

Registered Nurse (RN) Technical Assistance Guide

Song-Brown Program
Department of Health Care Access and Information (HCAI)
September 2025

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 Nursing Midwifery (CNM) training programs
- Song-Brown statutory priorities:
 - Graduating individuals who practice in medically underserved areas
 - Enrolling members of underrepresented groups in medicine to the program
 - Locating the program's main training site in a medically underserved area
 - Operating a main training site at which most of the patients are Medi-Cal recipients

Application Release Dates

Registration: **Open now**

Application release: **September 10, 2025**

Early submission review: **October 9, 2025**

Application deadline: **October 23, 2025**

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 the 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 2025

- Number of maximum existing and expansion slots
 - Existing slots: **10**, \$30,000 per student for the life of the agreement
 - Expansion slots: **5**, \$60,000 per student for the life of the agreement
- There will not be an option to import information from previous applications
- Underrepresented in Medicine (URM) students and URM graduates will no longer be scored.
You must still provide the information for data collection purposes

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) 24/25
- Student information for those graduating in AY 24/25 and AY 25/26, including race and ethnicity data
- Graduate information for AY 22/23 and 23/24, 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

Required Documents: RN

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

- BRN Approval Timeline (RN 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

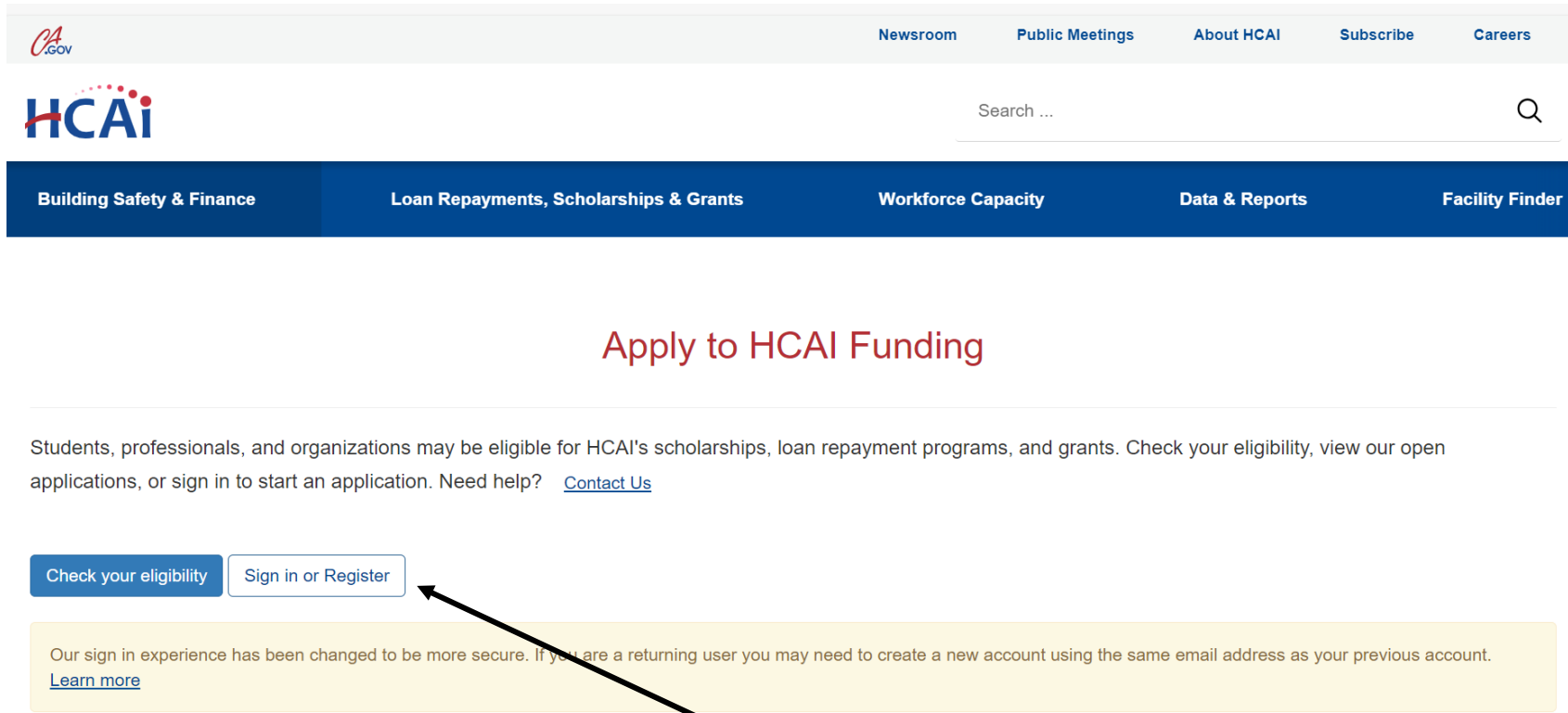
- [HCAI Funding Portal](#)
- The RN Grant Guide, RN Scoring and Evaluation Process: <https://hcai.ca.gov/workforce/financial-assistance/grants/song-brown/registered-nurse-rn/>
- Song-Brown Glossary: [Glossary \(ca.gov\)](#)

