

Family Nurse Practitioner/ Physician Assistant Technical Assistance Guide

Song-Brown Program
Office of Statewide Health Planning and Development (OSHDP)
Healthcare Workforce Development Division (HWDD)
June 2021

About Song-Brown

- Song-Brown provides funding to education programs:
 - Family Nurse Practitioner/Physician Assistant training programs
 - Registered Nurse education programs
 - Family Medicine, Internal Medicine, Pediatrics, OB/GYN residency programs
- Song-Brown provides financial incentives to programs to:
 - Train graduates in medically underserved areas
 - Attract and admit members of underrepresented groups in medicine
 - Place graduates in medically underserved areas

Application Release Dates

Registration: Open now
Application release: June 16, 2021
Application deadline: July 16, 2021

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.
- OSHPD **will not** make changes to the terms and conditions specified in the Grant Agreement.
- Funding shall be used to expand primary care services.
- Funds shall not supplant existing state or local funds to provide primary care services.

Information to Gather

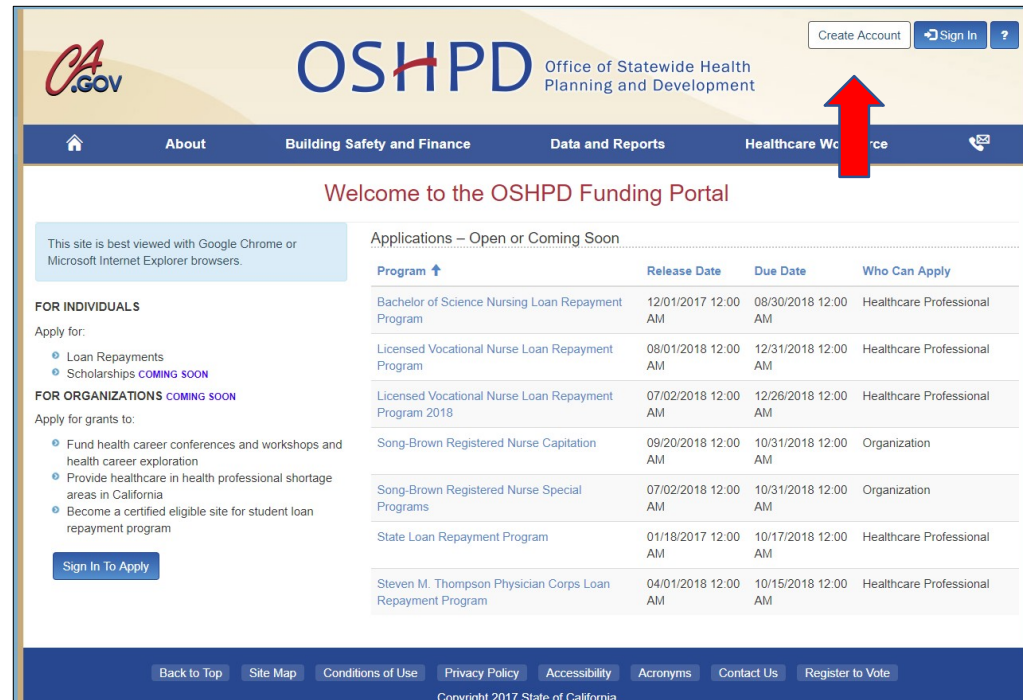
- Grant Agreement and Payee Data record (STD-204) signatories.
- Name and full address of your training sites used in the last academic year.
- Facility type for each training site.
- Race/ethnicity data for all current students.
- High school information (name and address) for all current students.

Information to Gather, Continued

- Current practice site information for all graduates entered.
- National Provider Identification number for all graduates entered.
- Applicable required attachments
 - Program approval letter from the California Board of Registered Nursing (BRN)
 - Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) letter

eApplication (eApp) Registration

Creating an Account



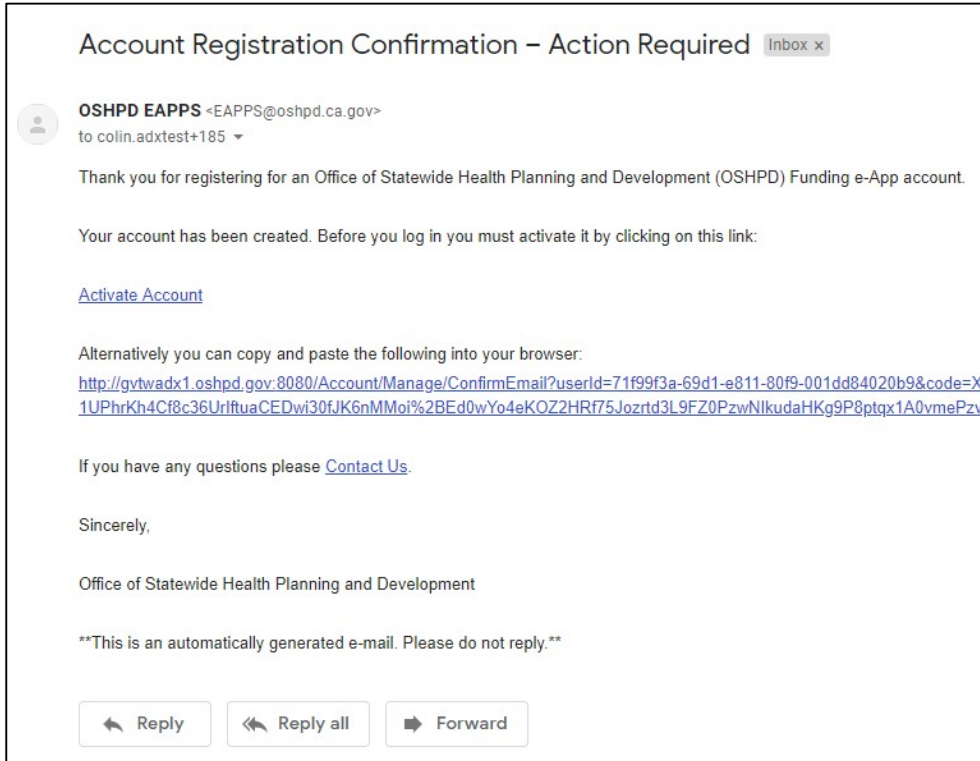
The screenshot shows the OSHPD Funding Portal website. At the top right, there are buttons for 'Create Account', 'Sign In', and a help icon. A red arrow points to the 'Create Account' button. The main content area is titled 'Welcome to the OSHPD Funding Portal' and features a table of applications. On the left, there are sections for 'FOR INDIVIDUALS' and 'FOR ORGANIZATIONS COMING SOON' with a 'Sign In To Apply' button.

