

Primary Care Residency (PCR) Technical Assistance Webinar

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

About Song-Brown

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

Application Release Dates

Registration: Open now

Application release: April 8, 2021

Application deadline: May 7, 2021

All applications open and close at 3:00 pm.

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.

Application Changes for 2021

- Teaching Health Center dollars are reduced from \$170,000 to \$125,000 per filled first year slot with a maximum of six slots.
- You may choose to import your training site, resident, and graduate data from your previous application.
- You will now only provide the primary outpatient training site(s) used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.
- In the Executive Summary section of the application, the focus will be on behavioral health and team training rather than primary care pathways and pipelines.

Information to Gather

- Grant Agreement and Payee Data record (STD-204) signatories.
- Facility type for each primary continuity clinic training site.
- Payer mix information for each listed primary continuity clinic.
- Race/ethnicity data for all current residents.
- High school information (name and address) for all current residents.

Information to Gather, Continued

- Current practice site information for all graduates entered.
- National Provider Identification number for all graduates entered.
- Applicable required attachments (Letter of Sustainability, Expansion Letter, or Accreditation letter).

Program Funding Categories

Existing Primary Care Residency Program (Existing)	A program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) and will enroll at least one class by July 1.
Teaching Health Center (THC)	A community-based ambulatory patient care center, operating a primary care residency program. Community-based ambulatory patient care settings include, but are not limited to, federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, and entities receiving funds under Title X of the federal Public Health Service Act (Public Law 91-572). (Health and Safety Code Section 128205 subdivision (h))
New Primary Care Residency Slots for Existing Programs (Expansion)	A permanent increase in the number of ACGME approved categorical primary care residency slots for an existing primary care program as evidenced by a letter from the appropriate accrediting body.
New Program	A primary care residency program that will receive residency accreditation by the ACGME after July 1, 2016, has not enrolled its first cohort, and has not received any prior Song-Brown funding.

Available Funding

An estimated \$31 million is available to fund Primary Care Residencies

Award Category	Total Available	Award Amount	Disbursement Method
Existing Slots	\$18.7 M	<ul style="list-style-type: none">• Spread over 3-year period to support at least one resident of an existing PCR program• \$125,000 per filled first-year slot; maximum of five slots• No indirect costs allowed	Paid quarterly in arrears
Teaching Health Centers	\$5.7 M	<ul style="list-style-type: none">• One-time funding to support a recognized THC• \$125,000 per filled first-year slot; maximum of six slots.• Maximum of 8% indirect costs allowed	70% upon contract execution; remainder upon proof of allowable expenditures
Expansion Slots	\$3.3 M	<ul style="list-style-type: none">• Spread over 3-year period to support at least one resident of a PCR program that has permanently expanded• \$300,000 per first-year slot; maximum of three slots	Paid quarterly in arrears
New Programs	\$3.3 M	<ul style="list-style-type: none">• Funding to offset the costs associated with achieving ACGME accreditation• Up to \$800,000	Upon proof of accreditation and allowable expenditures
Total	\$31 M		

Funding Meeting

- Funding Meeting: September 22-23, 2021.
- Program presentations by invitation only. The focus of the presentations will be behavioral health and team training.
- Commission makes final awards at the funding meeting.
- We encourage you to attend to learn from presenters and engage in discussion related to future funding.

Helpful Resources

- OSHPD eApp

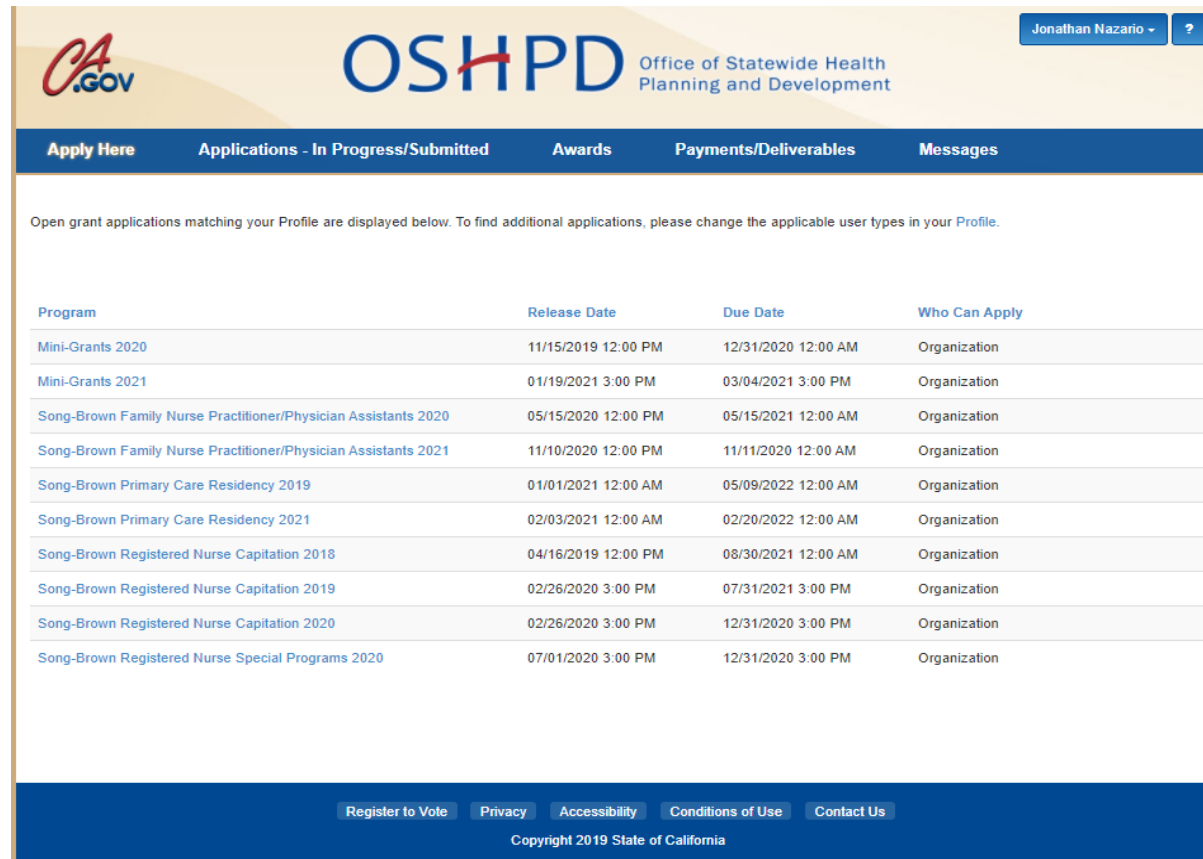
<https://eapp.oshpd.ca.gov/funding/>

FY 2021-22 Primary Care Residency Grant Guide, Song-Brown Program Glossary, and Song-Brown Scoring Process