Electronic Application (eApp) Registration

System Requirements

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

Creating an Account



The screenshot shows the HCAI website header with the CA.GOV logo, navigation links (Newsroom, Public Meetings, About HCAI, Subscribe, Careers), the HCAI logo, a search bar, and a dark blue navigation bar with links: Building Safety & Finance, Loan Repayments, Scholarships & Grants, Workforce Capacity, Data & Reports, and Facility Finder. Below this is a section titled 'Apply to HCAI Funding' with text explaining eligibility for scholarships, loan repayment programs, and grants. It includes a 'Check your eligibility' button and a 'Sign in or Register' button. A yellow banner below the buttons contains a security notice about the sign-in experience, with a link to 'Learn more'. A black arrow points from the 'Sign in or Register' button to the 'Learn more' link in the banner.

CA.GOV

Newsroom Public Meetings About HCAI Subscribe Careers

HCAI Search ...

Building Safety & Finance Loan Repayments, Scholarships & Grants Workforce Capacity Data & Reports Facility Finder

Apply to HCAI Funding

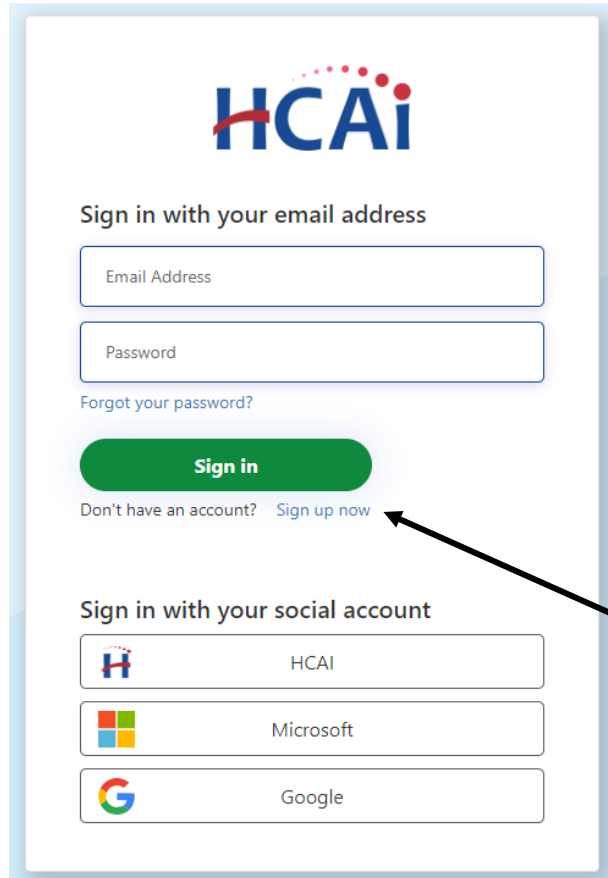
Students, professionals, and organizations may be eligible for HCAI's scholarships, loan repayment programs, and grants. Check your eligibility, view our open applications, or sign in to start an application. Need help? [Contact Us](#)

