|---|---|---|
| (1) | (2) Block 1 | (22) Block 12 | (26) Block 15 |
| | | | |
| | | | |

**Figure 26. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding**

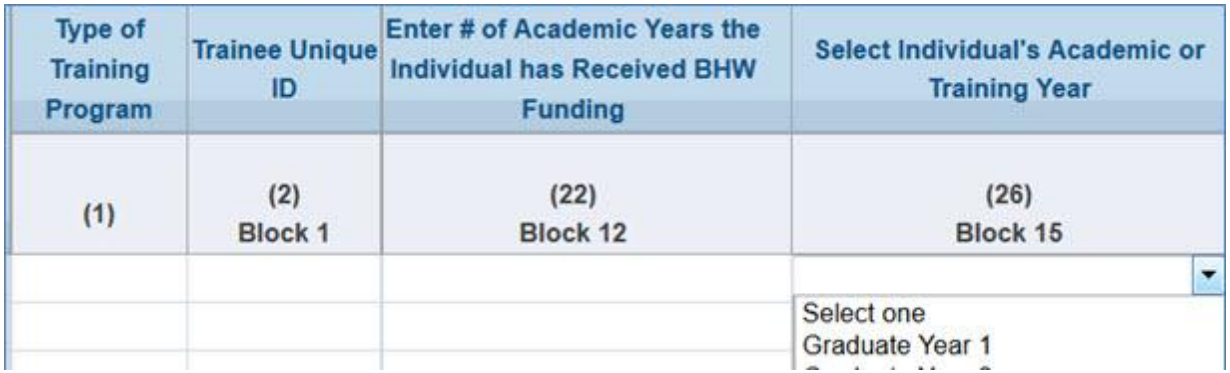
**Enter # of Academic Years the Individual has Received BHW Funding:** Select the cumulative number of academic years that each student has received a BHW-funded financial award by clicking on the drop-down menu under Block 12 and choosing **one** of the following options:

- 0
- 1
- 2
- 3
- 4
- 5 or more

*Note: The number of academic years receiving BHW-funded financial awards does not need to be consecutive; rather, the cumulative total number of years receiving awards should be reported.*

*Note: If a student received a BHW-funded financial award for the first time during the semiannual reporting period, select "1" under Block 12.*

# IND-GEN - Selecting Individual's Academic or Training Year



| Type of Training Program | Trainee Unique ID | Enter # of Academic Years the Individual has Received BHW Funding | Select Individual's Academic or Training Year |
|---|---|---|---|
| (1) | (2) Block 1 | (22) Block 12 | (26) Block 15 |
| | | | |

Select one
Graduate Year 1

**Figure 27. IND-GEN - Selecting Individual's Academic or Training Year**

**Select Individual's Academic or Training Year:** Select each student's current training year by clicking on the drop-down menu under Block 15 and choosing **one** of the following options:

- Graduate Year 1
- Graduate Year 2
- Graduate Year 3
- Graduate Year 4
- Graduate Year 5
- Graduate Year 6
- Graduate Year 7

# IND-GEN - Entering Training Information in a Primary Care Setting

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

| Trainee Unique ID | Training in a Primary Care Setting | |
|---|---|---|
| | Select Whether Individual Received Training | Enter # of Contact Hours |
| (2) Block 1 | (28) Block 17 | (29) Block 17a |
| | | |

**Figure 28. IND-GEN - Entering Training Information in a Primary Care Setting**

**Training in a Primary Care Setting: Select Whether Individual Received Training:** Select whether each student received experiential training in a primary care setting during the semiannual reporting period by clicking on the drop-down menu under Block 17 and choosing **one** of the following options:

- Yes
- No

**Training in a Primary Care Setting: Enter # of Contact Hours: If the student received experiential training in a primary care setting**, enter the total number of hours spent in this type of setting during the semiannual reporting period in the textbox under Block 17a.
**If the student did not receive experiential training in a primary care setting**, leave the textbox under Block 17a blank.

**Training in a Primary Care Setting: Enter # of Patient Encounters: If the student received experiential training in a primary care setting**, enter the total number of patient encounters in this type of setting during the semiannual reporting period in the textbox under Block 17b.
**If the student did not receive experiential training in a primary care setting**, leave the textbox under Block 17b blank.

# IND-GEN - Entering Training Information in a Medically Underserved Area

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

| Trainee Unique ID | Training in a Medically Underserved Area | | Training in |
|---|---|---|---|
| | Select Whether Individual Received Training | Enter # of Contact Hours | Select Whether Individual Received Training |
| (2) Block 1 | (31) Block 18 | (32) Block 18a | (33) Block 19 |
| | | | |

**Figure 29. IND-GEN - Entering Training Information in a Medically Underserved Area**

**Training in a Medically Underserved Area: Select Whether Individual Received Training:** Select whether each student received experiential training in a medically underserved community (MUC) during the semiannual reporting period by clicking on the drop-down menu under Block 18 and choosing **one** of the following options:

- Yes
- No

**Training in a Medically Underserved Area: Enter # of Contact Hours: If the student received experiential training in a MUC**, enter the total number of hours spent in this type of setting during the semiannual reporting period in the textbox under Block 18a.
**If the student did not receive experiential training in a MUC**, leave the textbox under Block 18a blank.

