



Registered Nurse (RN) and Licensed Midwifery (LM)

Song-Brown Program
Department of Health Care Access and Information (HCAI)
October 2024

About Song-Brown

Song-Brown provides funding to education programs including:

- Family Nurse Practitioner (FNP) and Physician Assistant (PA) training programs
- Registered Nurse education programs
- Primary Care residency programs (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics)
- Licensed Midwifery (LM) and Certified Nurse Midwifery (CNM) training programs

Song-Brown provides financial incentives to programs to:

- Graduate individuals who practice in medically underserved areas
- Enroll members of underrepresented groups in medicine to the program
- Locate the program's main training site in a medically underserved area
- Operate a main training site at which the majority of the patients are Medi-Cal recipients

Application Release Dates

- Registration: **Open now**
- Application release: **October 24, 2024**
- Early submission review: **November 21, 2024**
- Application deadline: **December 5, 2024**

- Application opens and closes at **3:00 p.m.**

Before you Apply

- If your program requires approval to contract from a coordinating authority, please inform the authority of terms and conditions contained in the Grant Agreement
- Applicants must agree to the terms and conditions before receiving funds
- HCAI will not make changes to the terms and conditions specified in the Grant Agreement
- Funds shall not supplant existing federal, state or local funds

Changes for 2024

- A new RN pathway providing financial support to organizations during the Board of Registered Nursing (BRN) approval process. Funds offset the cost of reaching BRN approval
- A new LM pathway providing financial support to organizations during the Midwifery Education Accreditation Council (MEAC) accreditation process or the Medical Board of California (MBC) approval process. Funds offset the cost of reaching MEAC accreditation or MBC approval

Information to Gather: RN

- Grant Agreement and Payee Data record (STD 204) signatories
- Organization name and/or Doing Business As (DBA) name as listed in the IRS (W9) forms for your program
- Training site name and address for all sites used in Academic Year (AY) 23/24
- Student information for those graduating in AY 24/25 and 25/26, including race and ethnicity data
- Graduate information for AY 21/22 and 22/23 including current practice site location, race, ethnicity, and National Provider Identification (Entry-Level Master's only)
- Board of Registered Nursing (BRN) program approval letter and/or BRN program expansion approval letter

Information to Gather: LM

- Grant Agreement and Payee Data record (STD 204) signatories
- Correct organization name and/or Doing Business As (DBA) name and address as listed in the IRS (W9) forms for your program
- Name, facility type, and address for each anticipated training site
- Midwifery Education Accreditation Council (MEAC) program accreditation timeline or Medical Board of California (MBC) program approval timeline, if applicable

Required Documents: RN & LM

RN Existing and Expansion

- Approval Letter-Existing (EXT)
 - Upload the most recent program approval letter from the Board of Registered Nursing (BRN)
- Approval Letter-Expansion (EXP)
 - Upload your expansion approval letter from the Board of Registered Nursing (BRN) with the number of approved expansion slots

RN New and LM New

- BRN Approval Timeline (RN New), MEAC Accreditation Timeline or MBC Approval Timeline (LM New)
 - Planned schedule for securing accreditation or approval
- Sustainability Letter
 - A letter from your organization that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded

Helpful Resources

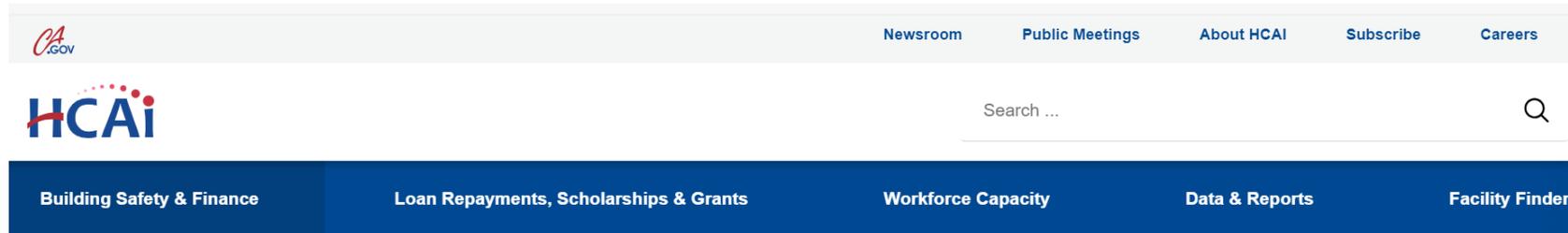
- [HCAI eApplication](#) (eApp)
- The RN Grant Guide, RN Scoring and Evaluation Process:
<https://hcai.ca.gov/workforce/financial-assistance/grants/song-brown/#resources-3>
- The LM Grant Guide, LM Scoring and Evaluation Process:
<https://hcai.ca.gov/workforce/financial-assistance/grants/song-brown/#resources-2>
- Song-Brown Glossary: [Glossary \(ca.gov\)](#)