[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

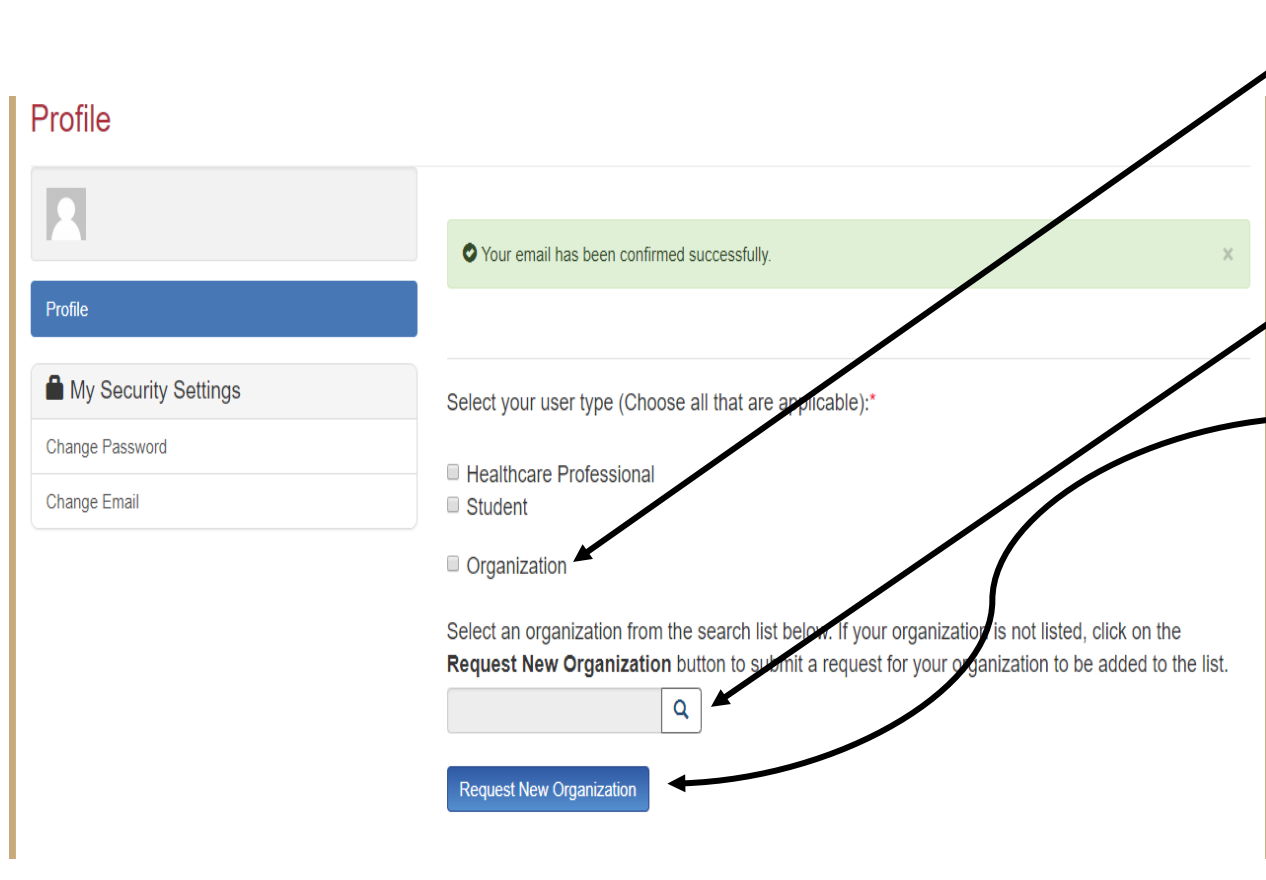
 Google

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

Setting up your Profile



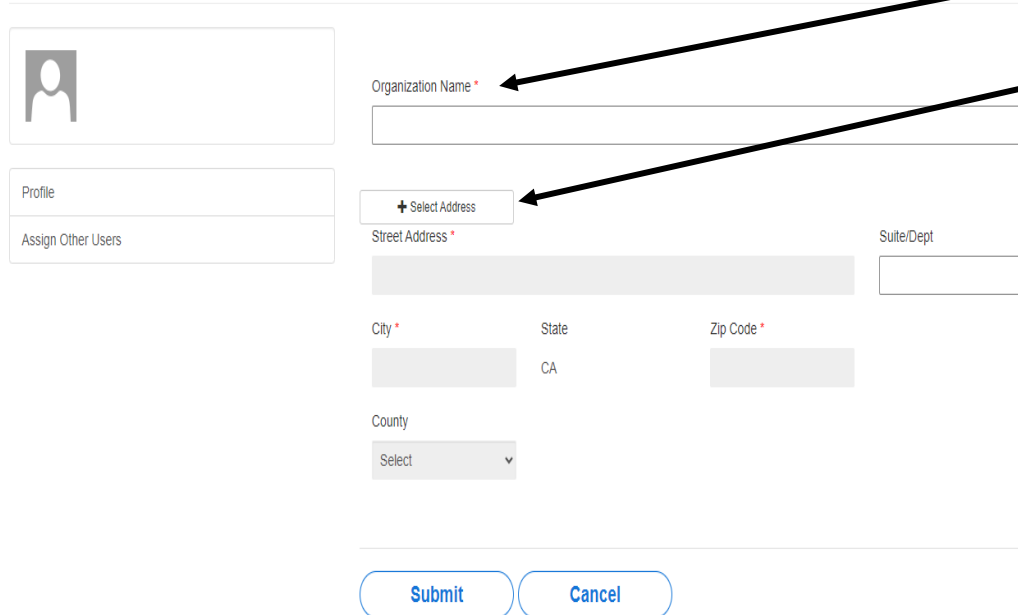
The screenshot shows the 'Profile' setup page. On the left is a sidebar with 'Profile' (selected), 'My Security Settings', 'Change Password', and 'Change Email'. The main area has a green confirmation message: 'Your email has been confirmed successfully.' Below this, it says 'Select your user type (Choose all that are applicable):*'. There are three checkboxes: 'Healthcare Professional', 'Student', and 'Organization'. An arrow points to the 'Organization' checkbox. Below the checkboxes, it says '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.' There is a search input field with a magnifying glass icon. An arrow points to this search field. Below the search field is a blue button labeled 'Request New Organization'. An arrow points to this button.

