

Family Nurse Practitioner (FNP) & Physician Assistant (PA) Technical Assistance Guide

Song-Brown Program
Department of Health Care Access and Information

August 2026

Agenda

- **Housekeeping and Introduction**

Christopher Roina, Communications Unit Supervisor, Operations Unit

- **Welcome and Overview**

Christopher Roina, Communications Unit Supervisor, Operations Unit

- **Song-Brown Family Nurse Practitioner and Physician Assistant (FNP/PA)**

Justine Pascual, Program Officer

- **Questions and Answers**

Christopher Roina, Communications Unit Supervisor, Operations Unit

- **Closing Remarks:**

Christopher Roina, Communications Unit Supervisor, Operations Unit

Housekeeping and Introduction

Before we begin, just a few quick notes to help you get the most out of today's session:

1. **Platform:** This session is hosted on Zoom Webinar. Your controls are in the toolbar at the bottom of your screen.
2. **Questions:** We're using the Q&A feature for all comments and questions. Please type your input at any time. Use the "thumbs up" icon to upvote a question already asked that you would like answered as well.
3. **Recording:** Today's session is being recorded. The recording will be available on our website within 7-10 business days.

HCAI's Vision and Mission



Vision

A healthier California where all receive equitable, affordable, and quality health care.

Mission

HCAI expands equitable access to quality, affordable health care for all Californians by supporting high value delivery systems, resilient health facilities and workforces, and actionable health information and strategies.

About Song-Brown

- Song-Brown provides funding to education programs including:
 - Primary Care (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics)
 - Family Nurse Practitioners/Physician Assistants (FNP/PA)
 - Registered Nurses (RN)
 - Licensed Midwifery (LM) and Certified Nursing 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 Key Dates

Key Events	Dates and Times
Application Opens	August 12, 2026, at 3:00 p.m.
Webinars	August 5, 2026, at 10:00 a.m. and August 19, 2026, at 2:00 p.m.
Application Early Submission	September 9, 2026, at 3:00 p.m.
Application Closes	September 23, 2026, at 3:00 p.m.
Award Notice	January 2027
Grant term:	June 30, 2027 – August 30, 2028

Before You Apply

- If your program requires approval to contract from a coordinating authority, inform the authority of terms and conditions contained in the Grant Agreement.
- Applicants must agree to the terms and conditions as outlined in the Grant Guide 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 to provide primary care services.

Changes for 2026

- Program directors can no longer add grant preparers to their profile. Program Directors must contact the Song-Brown staff to add grant preparers to their profile.
- An additional signatory will be required.
 - The additional signatory **cannot** be the applicant's Program Director.
 - The additional signatory **can** be the same individual as the grant agreement signatory and/or the payee data record signatory.
- This year's application will include a question asking whether someone in your organization is willing to participate in an interview with HCAI or a contracted HCAI partner.
- **We currently do not have available funds for Midwifery programs for this year.**

Information to Gather

- Grant Agreement, Payee Data record (STD 204), Additional signatories
- Organization name and/or Doing Business As (DBA) name as listed in the W-9 IRS forms for your program
- Must know the following information for the training site(s) with the most cumulative hours used in the last academic year (AY):
 - Facility Type
 - Name of training site
 - Full addresses (must be located within CA)
 - Include the number of cumulative hours
 - Payer mix information
- **Do not** include out-of-state training sites and/or those where primary care is not provided

Information to Gather, Continued

- Race/ethnicity and gender data for all current students
- Current practice site information for all graduates entered
- National Provider Identification (NPI) number for all graduates entered
- Any applicable attachments:
 - For FNP programs – Approval letter from the California Board of Registered Nursing (BRN)
 - For PA programs – Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) letter

Required Documents: FNP & PA

FNP Programs

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

PA Programs

- Approval letter
 - Upload the most recent accreditation letter Review Commission on Education for the Physician Assistant (ARC-PA) letter.

Helpful Resources

1. [Song-Brown Glossary](#)
2. [FNP and PA Grant Guide](#)
3. [Song-Brown Program Allowable Costs Guide](#)