Electronic Application (eApp) Registration

System Requirements

- For the best experience, use Google Chrome or Microsoft Edge
- Internet Explorer is not supported

Creating an Account



Apply to HCAI Funding

Students, professionals, and organizations may be eligible for HCAI's scholarships, loan repayment programs, and grants. Check your eligibility, view our open applications, or sign in to start an application. Need help? [Contact Us](#)

Check your eligibility

Sign in or Register



Our sign in experience has been changed to be more secure. If you are a returning user you may need to create a new account using the same email address as your previous account. [Learn more](#)

If you are a new applicant, register now – don't wait

Creating an Account, Continued

HCAi

Sign in with your email address

Email Address

Password

[Forgot your password?](#)

Sign in

Don't have an account? [Sign up now](#)

Sign in with your social account

 HCAI

 Microsoft

 Google

Our funding portal has a 2-step authentication process for new applicants, when setting up their account

Funding portal link:
[Apply to HCAI Funding](#)

Make sure to select “Sign up now” link and enter the information as requested to receive a verification code via email

Setting up Your Profile

Profile

Your email has been confirmed successfully.

Profile

My Security Settings

Change Password

Change Email

Select your user type (Choose all that are applicable):

Healthcare Professional

Student

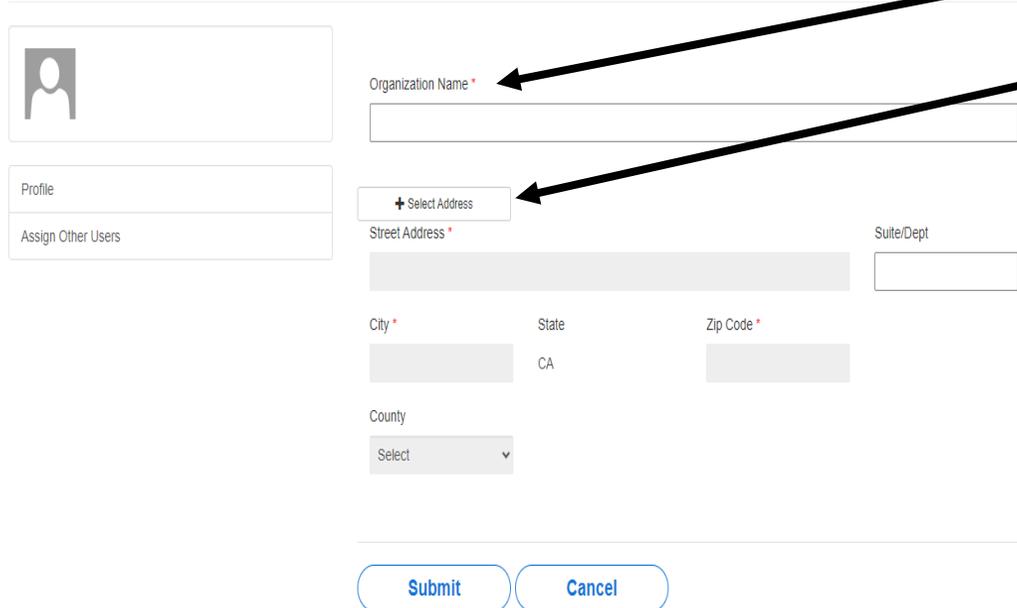
Organization

Select an organization from the search list below. If your organization is not listed, click on the **Request New Organization** button to submit a request for your organization to be added to the list.