# IND-GEN - Entering Training Information in a Rural Area

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

| Trainee Unique ID | Training in a Rural Area | | Select Whether Individual Left the Program Before Completion |
|---|---|---|---|
| | Select Whether Individual Received Training | Enter # of Contact Hours | |
| (2) Block 1 | (33) Block 19 | (34) Block 19a | (36) Block 21 |
| | | | |

**Figure 30. IND-GEN - Entering Training Information in a Rural Area**

**Training in a Rural Area: Select Whether Individual Received Training:** Select whether each student received experiential training in a rural area during the semiannual reporting period by clicking on the drop-down menu under Block 19 and choosing **one** of the following options:

- Yes
- No

**Training in a Rural Area: Enter # of Contact Hours: If the student received experiential training in a rural area**, enter the total number of hours spent in this type of setting during the semiannual reporting period in the textbox under Block 19a.
**If the student did not receive experiential training in a rural area**, leave the textbox under Block 19a blank.

# IND-GEN - Selecting Whether Individual Left the Program Before Completion

| Select Whether Individual Left the Program Before Completion | Select Whether Individual Graduated/Completed the Program | Select Degree Earned | Select Individual's Post-Graduation/Completion Intentions |
|---|---|---|---|
| (36) Block 21 | (37) Block 22 | (38) Block 22a | (39) Block 22b |
| | | | |

**Figure 31. IND-GEN - Selecting Whether Individual Left the Program Before Completion**

**Select Whether Individual Left the Program Before Completion:** Select whether each student permanently left their training program before completion during the semiannual reporting period by clicking on the drop-down menu under Block 21 and choosing **one** of the following options:

- Yes
- No

# IND-GEN - Entering Graduation/Completion Information

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

| Select Whether Individual Left the Program Before Completion | Select Whether Individual Graduated/Completed the Program | Select Degree Earned | Select Individual's Post-Graduation/Completion Intentions |
|---|---|---|---|
| (36) Block 21 | (37) Block 22 | (38) Block 22a | (39) Block 22b |
| | | | |

**Figure 32. IND-GEN - Entering Graduation/Completion Information**

**Select Whether Individual Graduated/Completed the Program:** Select whether each student graduated from their degree program during the semiannual reporting period by clicking on the drop-down menu under Block 22 and choosing **one** of the following options:

- Yes
- No

**Select Degree Earned: If a student graduated from their degree program during the semiannual reporting period**, select the type of degree earned through the program by clicking on the drop-down menu under Block 22a and choosing **one** of the options from the list below. **If a student did not graduate,** select "N/A" under Block 22a.

- DNAP
- EdD
- MSN
- MSN/MPH
- N/A
- DNP / DrNP
- MA
- MSN/MBA
- PhD
- DNSc / DNS
- MS
- MSN/MHA
- Post-Masters Certificate

**Select Individual's Post-Graduation/Completion Intentions: If a student graduated from their degree program during the semiannual reporting period**, select the student's training or employment intentions by clicking on the drop-down menu under Block 22b and choosing **all that apply** from the options listed below. **If a student did not graduate**, select "N/A" under Block 22b.

- Individual intends to become employed or pursue further training in a medically underserved community
- Individual intends to become employed or pursue further training in a primary care setting
- Individual intends to become employed or pursue further training in a rural setting
- None of the above
- N/A

**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

# INDGEN-GPC: Prior Period Graduates

## INDGEN-GPC - Log of Prior Period Graduates

| No. | Record Status | Type of Training Program (1) | Trainee Unique ID (2) Block 1 | Select Individual's Training or Awardee Category (3) Block 2 | Select Individual's Enrollment / Employment Status (4) Block 3 | Select Individual's Sex (5) Block 4 | Select Individual's Age (6) Block 5 | Select Individual's Ethnicity (7) Block 6 | Select Individual's Race (8) Block 7 | Select Whether Individual is from a Rural Residential Background (9) Block 8 | Select Whether Individual is from a Disadvantaged Background (10) Block 9 | Select Degree Earned (11) Block 22a | Select Individual's Post-Graduation/Completion Intentions (12) Block 22b |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Prior Record | Degree/Diploma \| MSN \| Nursing - Nurse Anesthetist | GRU0001 | Enrollee (campus-based only) | Full-time | Female | 20-29 years | Non-Hispanic/Non-Latino | White | Yes | No | MSN | Individual intends to become employed or pursue further training in a primary care setting |

**Figure 33. INDGEN-GPC - Log of Prior Period Graduates**

Records for each student who was marked as having graduated from their degree program by **June 30, 2015** will appear in the INDGEN-GPC subform. At this time, there are no action is necessary other than reviewing each record for accuracy.

**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

# INDGEN-PY: Individual Prior Year

## INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

| No. | Record Status | Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status | Select Individual's Sex | Select Degree Earned | Select Individual's Post-Graduation/Completion Intentions | Select whether status/employment data are available for the individual 1-year post graduation/completion | Select Individual's Current Training/Employment Status |
|---|---|---|---|---|---|---|---|---|---|---|
| | | (1) | (2) Block 1 | (3) Block 2 | (4) Block 3 | (5) Block 4 | (11) Block 22a | (12) Block 22b | (13) Block 23 | (14) Block 23a |
| 1 | Prior Record | Degree/ Diploma \| MSN-Nursing-NP Family | 1111111 | Enrollee | Full-time | Female | MSN | Intends to become employed in rural setting | | |

**Figure 34. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion**

Grayed fields are provided here for identification purposes only.