Electronic Application (eApp) Registration

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

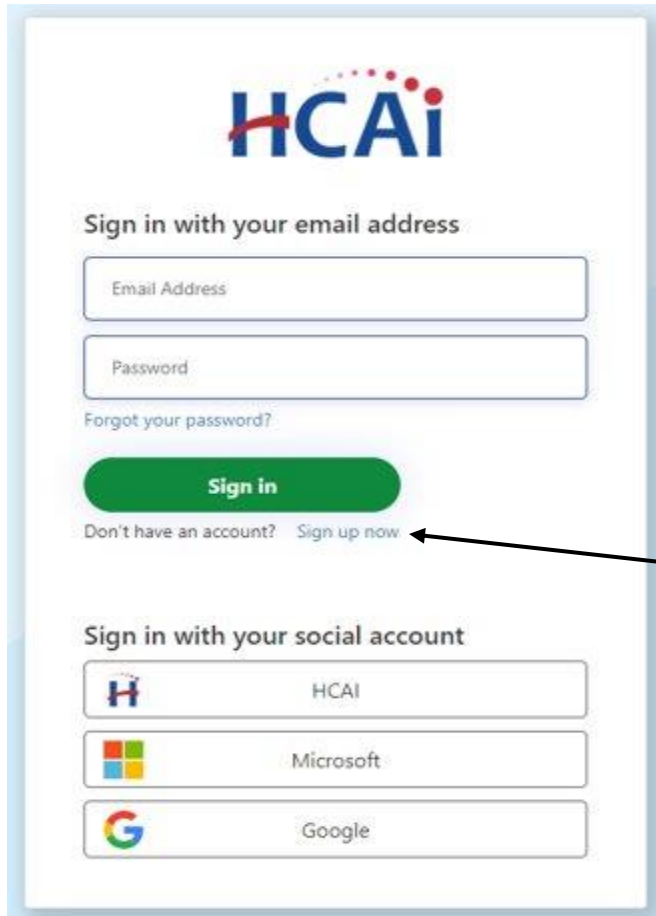
Our sign in experience has been changed to be more secure. If you are a returning user you may need to create a new account using the same email address as your previous account. [Learn more](#)

APPLICATIONS – OPEN OR COMING SOON

Program ↑	Release Date	Due Date	Who Can Apply
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If you are a new applicant, register now – don't wait!

Creating an Account, Continued



The screenshot shows the HCAi login and sign-up interface. At the top is the HCAi logo. Below it, the text 'Sign in with your email address' is followed by two input fields: 'Email Address' and 'Password'. A link 'Forgot your password?' is positioned below the password field. A green 'Sign in' button is located below these fields. Below the button, the text 'Don't have an account?' is followed by a 'Sign up now' link. An arrow points from the 'Sign up now' link to the text 'Make sure to select "Sign up now" link and enter the information as requested to receive a verification code via email.' Below the sign-up section, there is a section titled 'Sign in with your social account' with three buttons: 'HCAi' (with an H logo), 'Microsoft' (with the Microsoft logo), and 'Google' (with the Google logo).

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



Select your user type. (Choose all that apply) *

☐ Healthcare Professional

☐ Student

☐ Organization for healthcare workforce support

☐ Organization for small rural hospital improvement

My Security Settings

Change Email

Submit

Organizations

Profile

Assign Other Users

My Security Settings

Change Email

Are you applying for Song Brown Programs?

☐ No ☒ Yes

Select an organization from the search list below.

Request New Organization

1. Check the “**Organization for healthcare workforce support**” box to gain access to the Song-Brown 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


Profile

Organization Name *

Select Address

Street Address *

Suite/Dept

City *

State

CA

Zip Code *

County

Select ▼

Submit

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 *
Middle Initial

Last Name *
Suffix
Select ▼

Title
Degree *
▼

Phone 1 *
Phone 2
Provide a telephone number

Email *

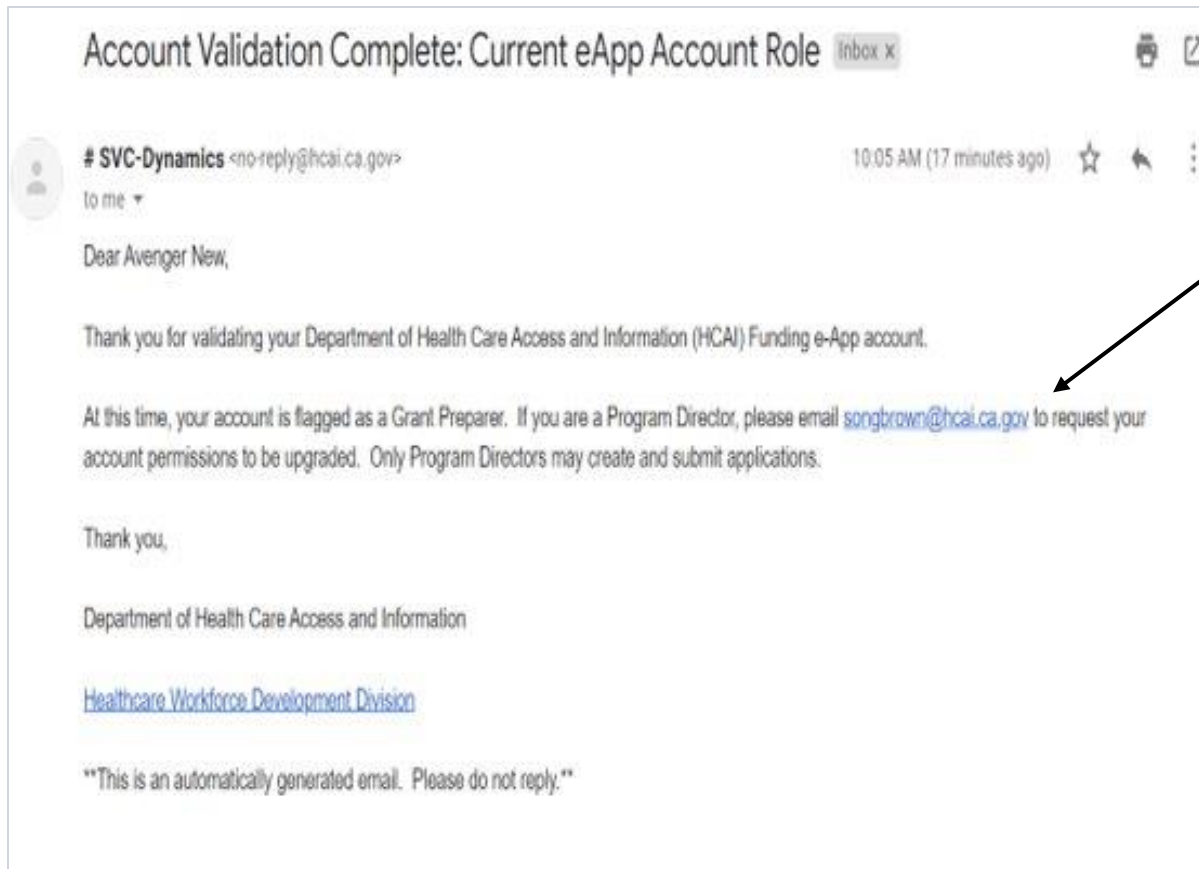
☐ Receive email announcements for new **funding** opportunities