1. Check the “**Organization**” box to gain access to Song-Brown RN or LM applications (do not check the “HealthCare Professional” box)
 2. Click the magnifying glass to search for a pre-existing organization
 3. Click “Request New Organization” to submit a new organization for approval
 4. Once you have selected or submitted an organization, it will populate the search field
- Note:** Most organizations are in the system. Use the search function before submitting a new organization name for approval

Adding a New Organization

New Organization



The screenshot shows a web form for adding a new organization. On the left, there is a profile section with a placeholder image and buttons for 'Profile' and 'Assign Other Users'. The main form area contains the following fields:

- Organization Name ***: A text input field with an arrow pointing to it from the first step of the instructions.
- + Select Address**: A button with an arrow pointing to it from the second step of the instructions.
- Street Address ***: A text input field.
- Suite/Dept**: A text input field.
- City ***: A text input field.
- State**: A dropdown menu with 'CA' selected.
- Zip Code ***: A text input field.
- County**: A dropdown menu with 'Select' selected.

At the bottom of the form are two buttons: **Submit** and **Cancel**.

1. Enter the “Organization Name”

2. Click the “+Select Address” button

3. A new window will open and allow you to enter and search for an address

4. Click the confirmed address and it will auto-populate the address fields on the page

Note: Song-Brown staff will review the new organization request within 5 business days. **Ensure that the organization name is accurate.** During this time, you may still begin an application

Completing Your Profile

Prefix
Select

First Name *
ZZZFresh

Middle Initial

Last Name *
PrinceZZZ

Suffix
Select

Title

Degree *
N/A

Phone 1 *
(555) 555-5555

Phone 2
Provider telephone number

Email *
kaztinynaval08@gmail.com

Receive email announcements for new funding opportunities

Submit

1. Enter all required fields. When finished click the “Submit” button
2. If there are no errors on the page, you will receive a message stating your profile has been updated successfully

Note: Incomplete information may delay your registration

Account Roles

Account Validation Complete: Current eApp Account Role Inbox x



SVC-Dynamics <no-reply@hcai.ca.gov>

10:05 AM (17 minutes ago)



to me ▾

Dear Avenger New,

Thank you for validating your Department of Health Care Access and Information (HCAI) Funding e-App account.

At this time, your account is flagged as a Grant Preparer. If you are a Program Director, please email songbrown@hcai.ca.gov to request your account permissions to be upgraded. Only Program Directors may create and submit applications.

Thank you,

Department of Health Care Access and Information

[Healthcare Workforce Development Division](#)

This is an automatically generated email. Please do not reply.

1. All newly created accounts are assigned the “Grant Preparer” role
 2. If you are the RN or LM Program Director, email SongBrown@hcai.ca.gov to request the “Program Director” role
 3. Only accounts with the "Program Director" role may initiate and submit applications
 4. Once Song-Brown staff approves your request you will receive a follow-up email confirming the approval
- Note:** Program Directors may initiate, view, edit, submit applications, pay certifications and Final Reports

Assigning Other Users

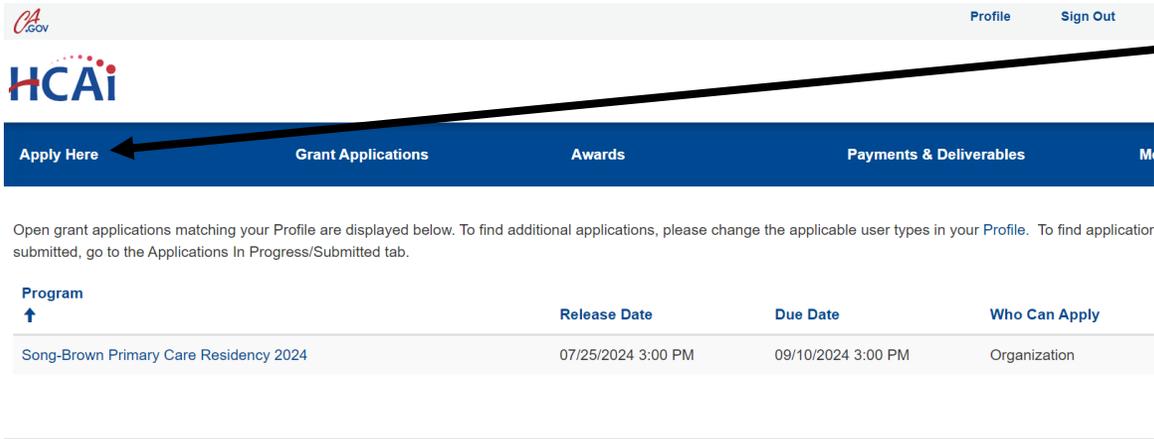
Assign Other Users

Full Name	Organization	Applicant Role	E-mail	Phone	Degree
There are no records to display.					