**Select whether status/employment data are available for the individual 1-year post graduation/completion:** Select whether current employment data are available for each student who received a BHW-funded financial award and completed their degree one year prior to this report by clicking on the drop-down menu under Block 23 and choosing **one** of the following options:

- Yes
- No

**Select Individual's Current Training/Employment Status: If "Yes" was selected in Block 23**, choose each former student's current employment location by clicking on the drop-down menu under Block 23a choosing **all that apply** from the options listed below. **If "No" was selected in Block 23**, choose "N/A" in Block 23a.

- Individual is currently employed or is pursuing further training in a medically underserved community
- Individual is currently employed or is pursuing further training in a primary care setting
- Individual is currently employed or is pursuing further training in a rural setting
- None of the above
- N/A

*Note: Repeat these steps for all rows in the INDGEN-PY table and enter selections for all blank fields under Blocks 23 and 23a.*

**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

# Experiential Characteristics—EXP Subforms

## EXP - Introduction

**Notice to Grantees about Forms Pertaining to Training Sites**

The EXP-1 and EXP-2 subforms have been enhanced to prepopulate specific information about the names and characteristics of training sites used in previous reporting periods. **Please read the following instructions carefully to ensure the EXP-1 and EXP-2 subforms are completed accurately. You must complete and 'Save and Validate' EXP-1 first before proceeding to EXP-2. Likewise, you must complete and then 'Save and Validate' EXP-2 before proceeding to EXP-3.**

**For training sites that have been reported in a previous reporting period:**

- The BPMH system will prepopulate the names of all sites ever reported in the Saved Records Table within the EXP-1 subform and mark these records as "Prior Record".
- You must select whether a particular site that was previously reported was used during the semiannual reporting period in the EXP-1 subform.
- **If "Yes" was selected**, the BPMH system will prepopulate certain blocks in the EXP-2 subform and display it as an option in the EXP-3 subform.
- **If "No" was selected,** the BPMH system will not include the site as an option in the EXP-2 and EXP-3 subforms.

**Warning: Complete the EXP-1, EXP-2 and EXP-3 subforms only for sites used to train students who appear on the IND-GEN subform.**

# EXP-1: Training Site Setup

## EXP-1 - Entering Site Name

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

**Figure 35. EXP-1 - Entering Site Name**

**Site Name: For new records**,

- Enter the name of the site used to train students during the semiannual reporting period in the textbox next to the row labeled "Enter the Site's Name".
- Next, click on the "Add Record" button to save your entry. **Repeat the process as necessary to capture the names of each site used during the semiannual reporting period.**

# EXP-1 - Selecting Whether the Site was Used in the Current Period

**Figure 36. EXP-1 - Selecting Whether the Site was Used in the Current Period**

**Select Whether the Site was Used in the Current Reporting Period: For all records**, select whether each site was used during the semiannual reporting period by clicking on the drop-down menu located under the column labeled "Select Whether Site Was used in the Current Reporting Period" and choosing **one** of the following options:

- Yes
- No

**Warning: For new records, you must select "Yes" under the column labeled "Select Whether Site Was used in the Current Reporting Period".**

**Warning: If "No" is selected under the column labeled "Select Whether Site Was used in the Current Reporting Period" for a prior record, then you do not have to complete the EXP-2 and EXP-3 subform for this record.**

*Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.*

**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

# EXP-2: Training Site Characteristics

## EXP-2 - Selecting Training Program and Site Name

**Warning: EXP-1 must be completed and validated prior to beginning EXP-2. You may delete pre-populated prior records in this form if they are no longer applicable.**

| Record Status | Type of Training Program | Site Name | Select Type of Site Used |
|---|---|---|---|
| | (1) | (2) Block 1 | (3) Block 1a |
| | | | |

**Figure 37. EXP-2 - Selecting Training Program and Site Name**

**Type of Training Program:** To begin completing the EXP-2 subform, select the training program associated with each site by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.

**Site Name:** Next, select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.

**Warning: Sites used for each training program must be reported separately. If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.**

*Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.*

*Note: To view data submitted in previous reporting periods, click on the "View Prior Period Data" link on top of the form.*

*Example: The John Doe School of Nursing saved 3 entries in the Training Program Setup form to reflect the degree programs of students who received BHW-funded financial awards during semiannual reporting period #1. Under "Type of Training Program", the reporting official for the John Doe School of Nursing would see the following options:*

- Degree/Diploma/Certificate program | NP| Family
- Degree/Diploma/Certificate program | NP| Women's Health
- Degree/Diploma/Certificate program | DNP| Adult

# EXP-2 - Selecting Type of Site Used

| Type of Training Program | Site Name | Select Type of Site Used |
|---|---|---|
| (1) | (2) Block 1 | (3) Block 1a |
| | | |

**Figure 38. EXP-2 - Selecting Type of Site Used**

**Select Type of Site Used:** Select the type of site used to train students during the semiannual reporting period by clicking on the drop-down menu under Block 1a and choosing from **one** of the following options:

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Critical Access Hospital
- Emergency Room
- Federal Government Office or Agency
- Hospital
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- School - based clinic
- State Government Office or Agency
- Tribal Health Department
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Day and home care programs (e.g., Home Health)
- Extended care facilities
- FQHC or look - alike
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Senior Centers
- State Health Department
- Tribal Organization
- Acute care services
- Community - based organization
- Community Mental Health Center
- Dentist Office
- Federal and State Bureau of Prisons
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association
- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Veterans Affairs Healthcare (e.g., VA Hospital or clinic)