Program ↑	Release Date	Due Date	Who Can Apply
Bachelor of Science Nursing Loan Repayment Program	12/01/2017 12:00 AM	08/30/2018 12:00 AM	Healthcare Professional
Licensed Vocational Nurse Loan Repayment Program	08/01/2018 12:00 AM	12/31/2018 12:00 AM	Healthcare Professional
Licensed Vocational Nurse Loan Repayment Program 2018	07/02/2018 12:00 AM	12/26/2018 12:00 AM	Healthcare Professional
Song-Brown Registered Nurse Capitation	09/20/2018 12:00 AM	10/31/2018 12:00 AM	Organization
Song-Brown Registered Nurse Special Programs	07/02/2018 12:00 AM	10/31/2018 12:00 AM	Organization
Slate Loan Repayment Program	01/18/2017 12:00 AM	10/17/2018 12:00 AM	Healthcare Professional
Steven M. Thompson Physician Corps Loan Repayment Program	04/01/2018 12:00 AM	10/15/2018 12:00 AM	Healthcare Professional

If you are a new applicant, register now – do not wait.

Note: For the best experience, use Google Chrome or Microsoft Edge

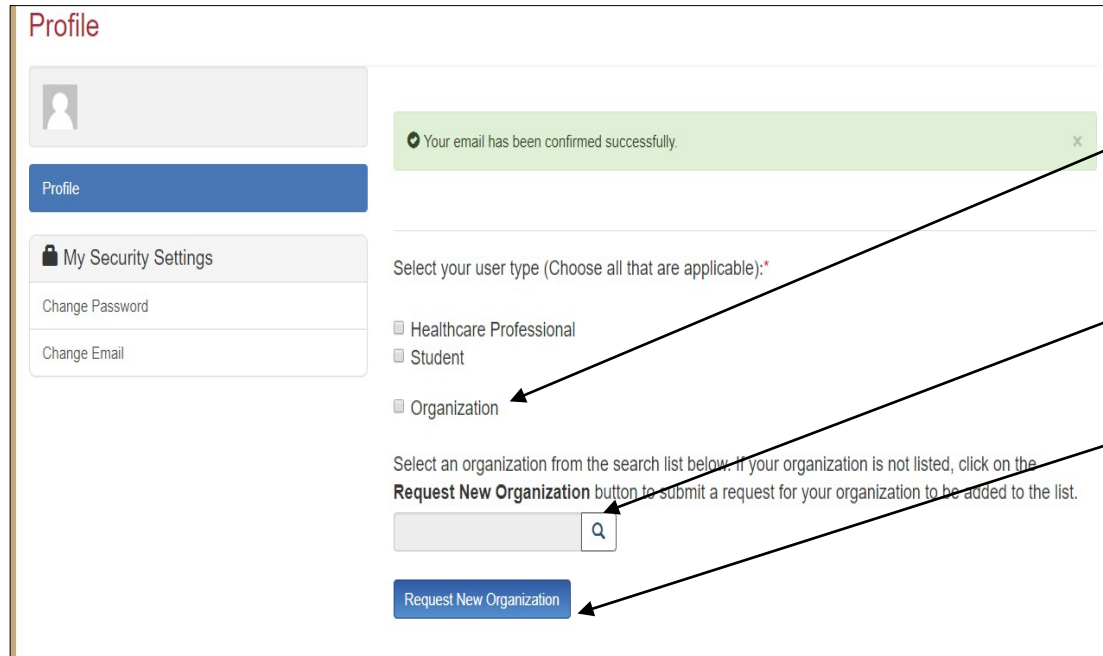
Registration



1. After creating a new account you will receive a validation email.
2. Click “Activate Account” to be taken to your Profile page.
3. Please allow 1-3 minutes to receive the email.

Note: If you don't see the email, please check your spam folder.