1. Check the “**Organization**” box to gain access to Song-Brown RN 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 titled "New Organization". On the left, there is a sidebar with a profile icon, a "Profile" button, and an "Assign Other Users" button. The main form area contains the following fields: "Organization Name *" (a text input field with an arrow pointing to it), "+ Select Address" (a button with an arrow pointing to it), "Street Address *" (a text input field), "Suite/Dept" (a text input field), "City *" (a text input field), "State" (a dropdown menu showing "CA"), "Zip Code *" (a text input field), and "County" (a dropdown menu showing "Select"). 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
Provide a telephone number

Email *
kaztinynaval08@gmail.com

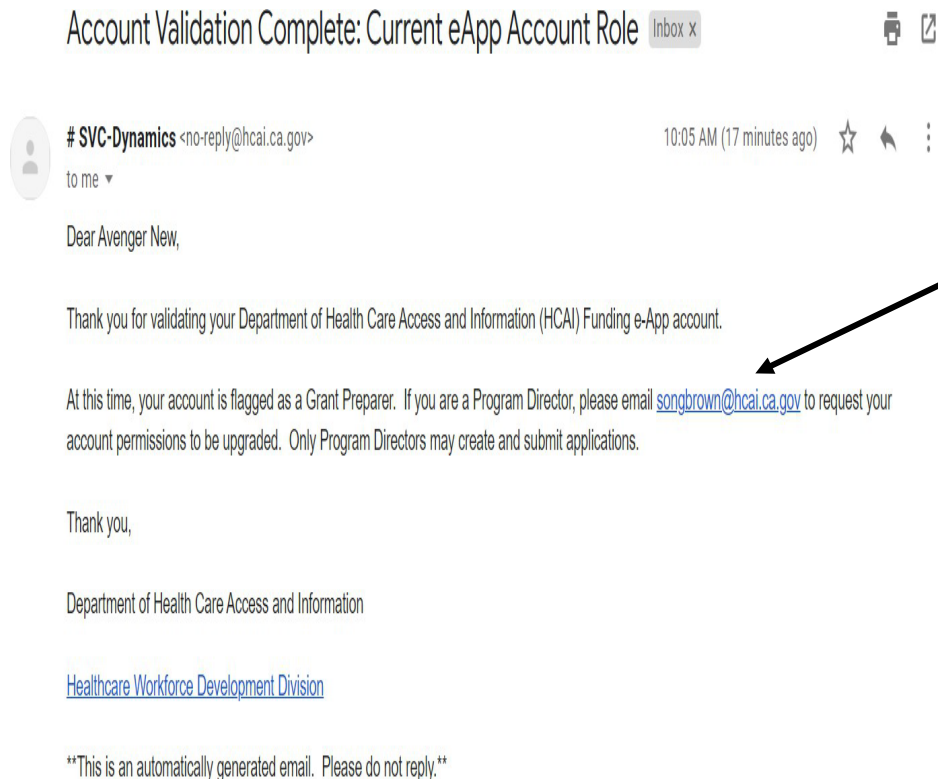
☐ Receive email announcements for new **funding** opportunities