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/incorrect information may delay your registration.*

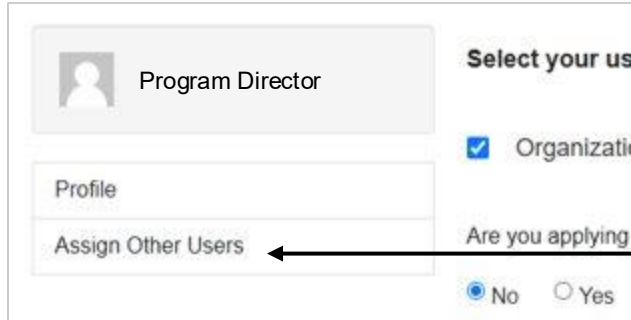
Account Roles



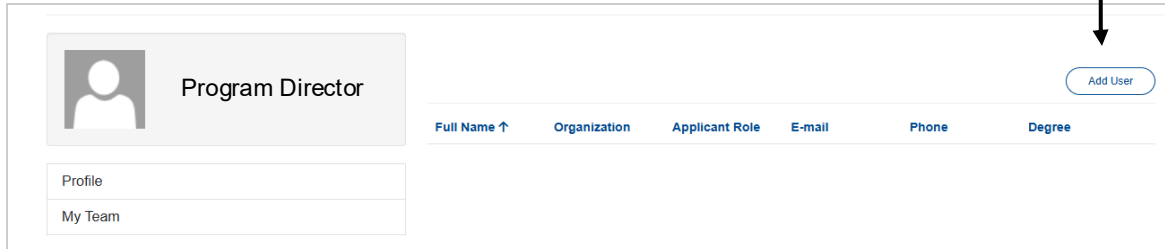
1. All newly created accounts are assigned the “**Grant Preparer**” role.
2. If you are the Program Director, email SongBrown@hcai.ca.gov to request the “**Program Director**” role.
3. Only accounts with the “**Program Director**” role may initiate and submit applications.
4. Once Song-Brown staff approves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

Note: *Program Directors may initiate, view, edit, submit applications, payment certifications and final reports.*

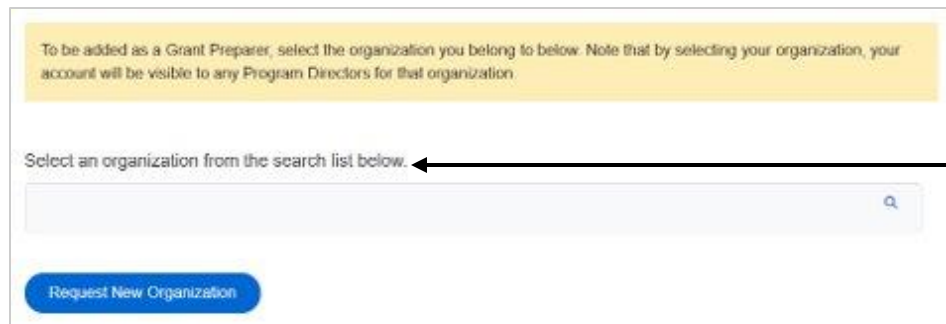
Assigning Other Users



This screenshot shows the top portion of a 'Program Director' profile. On the left is a profile card with a placeholder icon and the title 'Program Director'. Below it are links for 'Profile' and 'Assign Other Users'. To the right, there is a 'Select your user' section with a checked 'Organization' option and a question 'Are you applying?' with 'No' selected. An arrow points from the 'Assign Other Users' button to the first step of the instructions.



This screenshot shows the 'Program Director' profile card and a table of assigned users. The table has columns for 'Full Name', 'Organization', 'Applicant Role', 'E-mail', 'Phone', and 'Degree'. An 'Add User' button is located to the right of the table. An arrow points from this button to the second step of the instructions.