# EXP-2 - Selecting Type of Setting Where the Site was Located

| Type of Training Program | Site Name | Select Type of Site Used | Select Type of Setting Where the Site was Located |
|---|---|---|---|
| (1) | (2) Block 1 | (3) Block 1a | (4) Block 2 |
| | | | |

**Figure 39. EXP-2 - Selecting Type of Setting Where the Site was Located**

**Select Type of Setting Where the Site was Located:** Select whether each site used to train students during the semiannual reporting period was located in designated settings by clicking on the drop-down menu under Block 2 and choosing **all that apply** from the following options:

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above

*Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.*

*Note: To determine whether a site is located in a medically underserved community, please visit HRSA's Office of Shortage Designation at http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx*

*Note: To determine whether a site is located in a rural area, please visit HRSA's Office of Rural Health Policy at http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx*

# EXP-2 - Selecting Type(s) of Partners/Consortia

| Select Type of Setting Where the Site was Located | Select Type(s) of Partners/Consortia used to Offer Training at this Site | Select Type(s) of Vulnerable Population Served at this Site |
|---|---|---|
| (4) Block 2 | (5) Block 5 | (7) Block 4 |
| | | |

**Figure 40. EXP-2 - Selecting Type(s) of Partners/Consortia**

**Select Type(s) of Partners/Consortia used to Offer Training at this Site:** Select the type(s) of partnerships or consortia used or established for the purpose of training students at each site during the semiannual reporting period by clicking on the drop-down menu under Block 5 and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- Federally - qualified health center or look - alikes
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - Department of Defense/Military
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center

- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Governmental Programs
- No partners/consortia used
- Quality improvement organization
- Tribal Government
- Tribal Organization

**Warning: You may not select "No partners/consortia used" in combination with any other option.**

# EXP-2 - Selecting Type(s) of Vulnerable Population

| Select Type of Setting Where the Site was Located | Select Type(s) of Partners/Consortia used to Offer Training at this Site | Select Type(s) of Vulnerable Population Served at this Site |
|---|---|---|
| (4) Block 2 | (5) Block 5 | (7) Block 4 |
| | | |

**Figure 41. EXP-2 - Selecting Type(s) of Vulnerable Population**

**Select Type(s) of Vulnerable Population Served at this Site:** Select the type(s) of vulnerable populations served at each site during the semiannual reporting period by clicking on the drop-down menu under Block 4 and choosing **all that apply** from the following options:

- Adolescents
- College Residents
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Unemployed
- Victims of abuse or trauma
- Children
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Tribal Population
- Uninsured/Underinsured persons/families
- Chronically ill
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Undocumented Immigrants
- Veterans

**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

# EXP-3: Experiential Characteristics - Trainees by Profession/Discipline

## EXP-3 - Selecting Training Program and Site Name

**Warning: EXP-2 must be completed and validated before completing EXP-3. Please read instructions carefully. EXP-3 will appear blank; however, drop-down selections will populate with your completed EXP-2 training sites.**

**Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

| Type of Training Program | Site Name | Select Profession and Discipline of Individuals Trained | Enter # Trained in this Profession and Discipline |
|---|---|---|---|
| (1) | (2) Block 1 | (3) Block 3 | (4) Block 3 |
| Select one | Select one | | |

**Figure 42. EXP-3 - Selecting Training Program and Site Name**

**Type of Training Program:** To begin completing the EXP-3 subform, select a training program by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.

**Site Name:** Next, select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.

*Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.*

*Note: The options available under Block 1 will prepopulate with information entered and saved in the EXP-1 subform.*

*Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.*

# EXP-3 - Selecting Profession and Discipline of Individuals Trained

| Type of Training Program | Site Name | Select Profession and Discipline of Individuals Trained |
|---|---|---|
| (1) | (2) Block 1 | (3) Block 3 |

**Figure 43. EXP-3 - Selecting Profession and Discipline of Individuals Trained**

**Select Profession and Discipline of Individuals Trained:** Select the profession and discipline of students trained at each site during the semiannual reporting period by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Midwife
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Public Health Nurse
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Registered nurse (RN)

# EXP-3 - Entering # Trained in the Profession and Discipline

| Type of Training Program | Site Name | Select Profession and Discipline of Individuals Trained | Enter # Trained in this Profession and Discipline |
|---|---|---|---|
| (1) | (2) Block 1 | (3) Block 3 | (4) Block 3 |
| | | | |

**Figure 44. EXP-3 - Entering # Trained in the Profession and Discipline**

**Enter # Trained in this Profession and Discipline:** To complete the EXP-3 subform, enter the number of students in the profession and discipline selected in the previous step who were trained at each site during the semiannual reporting period in the textbox under Column #4.