1. Program Directors have an additional tab on their “Profile” page called “Assign Other Users”
2. Navigating to this page from your “Profile” page allows you to add users who can view and edit applications only
3. Click the “Add User” button to give registered Grant Preparers access to your application

Note: Only Program Directors can submit a completed application

Apply Here



CA.gov Profile Sign Out

HCAi

Apply Here Grant Applications Awards Payments & Deliverables Me

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile. To find application submitted, go to the Applications In Progress/Submitted tab.

Program	Release Date	Due Date	Who Can Apply
Song-Brown Primary Care Residency 2024	07/25/2024 3:00 PM	09/10/2024 3:00 PM	Organization

1. Navigate to the “Apply Here” page on the main menu
2. Select the “Song-Brown Registered Nurse 2024” or the “Song-Brown Licensed Midwifery 2024” link and click the apply button when you are ready to begin

Helpful Tips

Useful Information

Navigating the application

Use the “Previous” and “Save & Next” buttons found at the bottom left of each page



Saving your application

Each time you click “Save & Next” in the application your progress is saved. Navigate to the “Grant Applications” page to resume your application



Grant Applications

- Certified Wellness Coach Employer Support Grant Program (CWES) Application
- Health Careers Exploration Program (HCEP) Application
- Health Professions Pathways Program (HPPP) Application
- Justice and System-Involved Youth (JSIY) Application
- Peer Personnel Training and Placement Program Application
- Psychiatry Education Capacity Expansion Grant Program (PECE) Application
- Small Rural Hospital Improvement Program (SHIP) Application
- **Song-Brown Licensed Midwifery (SB-LM) Application**
- Song-Brown Certified Nurse Midwifery (SB-CNM) Application
- Song-Brown Family Nurse Practitioner/Physician Assistants (SB-FNPPA) Application
- Song-Brown Primary Care Residency (SB-PCR) Application
- Song-Brown Postgraduate Fellowship (SB-Post) Application
- **Song-Brown Registered Nurse (SB-RN) Application**
- Social Work Education Capacity Expansion Grant Program (SWECE) Application
- Song-Brown Previous Applications

Useful Information, Continued

Asterisks

The red asterisks indicate which fields require a response before proceeding to the next page

Training Program Title *

Tooltips

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information

The last name of the primary contact at the contract organization.

Contract Administrator Last Name * 

RN Existing and Expansion Application Walk-through

Program Information

Program Information *

Organization

Program Director Program Director Email

On behalf of which type of training program are you applying?*

Associate Degree of Nursing (ADN)
 Bachelor of Science, Nursing (BSN)
 Entry-Level Master's (ELM)

Are you a former Song-Brown applicant? *

No Yes

Select a training program from the **Training Program Title** search list below. If your training program is not listed, check the **Training program not listed** checkbox.

Training Program Title *

Training Program not listed

Award Category. Select all that apply. *

Existing Slots

I am a Board of Registered Nursing (BRN) approved pre-licensure program.*
 I am requesting support for an existing program.*
 I will enroll at least one class by July 1, 2025.*

Expansion Slots

I am a Board of Registered Nursing (BRN) approved pre-licensure program.*
 My program has received the BRN approval to permanently expand effective after July 1, 2023.*

1. Your program information will pre-populate with information you entered in your “Profile” page
 2. Select a “Training Program Title” from a list of training programs by clicking on the magnifying glass
 3. If your training program is not listed, check the box “Training Program not listed”
 4. All boxes must be checked to ensure you are eligible to apply for the grant and can move forward with the application
- **Note:** Most training programs, unless they are new, are in the system. Use the search function before submitting a new training program name for approval

Contract Administration

Contract Administration

Contract Organization Name *

Please select the type of entity *

Governmental Entity *

Non-governmental Entity *

Doing Business As (DBA) *

Prefix

Select

Contract Admin First Name *

Contract Admin Last Name *

Contract Admin Title *

Phone 1 *

Provide a telephone number

Phone 2

Provide a telephone number

Contract Admin Email *

Grant Agreement Signatory *

Grant Agreement Signatory First Name *

Grant Agreement Signatory Last Name *

Grant Agreement Signatory Phone *

Provide a telephone number

Email *

1. “Contract Organization Name” and “Doing Business As (DBA)” must match what you report to the Internal Revenue Service (IRS)
2. “Please select the type of entity” identify the contractor organization as a Governmental or Non-governmental Entity
3. Contract Admin is the main administrator for the grant
4. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement

Note: Do not enter a DBA if your IRS W9 does not have a DBA listed

Contract Administration: STD 204 Signatory

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory? No Yes

Payee Data Record (STD 204) Signatory

First Name *

Last Name *

Phone Number *

Email *

The legal address for your organization must match the address on file with the IRS.

Is the legal address for your organization a PO box? * No Yes

PO Box *

City *

State *

Zip Code *

Should payments be sent to a different address than what is on file with the IRS? No Yes

1. If your STD 204 signatory is different from your Grant agreement signatory, select "NO"
 2. "STD 204 Signatory" name must be an authorized signatory
 3. PO box option available for the 204 category
- **Note:** Verify this information with your finance or contracts office to ensure this information is correct. Providing incorrect information will delay your grant agreement should you be awarded

Program Description

Program Description

Provide an executive summary description of your training program. Include the year your program started and demonstrate how your program is meeting the priorities of the Song Brown statute. Please reference the Registered Nurse Capitation Grant guide (page 3) on Song-Brown website for more information. Maximum of 2500 characters.*

1. Provide requested program description information
2. You have a maximum limit of 2,500 characters
3. After completing this page, save and proceed by clicking “Save & Next”

Note: If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will cut off at 2,500 characters. Double-check the information you enter and make sure everything is captured

Program Data

Program Data

Select the data you will be reporting *

- Student and Graduate data
- Student data only
- New program: no Resident/Student or Graduate data

Would you like to import graduate and training site data from your last application? * 

- No Yes

Based on the program data option you selected above, what year was your first student admitted? *

1. If you are a previous applicant, you may import your graduates and training sites from previous applications
2. If you have any 22/23 and or 21/22 graduates, select “Student and Graduate data”
3. “Student Only” should only be selected if you have no 22/23 and 21/22 graduates

Training Sites: Adding and Reviewing Sites

Training Sites

What is your program's current percentage of total clinical hours spent in Registered Nurse Shortage Areas (RNSAs)?*

Add all California-based training sites used in academic year 23-24. To add a new training site, click the **Add a Site** button and enter the requested information. Do not include any sites located outside of the state of California.

To edit information, click on the **arrow** button next to a the training site name and select **Edit** or **Delete**.

Note to all programs: Only one physical address is allowed per site for the purpose of this application, regardless of differing suite/room/department numbers used.

For example, if you have 123 Blue Street, Purple Dept. Ste 160 and 123 Blue Street, Green Dept. Ste 178, you may only list one of those on the application.

Total Number of Training Sites

Training Sites With Errors

Training Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
HCAI	No				2020 W El Camino Ave		Sacramento	CA	95833	Sacramento

Training Sites With No Errors

Training Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
HCAI	No				2020 W El Camino Ave		Sacramento	CA	95833	Sacramento

Add Site

1. Enter your program's current percentage of total clinical hours spent in RNSAs
2. To add a training site(s), click the "Add a Site button"
3. A pop-up window will display
4. To review, edit or delete training sites, select the dropdown list for that line using the arrow

Note: If you imported your training sites from a previous application, they will automatically be added to the "Training Sites With Errors." Each training site needs to be reviewed for accuracy

Training Sites: Training Site Information

Training Site Name

Is the training site a private practitioner's office?
 No Yes

[+ Select Address](#)

Street Address Suite/Dept

City State Zip Code

County

Site NPI Number (Check NPI Registry)

Data reviewed for accuracy
 No Yes

1. Enter the training program name and address
2. Click on the link to find the NPI number of the training site
3. To ensure that training sites are in the "Training sites with no errors" category, select "Yes" to validate accuracy

Program Expenditure

Program Expenditures and Funding

Funds Requested			
Program Type *	# of Slots Requested	Maximum Amount per Slot	Total Funds Requested
Existing Slots	Select	15,000	0
Expansion Slots	Select	30,000	0
Grand Total			0

Enter the AY 2023-24 training program annual expenditures below for each line item.