This screenshot shows the page for selecting an organization. It includes a yellow warning box stating: 'To be added as a Grant Preparer, select the organization you belong to below. Note that by selecting your organization, your account will be visible to any Program Directors for that organization.' Below this is a search bar with the text 'Select an organization from the search list below.' and a 'Request New Organization' button. An arrow points from this search bar to the third step of the instructions.

1. In the program director profile, select “**Assign Other Users.**”
2. Select “**Add User**” to select any user that has the same organization attached to their profile.
3. Grant preparers must select the same organization when creating or updating their profile as the program director to be added to the program director profile.
4. Program directors can have multiple grant preparers.

Note: After a program director initiates a grant application, the grant preparer can complete all pages of the application but **cannot** submit the application.

Apply Here

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
Song-Brown Family Nurse Practitioner/Physician Assistants 2026	08/12/2026 3:00 PM	09/23/2026 3:00 PM	Organization
Song-Brown Primary Care Residency 2026	06/18/2026 3:00 PM	08/03/2026 3:00 PM	Organization

1. Navigate to the “**Apply Here**” page on the main menu.
2. Select the “**Song-Brown Family Nurse Practitioner/Physician Assistant 2026**” 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.

Apply Here Grant Applications Awards Payments & Deliverables Messages							
Application Number ↑	Training Program	Initiated By	Program Type	Application Status	Cycle	Due Date	Modification Due Date
SBFNPPA-0001390	Training Program Name	Program Director	Family Nurse Practitioner (FNP)	In Progress	Song-Brown Family Nurse Practitioner/Physician Assistants 2026	09/23/2026 3:00 PM	10/29/2025 3:00 PM



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 * ?

FNP & PA Application Walk-through

Program Information

Apply Here Grant Applications Awards Payments & Deliverables Messages

Application SBFNPPA-0001390 – Song-Brown Family Nurse Practitioner/Physician Assistants

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?*

☒ Family Nurse Practitioner (FNP)
☐ Physician Assistant (PA)

Select a training program from the Training Program Title search list below. If you applied previously and your training program is not listed, e-mail Songbrown@hcai.ca.gov to ensure your training program is approved.

☒ Training Program not listed

Please enter information for the new program.

Training Program Title

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

Select Address

1. Your program information will pre-populate with information you entered in your **“Profile”** page.
2. Select the **“Training Program Type”** you want to apply for.
3. Select a **“Training Program Title”** from a list of training programs by clicking on the magnifying glass.
4. If your training program is not listed, check the box **“Training Program not listed”**.

Note: *Most training programs are in the system, unless they are new. Use the search function before submitting a new training program name for approval.*

Program Information: Address

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

2020 W El Camino Ave

Suite/Dept

City

Sacramento

State

CA

Zipcode

95833

County

Sacramento

Address Lookup

Enter your address into the search bar, click "Search", then wait for the lookup tool to display validated addresses that match your search.

2020 W El Camino Ave

Q Search

Search Results

Select the correct validated address from the search results.

☐ 2020 W El Camino Ave, Sacramento, CA 95833

Cancel

1. After checking the **"Training Program not listed"** box, new fields will appear below.
2. Type in the program name under **"Training Program Title"**.
3. Click the **"Select Address"** button.
4. A new window opens and allows you to enter and search for an address.
5. Click the confirmed address and it will auto-populate the address fields on the page.

Note: *You will see this address validation feature throughout the application.*

Contract Administration

Contract Administration

Contract Organization Name  *

Doing Business As (DBA) 

Please select the type of entity * 

☒ Governmental Entity 

☐ Non-governmental Entity 

Prefix

Contract Admin First Name  *

Contract Admin Last Name  *

Contract Admin Title 

Phone 1 * 

Phone 2

Contract Administrator 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**” must identify the contractor organization as a Governmental or Non-Governmental Entity.
3. “**Contract Administrator**” is the main administrator for the grant.