<https://oshpd.ca.gov/loans-scholarships-grants/grants/song-brown/#PCR>

eApplication (eApp) Registration

Creating an Account



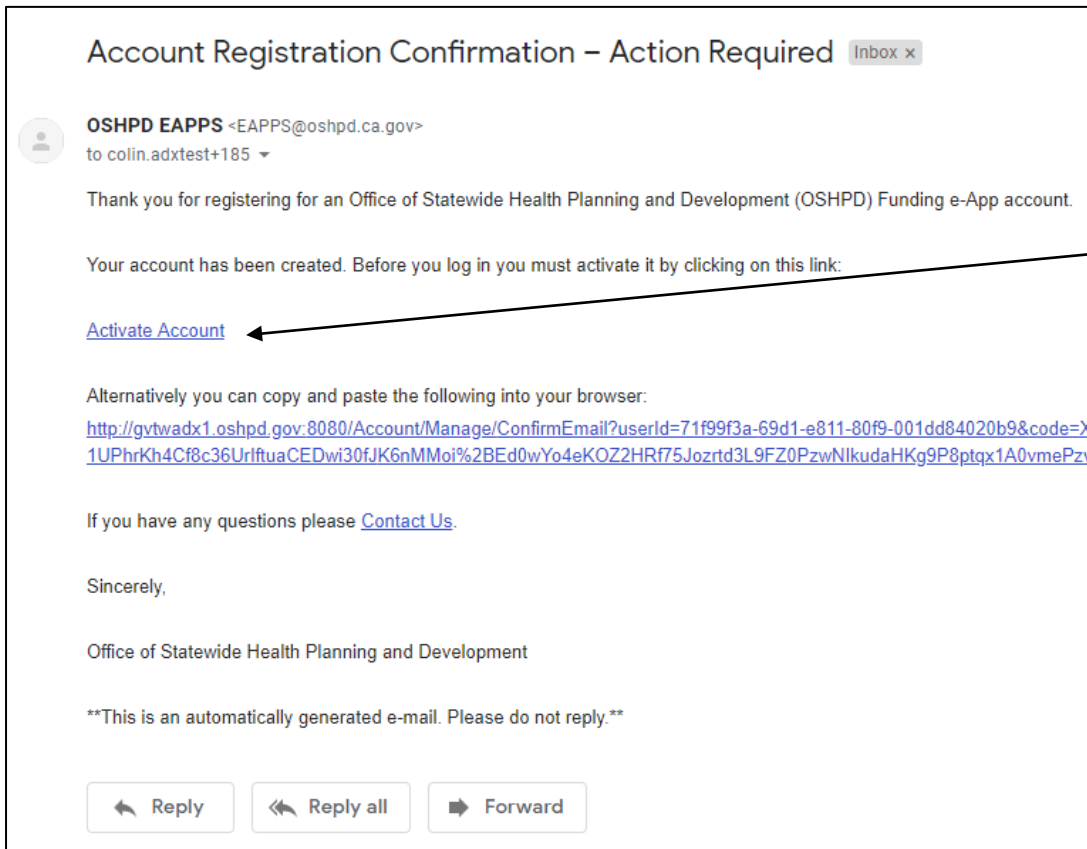
The screenshot shows the OSHPD website interface. At the top, there is a header with the CA.GOV logo, the OSHPD logo, and the text 'Office of Statewide Health Planning and Development'. A user profile dropdown menu shows 'Jonathan Nazario' and a question mark icon. Below the header is a navigation bar with links: 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments/Deliverables', and 'Messages'. The main content area displays a message: 'Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile.' Below this message is a table of open grant applications.

Program	Release Date	Due Date	Who Can Apply
Mini-Grants 2020	11/15/2019 12:00 PM	12/31/2020 12:00 AM	Organization
Mini-Grants 2021	01/19/2021 3:00 PM	03/04/2021 3:00 PM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2020	05/15/2020 12:00 PM	05/15/2021 12:00 AM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2021	11/10/2020 12:00 PM	11/11/2020 12:00 AM	Organization
Song-Brown Primary Care Residency 2019	01/01/2021 12:00 AM	05/09/2022 12:00 AM	Organization
Song-Brown Primary Care Residency 2021	02/03/2021 12:00 AM	02/20/2022 12:00 AM	Organization
Song-Brown Registered Nurse Capitation 2018	04/16/2019 12:00 PM	08/30/2021 12:00 AM	Organization
Song-Brown Registered Nurse Capitation 2019	02/26/2020 3:00 PM	07/31/2021 3:00 PM	Organization
Song-Brown Registered Nurse Capitation 2020	02/26/2020 3:00 PM	12/31/2020 3:00 PM	Organization
Song-Brown Registered Nurse Special Programs 2020	07/01/2020 3:00 PM	12/31/2020 3:00 PM	Organization

At the bottom of the page, there is a footer with links: 'Register to Vote', 'Privacy', 'Accessibility', 'Conditions of Use', and 'Contact Us'. Below these links is the text 'Copyright 2019 State of California'.

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

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. You may have to check your spam folder.

Note: For the best experience use the Internet Explorer browser.

Setting up Your Profile

The screenshot shows a web interface for setting up a profile. On the left is a sidebar with a 'Profile' link (highlighted in blue) and 'My Security Settings' (containing 'Change Password' and 'Change Email'). The main content area has a green success message: 'Your email has been confirmed successfully.' Below this is a section titled 'Select your user type (Choose all that are applicable):*'. It contains three checkboxes: 'Healthcare Professional', 'Student', and 'Organization'. An arrow points from the first instruction to the 'Organization' checkbox. Below the checkboxes is a text prompt: '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.' This is followed by a search input field with a magnifying glass icon. An arrow points from the second instruction to this search field. At the bottom is a blue button labeled 'Request New Organization'. An arrow points from the third instruction to this button. The fourth instruction points to the overall search area.

1. Check the “Organization” box to gain access to Song-Brown PCR 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

My Security Settings

Change Password

Change Email

Organization Name *

+ Select Address

Street Address *

Suite/Dept ?

City * State Zip Code *

County

Submit Cancel

1. Enter the new “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. During this time, you may still begin an application.

Completing Your Profile

My Security Settings

Change Password

Change Email

☒ Organization

Select an organization from the search list below.