Personnel ⓘ	\$	
Operating Expenses ⓘ	\$	
Major Equipment ⓘ	\$	
Other Costs ⓘ	\$	
Total	\$	0

1. Complete all required fields
2. “Total Funds Requested” is auto calculated based on the “# of Slots Requested” and the maximum amount per slot
3. Enter your total expenditures for each category from the 23/24 academic year
4. The “Total” training program expenditures must be equal to or greater than the “Total Funds Requested”

Aggregate Student Data

Aggregate Student Data

Enter the following data for the 2024-25 academic year:

Total enrollment capacity for all cohorts *

Total number of students that applied *

Total number of students enrolled [?]

Enrolled 1st Year *

Enrolled 2nd Year *

Total

Provide the race/ethnicity of all students enrolled in aggregate.

American Indian/Native American/Alaska Native	<input type="text" value="0"/>
Asian-Asian Indian	<input type="text" value="0"/>
Asian-Cambodian	<input type="text" value="0"/>
Asian-Chinese	<input type="text" value="0"/>
Asian-Filipino	<input type="text" value="0"/>
Asian-Indonesian	<input type="text" value="0"/>
Asian-Japanese	<input type="text" value="0"/>
Asian-Korean	<input type="text" value="0"/>
Asian-Laotian/Hmong	<input type="text" value="0"/>
Asian-Malaysian	<input type="text" value="0"/>
Asian-Other	<input type="text" value="0"/>
Asian-Pakistani	<input type="text" value="0"/>
Asian-Thai	<input type="text" value="0"/>
Asian-Vietnamese	<input type="text" value="0"/>
Black, African American, or African	<input type="text" value="0"/>
Hispanic or Latino	<input type="text" value="0"/>
Native Hawaiian or Other Pacific Islander	<input type="text" value="0"/>
White/Caucasian/European/Middle Eastern	<input type="text" value="0"/>
Other- Not listed	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

1. Student race and ethnicity data will now be collected in aggregate for all the years requested
 2. Provide the total number of enrolled slots for each academic year
- **Note:** The enrolled student total must match the total after the student race/ethnicity data is entered

Graduate Data

Graduate Data

Enter your total number of graduates for the following academic years:

AY 2021/22

AY 2022/23

Total

To add a new graduate, click on the Add a Graduate button and enter the required information. If your organization was a past applicant and you opted to include graduate data from the last submitted application, the table below displays those graduates. Review information for accuracy and make edits where appropriate. To edit information, click on the **Options** button next to an individual's name and select **Edit** or **Delete**.

Total Number of Graduates

Total Number of Graduates

Graduates With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
2022/23	Gabrielle	Wilson	Female	Asian - Filipino

Graduates With No Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
2021/22	Stephen	Curry	Male	Black - African American or African

All Grads Submitted *

Add a Graduate

Edit
Delete

1. Enter graduate data for each academic years requested
2. Graduate data needs to match the number of graduates entered
3. To add graduate data, click the “Add Graduate” button
4. A pop-up will display
5. To review, edit or delete graduates select the dropdown list for that line using the arrow
6. After completing this step, click “Save & Next”

Graduate Data: Adding and Reviewing Graduates

Graduating Class of *

First Name *

Last Name *

Gender *

Ethnic/Racial Category *

HCAI Scholar [?](#) NHSC Recipient [?](#)

Do you have an NPI Number? *

No Yes

NPI Number (Check NPI Registry) *

Practice Specialty *

Do you know the graduate's practice site? *

No Yes

Practice Site Name *

+ Select Address

Street Address *

Suite/Dept [?](#)

City *

State *

Zip Code *

Is the training site a private practitioner's office? *

No Yes

Data Reviewed for Accuracy *

No Yes

1. If you know the graduate's NPI number, select "Yes"
 - i. Enter the graduate's 10-digit NPI number
2. Select their practice specialty
3. You must add practice site information for all graduates unless they are working outside of California
4. If you know your graduate's practice site in California, please provide the practice site information
5. If you are not sure of their practice site or they are practicing outside of California select "No"
 - i. Select "Out of State" if they are practicing outside of California
 - ii. Select "Other " for any other reason

Required Documents

Required Documents

Approval Letter

Upload the most recent program approval letter from the Board of Registered Nursing (BRN).