*Note: Counts provided in the textbox under Block 3 should be based on individuals reported on IND-GEN.*

**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

# Printing Your Performance Report

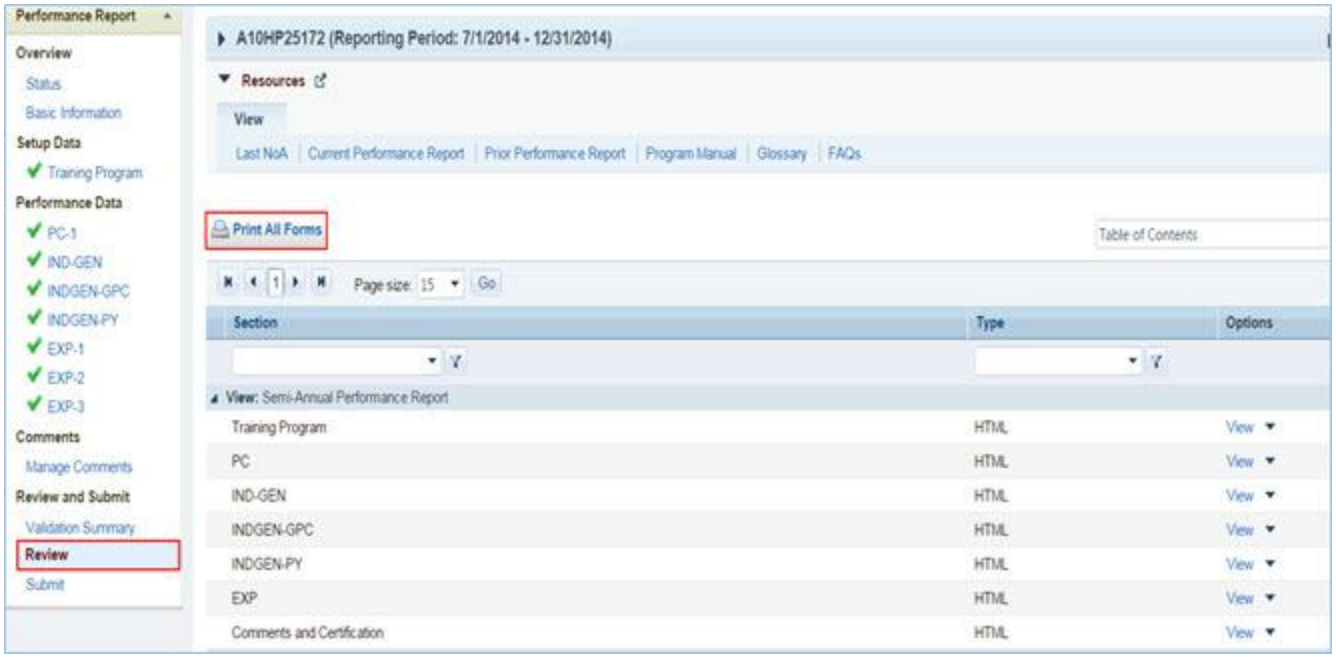



**Figure 45. Screenshot of Printing Your Performance Report**

1. To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.

2. Next, click the 'Print All Forms' button below the Resources section of the Review Page.

# Submitting Your Performance Report

1. To submit your performance report, expand the left side menu of your report and click the 'Submit' link under the 'Review and submit' section. You will be directed to the Submit Report. On the Submit Report page, ensure that the status of all forms is 'Complete' with a green check mark. Click the 'Submit' button on the bottom right corner of this page.