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

Contract Administration, Continued

Additional Signatory ⓘ

First Name ⓘ *

Last Name ⓘ *

Additional Signatory Title ⓘ

Phone 1 *

Provide a telephone number

Email *

Grant Agreement Signatory ⓘ

First Name ⓘ *

Last Name ⓘ *

Phone *

Provide a telephone number

Email *

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory? ⓘ

☐ No ☒ Yes

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/Dept

City *

Sacramento

State *

CA

Zip Code *

95833

County

Sacramento

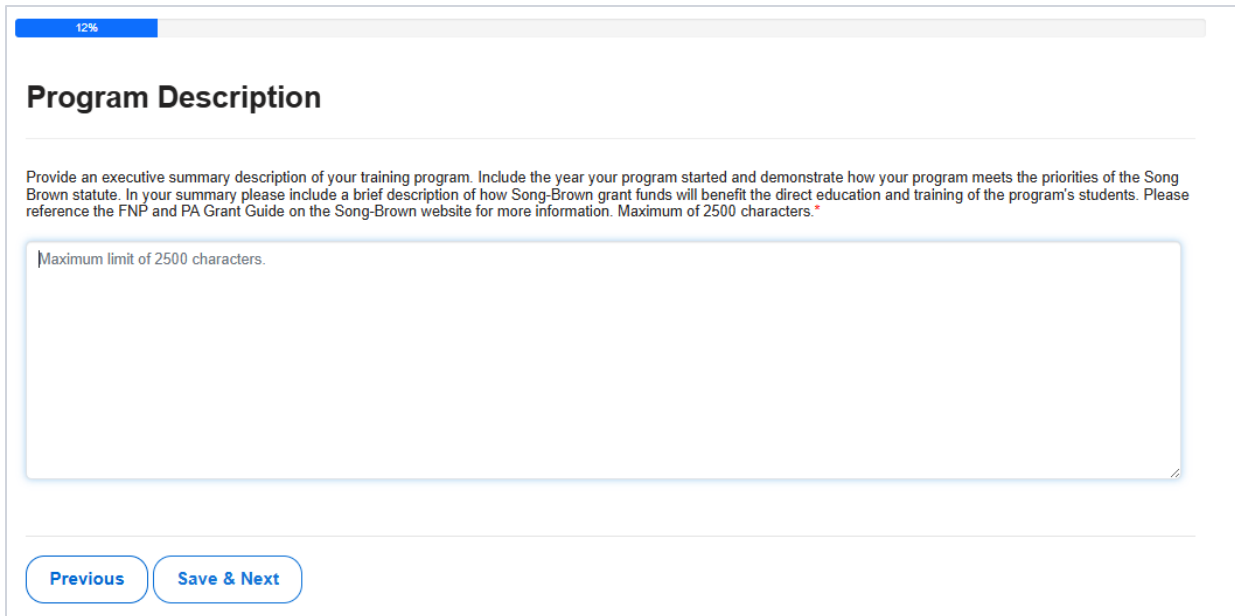
1. **"Additional Signatory"** is a new requirement starting this year. Examples of an additional signatory could include the organization's Designated Institutional Officer, Department Chair, Chief Medical Officer or another contact with contracting authority.
2. **"Grant Agreement Signatory"** must be an individual with institutional authority to enter into a grant agreement.
3. If your STD 204 signatory is different from you Grant Agreement Signatory, select **"No"**.
 - **"STD 204 Signatory"** must be an authorized signatory.
4. 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.

Contract Administration, Continued

Contract Administrator	Program Director	Grant Preparer	Grant Agreement Signatory	STD 204 Signatory	Additional Signatory
The primary contracting contact at the organization.	The Program Director certifies any expenditures related to the grant agreement, signs all quarterly certifications and submits all required reports.	An authorized representative assisting in completing the Song-Brown grant application.	Has the authority to legally execute the grant agreement.	The authorized signatory for the Payee Data Record (STD 204).	Provides additional institutional approval. *Cannot be the assigned Program Director.
Examples: - Contract Analyst - Staff affiliated with Sponsored Projects and Research - Administrative support roles	Examples: - Project Director - Dean/Associate Dean - Institutional Grant Administrator	Examples: - Contract Analyst - Staff affiliated with Sponsored Projects and Research - Administrative support roles	Examples: - Contracting Officer - Provost - Dean - President of the University	Examples: - Contracting Officer - Accounting Officer - Accounting/Financial Director	Examples: - Contracting Officer - Provost - Dean - President of the University - University Representative

Program Description



The screenshot shows a web form titled "Program Description". At the top left, there is a progress bar indicating 12% completion. Below the title, a paragraph of instructions reads: "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 FNP and PA Grant Guide on the Song-Brown website for more information. Maximum of 2500 characters." Below this text is a large, empty text input area with a small "Maximum limit of 2500 characters." label in the top left corner. At the bottom of the form, there are two buttons: "Previous" and "Save & Next".

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

25%

Program Data

Select the data you will be reporting: *

☐ Student and Graduate data

☐ Student data only

☐ New program: no Resident/Student or Graduate data

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

YYYY

1. If you have any 23/24 and/or 24/25 graduates, select “**Student and Graduate data**”.
2. “**Student data only**” should only be selected if you have no 23/25 and 24/25 graduates.
3. Select “**New program; no Resident/Student or Graduate data**” if there is no data.

Training Sites

37%

Training Sites

Add up to five Primary Care training sites with the highest cumulative number of student training hours in the past academic year (AY 24/25). Only include training sites located in the state of California. Do not include specialty or elective rotation sites.

To add a new training site, click the **Add a Site** button and enter the requested information.

To edit information or delete a training site, click on the **arrow** button next to 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

0

Add a Site

Training Site Name ↑	NPI	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
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- 1. To add a training site(s), click the **“Add a Site”** button.
- 2. A pop-up window will display.
- 3. To review, edit, or delete training sites, select the dropdown list for that line using the arrow.