Approval Letter Upload 0 files uploaded, 1 file required.*

Filename must start with Appr_ to be accepted, Example: Appr_MyDocument

Approval Letter

Upload the expansion approval letter from the Board of Registered Nursing (BRN).

Expansion Letter Upload 1 files uploaded, 1 file required.*

Filename must start with Expappr_ to be accepted, Example: Expappr_MyDocument

Name ↑	Modified	
Expappr_expansion.docx (17 KB)	10/07/2024 9:32 AM	▼

1. The red button on this page indicates required documents
 2. Click on the “Approval Letter Upload” to upload your required document
 3. The document must begin with "Appr_" for it to be accepted
 4. Once the document is successfully uploaded, the box will turn green signifying that you may continue
- Note:** You may delete an uploaded document by clicking the down-arrow next to the desired entry

Assurances



The screenshot shows a web form titled "Assurances". Below the title, there is a line of small text: "I certify that the information contained herein is true and the most current information available at time of application submission." Below this text is a checkbox labeled "I Certify". At the bottom left of the form, there is a blue button labeled "Previous".

1. Read the statement
 2. Agree to the statement by checking the box
 3. Click the “Submit” button. Once you submit your applications you cannot make further edits
- **Note:** Only Program Directors may submit an application, Grant preparers will not see the “Submit” button

RN and LM New Application Walk-through

Program Information

Are you a former Song-Brown applicant? *

No Yes

Training Program Title *

+ Select Address

Street Address

Suite/Apt/Dept

City

State

Zipcode

County

Award Category. Select all that apply. *

New Program

I am seeking Board of Registered Nursing (BRN) approval for pre-licensure program. *

I have obtained BRN approval, have no first year students at the time of application and have not received any prior Song-Brown funding. *

1. Your program information will pre-populate with information you entered in your “Profile” page
2. As a new program applicant, select “No” in the “Are you a former Song Brown applicant?”
3. Enter your training program title and address
4. All boxes must be checked to ensure you are eligible to apply for the grant and can move forward with the application

Program Description

Program Description

Provide an executive summary description for the new training program. Include how your program will meet the priorities of the Song Brown statute. Please reference the Registered Nurse Grant guide (page 3) on Song-Brown website for more information. Maximum of 2500 characters.*

1. Provide an executive summary description for the new training program including how your program will meet Song Brown statute priorities
2. You have a maximum limit of 2,500 characters
3. After completing this page, save and proceed by clicking “Save & Next”

Note: If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will cut off at 2,500 characters. Double-check the information you enter and make sure everything is captured

Strategy Questions 1

Strategies 1 of 5

Select the strategies you will use to recruit students Underrepresented in Medicine (URM). Select all that apply.*

- Establishes partnerships with community-based organizations serving educational institutions for purposes of recruitment and increasing access and exposure to prospective URM students
Explain how you plan to achieve this strategy. Describe your documentation supporting this strategy. Maximum of 2500 characters.

- Utilizes an established pathway or pipeline program
 Hosts events tailored, in part or in whole, specifically for prospective URM students
 Conducts individualized outreach to prospective URM students before, during, and after the application process
 Attendance at academic, health, and career fairs in Registered Nurse Shortage Areas (RNSAs)
 Other
 None of the above

1. Provide responses for each strategy question 1-5
2. Multiple responses can be selected per strategy question
3. Each selected strategy question will prompt a narrative for further explanation
4. After completing each page, click "Save and Next"

Strategy Questions 2 and 3

Strategies 2 of 5

Select the strategies you will use to admit students Underrepresented in Medicine (URM). Select all that apply.*

- Incorporates holistic review into the admissions process, to include individual applicant experiences and attributes indicative of URM students
- Accounts for applicant socioeconomic status in review process
- Ensures representation of selection committee members who reflect the diversity of URM students
- Other
- None of the above

Strategies 3 of 5

Select the strategies you will use to support students Underrepresented in Medicine (URM). Select all that apply.*

- Provides wrap around services to URM students
- Create and maintain a mentorship program available to all URM students that strives to pair students with staff/faculty members with shared lived experience
- Program faculty members, lecturers, and staff reflect the cultural diversity of URM students
- Institution has a documented zero tolerance policy for discrimination and related discrimination reporting systems
- Implicit bias/anti-racism training is required for all faculty, program staff, applicant reviewers, and decision makers
- Other
- None of the above