Setting up Your Profile

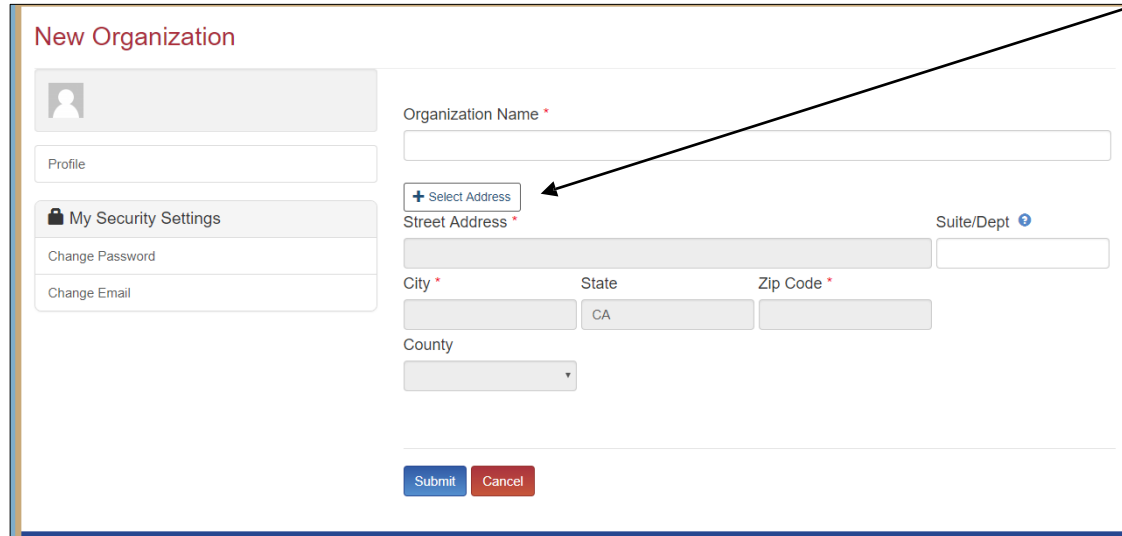


The screenshot shows a web interface for setting up a profile. On the left, there is a navigation menu with 'Profile' selected, and 'My Security Settings' with sub-options for 'Change Password' and 'Change Email'. The main content area has a green notification bar at the top stating 'Your email has been confirmed successfully.' Below this, there is a section titled 'Select your user type (Choose all that are applicable):*' with three checkboxes: 'Healthcare Professional', 'Student', and 'Organization'. The 'Organization' checkbox is highlighted with an arrow. Below the checkboxes, there is a search field with a magnifying glass icon and a 'Request New Organization' button. An arrow points to the search field, and another arrow points to the 'Request New Organization' button. The text below the search field reads: '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 FNP-PA 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. Returning applicants should use the search function before requesting a new organization.

Adding a New Organization



The screenshot shows a web form titled "New Organization". On the left, there is a sidebar with a profile icon and two sections: "Profile" with a "Change Email" link, and "My Security Settings" with "Change Password" and "Change Email" links. The main form area contains the following fields: "Organization Name *" (text input), "+ Select Address" (button), "Street Address *" (text input), "Suite/Dept" (text input with a help icon), "City *" (text input), "State" (text input with "CA" selected), "Zip Code *" (text input), and "County" (dropdown menu). At the bottom are "Submit" and "Cancel" buttons. An arrow points from the first step of the list to the "+ Select Address" button.

1. Enter the new “Organization Name”.
2. Click the “+Select Address” button.
3. A new window opens up and you can 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. During this time, you may still begin an application.