Add a Site

Zip Code

County

95833

Sacramento

▼

Edit Site

Delete

Training Sites: Facility Type

Create

Training Site Name *

Note: For scoring purposes, it is important that you select the correct facility type(s). Please research your facility using the provided links. Please click on **More Information** to research your facility using the provided links and resources.
▶ More Information

Facility Type (select all that apply) *

☐ Community Health Centers ?	☐ Government Owned Facility ?
☐ County Primary Care Clinic ?	☐ Indian Health Services Clinic ?
☐ Disproportionate Share Hospital ?	☐ Rural Hospital ?
☐ FQHC ?	☐ Student Run Clinic ?
☐ FQHC Look-a-Like ?	☐ Teaching Hospital ?
☐ Free Clinic ?	☐ None of the Above

Select Address

Street Address * Suite/Dept

1. Enter the training site name.
2. Select the “**Facility Type**” of your training site.
3. Enter the training site address.

Note: Use the HCAI Geo website to confirm the facility type for each training site.

- Training sites can be designated as multiple facility types.

Training Sites, Continued

The screenshot shows a web form titled "Create" with a close button (X) in the top right corner. The form contains several fields and instructions:

- A text input field at the top.
- A question: "Is the training site a private practitioner's office?*" with radio button options for "No" and "Yes".
- A question: "Provide the total number of hours that all trainees combined spent at this site in the previous academic year.*" with a text input field.
- A question: "Is primary care provided at this site?*" with radio button options for "No" and "Yes".
- A question: "Site NPI Number* (Check [NPI Registry](#))" with a text input field.

Two callout boxes are overlaid on the form:

- The first callout box points to the "Site NPI Number" field and contains the text: "Provide payer mix percentage for the 12 month period May 2025-April 2026. Use whole numbers only". Below this text are three input fields labeled "Medicare/Medi-Cal (Dual Eligibility)*", "Medi-Cal (Traditional and Managed Care)*", and "Uninsured*".
- The second callout box points to the "Submit" button at the bottom of the first callout box.

1. Complete all required fields.
2. Click on the link to find the NPI number of the training site.
3. Payer mix information is asking to provide a percentage of the last 12 months.
 - May 2025 – April 2026
4. After completing all the required fields, click the "Submit" button.

Note: ***"Payer Mix"** is required for all listed training site(s). **"Payer Mix"** does not have to equal 100% but must be in whole numbers only.*

Program Expenditures and Funding

Program Expenditures and Funding

50%

Funds Requested

Program Type *	# of Slots Requested *	Maximum Amount per Slot	Total Funds Requested
Family Nurse Practitioner (FNP)	Select ▼	13,000.00	0
Grand Total			0

Enter the AY 2024/25 training program annual expenditures below for each line item.

Personnel* ?	\$	
Operating Expenses* ?	\$	
Major Equipment* ?	\$	
Other Costs* ?	\$	
Total	\$	

- Complete all required fields.
- **“Total Funds Requested”** is auto calculated based on the **“# of Slots Requested”** and the maximum amount per slot.
 - Maximum Slots: 14
 - Maximum Amount per Slot: \$13,000
- Enter your total expenditures for each category from AY 25/26.
- The **“Total”** training program expenditures must be equal to or greater than the **“Total Funds Requested”**.

Note: You do not need to enter information into the greyed fields. These fields will auto-populate with information.

Aggregate Student Data

Aggregate Student Data

Enter the following data for the 25/26 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

Enrolled 3rd Year

Total

1. Provide the total number of enrollment capacity for all cohorts based on your accreditation body or college.
2. Provide the total number of students enrolled for 1st-3rd year students.
3. The total number of students **cannot** be more than the total enrollment capacity.

Note: Please enter data for the 25/26 academic year.

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	
Race / Ethnicity Not Listed	
Total	

[Previous](#) [Save & Next](#)

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

Graduate Data

The screenshot shows a web form titled "Graduate Data" with a 75% progress bar at the top. The form is divided into two main sections. The top section, labeled "Graduate Data", contains a prompt "Enter your total number of graduates for the following academic years:" followed by two input fields for "AY 2022/23 *" and "AY 2023/24 *". Below these is a "Total" field showing "0". The bottom section contains instructions: "To add a new graduate, click on the Add a Graduate button and enter the required information. National Provider Identifier (NPI) numbers are required for graduates. To find a graduate's NPI number, check the NPI Registry." and "To edit information, click on the Options button next to an individual's name and select Edit or Delete." It includes a "Total Number of Graduates" field with the value "1", an "Add a Graduate" button, and a table with columns "Graduating Class of Academic Year", "First Name ↑", and "Last Name". A dropdown arrow is visible at the end of the table. At the bottom left, there is a checkbox labeled "All Grads Submitted*".

75%

Graduate Data

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

AY 2022/23 *

AY 2023/24 *

Total

0

To add a new graduate, click on the Add a Graduate button and enter the required information. National Provider Identifier (NPI) numbers are required for graduates. To find a graduate's NPI number, check the NPI Registry.

To edit information, click on the Options button next to an individual's name and select Edit or Delete.