Strategy Questions 4 and 5

Strategies 4 of 5

Select the program strategies you will use to encourage your students to practice in Registered Nurse Shortage Areas (RNSAs). Select all that apply.*

- Use targeted recruitment strategies to prioritize students coming from RNSAs
- Provide employment assistance opportunities to encourage graduates to commit to patient-focused/clinical-focused practice in RNSAs
- Provide employment assistance leading to graduate employment in RNSAs
- Include a required, patient-focused/clinic-focused curriculum intended to build health equity knowledge and competencies
- Other
- None of the above

Strategies 5 of 5

Select the strategies you will incorporate to implement culturally responsive care training into the program's curriculum. Select all that apply.*

- Hire bilingual staff with language fluency representative of URM students
- Hire program leaders representative of URM students
- Provide students training in cultural competency
- Teach nursing professionalism that incorporates multi-cultural social etiquette and social norms of behavior representative of URM students
- Have students participate in community outreach activities in RNSAs (e.g., going to high schools in RNSAs)
- Other
- None of the above

Training Sites: Adding and Reviewing Sites

Training Sites

Do you have any training sites to report? *

No Yes

To add a new California-based training site, click the **Add a Site** button and enter the requested information. Do not include any sites located outside of the state of California.

To edit information, click on the **arrow** button next to a the training site name and select **Edit** or **Delete**.

Note to all programs: Only one physical address is allowed per site for the purpose of this application, regardless of differing suite/room/department numbers used.

For example, if you have 123 Blue Street, Purple Dept. Ste 160 and 123 Blue Street, Green Dept. Ste 178, you may only list one of those on the application.

Total Number of Training Sites

1

Training Sites

Add Site

Training Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County		
												▼

1. If you have training sites, click “Yes” to enter your training sites
2. To add a training site(s), click the “Add a Site button”
3. A pop-up window will display
4. To review, edit or delete training sites, select the dropdown list for that line using the arrow

Training Sites: Training Site Information

Create

Training Site Name

Is the training site a private practitioner's office?

No Yes

+ Select Address

Street Address

Suite/Dept

City

State

Zip Code

County

Site NPI Number (Check NPI Registry)

Submit

1. Enter the training program name and address
2. Click on the link to find the NPI number of the training site

Program Expenditures and Funding

Program Expenditures and Funding

Requested funding must be used only for the following expenditures: personnel, facility expenses, major equipment over \$500, and consultant costs. Receipts will be required as proof of these expenditures when you submit your program accreditation documents.

How much funding are you requesting?*

[Previous](#)

[Save & Next](#)

1. Provide how much funding you are requesting based on your expected expenditures and what you are eligible to apply for
2. Maximum funding requested for RN New Programs is \$1 million
3. Maximum funding requested for LM New Programs is \$500,000
4. Click "Save and Next" when done

Required Documents

Required Documents

BRN Approval Timeline

Please upload your timeline (planned schedule for securing Board of Registered Nursing approval).

Timeline Upload 0 files uploaded, 1 file required.*

Filename must start with LtrTime_ to be accepted. Example: LtrTime_MyDocument

Sustainability Letter

Attach a letter from your organization that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded.

Sustainability Letter Upload 0 files uploaded, 1 file required.*

Filename must start with LtrSus_ to be accepted. Example : LtrSus_MyDocument

Required Documents

MEAC Accreditation or MBC Approval Timeline

Please upload your timeline (planned schedule for securing Midwifery Education Accreditation Council accreditation or Medical Board of California approval).

Timeline Upload ✓ 1 file uploaded, 1 file required.*

Filename must start with LtrTime_ to be accepted. Example: LtrTime_MyDocument

Sustainability Letter

Attach a letter from your organization that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded.

Sustainability Letter Upload ✓ 1 file uploaded, 1 file required.*

Filename must start with LtrSus_ to be accepted. Example : LtrSus_MyDocument

1. The red button on this page indicates required documents
2. Click on the “Timeline Upload” to upload your approval or accreditation timeline
 - The document must begin with “LtrTime_” for it to be accepted
3. Click on “Sustainability Letter upload” to upload your letter of program sustainability endorsement letter from your institution
 - The document must begin with “LtrSus_” for it to be accepted
4. Once the document is successfully uploaded, the box will turn green signifying that you may continue

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