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



1. All newly created accounts are assigned the “Grant Preparer” role
2. If you are the RN 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



Apply Here Grant Applications Awards Payments & Deliverables Messages

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

Program	Release Date	Due Date	Who Can Apply
Health Careers Exploration Program 2025	08/15/2025 8:00 AM	10/17/2025 5:00 PM	Organization
Song-Brown Certified Nurse Midwifery 2025	08/12/2025 3:00 PM	09/24/2025 3:00 PM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2025	08/12/2025 3:00 PM	09/24/2025 3:00 PM	Organization

1. Navigate to the “Apply Here” page on the main menu
2. Select the “Song-Brown Registered Nurse 2025” 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



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- If your organization is blank, e-mail Songbrown@hcai.ca.gov to ensure your organization is approved

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, 2026. *

☒ 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, 2024. *

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 * ⓘ Doing Business As (DBA) ⓘ

Please select the type of entity *

☒ Governmental Entity ⓘ ☐ Non-governmental Entity ⓘ

Prefix
 Select

Contract Administrator First Name * ⓘ Contract Administrator Last Name * ⓘ

Title ⓘ

Phone 1 * Phone 2

Contract Administrator Email *

Grant Agreement Signatory ⓘ

First Name * ⓘ Last Name * ⓘ

Phone * 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 Administrator” 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 *

Provide a telephone 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

Click on the **Select Address** button to populate the Address Fields.

 Select Address

Street Address

2020 W El Camino Ave

Suite/Apt/Dept

City *

Sacramento

State *

CA

Zip Code *

95833

County

Sacramento

Should payments be sent to a different address than what is on file with the IRS?

☒ No ☐ Yes

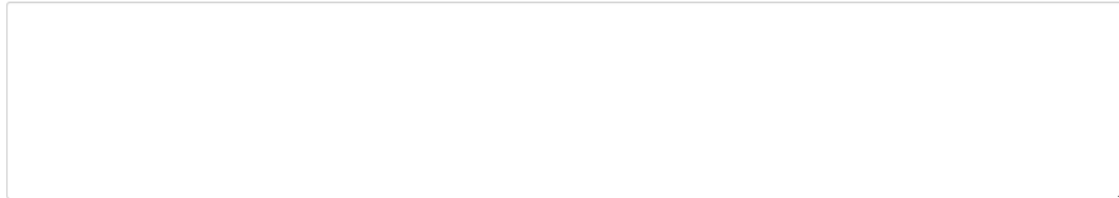
1. If your STD 204 signatory is different from your Grant agreement signatory, select "NO"
2. "STD 204 Signatory" name must be an authorized signatory
3. PO box option available for the 204 category
4. Enter the address that is on your W9 IRS forms
5. If payments should be sent to a different address, select "Yes"

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 meets the priorities of the Song Brown statute. In your summary please include a brief description of how Song-Brown grant funds will benefit the direct education and training of the program's students. Please reference the RN Grant guide on the 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

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
- ☐ No Student or Graduate data

"Student Only" should be chosen if you have no 23/24 and 22/23 graduates. Please select "Graduate and Student data" if you have any 22/23 or 23/24 graduates.