Showcase Organization

Prefix

First Name *

Middle Initial

Last Name *

Suffix

Title

Degree *

Phone 1 *

Phone 2

Email *

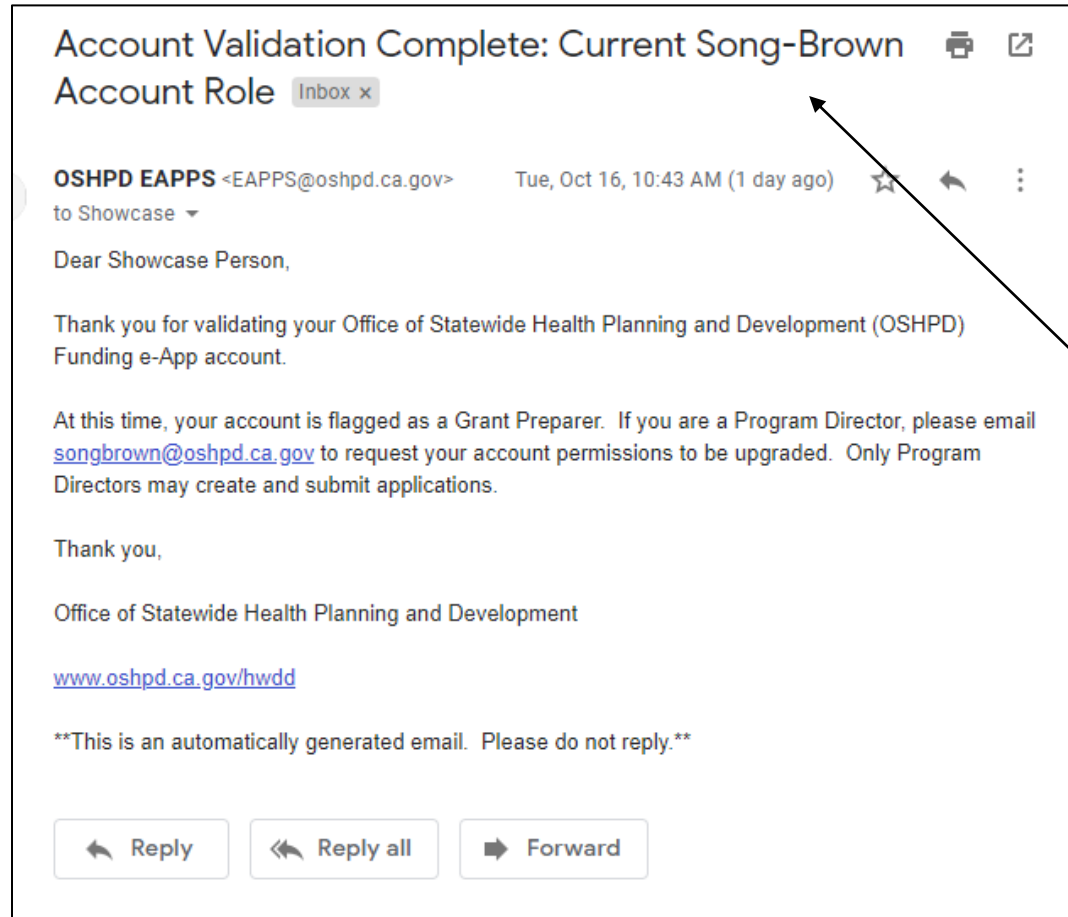
☐ Receive email announcements for new grant or scholarship opportunities

Save

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 stating your profile has been updated successfully.

Note: Incomplete information may delay your registration.

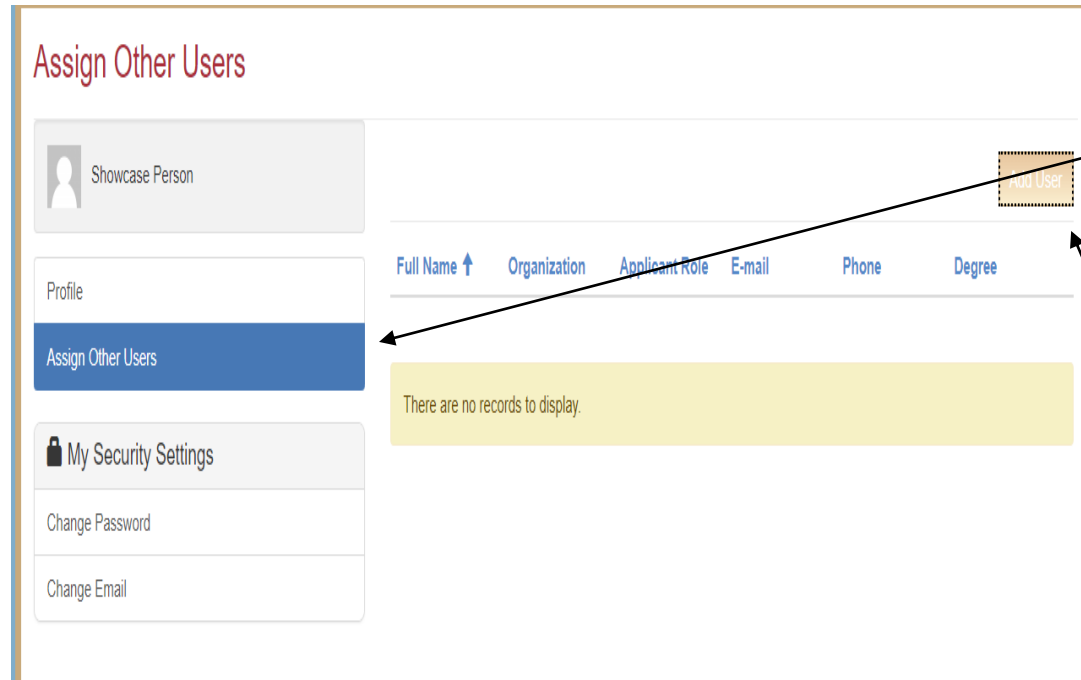
Account Roles



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

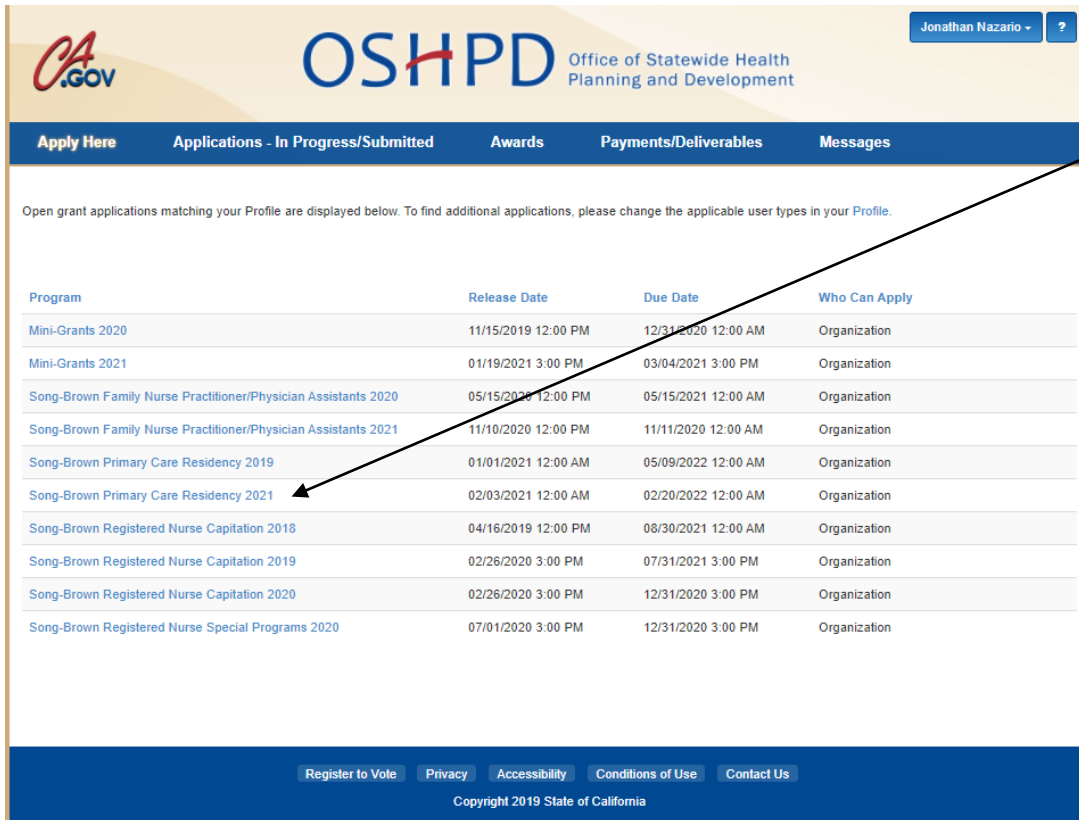
Note: Program Directors may initiate, view, edit, and submit applications. Grant Preparers may view and edit applications only.