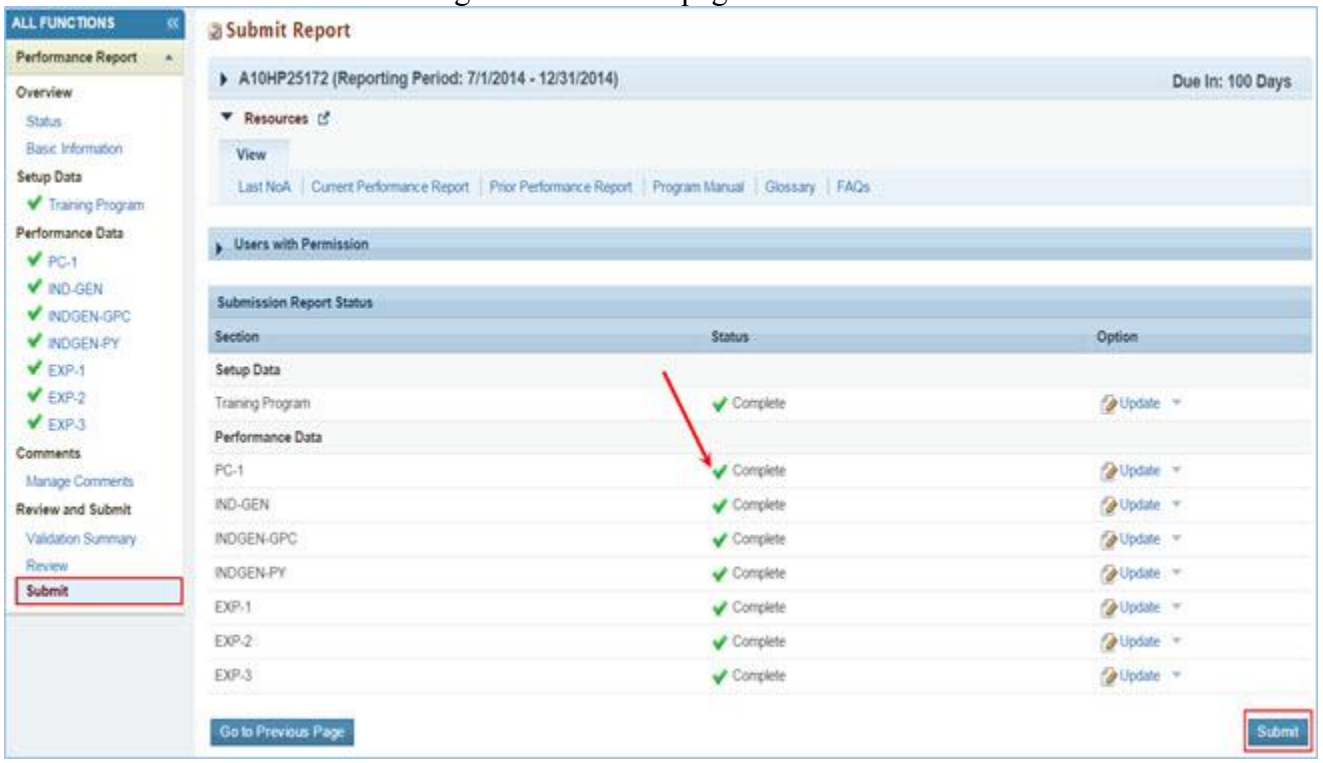



**Figure 46. Screenshot of the Submit Report Page**

2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the 'Certification' section and click the 'Confirm' button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

**Figure 47. Screenshot of the Submit Report - Confirm Page**

**Figure 48. Screenshot of the Submit Report - Confirm Page**

# Appendix A: Glossary

This glossary contains general definitions for terms that are used throughout the BPMH system. Some terms may be defined in multiple ways by different programs due to their authorizing statutes and/or the nature of training activities offered. If you are unsure about how to define a term that is central to your program, please refer to the authorizing statute, the Funding Opportunity Announcement and/or your Government Project Officer for clarification.

**Attrition** is the act of permanently leaving a training program or training activity before completion. An individual is counted as having attrited if s/he leaves a training program or training activity for any reason before completing all training requirements.

**BHW-funded financial awards** are monies from a grant funded by BHW that are provided to an individual by a grantee institution or organization for the purposes of defraying costs associated with participation in a training program or training activity. The types and definitions of BHW-funded financial awards are listed below:

1. **Career Award**: A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
2. **Fellowship**: A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
3. **Scholarship**: A financial award provided to a student enrolled in a degree program at an educational institution for the sole purpose of covering expenses associated with tuition.
4. **Stipend**: A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
5. **Traineeship**: A financial award provided to a student enrolled in an advanced training program at an educational institution for the purposes of defraying costs associated with advanced training in a specific content area.
6. **Loan**: A financial award provided to a student enrolled in a degree program at an educational institution for the purposes of defraying costs associated with that degree program. Loans must be repaid in accordance with terms specified in a promissory note.
7. **Loan Repayment**: A financial award provided to an individual that is conditional on their agreement to provide specific types of services for a specified amount of time. Under this agreement, an individual may have part or all of their student loans paid off so long as they meet all specified requirements.

**Campus-based degree program** is a degree program that requires students to complete all academic coursework at the college or university campus.

**Contact hours** are the number of hours that an individual receives training in a specific setting.

**Continuing education** is a training activity or series of training activities offered to members of the **current** workforce who have already completed a training program in their profession. Generally, continuing education sessions are offered to existing professionals and do not include or target students as primary participants.

**Curriculum** is the aggregate content of multiple learning activities offered by an organization a specific topic area. Commonly, the term curriculum is used to describe the number and type of academic courses within a degree program. The term can also be used to describe the number and type of learning activities for faculty and other non-degree related training programs.

**Didactic training** is the process of instruction between a designated faculty and an individual or group of individuals.

**Direct financial support program** is a type of grant that provides individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with participation in a training program or training activity.

**Disadvantaged background** is a citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR
- Comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

**Enhanced course or other training activity** is a specific type of training activity that was in existence at the grantee institution or organization and has been modified or restructured as part of the grant project.

**Enrollee** is an individual who is actively matriculated or registered in a training program or training activity. For the purposes of performance reporting, the training category of "enrollees" does not include graduates, program completers, fellows or residents.

**Ethnicity** is the ethnic ancestry or origin of an individual or group of individuals. For the purposes of performance reporting, the Office of Management and Budget requires that ethnicity be classified as "Hispanic or Latino Origin" and "Non-Hispanic or Latino Origin". Individuals identifying as "Hispanic or Latino" are of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Experiential training** is the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience.

**Faculty** is an individual or group of individuals who have been deemed qualified by an organization to provide instruction to others on a specific topic area.

**Faculty development activity** is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Faculty development activities can include conferences, workshops or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization. It is the same as an "Unstructured faculty development activity".

**Faculty instruction** are those courses, workshops, seminars, grand rounds or other training activities that are led by faculty for the purposes of providing training to other individuals (e.g., students, fellows, residents). Faculty instruction does not refer to training activities undertaken by faculty for the purposes of additional training or faculty development (see Structured Faculty Development Program and/or Unstructured Faculty Development Activity).

**Federally Qualified Health Centers (FQHC)** are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

**Fellowship** is a training program that provides an individual or group of individuals (known as "fellows") with advanced training in a general content area. Fellows generally receive a financial award to help defray costs associated with advanced training (also referred to as a "fellowship").

**Full-time** refers to the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

**Graduate** is an individual who has completed all requirements for a degree-bearing training program at an educational institution.

**Hybrid degree program** is a degree program that requires students to complete academic coursework at the campus, as well as through distance learning.

**Instructional hours** are the duration of a training activity or training program in clock hours.

**Infrastructure program** is a type of grant designed to enhance the scope, quality, and opportunities for health professions training programs or training activities. Infrastructure programs do not provide individuals with any type of BHW-funded financial awards.

**Internship** is a type of training activity that can either be a(n): a) component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience.