Total Number of Graduates

1

Add a Graduate

Graduating Class of Academic Year	First Name ↑	Last Name

☐ All Grads Submitted*

1. Enter graduate data for each academic year 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.

Graduate Data, Continued

The screenshot shows a 'Create' form for entering graduate data. It includes fields for 'Graduating Class of' (a dropdown menu), 'First Name', and 'Last Name'. There are checkboxes for 'HCAI Scholar' and 'NHSC Recipient'. A section titled 'Do you have an NPI Number?' has radio buttons for 'No' and 'Yes'. Below this is a 'Practice Specialty' dropdown menu. Another section titled 'Do you know the graduate's practice site?' has radio buttons for 'No' and 'Yes'. A callout box provides more details for the 'Yes' response, including a 'Practice Site Name' field, a note about facility types, and a list of facility types with checkboxes: Community Health Centers, County Primary Care Clinic, Disproportionate Share Hospital, FQHC, FQHC Look-a-Like, Free Clinic, Government Owned Facility, Indian Health Services Clinic, Rural Hospital, Student Run Clinic, Teaching Hospital, and Not Applicable. A 'Select Address' button is also present. A second callout box shows the 'Reason Practice Site Unknown' dropdown menu with options: 'Select', 'Out of State', and 'Other'.

1. If you know the graduate's NPI number, select **"Yes"**.
 - Enter the graduate's 10-digit NPI number.
2. Select their practice specialty.
3. You must add practice site information for all graduates that are practicing in 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"**.
 - Select **"Out of State"** if they are practicing outside of California.
 - Select **"Other"** for any other reason.

Required Documents

87%

Required Documents

Approval Letter

Based on the program type identified on the first page of this application, attach your most recent approval or accreditation letter.

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

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

Correspondence

Upload all correspondence related to approval or accreditation.

Correspondence Upload 0 files uploaded, 0 files required.

Filename must start with Corr_ to be accepted, Example: Corr_MyDocument

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

100%

Assurances

Would you or someone in your organization be willing to participate in an interview with HCAI or a contracted HCAI partner to share your story?

☐ No ☐ Yes

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

☐ I Certify

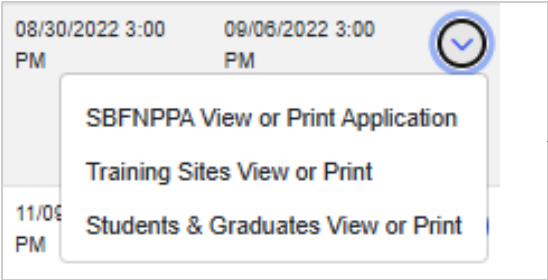
1. Answer the new interview question, your response will not affect your score.
2. Read the certification statement and check the box if you agree.
3. Click the “Submit” button.

Note: *Once you submit your application you cannot make further edits.*

Viewing and Printing Your Application

Apply Here Grant Applications Awards Payments & Deliverables Messages							
Application Number ↑	Training Program	Initiated By	Program Type	Application Status	Cycle	Due Date	Modification Due Date
SBFNPPA-0001390	Training Program Name	Program Director	Family Nurse Practitioner (FNP)	In Progress	Song-Brown Family Nurse Practitioner/Physician Assistants 2026	09/23/2026 3:00 PM	10/29/2025 3:00 PM

Once you submit your application you can view and print your application by selecting the “Options” dropdown on the “Grant Applications” page.



Common Application Errors

- Applicant did not enter any data for residents or graduates, even though the applicant has residents and/or graduates.
- Applicant did not provide the correct contract organization name. This name needs to match what is reported to the IRS (what shows on your W9).
- Applicant did not provide the correct grantee and 204 signatories or information is incorrect.
- Applicant did not provide the additional agreement signatory.
- Applicant added a training program and did not search for previously used training program.

FNP and PA Scoring Explanation

Application Evaluation Criteria

Criteria		Points	eApp Page
1	Percent of graduates in Areas of Unmet Need.	25	Graduate Data
2	Percent of main training sites in Areas of Unmet Need. (Up to 5 training sites with the most cumulative hours)	25	Training Sites
3	Average payer mix of main training sites. (Up to 5 training sites with the most cumulative hours)	25	Training Sites
Grand Total		75	

- The "Points" column reflects the maximum number of points you can receive for each criteria and the grand total
- The "eApp Page" column indicates where the information for each criteria will be entered in the application