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 Jonathan Nazario ?

[Apply Here](#) [Applications - In Progress/Submitted](#) [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](#).

Program	Release Date	Due Date	Who Can Apply
Mini-Grants 2020	11/15/2019 12:00 PM	12/31/2020 12:00 AM	Organization
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Song-Brown Primary Care Residency 2021	02/03/2021 12:00 AM	02/20/2022 12:00 AM	Organization
Song-Brown Registered Nurse Capitation 2018	04/16/2019 12:00 PM	08/30/2021 12:00 AM	Organization
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Song-Brown Registered Nurse Capitation 2020	02/26/2020 3:00 PM	12/31/2020 3:00 PM	Organization
Song-Brown Registered Nurse Special Programs 2020	07/01/2020 3:00 PM	12/31/2020 3:00 PM	Organization

[Register to Vote](#) [Privacy](#) [Accessibility](#) [Conditions of Use](#) [Contact Us](#)

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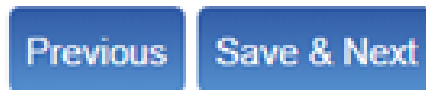
1. Navigate to the “Apply Here” page on the main menu.
2. Select the “Song-Brown Primary Care Residency 2021” link and click the “Apply” button when you are ready to begin.

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 “Applications-In Progress/Submitted” page to resume your application.

Apply Here		Applications - In Progress/Submitted			Awards	Payments	Messages	Forms/Requests	
Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program		Application Due Date	Modification Due Date	Options
SBPCR-1000355	Showcase Training Program	Janine Doe		Submitted	Song-Brown Primary Care Residency 2019		04/05/2022 12:00 AM		<input type="button" value="v"/>

[Register to Vote](#) [Privacy](#) [Accessibility](#) [Conditions of Use](#) [Contact Us](#)

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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 * 

Starting the Application

Program Information

Application – Song-Brown Primary Care Residency

Program Information

Song-Brown Primary Care Residency 2019

Organization

Courtney's Corgi Academy

Program Director * Program Director Email

Program Type *

☐ Family Medicine ☐ Internal Medicine ☐ Obstetrics and Gynecology (OB/GYN) ☐ Pediatrics

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 will pre-populate with information you entered in your “Profile” page.
2. Select the “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”.

Program Information: Address

☒ 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

1. After checking the 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 feature throughout the application.

Program Information: Award Category

1. Select the “Award Category” you are applying for.

Note: You can apply for multiple funding categories in one application. If you are applying for “New Program” funding, you cannot apply for any other categories.

Select Address

Street Address *

Suite/Dept ?

City *

State *

Zip Code *

County *

Award Category * (select all that apply):

☐ New Program

☐ Existing Slots

☐ Teaching Health Center Slots ?

☐ Expansion Slots

Next

401 Pioneer Ave

Woodland

CA

95776

Yolo

PCR New Program Application

Program Information: New Program

Award Category * (select all that apply):

☒ New Program

☐ My Program has applied for sponsoring institution accreditation or will have applied for sponsoring institution accreditation 30 days prior to the annual PCR funding meeting.*

☐ My Program has residency program accreditation, no first-year residents at the time of the application and has not received any prior Song-Brown funding.*

How many first-year residents will you initially be accredited for?*

Save & Next

1. After checking the box “New Program”, more fields will populate.
2. Read and agree to one of the statements by checking the box next to it.
3. Answer the question with a numerical value to indicate how many first-year residents you will initially be accredited for.
4. After completing this page, click “Save & Next”.

Contract Administration

Contract Administration

Contract Organization Name *

Prefix 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 *

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

City * State * Zip Code *

County *

Previous Save & Next

1. “Contract Organization Name” must match what you report to the Internal Revenue Service.
2. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement.
3. “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.

Continuity Training Sites

Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

Add a Site

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

There are no records to display.

1. To add a continuity training site(s), click the “Add a Site” button.
2. A pop-up window will display.
3. Complete all required fields shown.

Continuity Training Sites: Facility Type

1. Select the “Facility Type” of your training site.

Note: Verify your facility type by using the links provided. Use only these provided resources to identify:

- Community Health Centers
- Disproportionate Share Hospital
- FQHC's
- FQHC Look-a-Likes
- Government Owned Facilities
- Indian Health Services Clinics
- Rural Hospitals
- Teaching Hospitals

Use other resources to identify the remaining facility types.

Facility Type (select all that apply) *

Use the OSHPD Geo-website or State Loan Repayment websites to determine facility type.

<https://geo.oshpd.ca.gov/hpsa-search>

<https://eapp.oshpd.ca.gov/funding/fqhc-site-search/>

- | | |
|--|--|
| <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 |

Continuity Training Sites: Payer Mix

How many hours, on average, will your first, second, and third year residents spend taking care of patients in this continuity clinic during the next twelve months? Enter zero if you have no information to provide.*

1st Year Residents

2nd Year Residents

3rd Year Residents

Provide payer mix information (%) for the last 12 months (March - March). Enter payer mix as whole numbers only. Example: Enter 35% as 35. *

Medicare/Medicaid (Dual Eligibility)

Medi-Cal (Traditional and Managed Care)

Uninsured

Submit

1. Depending on your responses, you will be prompted to provide further information in this window.
2. After completing this page, 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.

Continuity Training Sites: Editing

Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

Add a Site

Training Site Name	Private Practitioner ↑	Private Practitioner First Name	Private Practitioner Last Name	Continuity Clinic	Street Address	Suite/Dept	City	State	Zip Code	County	Options
WellSpace Health Arden-Arcade Community Health Center	No			Yes	2433 Marconi Ave		Sacramento	CA	95821	Sacramento	▼

Previous Save & Next

1. To edit individual entries, 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”.

Executive Summary and Program Strategies

Executive Summary and Program Strategies – Part 1 of 3

Executive Summary*

27%

Executive Summary and Program Strategies – Part 2 of 3

Describe the program's approach and associated activities you use to encourage graduates to practice in areas of unmet need.*

Executive Summary and Program Strategies – Part 3 of 3

Explain the program strategies developed to identify, recruit and admit trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas.*

Maximum limit of 2500 characters.