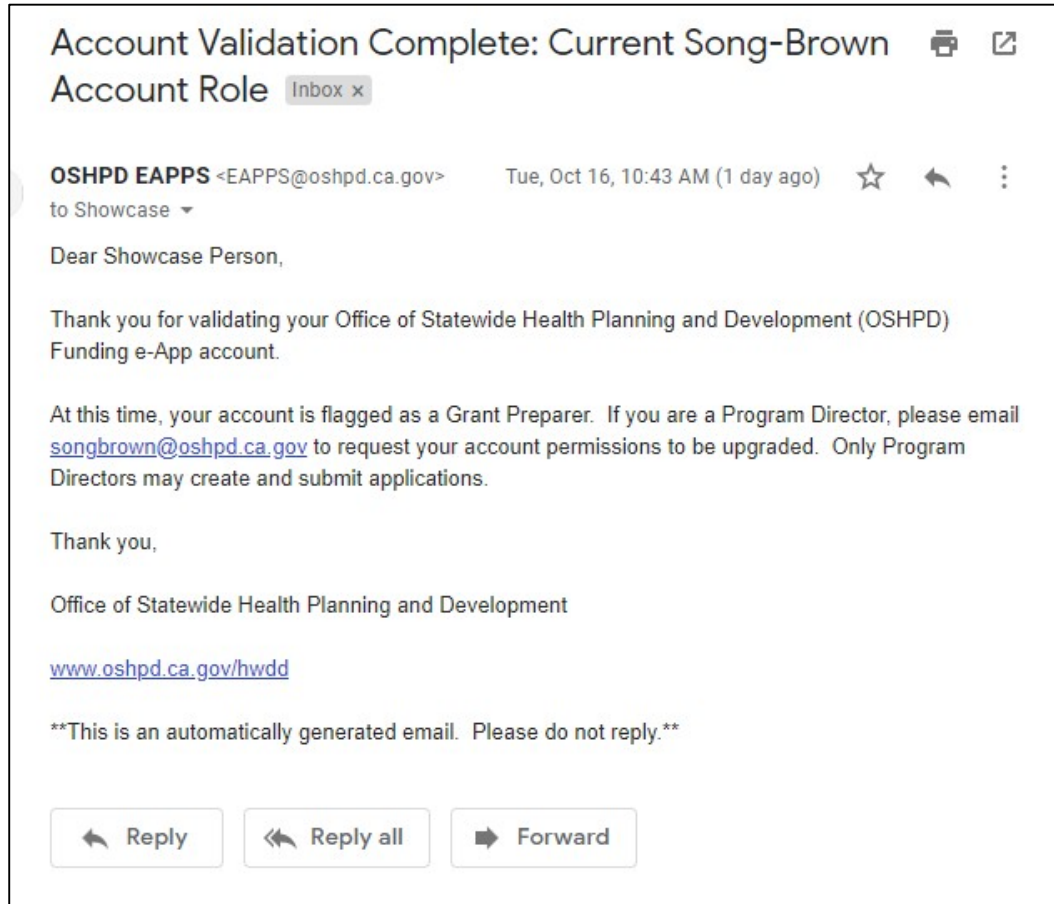
Completing Your Profile

The screenshot shows a web form titled "My Security Settings" with a lock icon. On the left, there are two links: "Change Password" and "Change Email". The main form area is titled "Organization" and includes a search box with "Showcase Organization" and a magnifying glass icon. Below this, there are several input fields: a "Prefix" dropdown, "First Name" and "Middle Initial" text boxes, "Last Name" and "Suffix" text boxes, "Title" and "Degree" dropdowns, "Phone 1" and "Phone 2" text boxes, and an "Email" text box containing "colin.adxtest+1@gmail.com". There is a checkbox for "Receive email announcements for new grant or scholarship opportunities" which is currently unchecked. A blue "Save" button is located at the bottom left of the form.

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

Note: Incomplete information may delay your registration.

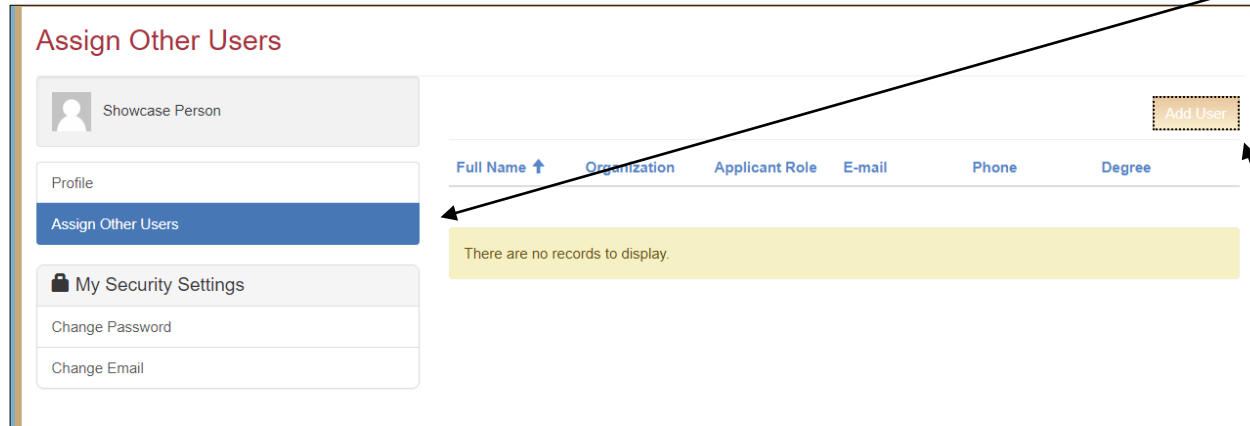
Account Roles



1. All newly created accounts are assigned the “Grant Preparer” role.
2. If you are the training Program Director, email SongBrown@oshpd.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, and submit applications. Grant Preparers may view and edit applications only.

Assigning Other Users



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 applications.

Apply Here

CA .GOV OSHPD Office of Statewide Health Planning and Development

Greg

Apply Here ← Applications - In Progress/Submitted Awards Payments/Deliverables Messages Forms

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile.

Program	Release Date	Due Date	Who Can Apply
Song-Brown Family Nurse Practitioner/Physician Assistants	04/16/2019 12:00 PM	10/20/2019 12:00 AM	Organization
Song-Brown Primary Care Residency 2019	01/01/2019 12:00 AM	04/06/2020 12:00 AM	Organization
Song-Brown Registered Nurse Special Programs	04/16/2019 12:00 AM	08/30/2019 12:00 AM	Organization

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

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

The eApp saves your application each time you click “Save & Next”. Navigate to the “Applications-In Progress/Submitted” page to resume your application.



Useful Information, Continued

Asterisks

A red asterisk indicates a required response before you can proceed 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 * ?

Pickles



Starting the Application

Program Information

Application – Song-Brown Family Nurse Practitioner/Physician Assistants

Organization

Program Director Program Director Email

Program Type *

Family Nurse Practitioner Physician Assistant Combined Family Nurse Practitioner/Physician Assistant

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 to add your program's information.

Training Program Title *

Training Program not listed

1. Your program information pre-populates with information you entered in your “Profile” page.
2. The “Organization” name is the applicant’s organization as listed on the applicants eApp profile.
3. The “Organization” name is not editable in the application, go to the applicant’s profile to change it.
4. Select the “Program Type” you want to apply for.

Program Information: Training Program

1. The “Training Program Title” is the official name of the school’s training program and will be listed on the Agreement.
2. Select an existing “Training Program Title” by clicking on the magnifying glass.
3. To link data from prior applications to the new application, you must use the magnifying glass search function to select the “Training Program Title” from the list.
4. If your training program is not listed, check the box “Training Program not listed”.