Application Evaluation Criteria: Percentage Examples

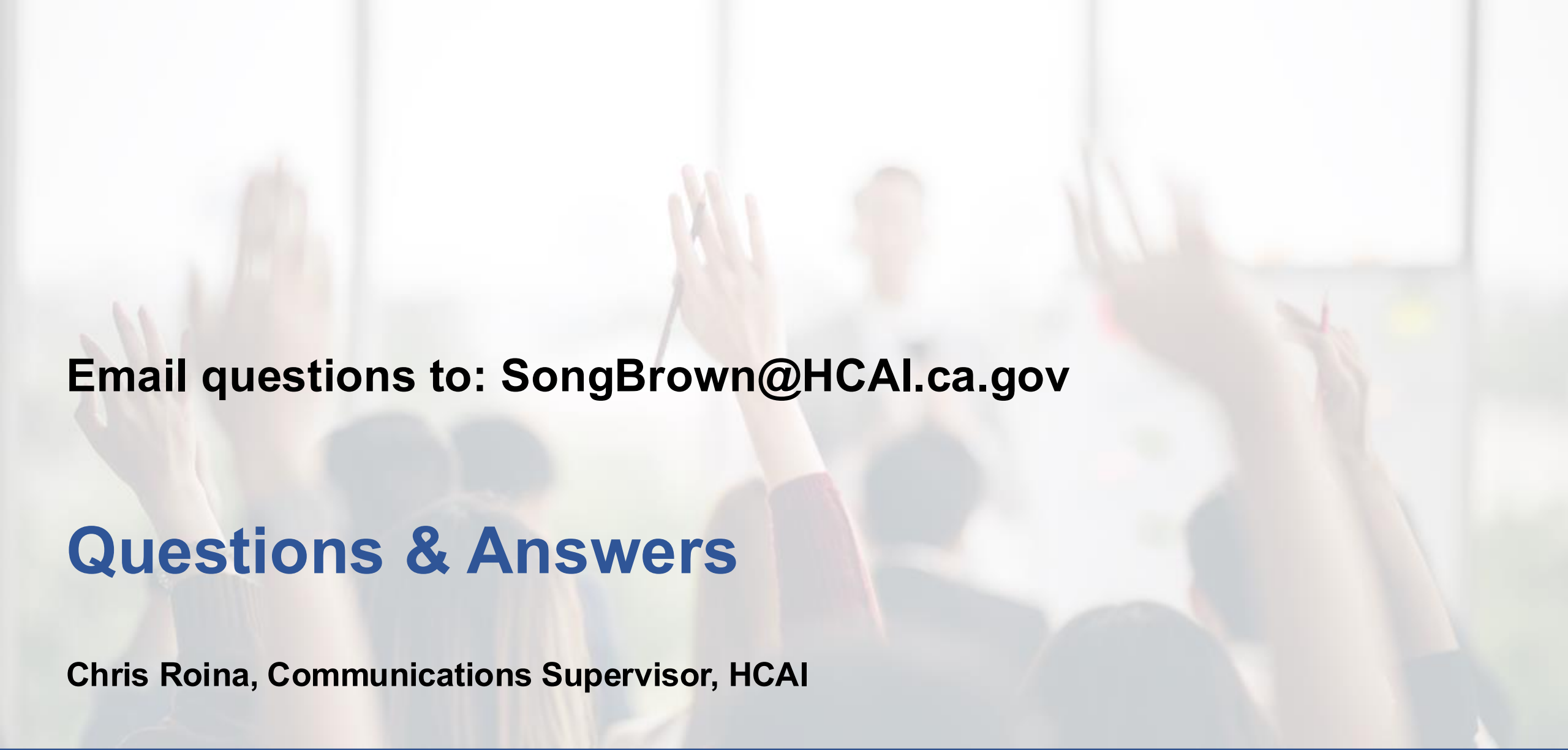
- Program β Example:
 - Criteria 1: Percent of graduates in Areas of Unmet Need
 - Total number of graduates: 50
 - Graduates practicing in Areas of Unmet Need: 20
 - Percent of graduates practicing in Areas of Unmet Need: 40%
 - Total points awarded for Criteria 1: $0.4 \times 25 = 10$ points
 - Criteria 2: Percent of main training sites in Areas of Unmet Need
 - Training sites provided by Program β: 4
 - Training sites in Areas of Unmet Need: 3
 - Percent of training sites in Areas of Unmet Need: 75%
 - Total points awarded for Criteria 3: $0.75 \times 25 = 18.75$ points

Application Evaluation Criteria: Payer Mix Example

- Criteria 3: Average Payer Mix of main training sites
 - Program β has 3 main training sites
 - Their payer mix breakdown is as follows:

	Site 1	Site 2	Site 3
Medicare/Medical (Dual Eligibility)	30%	20%	40%
Medical (Traditional & Managed Care)	15%	15%	22%
Uninsured	15%	20%	15%
Totals	60%	55%	77%

- Average = $(.60 + .55 + .77) / 3 = .64$
- Total points awarded for Criteria 3 = $.64 \times 25 = 16$ points
- Total points scored for Program β is $10 + 18.75 + 16 = 44.75$ points out of 75 points



Email questions to: SongBrown@HCAI.ca.gov

Questions & Answers

Chris Roina, Communications Supervisor, HCAI

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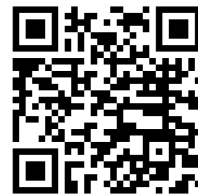
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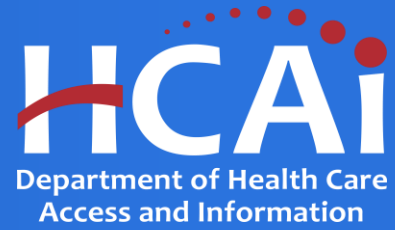


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Email SongBrown@hcai.ca.gov

**#WeAreHCAI #HCAI #HealthWorkforce
#HealthFacilities #HealthInformation**



Thank You!

**For further questions, please email
SongBrown@hcai.ca.gov**