How will your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups?*

Maximum limit of 2500 characters.

Previous

Save & Next

1. The “Executive Summary and Program Strategies” section consists of 3 pages.
2. All questions require a response before proceeding.
3. You have a maximum limit of 2,500 characters per response.
4. After completing this page, save and proceed by clicking “Next”.

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

Residency Training

Application SBPCR-1000829 – Song-Brown Primary Care Residency

45%

Residency Training – Part 1 of 3

Application SBPCR-1000829 – Song-Brown Primary Care Residency

54%

Residency Training – Part 2 of 3

Explain how your program will structure training to encourage residents to practice as a health care team that includes inter-professional providers.*

Application SBPCR-1000829 – Song-Brown Primary Care Residency

63%

Residency Training – Part 3 of 3

Explain how your program will promote training in ambulatory and community settings in underserved areas.*

Maximum limit of 2500 characters.

Will your residents train side by side with Family Nurse Practitioner (FNP) and/or Physicians Assistant (PA) students?*

☐ Yes ☐ No

Explain what measures are in place to sustain your new residency program beyond the funding awarded by Song Brown.*

Maximum limit of 2500 characters.

Previous Save & Next

Previous Save & Next

1. The “Residency Training” section consists of 3 pages.
2. All questions require a response before proceeding.
3. You have a maximum limit of 2,500 characters per response.
4. If you answered yes, a new text box will appear, and you have a maximum limit of 500 characters to provide the required information.
5. After completing this page, save and proceed by clicking “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. Please double-check the information you enter and make sure everything is captured.

Faculty Qualifications

Faculty Qualifications *

Describe how your program's faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. To enter a faculty member, click on the **Add Faculty** button. You may enter a maximum of five faculty members.

Add Faculty

Name ↑	Degree	Position Title
There are no records to display.		

Previous **Next**

Add Faculty

Faculty Name *

Degree *

Position Title *

Qualifications *

Maximum limit of 1000 characters.

Submit

1. To add faculty, click the “Add Faculty” button.
2. A pop-up window will display.
3. Complete all required fields shown.
4. You have a maximum limit of 1,000 characters.
5. After completing this page, click the “Submit” button.

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 1,000 characters. Please double-check the information you enter and make sure everything is captured.

Faculty Qualifications Editing

Faculty Qualifications *

Describe how your program's faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. To enter a faculty member, click on the **Add Faculty** button. You may enter a maximum of five faculty members.

Add Faculty

Name ↑	Degree	Position Title	Options
Alexa Johnson	Associate of Arts (AA)	Position Title	▼
Bob Smith	Doctor of Philosophy (PhD)	Position Title	▼

Previous **Next**

Note: An arrow points from the 'Options' column of the second row (Bob Smith) to a dropdown menu showing 'Edit' and 'Delete' options.

1. To edit individual entries, see the “Options” column on the far right.
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, save and proceed by clicking “Next”.

Expected Expenditures

Expected Expenditures

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

How much funding are you requesting? *

[Previous](#) [Next](#)

1. Enter the amount of funding you are requesting.
2. After completing this page, save and proceed by clicking “Next”.

Note: The maximum funding requested cannot exceed \$800,000.

Required Documents

Before Upload

Required Documents

Letters of Sustainability *

Attach a letter from your sponsoring institution that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded. You may also upload two additional letters of support if needed. See [example letter of sustainability](#).

Sustainability Letter Upload 0 files uploaded, 1 file required.

Previous Next

After Upload

Required Documents

Letters of Sustainability *

Attach a letter from your sponsoring institution that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded. You may also upload two additional letters of support if needed. See [example letter of sustainability](#).

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

Name ↑	Modified	
LtrSus_Organization.txt (1 KB)	04/17/2019 12:36 PM	▼

Previous Next

1. The red button on this page indicates required documents.
2. Click on the “Sustainability Letter Upload” button to upload the required documents.
3. Once you upload all required documents, the buttons will turn green signifying that you may continue. Uploads may take up to 15 minutes.
4. Click “Next” to take you 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.

Required Documents: Letter of Sustainability

**INSTITUTIONAL SPONSOR COMMITMENT TO
GRADUATE MEDICAL EDUCATION**

To achieve the best outcomes, [REDACTED] trains the next generation of family medicine professionals to meet the health care needs of patients and their families.

[REDACTED] seeks to create the most comprehensive, integrated care model to provide a high quality rural healthcare delivery system which provides equal access to available care and serves our mission to reflect God's love to our community by providing physical, mental and spiritual healing.

[REDACTED] pledges the necessary financial support for administrative, educational, and clinical resources, including personnel, of the Family Medicine Residency Program which:

- Demonstrate excellence in:
 - clinical care (patient safety, quality improvement, transitions in care, supervision of care delivery)
 - resident performance (knowledge, skills, scholarly activities, communication, professionalism, fatigue/stress management),
 - faculty development
 - long-term academic leadership
- Prepare practitioners to provide the highest quality, evidence-based, cost effective, medical services.
- Improve access to quality Family Medicine health care and enhance wellness of newborns, infants, children, adolescents, and adults.
- Prepare future medical educators and researchers to advance the state of knowledge in health care.

[REDACTED] assess the quality of the Family Medicine Residency Program, track trainee performance, and measure the program's outcomes. The [REDACTED] maintains an ethical, professional and educationally rich environment for all trainees. These results are shared at least annually with the Board of Directors and the organized Medical Staff.

[REDACTED]

- Required for New Program applicants only.
- Must come from your sponsoring institution and speak to their commitment to support your program beyond any Song-Brown award.

Assurances

Application SBPCR-1000584 – Song-Brown Primary Care Residency

100%

Assurances

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

Previous

1. Read the statement.
2. Agree to the statement by checking the box.
3. Click the “Submit” button.

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

Note: Only Program Directors may submit an application. Grant Preparers will not see the “Submit” button.

Submission Complete

The screenshot displays the OSHPD (Office of Statewide Health Planning and Development) website interface. At the top, the CA.GOV logo is on the left, and the OSHPD logo with the text "Office of Statewide Health Planning and Development" is in the center. On the right, a user profile dropdown shows "Janine Doe" and a help icon. Below the header is a dark blue navigation bar with links: "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments/Deliverables", "Messages", and "Forms". The main content area features the title "Application SBPCR-1000373 – Song-Brown Primary Care Residency" in red. A green message box states "Submission completed successfully." The footer is a dark blue bar containing links for "Register to Vote", "Privacy", "Accessibility", "Conditions of Use", and "Contact Us", followed by the text "Copyright 2019 State of California".

CA.GOV OSHPD Office of Statewide Health Planning and Development

Janine Doe ?

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

Application SBPCR-1000373 – Song-Brown Primary Care Residency


Submission completed successfully.

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Viewing & Printing Your Application

Once you submit your application you can view and print your application by selecting the Options dropdown on the “Application-In Progress/Submitted” page.