Application – Song-Brown Family Nurse Practitioner/Physician Assistants

Organization
Sample FNP/PA Organization

Program Director
Jane Doe

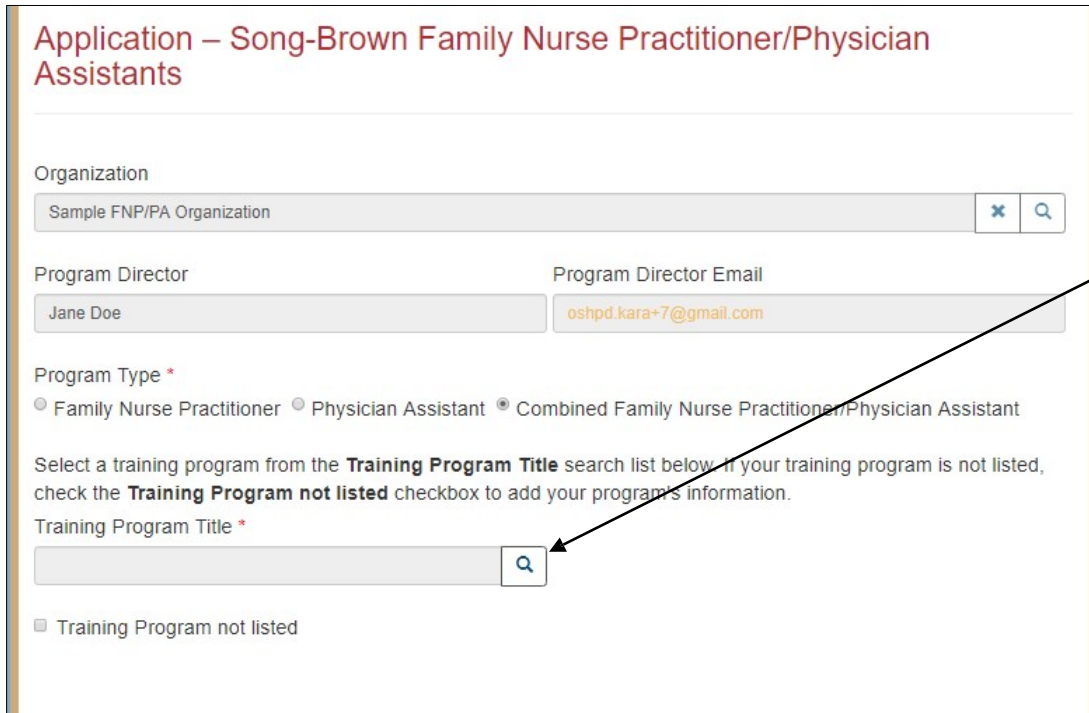
Program Director Email
oshpd.kara+7@gmail.com

Program Type *
 Family Nurse Practitioner Physician Assistant Combined Family Nurse Practitioner/Physician Assistant

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 to add your program's information.

Training Program Title *

Training Program not listed



Note: Most training programs are in the system. Use the the search function before adding a new training program.

Program Information: Training Program

1. If you select the box “Training Program Not Listed”, new fields appear.
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.

Training Program not listed

Training Program Title *

+ Select Address

Street Address * Suite/Dept

City * State * Zip Code *

County *

Search Address 401 pioneer ave Search

Search Results

- 401 Pioneer Ave, Woodland, CA 95776
- 401 N Pioneer Ave, Negaunee, MI 49866

Close

Note: You will see this feature throughout the application.

Contract Administration

Contract Administration

Contract Organization Name * ⓘ

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

Dr. [] [] []

Title ⓘ

dr []

Phone 1 * Phone 2

(916) 726-5432 []

Contract Administrator Email *

a@a.com []

Grant Agreement Signatory ⓘ

First Name * ⓘ Last Name * ⓘ Phone *

Lisa [] [] []

Email *

a@a.com []

STD 204 Signatory is the same as Grant Agreement Signatory

No Yes

This is the remit to address where payments should be mailed.

Street Address * Suite/Dept

2020 W El Camino Ave []

City * State * Zip Code *

Sacramento CA [] 95833

County *

Fresno []

Previous Save & Next

1. Type in the “Contract Organization Name”. This is the official business name as reported to the Internal Revenue Service and will be included in the Agreement.
2. The “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement.
3. The “STD. 204 Signatory” name must be an authorized signatory.

Note: Please 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

Application SBFNPPA-1000585 – Song-Brown Family Nurse Practitioner/Physician Assistants

12%

Program Description

Please provide an executive summary description of your training program.*

Maximum limit of 2500 characters.

Describe the primary care career pathways and/or pipeline activities your students participate in. In your response, please describe the outreach efforts, curriculum, teaching modalities, successes/challenges, and best practices related to your pipeline program.*

Previous Save & Next

1. Complete both required fields.
2. There is a maximum 2500 character limit for each question.
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 be cut off at 2,500 characters for each page. Please 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 student or graduate data

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

No Yes

The program has been in continuous operation since what year? *

1981

What is your program's current or planned percentage of total clinical hours spent in areas of unmet need? *

100

What is the average number of patients seen annually by a 1st year student? *

2

What is the average number of patients seen annually by a 2nd year student? *

2

Instructions: Enter data in each field for the graduating class for each academic year shown as applicable. If no data exists for one of the academic years, enter a zero (0) in each field for that year.

	2019/2020 Academic Year	2018/2019 Academic Year
Total Enrollment Capacity		
1st Year Slots Available		
2nd Year Slots Available		
Qualified Student Applicants		
Students Accepted		
Students Enrolled		
2nd Year Graduates		

For your graduate year 2019/2020, how many graduates took a national certification exam? *

2

How many graduates passed the exam on the first attempt? *

1. After checking the box next to the desired award category, more fields will populate.
2. The import data option defaults to “Yes”.

- To import training site, student, and graduate data from your prior application into the new application, use the magnifying glass search function on the “Program Information” page to select the “Training Program Title”.
- If you did not apply in 2020, select “No” to the import question. In this case, add all training site, student, and graduate data one by one on the appropriate page.

Program Data, Continued

Instructions: Enter data in each field for the graduating class for each academic year shown as applicable. If no data exists for one of the academic years, enter 0.