**Interprofessional education** is the process of learning among a group of individuals from two (2) or more professions.

**Interprofessional practice** is the provision of care or services to an individual or group of individuals by workers from two (2) or more professions.

**Medically Underserved Community (MUC)** is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area (HPSA); medically underserved area (MUA) and/or medically underserved population (MUP). These communities have limited access to primary health care services. The term MUC is an umbrella term that can be used to describe any location that meets one or more of the previously identified designations.

**Multipurpose/Hybrid program** is a type of grant that is designed to: a) provide individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with health professions training; **and b)** enhance the scope, quality, and opportunities for health professions training programs or training activities.

**Newly developed course or other training activity** is a specific type of training activity that was not in existence at the grantee institution or organization and was developed in its entirety as part of the grant project.

**Online degree program** is a degree program that requires students to complete all academic coursework through distance learning.

**Partner/consortium** is an organization or group of organizations that provide(s) resources and/or support to grantees for the implementation of training programs and/or training activities.

**Patient encounter** is a direct interaction between a designated caregiver and a patient for the purposes of health care.

**Practicum** is a type of experiential training activity. (See "Experiential training").

**Primary care** is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

**Primary care setting** is a facility that is staffed with professionals who provide primary care. (See "Primary Care")

**Profession & discipline** is a phrase that identifies a general occupation (profession) and, where applicable, a type of specialty within that occupation (discipline).

**Program completer** is an individual who has completed all requirements for a non-degree bearing training program or training activity. (See "Graduate" for individuals who complete all requirements of a degree-bearing training program)

**Publication** is a written material that has been submitted to and accepted by a publishing authority as part of a collection of related work.

**Race** is an individual's self-identified affiliation with one (1) or more of the following origins:

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Residency** is a training program that provides an individual or group of individuals (known as "residents") with advanced clinical training in a specialty area.

**Residential background** is/are the type/s of location/s an individual has established residence in.

**Rural** is a geographical area that is not part of a Metropolitan Statistical Area (MSA). *Note: To determine if a specific geographical area is considered rural, go to HRSA's Office of Rural Health Policy.*

**Structured faculty development program** is a series of curriculum-based training activities that are provided to faculty over a specific amount of time for the purposes of additional training and/or faculty development. Structured faculty development programs can be degree-bearing, certificate-bearing and do not necessarily have to be offered at or by the grantee institution or organization.

**Structured training program** is a series of curriculum-based training activities that are provided to an individual or groups of individuals over a specific amount of time.

**Trainee** is an individual who participates in a training program or training activity.

**Underrepresented Minority (URM)** is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. **Note: For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented:**

- Black or African American
- Hispanic (all races)
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

**Unstructured faculty development activity** is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Unstructured faculty development activities can include conferences, workshops, or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization.

**Unstructured training activity** is generally a stand-alone single training activity that is not part of a curriculum.

**Veteran** is any person who served in one (1) of the seven (7) uniformed services of the United States. The seven uniform services include: the United States Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration Commissioned Officers Corps.

**Vulnerable populations** are groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, and other risk factors associated with sex and gender.

# Appendix B: FAQs

***General FAQs:***

**Q1: When is the due date for the performance report?**

A1: Performance reports are due by **July 31, 2015** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by your due date may place your grant in a non-compliant status.

**Q2: What dates does the performance report cover?**

A2: The performance report submitted by grantees should cover all activities conducted through the grant for the period **January 01, 2015 - June 30, 2015**.

**Q3: Is it possible to change data entered incorrectly in a prior reporting period?**

A3: No. Data entered in a previous reporting period cannot be edited. It is important that grantees endeavor to provide the most accurate data during each reporting period.

***FAQs about the Program Characteristics (PC) forms:***

**Q4: Do I need to set up my training program again if it is being reused in the current reporting period?**

A4: No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

**Q5: What are the status options for the different types of programs?**

A5: Structured and Unstructured Training programs use program status options of "Ongoing" or "Complete." All other types of training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, and residencies) use the status options of "Active" and "Inactive."

**Q6: In the PC forms, do we count all trainees in our program regardless of the year of study; include full-time/part-time trainees, etc.?**

A6: Yes, as long as trainees are enrolled or participating in the training program identified under Block 1.

**Q7: Are we required to provide this information only on the trainees in the programs we received funding for?**

A7: The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

***FAQs about the LR-1 through DV-3 forms:***

**Q8: In prior reports, the LR-1, LR-2 and DV tables reported unduplicated counts. In this current reporting format, will we be reporting duplicated counts for those tables?**

A8: The new format requires grantees to provide counts by training program. While we understand that an individual may participate in multiple programs offered by grantees, this new approach will allow us to better understand each program separately.

**Q9: In the LR- and DV- tables, are the counts for graduates and/or program completers a subset of the total trainee number or are they to be reported separately?**

A9: On the LR- and DV- forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

**Q10: What address should we use to determine if an individual is considered to come from a rural residential background? Do we consider a student's high school address, medical school address or childhood home address?**

A10: It depends on the information available. The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

***FAQs about the INDGEN form:***

**Q11: Where do we get the Trainee Unique ID?**

A11: Grantees are responsible for developing a unique ID for each individual for which an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide semiannual and 1-year follow-up updates through the BPMH system.

**Q12: What are the characters of the 7 digit unique ID?**

A12: Each unique ID must be made up of 7 alphanumeric characters (meaning that, you may use a combination of both letters and numbers).