Apply Here		Applications - In Progress/Submitted			Awards	Payments	Messages	Forms/Requests	
Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program		Application Due Date	Modification Due Date	Options
SBPCR-1000355	Showcase Training Program	Janine Doe		Submitted	Song-Brown Primary Care Residency 2019		04/05/2022 12:00 AM		

[Register to Vote](#) [Privacy](#) [Accessibility](#) [Conditions of Use](#) [Contact Us](#)

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PCR Existing Slots, Teaching Health Center Slots, and Expansion Slots Applications

Program Information: Existing, THC, and Expansion

Program Information *

Song-Brown Primary Care Residency 2021

Organization

Melissa's PCR Program

Program Director *

Melissa Small

Program Director Email

melissaomand08@gmail.com

Program Type *

☐ Family Medicine ☐ Internal Medicine ☒ Obstetrics and Gynecology (OB/GYN) ☐ Pediatrics

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 *

University of California, Riverside OB/GYN Residency Program

☐ Training Program not listed

Award Category * (select all that apply):

☐ New Program

☐ Existing Slots

☐ Teaching Health Center Slots

☐ Expansion Slots

1. Provide all requested information.
2. To link data from prior applications to the new application, use the magnifying glass search function to select the "Training Program Title" from the list.
3. After checking the box next to the desired award category, additional fields will populate.
4. After completing this page, click "Save & Next".

Contract Administration

Contract Administration

Contract Organization Name *

Prefix Contract Administrator First Name * Contract Administrator Last Name *

Dr. Title *

Phone 1 * Phone 2

Contract Administrator Email *

Grant Agreement Signatory *

First Name * Last Name * Phone *

Email *

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

City * State * Zip Code *

County *

Previous Save & Next

1. “Contract Organization Name” must match what is reported to the Internal Revenue Service.
2. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement.
3. “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 Data

Program Data

Select the data you will be reporting: *

- ☒ Resident and Graduate data
☐ Resident data only
☐ New program, no Resident or graduate data

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

☒ No ☐ Yes

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

2004

Instructions:

Enter data in each field for the graduating class for each year shown. If no data for a year, enter "0". Include the number of positions approved and filled for academic years 2015/16 to 2019/20.

PGY 1 Positions Approved* ⓘ

2019/20	2018/19	2017/18	2016/17	2015/16
15	15	15	15	15
5	5	5	5	5
5	5	5	5	5

PGY 1 Positions Filled* ⓘ

PGY 1 Positions Graduated* ⓘ

Incoming 2020/21 Current Resident Data

Total Number 1st Year Positions Approved*

15

Total Number 1st Year Positions Filled*

5

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic? *

☐ No ☒ Yes

1. On this page you will provide program data on graduates and residents.
2. If you have graduate data to report, additional fields will appear.
3. Complete all required fields shown.
4. After completing this page, save and proceed by clicking "Next".

Note: Read all instructions carefully. If you do not have data to report for a year, you must enter **0** to move forward.

Note: Data entered for **PGY 1** positions needs to match your "Resident" and "Graduate" page data.

Program Data Continued

Program Data

Select the data you will be reporting: *

- ☒ Resident and Graduate data
- ☐ Resident data only
- ☐ New program, no Resident or graduate data

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

- ☒ No
- ☐ Yes

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

2004

Instructions:

Enter data in each field for the graduating class for each year shown. If no data for a year, enter "0". Include the number of positions approved and filled for academic years 2015/16 to 2019/20.

	2019/20	2018/19	2017/18	2016/17	2015/16
PGY 1 Positions Approved* ⓘ	15	15	15	15	15
PGY 1 Positions Filled* ⓘ	5	5	5	5	5
PGY 1 Positions Graduated* ⓘ	5	5	5	5	5

Incoming 2020/21 Current Resident Data

Total Number 1st Year Positions Approved*

15

Total Number 1st Year Positions Filled*

5

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic? *

- ☐ No
- ☒ Yes

1. The Import data option defaults to "Yes".
2. If your desired data did not import over, make sure you provided the correct training program title on the "Program Information" page. The name must match exactly what you have used in the past.
3. If you did not apply in 2020, select "No" to the Import question. In this case, add all requested training site, resident, and graduate data as instructed on each page.

Program Data Continued

Program Data

Select the data you will be reporting: *

- ☒ Resident and Graduate data
☐ Resident data only
☐ New program, no Resident or graduate data

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

☒ No ☐ Yes

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

2004

Instructions:

Enter data in each field for the **graduating class** for each year shown. If no data for a year, enter "0". Include the number of positions approved and filled for academic years 2015/16 to 2019/20.

PGY 1 Positions Approved* ⓘ

2019/20

15

2018/19

15

2017/18

15

2016/17

15

2015/16

15

PGY 1 Positions Filled* ⓘ

5

5

5

5

5

PGY 1 Positions Graduated* ⓘ

5

5

5

5

5

Incoming 2020/21 Current Resident Data

Total Number 1st Year Positions Approved*

15

Total Number 1st Year Positions Filled*

5

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic?*

☐ No ☒ Yes

1. Enter the year your residency program began continuous operation.
2. On the next question, if you select “No”, proceed and complete the rest of the page.
3. If you select “Yes”, you will be prompted to provide further information.

Continuity Training Sites

Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

If your organization was a past applicant and opted to include training site information from the last submitted application, the table below displays your previously identified main primary care continuity clinic site (s). To edit information or delete a training site that no longer exists, click on the **Options** button next to a training site name and select **Edit** or **Delete**.

Total Number of Continuity Clinics

1

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 ↑	Private Practitioner First Name	Private Practitioner Last Name	Continuity Clinic	Street Address	Suite/Dept	City	State	Zip Code	County	Options
--------------------	------------------------	---------------------------------	--------------------------------	-------------------	----------------	------------	------	-------	----------	--------	---------

There are no records to display.

1. To add a training site(s), click the “Add a Site” button.
2. A pop-up window will display.
3. Complete all required fields shown.
4. Imported training sites
 - If you selected “Yes” to import prior year’s data on the “Program Data” page, you will only see continuity 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.

Continuity Training Sites: Facility Type

1. Select the “Facility Type” of your training site.

Note: Verify your facility type by using the links provided. Use only these provided resources to identify:

- Community Health Centers
- Disproportionate Share Hospital
- FQHCs
- FQHC Look-a-Likes
- Government Owned Facilities
- Indian Health Services Clinics
- Rural Hospitals
- Teaching Hospitals

Use other resources to identify the remaining facility types.

Facility Type (select all that apply) *

Use the OSHPD Geo-website or State Loan Repayment websites to determine facility type.

<https://geo.oshpd.ca.gov/hpsa-search>

<https://eapp.oshpd.ca.gov/funding/fqhc-site-search/>

- | | |
|--|--|
| <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 |

Continuity Training Sites: Payer Mix

How many hours, on average, did your first, second, and third year residents spend taking care of patients in the continuity clinic during the last 12 months (March - March)?*

1st Year Residents

2nd Year Residents

3rd Year Residents

Provide payer mix information (%) for the last 12 months (March - March). Enter payer mix as whole numbers only. Example: Enter 35% as 35. *

Medicare/Medicaid (Dual Eligibility)

Medi-Cal (Traditional and Managed Care)

Uninsured

Submit

1. Depending on your responses, you will be prompted to provide further information in this window.
2. After completing this page, click the “Submit” button.