	2019/2020 Academic Year	2018/2019 Academic Year
Total Enrollment Capacity *	<input type="text"/>	<input type="text"/>
1st Year Slots Available *	<input type="text"/>	<input type="text"/>
2nd Year Slots Available *	<input type="text"/>	<input type="text"/>
Qualified Student Applicants *	<input type="text"/>	<input type="text"/>
Students Accepted *	<input type="text"/>	<input type="text"/>
Students Enrolled *	<input type="text"/>	<input type="text"/>
2nd Year Graduates *	<input type="text"/>	<input type="text"/>

1. The number of students and graduates you enter here must match the corresponding number you entered on the “Student Data” and “Graduate Data” pages.
2. After completing this page, click “Save & Next”.

Training Sites

Training Sites

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

If your organization was a past applicant and you opted to include training site information from the last submitted application, the table below displays your sites. To edit information or delete training sites that no longer exist, click on the **Options** button next to a training site name and select **Edit** or **Delete**.

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	Options
There are no records to display.											

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	Options
ABC Training Site	Yes	MD	Jane	Doe	452 N St		Sacramento	CA	95814	Sacramento	<input type="button" value="v"/>

1. You must include all current training sites on your application.
2. Imported training sites
 - If you selected “Yes” to import prior year’s data on the “Program Data” page, you will see training sites from the prior year’s application.
 - Verify the imported site information is correct.
 - Edit or delete an imported site by selecting the “Options” dropdown list for that line.
 - Click the down-arrow button next to the desired entry.

Training Sites: Add New Sites

Training Sites

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

If your organization was a past applicant and you opted to include training site information from the last submitted application, the table below displays your sites. To edit information or delete training sites that no longer exist, click on the Options button next to a training site name and select Edit or Delete.

Total Number of Training Sites

2

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
There are no records to display.										

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

- Click the “Add a Site” button.
- A pop-up window displays.
- Complete all required fields.

Training Sites: Edit or Delete Sites

Training Sites

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

If your organization was a past applicant and you opted to include training site information from the last submitted application, the table below displays your sites. To edit information or delete training sites that no longer exist, click on the **Options** button next to a training site name and select **Edit** or **Delete**.

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	Options
There are no records to display.											

Training Sites With No Errors

Add a Site

Training Site Name	Private Practitioner	Title	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County	Options
ABC Training Site	Yes	MD	Jane	Doe	452 N St		Sacramento	CA	95814	Sacramento	▼

Previous **Save & Next**

1. Scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu gives you the options to edit or delete each individual entry.
4. After completing this page, click “Save & Next”.

Training Sites: Facility Type

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**

Use the OSHPD HPSA Search or Licensed Healthcare Facilities functions to research your facility for the following types:

- Community Health Centers
- Disproportionate Share Hospital
- Free Clinic
- Government Owned Facility
- Rural Hospital
- Teaching Hospital

Use OSHPD's list of approved Federally Qualified Health Centers (FQHC) to research your facility for the following types:

- FQHC and FQHC-Look-a-Like
- Indian Health Services Clinic

For the County Primary Care Clinic facility type, review the specific county's website to see if your clinic is listed under Primary Care Clinics.

For the Student Run Clinic facility type, review the specific college's website to see if it has a student-run clinic.

Facility Type (select all that apply) *

- | | |
|--|--|
| <input type="checkbox"/> Community Health Centers ⓘ | <input type="checkbox"/> Government Owned Facility ⓘ |
| <input type="checkbox"/> County Primary Care Clinic ⓘ | <input type="checkbox"/> Indian Health Services Clinic ⓘ |
| <input type="checkbox"/> Disproportionate Share Hospital ⓘ | <input type="checkbox"/> Rural Hospital ⓘ |
| <input type="checkbox"/> FQHC ⓘ | <input type="checkbox"/> Student Run Clinic ⓘ |
| <input type="checkbox"/> FQHC Look-a-Like ⓘ | <input type="checkbox"/> Teaching Hospital ⓘ |
| <input type="checkbox"/> Free Clinic ⓘ | <input type="checkbox"/> None of the Above |

1. You must enter the “Facility Type” for all training sites.
2. Follow the instructions in the drop down to verify facility type.
3. Choose all facility types that apply to the facility.

Note: Tool tips offer a definition of each facility type.

Program Funding and Expenditures

Application SBFNPPA-1000585 – Song-Brown Family Nurse Practitioner/Physician Assistants

50%

Program Expenditures and Funding

Enter your annual program expenditure below for each line item.

Personnel*	\$ 555.00
Operating Expenses*	\$ 55.00
Major Equipment*	\$ 55.00
Other Costs*	\$ 55.00
Total	\$ 720.00

Select the number of currently enrolled students in your program.

Currently enrolled students *	Max Funding
<input checked="" type="radio"/> Up to 50 students	\$96,000
<input type="radio"/> 51-75 students	\$120,000
<input type="radio"/> 76-100 students	\$168,000
<input type="radio"/> 101 or more students	\$192,000

Per student capitation rate is \$12,000.

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

1. Complete all required fields.
2. After completing this page, click “Save & Next”.

Note: “Total Program Annual Budget” must be equal to or greater than the total requested Song-Brown funding.

Student Data

Application SBFNPPA-1000589 – Song-Brown Family Nurse Practitioner/Physician Assistants

62%

Student Data

To add a new student, click on the **Add a Student** button and enter the required information. National Provider Identifier (NPI) numbers are optional for students. To check if a student has an NPI number, check the [NPI Registry](#).

If your organization was a past applicant and you opted to include student data from the last submitted application, the table below displays those students. To edit information or delete individuals no longer in the program, click on the **Options** button next to an individual's name and select **Edit** or **Delete**. If the individual graduated, select **Edit** and change the individual from **Student** to **Graduate**.