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

1. If you have any 22/23 and or 23/24 graduates, select "Student and Graduate data"
2. "Student Only" should only be selected if you have no 22/23 and 23/24 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 24-25. 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 or delete a training site, click on the drop down button next to the training site line item 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

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

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

Training Sites: Training Site Information

Create

Training Site Name

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

☐ No ☒ Yes

Private Practitioner First Name *

Private Practitioner Last Name *

+ Select Address

Street Address

Suite/Dept ⓘ

City

State

Zip Code

County

Site NPI Number (Check [NPI Registry](#)) ⓘ *

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

Program Expenditures

Program Expenditures and Funding

Funds Requested

Program Type *	# of Slots Requested	Maximum Amount per Slot	Total Funds Requested
Existing Slots	10 ▾	30,000	300,000
Expansion Slots	5 ▾	60,000	300,000
Grand Total			600,000

Enter the AY 2024-25 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
 - Max slots for Existing: 10
 - Max slots for Expansion: 5
3. Enter your total expenditures for each category from the 24/25 academic year
 - This will not be only expenditures using Song-Brown grant funds
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 2025-26 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

1. Student race and ethnicity data is collected in aggregate for all the years requested
2. The total enrollment capacity must be greater than or equal to the total number of students enrolled
3. Provide the total number of enrolled slots for each academic year

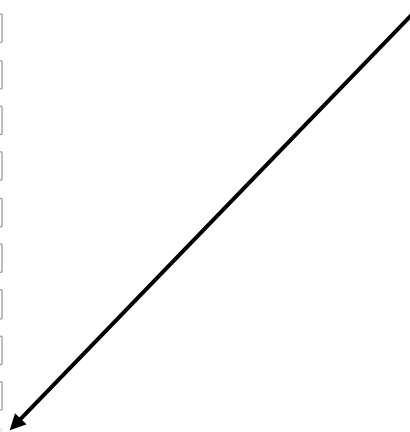
Note: The enrolled student total must match the total after the student race/ethnicity data is entered

Aggregate Student Data, Continued

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

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

1. Provide the number students for each race and ethnicity category
2. The total must match the total number of enrolled students



Graduate Data

Graduate Data

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

AY 2022/23

AY 2023/24

Total

To add a new graduate, click on the Add a Graduate button and enter the required information. To edit information, click on the **drop down** button next to an individual's name and select **Edit** or **Delete**.

Total Number of Graduates

Graduates

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category	
					Add a Graduate ▼

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 a 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

Create

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 *

City *

State

Zip Code *

Suite/Dept. [?](#)

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

☐ No ☒ Yes

Private Practitioner First Name *

Private Practitioner Last Name *

1. If you know the graduate's NPI number, select "Yes" and 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 ✓ 1 file 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 0 files uploaded, 1 file required.*

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

Name ↑	Modified	
Appr_current program.docx (17 KB)	less than a minute ago	Delete ▼

1. The red button on this page indicates required documents
2. Click on the “Approval Letter Upload” or “Expansion 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

Assurances

I certify that the information contained herein is true and the most current information available at time of application submission.

☒ I Certify

You are about to submit your application. You may not edit or delete your application from the system after submission.

Previous

Submit

1. Read the statement
2. Agree to the statement by checking the "I Certify" 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 New Application Walk-through

Program Information

Program Information *

Song-Brown Registered Nurse Capitation 2025

Organization- If your organization is blank, e-mail Songbrown@hcai.ca.gov to ensure your organization is approved

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

Please enter information for the new program.

Training Program Title *

Click on the Select Address button to populate the Address Fields.