Note: “Payer Mix” is required for all listed training sites.
“Payer Mix” does not have to equal 100% but must be in whole numbers only.

Continuity Training Sites: Editing

Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

If your organization was a past applicant and opted to include training site information from the last submitted application, the table below displays your previously identified main primary care continuity clinic site (s). To edit information or delete a training site that no longer exists, click on the **Options** button next to a training site name and select **Edit** or **Delete**.

Total Number of Continuity Clinics

1

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 ↑	Private Practitioner First Name	Private Practitioner Last Name	Continuity Clinic	Street Address	Suite/Dept	City	State	Zip Code	County	Options
----------------------	------------------------	---------------------------------	--------------------------------	-------------------	----------------	------------	------	-------	----------	--------	---------

There are no records to display.

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

Executive Summary and Program Description

33%

Executive Summary and Program Description – Page 1 of 2

Executive Summary*

Maximum limit of 2500 characters

Executive Summary and Program Description – Page 2 of 2

What training program components prepare primary care residents to address community behavioral health needs?*

Maximum limit of 2500 characters.

How does the residency program address the behavioral health needs of the patients they serve?*

Maximum limit of 2500 characters.

Previous Save & Next

1. The “Executive Summary and Program Description” section consist of 2 pages.
2. On these pages, you are required to answer each question completely before proceeding.
3. You have a maximum limit of 2,500 characters on each page.
4. After completing these pages, save and proceed by clicking “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.

Funding and Expenditures

Funding and Expenditures

Funds Requested

Funding Type (enter all that apply)* ?

Existing Program Slots*

THC Program Slots*

Program Expansion Slots*

Grand Total

of Slots Requested



Maximum Amount per Slot

125,000

125,000

300,000

Total Funds Requested

0

0

0

0

Provide the residency program expenditures for academic year 2019/20

Faculty Costs ?

\$

Residency Stipends ?

\$

Family Practice Center Costs ?

\$

Other Costs ?

\$

Total Annual Expenditure

0

1. The “Funding and Expenditures” looks different based on what funding category you are applying for.
2. Provide slots requested for each funding category.
3. Annual expenditures for the last academic year is required for all programs except New Programs.

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

Funding and Expenditures, Continued

Teaching Health Center Budget Summary

Complete this budget proposal for the requested funding for each of the following direct costs, rounded to the nearest dollar.

Personnel ?

Annual Budget	Requested Song-Brown Funding
\$ <input type="text"/>	\$ <input type="text"/>

Operating Expenses ?

Annual Budget	Requested Song-Brown Funding
\$ <input type="text"/>	\$ <input type="text"/>

Major Equipment ?

Annual Budget	Requested Song-Brown Funding
\$ <input type="text"/>	\$ <input type="text"/>

Other Costs ?

Annual Budget	Requested Song-Brown Funding
\$ <input type="text"/>	\$ <input type="text"/>

Indirect Cost Percentage (maximum 8%)

Total Program Annual Budget	Total Requested THC Song-Brown Funding
<input type="text"/>	0

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

1. Complete all required fields shown if applying for THC funding.
2. After completing this page, click “Save & Next”.
3. The “Total Program Annual Budget” must be equal to or more than “Total Requested THC Song-Brown Funding”.

Resident Data

Resident Data

Click on the Add a Resident button to add each resident. The number of residents entered on this page must reflect the resident data you reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are optional for residents. To check if a resident 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 **Resident** to **Graduate**.

Total Residents

Residents With Errors

Residency Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
----------------	--------------	-----------	--------	------------------------

There are no records to display.

Residents With No Errors

Add a Resident

Residency Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
----------------	--------------	-----------	--------	------------------------

There are no records to display.

☐ Residents entered match the total number of positions filled for each year on the Program Data page *

Previous Save & Next

1. To add resident data, click the “Add Resident” button.
2. A pop-up window will display.
3. Imported resident data.
 - If you selected “Yes” to import prior year’s data, the Resident data from the prior year’s application appears.
 - Verify the imported resident information is correct.
 - Edit or delete imported resident by selecting the “Options” dropdown list for that line.
 - Click the down-arrow button next to the desired entry.

Note: When adding residents, if you do not know an individual’s NPI number, click on the link provided in the instructions.

Resident Data, Continued

Practice Specialty *

Residency Year

First Name *

Last Name *

Gender *

Ethnic/Racial Category *

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.

☐ Not Applicable

High School Name

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

[+ Select Address](#)

Street Address

City

State

Zipcode

1. Fill out all required fields.
2. After completing this page, click the “Submit” button.

Note: Provide the home address for all residents that were homeschooled or received a GED.

Resident Data: Editing

Resident Data

Click on the Add a Resident button to add each resident. The number of residents entered on this page must reflect the resident data you reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are optional for residents. To check if a resident 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 **Resident** to **Graduate**.

Total Residents

Residents With Errors

Residency Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category	Options
----------------	--------------	-----------	--------	------------------------	---------

There are no records to display.

Residents With No Errors

Add a Resident

Residency Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category	Options
resident year 1	Marge	Simpson	Female	American Indian/Native American/Alaska Native	▼

☒ Residents entered match the total number of positions filled for each year on the Program Data page *

Previous Save & Next

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

Graduate Data

Graduate Data

Click on the Add a Graduate button to add each graduate. The number of graduates entered on this page must reflect the graduate data reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual'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 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
-----------------------------------	--------------	-----------	--------	------------------------

There are no records to display.

☐ Check here to confirm graduates entered matches the total number of graduates for each year on the Program data page.*

Previous Save & Next

1. To add graduate data, click the “Add Graduate” button.
2. A pop-up window will display.
3. 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: Facility Type

Facility Type (select all that apply) *

Use the OSHPD Geo-website or State Loan Repayment websites to determine facility type.

<https://geo.oshpd.ca.gov/hpsa-search>

<https://eapp.oshpd.ca.gov/funding/fqhc-site-search/>

- | | |
|--|--|
| <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. Select your “Facility Type” and complete the following information.

Note: Verify your facility type by using the links provided. Use only these provided resources to identify:

- Community Health Centers
- Disproportionate Share Hospital
- FQHCs
- FQHC Look-a-Likes
- Government Owned Facilities
- Indian Health Services Clinics
- Rural Hospitals
- Teaching Hospitals

Use other resources to identify the remaining facility types.

Graduate Data: Editing

Graduate Data

Click on the Add a Graduate button to add each graduate. The number of graduates entered on this page must reflect the graduate data reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual'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 Graduates

Graduates With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category	Options
-----------------------------------	--------------	-----------	--------	------------------------	---------

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
2019/20	Marge	Simpson	Male	American Indian/Native American/Alaska Native	▼

☐ Check here to confirm graduates entered matches the total number of graduates for each year on the Program data page. *

Previous Save & Next

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

Common Application Errors

- Applicant did not enter any data for residents or graduates, even though the applicant has residents and/or graduates.
- Applicants enter practice site name and address for out of state graduates. This information is only needed for graduates practicing in California.
- Applicants do not provide the correct contract organization name.
- Applicants do not provide the correct grantee and 204 signatories.