Total Number of Students

Students With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnicity/Racial Category
There are no records to display.				

Students With No Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnicity/Racial Category	Options
2020/21	d	d	Male	Asian - Filipino	⌵

Previous Save & Next

1. You must include all current students with a projected graduation in Academic Year (AY) 21/22 and AY 22/23 in your application.
2. Imported student data
 - If you selected “Yes” to import prior year’s data on the “Program Data” page, student data from the prior application appears.
 - Verify the student information is correct.
 - Edit or delete imported students by selecting the “Options” dropdown list for that line.
 - Click the down-arrow button next to the desired entry.

Note: NPI numbers and Practice Specialty are optional for students.

Student Data: Add New Students

The screenshot shows a web interface titled "Students With No Errors". At the top right, there is a blue button labeled "Add a Student". Below this is a table header with columns: "Graduating Class of Academic Year", "First Name", "Last Name", "Gender", and "Ethnic/Racial Category". A yellow message box states "There are no records to display." Below the table, there are "Previous" and "Save & Next" buttons. A "Create" form is open, containing the following fields:

- Graduating Class of: dropdown menu (selected: 2020/21)
- First Name: text input
- Last Name: text input
- Gender: dropdown menu
- Ethnic/Racial Category: dropdown menu
- High School Name: text input
- Student HS Address: text input
- Student HS City: text input
- Student HS State: dropdown menu
- Student HS Zipcode: text input
- Student HS County: text input

Additional form elements include a checkbox "Student HS Not Applicable", a "Select Address" button, and instructional text: "Please provide the name and address of the high school this individual graduated from or the home address if the individual was homeschooled or received a GED. Click on the Not applicable checkbox if the individual did not receive a high school diploma or GED within the United States." and "Click on the Select Address button to populate the Address Fields."

- Click the “Add a Student” button.
- A pop-up window will display.
- Complete all required fields.

Note: Provide the home address for all students that were homeschooled or received a General Educational Development certification.

Student Data: Edit New Student Entries

Students With No Errors

Add a Student

Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category	Options
2020/21	d	d	Male	Asian - Filipino	

Previous Save & Next

1. Scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu gives options to edit or delete each individual entry.
4. After completing this page click “Save and Next”.

Graduate Data

Application SBFNPPA-1000589 – Song-Brown Family Nurse Practitioner/Physician Assistants

75%

Graduate Data

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](#).

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

The number of graduates entered on this page must reflect the student data you reported for the academic years in the Program Data section of this application.

Total Number of Graduates

Graduates With Errors

Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category
There are no records to display.				

Graduates With No Errors

Add a Graduate

Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category	Options
2017/18	r	d	Male	Asian - Laotian/Hmong	▼

Previous Save & Next

1. You must include all AY 18/19 and AY 19/20 graduates.
2. Imported graduate data.
 - If you selected “Yes” to import prior year’s data, the graduate data from the prior year’s application appears.
 - Verify the imported graduate information is correct.
 - Edit or delete imported graduates by selecting the “Options” dropdown list for that line.
 - Click the down-arrow button next to the desired entry.

Graduate Data: Add New Graduates

The screenshot shows a web interface for managing graduate data. At the top, there is a header "Graduates With No Errors" and a blue "Add a Graduate" button. Below the header is a table with columns: "Graduating Class of Academic Year", "First Name", "Last Name", "Gender", "Ethnic/Racial Category", and "Options". The table contains one row with the following data: "2017/18", "f", "d", "Male", "Asian - Laotian/Hmong", and a dropdown arrow. Below the table are "Previous" and "Save & Next" buttons. A large pop-up form is overlaid on the bottom right, containing the following fields: "Graduating Class of" (dropdown), "First Name" (text input), "Last Name" (text input), "Gender" (dropdown), "Ethnic/Racial Category" (dropdown), two checkboxes for "HPEF Scholar" and "NHSC Recipient", "NPI Number (Check at NPI Registry)" (text input), "Practice Specialty" (dropdown), and a radio button question "Do you know the graduate's practice site?" with "No" and "Yes" options.

- Click the “Add a Graduate” button.
- A pop-up window will display.
- Complete all required fields.

Graduate Data: Edit or Delete New Graduates



The screenshot shows a web interface titled "Graduates With No Errors". It features a table with the following columns: "Graduating Class of Academic Year", "First Name", "Last Name", "Gender", "Ethnic/Racial Category", and "Options". A single row is visible with the following data: "2017/18", "f", "d", "Male", and "Asian - Laotian/Hmong". The "Options" column contains a small downward-pointing arrow icon. An arrow from the text on the right points to this icon. Below the table are two buttons: "Previous" and "Save & Next".

Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category	Options
2017/18	f	d	Male	Asian - Laotian/Hmong	▼

1. Scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu gives options to edit or delete each individual entry.
4. After completing this page, check the box to confirm then click “Save and Next”.

Graduate Data: Practice Site Information

NPI Number *

Practice Specialty *

Do you know the graduate's practice site? *

No Yes

Practice 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) *

<input type="checkbox"/> Community Health Centers	<input type="checkbox"/> Government Owned Facility
<input type="checkbox"/> County Primary Care Clinic	<input type="checkbox"/> Indian Health Services Clinic
<input type="checkbox"/> Disproportionate Share Hospital	<input type="checkbox"/> Rural Hospital
<input type="checkbox"/> FQHC	<input type="checkbox"/> Student Run Clinic
<input type="checkbox"/> FQHC Look-a-Like	<input type="checkbox"/> Teaching Hospital
<input type="checkbox"/> Free Clinic	<input type="checkbox"/> Not Applicable

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

No Yes

1. You must add practice site information for all graduates.
2. If your graduate is working in California and you know their practice site:
 - Select “Yes” under “Do you know the graduate’s practice site?”
 - Enter the practice site name.
 - If the practice site is not listed, select “Practice Site not Listed” and enter the practice site name.
 - Select the appropriate “Facility Type.”