**Q13: Are INDGEN records from the last semiannual period stored in the EHB?**

A13: It depends. All INDGEN records that were reported during prior reporting periods will be shown in your INDGEN table as 'Prior Records' until (a) the record is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program (i.e., attrition). Any INDGEN record that was marked as having graduated or completed will be transferred into INDGEN-GPC for the next reporting period. INDGEN records for individuals who permanently discontinued training will not re-populate in EHB in the next reporting period.

**Q14: Last year we created individual participant codes (Unique IDs) to be included in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant, or create a new code for that participant? Are those codes needed this year?**

A14: The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same unique ID-training program combination cannot be present in more than one location (INDGEN/INDGEN-GPC/INDGEN-PY).

**Q15: What if an individual already listed on INDGEN did not receive a financial award during the six month reporting period?**

A15: If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Block 11. The record will remain on INDGEN until this individual is marked as a graduate/program completer or a drop-out of the training program.

**Q16: Is there an option to report Ethnicity as unknown?**

A16: No. While there is an option for "Not Reported" on the INDGEN form, grantees are expected to collect race and ethnicity data on each individual for whom an INDGEN entry is required. If the option of "Not Reported" is selected for an individual's race, ethnicity or any other of the core demographic variables, it is expected that the grantee will collect this information and provide an update by the next reporting period.

**Q17: Is reporting the underrepresented Asian distinction no longer included? The loss of the Asian Underrepresented category is a real loss to describing the diversity of our enrollees and their under-representation in medicine – any suggestions on how we can still express this diversity within our report?**

A17: The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to

collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

**Q18: Can we use our institutions definitions/standards for disadvantaged background?**

A18: The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

**Q19: Do we report full time faculty who receive salary support for teaching or administrative responsibilities?**

A19: It depends on whether a specific faculty member is part of the project. For project staff (including faculty), this information is not required as it is captured in your grant's budget documents.

**Q20: Do conference registration fees count as financial support?**

A20: Yes, but only for non-project staff.

**Q21: How do we find out an individual's family income?**

A21: The institution's financial aid office should have that information, as part of the required application for financial aid.

**Q22: For veteran status, are we asking only for the student or trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?**

A22: Only the trainee's status should be reported.

**Q23: How is the academic year funding total calculated?**

A23: The academic year total is automatically calculated in EHB as the sum of both semiannual amounts within the same academic year. This means that during data entry for the first semiannual period, the automatically calculated totals for the current reporting period and academic year total will be the same. When you enter, save, and validate the funding amount for the second semiannual period, the academic year total will automatically recalculate and will sum the two semiannual amounts.

**Q24: How is the cumulative funding total calculated?**

A24: The cumulative funding total is automatically re-calculated each semiannual period in EHB. This is the total of each semiannual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use starting with Academic Year 2012-2013.

***FAQs about the INDGEN-PY form:***

**Q25: How do I use the INDGEN-PY form?**

A25: One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status. The INDGEN-PY form will automatically pre-populate with the individual records that appeared in the INDGEN-GPC form in the previous reporting period.

***FAQs about the Experiential Training (EXP) forms:***

**Q26: What training sites do I need to report on this form? Is it all of the sites our program uses?**

A26: Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

**Q27: Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?**

A27: You should list the specific clinics and offices within the hospital that provide training to supported trainees for the EXP forms.

**Q28: Do I need to list a site more than once on EXP-2?**

A28: You may need to list a site multiple times on the EXP-2 form. For sites that provide training to students, trainees and faculty from different training programs, it should be listed on the form for each training program the grant sponsors.

**Q29: How can I report Interprofessional team-based care at the training sites?**

A29: Interprofessional team-based care reporting is a three-step process on the EXP-3 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including the profession of the principal-HRSA sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who were trained at the site, alongside the principal trainees, but were not enrolled in the HRSA-sponsored program.

***FAQs about the Curriculum Development and Enhancement (CDE) forms:***

**Q30: What if courses are created with a variety of funding sources?**

A30: Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

**Q31: Why do only some of the courses I entered last time appear in the CDE-1 form this time?**

A:31 Only courses that were marked as 'Under Development' or 'Developed but Not Yet Implemented' will pre-populate the CDE-1 table. Courses marked as 'Implemented' will pre-populate the new CDE-1a table.

**Q32: For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?**

A32: For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

***FAQs about the Faculty Development (FD) forms:***

**Q33: What is the difference between a structured faculty development program and an unstructured faculty development activity?**

A33: Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration, and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds.

***FAQs about the Continuing Education (CE) forms:***

**Q34: For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?**

A34: For the purposes of the CE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

***FAQs about Technical Support & Assistance:***

**Q35: Who do we contact if we need technical assistance entering data in EHB?**

A35: Grantees should contact HRSA's Call Center for any type of questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

**Q36: Where will grantees be able to locate the instruction manuals for the performance reports?**

A36: Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at http://bhw.hrsa.gov/grants/reporting/index.html.

**Q37: Is there a way to look at the data forms required for my program without logging into EHB?**

A37: Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at http://bhw.hrsa.gov/grants/reporting/index.html.

**Q38: Are reports from prior years stored in the EHBs?**

A38: Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

a) Clicking the ‘view prior period data’ link within a form or under your Resources tab;

b) Going into your grant folder and searching for previously completed reports; or

c) Clicking on the "submissions" link in the left side navigation menu.

**Q39: Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?**

A39: Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes their specific training program or permanently leaves before completion.