Required Documents

Before Upload

Required Documents

There are no folders or files to display.

Accreditation Approval Letter
Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.
Accreditation Approval Letter Upload 0 files uploaded, 1 file required.*

Expansion Approval Letter
Attach a copy of the appropriate expansion approval letter from the ACGME. [Expansion Approval Letter Example](#)
Expansion Approval Letter Upload 0 files uploaded, 1 file required.*

[Previous](#) [Next](#)

After Upload

Required Documents

Accreditation Approval Letter
Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.
Accreditation Approval Letter Upload ✓ 1 file uploaded, 1 file required.*

Expansion Approval Letter
Attach a copy of the appropriate expansion approval letter from the ACGME. [Expansion Approval Letter Example](#)
Expansion Approval Letter Upload ✓ 1 file uploaded, 1 file required.*

Name ↑	Modified	
Accr_Organization.txt (1 KB)	about a minute ago	▼
Expappr_Approved Letter.docx (24 KB)	less than a minute ago	▼

[Previous](#) [Next](#)

1. The red buttons on this page indicate required documents.
2. Depending on the funding type, you will upload specified documents.
3. Click on the red button to upload the required documents.
4. Once you upload all required documents, the buttons will turn green signifying that you may continue. Uploads may take up to 15 minutes.
5. Click “Next” to save and 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 SBPCR-1000584 – Song-Brown Primary Care Residency



Assurances

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

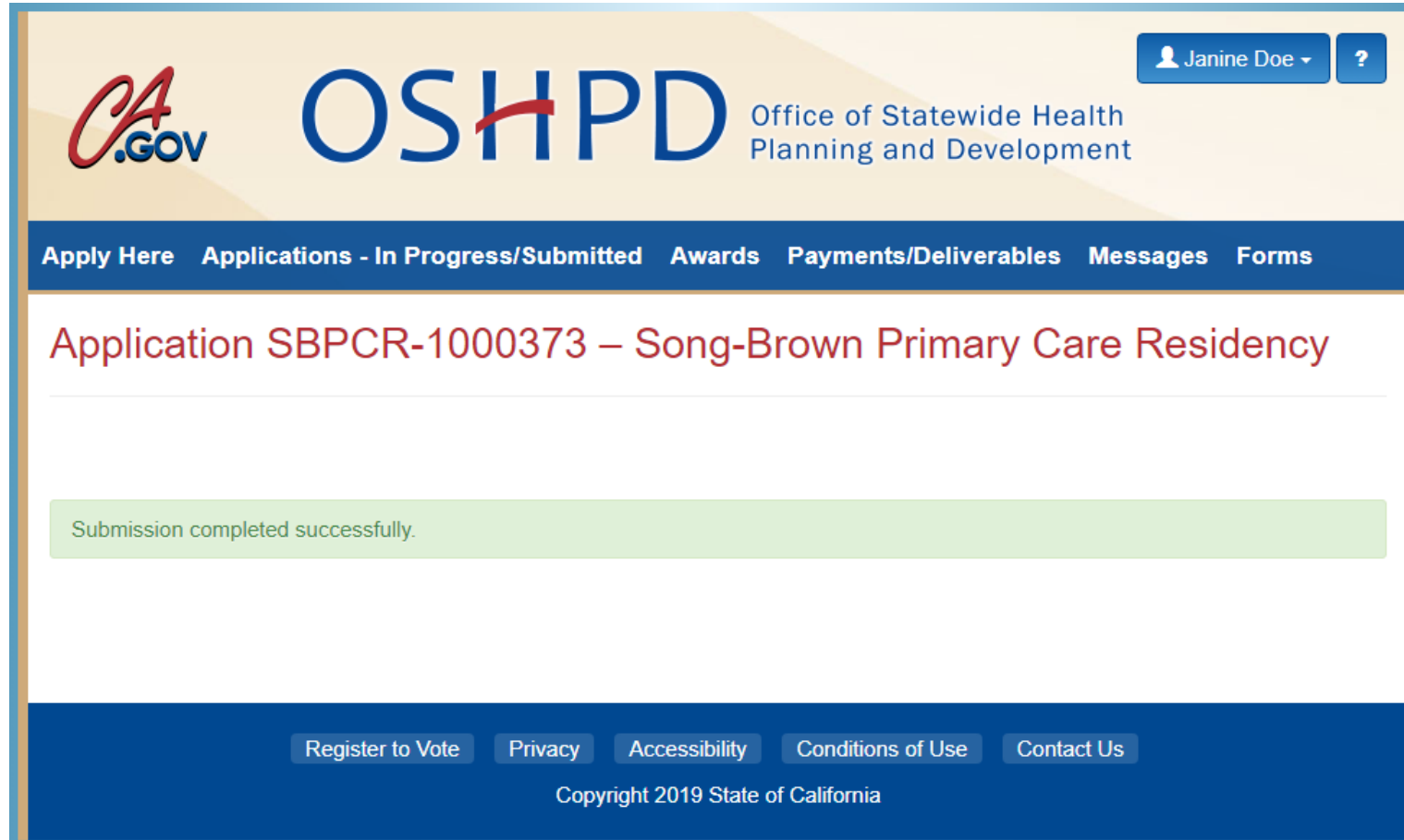
[Previous](#)

1. Read the statement.
2. Agree to the statement by checking the box.
3. Click the “Submit” button.

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

Note: Only Program Directors may submit an application. The “Submit” button will not appear for Grant Preparers.

Submission Complete



The screenshot displays the OSHPD (Office of Statewide Health Planning and Development) website interface. At the top, the CA.GOV logo is on the left, and the OSHPD logo with the text "Office of Statewide Health Planning and Development" is in the center. On the right, a user profile dropdown shows "Janine Doe" and a help icon. Below the header is a dark blue navigation bar with links: "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments/Deliverables", "Messages", and "Forms". The main content area features the title "Application SBPCR-1000373 – Song-Brown Primary Care Residency" in red. Below this, a green message box states "Submission completed successfully." The footer is a dark blue bar containing links for "Register to Vote", "Privacy", "Accessibility", "Conditions of Use", and "Contact Us", followed by the text "Copyright 2019 State of California".

CA.GOV OSHPD Office of Statewide Health Planning and Development

Janine Doe ?

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

Application SBPCR-1000373 – Song-Brown Primary Care Residency

Submission completed successfully.

Register to Vote Privacy Accessibility Conditions of Use Contact Us

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Viewing & Printing Your Application

Once you submit your application you can view and print your application by selecting the “Options” dropdown on the “Application-In Progress/Submitted” page.

Apply Here	Applications - In Progress/Submitted			Awards	Payments	Messages	Forms/Requests	
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Questions?

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