Graduate Data: Out of State Graduates

Create

First Name *

Last Name *

Gender *

Ethnic/Racial Category *

HPEF Scholar NHSC Recipient

NPI Number *

Practice Specialty *

Do you know the graduate's practice site? *

No Yes

Reason Practice Site Unknown *

If your graduate is working outside of California:

- Select “No” as your response regardless if you know the practice site name and address.
- Select “Out of State” under “Reason Practice Site Unknown.”

Common Application Errors

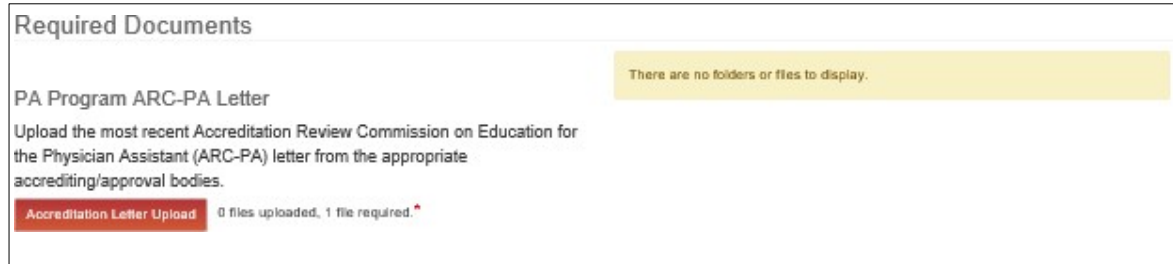
- 1. Incorrect Signatory:** Provided incorrect signatories for the Grant Agreement and/or Std 204 Payee Data Record. Verify with your finance or contracts office before submitting the application to ensure this information is correct or the agreement may be delayed.
- 2. Incorrect or Missing Required Documents:** Did not attach the correct documents. Ensure you have attached the required documents, attaching the incorrect documents is cause for ineligibility.
- 3. Wrong Facility Type:** Facility type entered incorrectly. Applicants must verify the correct facility type using the links in the application. Incorrect facility types may impact scoring.
- 4. Outdated Remit To Address:** Entered an outdated remit to address for payments. Verify with your finance office that there has been no change to the remit to address. If there is an outdated address, you may experience lost or delayed payments.

Common Data Import Errors

- 1. Wrong Training Program Name:** Entered a new Training Program Title for an existing program. Use the search function to select the exact Training Program Title used in the prior application, or the data import feature will not work.
- 2. Missing Data:** Did not include all training site, student and/or graduate data. Data import must be verified, new data must be entered, and all data must be verified prior to submitting.
- 3. Inconsistent Data:** Data entered is inconsistent with the prior application. Ensure reporting method consistency by comparing the current application to the prior application.

Required Documents

Before Attaching Documents:



The screenshot shows a web interface for uploading documents. At the top, it says "Required Documents". Below that, there's a section for "PA Program ARC-PA Letter" with instructions: "Upload the most recent Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) letter from the appropriate accrediting/approval bodies." A yellow message box states "There are no folders or files to display." At the bottom, there is a red button labeled "Accreditation Letter Upload" and a status indicator that says "0 files uploaded, 1 file required."

After Attaching Documents:



The screenshot shows the same web interface after a document has been uploaded. The "PA Program ARC-PA Letter" section now includes a table of uploaded files:

Name	Modified
Accr_Approval Letter.docx (18 KB)	less than a minute ago

Below the table, there is a green button labeled "Accreditation Letter Upload" with a checkmark and a status indicator that says "1 file uploaded, 1 file required." An arrow points to a small down-arrow button next to the file entry in the table.

- The red button on this page indicates required documents.
- For example, click on the “Accreditation Letter Upload” button to upload the required letter.
- Once you upload all required documents, the buttons turn green signifying that you may continue.
- Click “Next” to save continue to the final page of the application.

Note: You may delete an uploaded document by clicking the down-arrow button next to the desired entry.

Assurances

Application SBFNPPA-1000589 – Song-Brown Family Nurse Practitioner/Physician Assistants

100%

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: Only Program Directors may submit an application. The “Submit” button will not appear for Grant Preparers. Once you submit an application, you will not be able to edit or delete your application.

Submission Complete

Application SBFNPPA-1000585 – Song-Brown Family Nurse Practitioner/Physician Assistants

Thank you for submitting your application. Your application has been received and will be reviewed. Return to your [dashboard](#).

1. Once your application is submitted, you will see the message in green below.
2. You may navigate to your eApp dashboard by following the dashboard link in the message.

View and Print Application

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	Options
SBFNPPA-1000585	zzBig Bird Training Programzz	Crystal Flores		Submitted	Song-Brown Family Nurse Practitioner/Physician Assistants 2020	07/15/2020 3:00 PM		▼

1. Under “Application in Progress” tab, select the “Options” dropdown to view or print your application.

Post-Submission Maintenance

Program Directors must:

- Log into your eApp profile to maintain current contact information and maintain the approved Grant Preparer list. Otherwise, your program may miss important notifications.
- Email SongBrown@oshpd.ca.gov when the Agreement Signatory, Payee Data Signatory, or Contract contact changes. Failure to do so may delay the start of your grant agreement.

Questions?

- Email us at SongBrown@oshpd.ca.gov.
- Email subject line must include the application number and program name.