+ 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. *

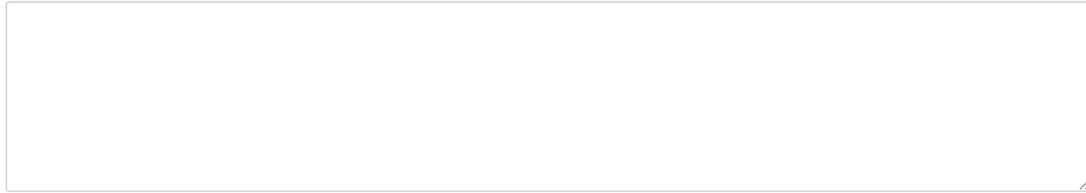
☐ I have obtained BRN approval, have no first year students at the time of application and have not received any prior Song-Brown funding. *

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 on Song-Brown website for more information. Maximum of 2500 characters. *



Previous

Save & Next

1. Provide an executive summary description for the new training program including how your program will meet Song-Brown statutory priorities
2. You have a maximum limit of 2,500 characters
3. After completing this page, click “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*

Strategies Question 1

Strategies 1 of 5

Select the strategies you will use to recruit nursing students. Select all that apply.*

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

☒ Hosts events tailored, in part or in whole, specifically for prospective nursing students
Explain how you plan to achieve this strategy. Describe your documentation supporting this strategy. Maximum of 2500 characters.

☒ Conducts individualized outreach to prospective nursing students before, during, and after the application process
Explain how you plan to achieve this strategy. Describe your documentation supporting this strategy. Maximum of 2500 characters.

☒ Attendance at academic, health, and career fairs in Registered Nurse Shortage Areas (RNSAs)
Explain how you plan to achieve this strategy. Describe your documentation supporting this strategy. Maximum of 2500 characters.

☒ Other
Since you selected Other, describe any additional recruitment strategies not listed above. Maximum of 2500 characters.

☐ None of the above

1. Provide responses for each strategy questions, 1-5
2. Multiple responses can be selected per strategy question
3. Each selected strategy question will prompt a narrative for further explanation

Strategies Questions 2 and 3

Strategies 2 of 5

Select the strategies you will use to admit nursing students. Select all that apply.*

- ☐ Incorporates holistic review into the admissions process, to include individual applicant experiences and attributes indicative of prospective nursing students
- ☐ Accounts for applicant socioeconomic status in review process
- ☐ Ensures a diverse selection committee to mitigate implicit bias in the selection process
- ☐ Other
- ☐ None of the above

Strategies 3 of 5

Select the strategies you will use to support nursing students. Select all that apply.*

- ☐ Create and maintain a mentorship program available to all nursing students that strives to pair students with staff/faculty members with shared lived experience
- ☐ 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

Strategies Questions 4 and 5

Strategies 4 of 5

Select the program strategies you will use to encourage your students to practice in Areas of Unmet Need (AUNs). Select all that apply.*

- ☒ Use targeted recruitment strategies to prioritize students coming from AUNs
- ☐ Provide employment assistance opportunities to encourage graduates to commit to patient-focused/clinical-focused practice in AUNs
- ☐ Provide employment assistance leading to graduate employment in AUNs
- ☐ 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
- ☐ Hire program leaders representative of the students
- ☐ Provide students training in cultural competency
- ☐ Teach professionalism that incorporates multi-cultural social etiquette and social norms representative of licensed midwifery students
- ☐ Have students participate in community outreach activities in AUNs (e.g., going to high schools in AUNs)
- ☐ Other
- ☐ None of the above

Anticipated 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 drop down arrow button next to a the training site name line item 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

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

Add Site

1. If you have training sites, click “Yes” to enter your training sites
2. To add a training site(s), click the “Add 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

Anticipated Training Sites: Training Site Information

Create

x

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) ⓘ *

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?*



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. 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 ✓ 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 0 files uploaded, 1 file required.*

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

Name ↑	Modified
LtrTime_.docx (11 Kb)	less than a minute ago

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

Assurances

Assurances

I certify that the information contained herein is true and the most current information available at time of application submission.

☒ I Certify

You are about to submit your application. You may not edit or delete your application from the system after submission.

Previous

Submit

1. Read the statement
2. Agree to the statement by checking the "I Certify" box
3. Click the "Submit" button

Note: 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

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Contact Us!



Phone (916) 326-3700



Email SongBrown@hcai.ca.gov

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#HealthFacilities #HealthInformation**