

PECE Application: New PMHNP Program

Intro

Welcome to the Mental Health Services Act (MHSA) Workforce Education and Training (WET) Psychiatric Education Capacity Expansion (PECE) Grant Program funding application. The PECE Grant Program will provide funding to institutions and organizations to expand the number of psychiatry residents and psychiatric mental health nurse practitioner (PMHNP) students trained to work in the public mental health system (PMHS). This is achieved by providing funding for:

1. New psychiatry residency and PMHNP training programs
2. Expanding existing psychiatry residency and PMHNP training programs

Program Info

Please provide the following information for the program.

Program Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP Code:	<input type="text"/>

Please provide contact information for the program director.

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Title:	<input type="text"/>
Phone Number (xxx-xxx-xxxx):	<input type="text"/>
Email Address:	<input type="text"/>

Are you the program director for this program?

- Yes
- No

Please provide your contact information.

First Name:

Last Name:

Title:

Phone Number

(xxx-xxx-xxxx):

Email Address:

Will you also act as the project representative for **grant agreement** inquiries (i.e., the person who will sign the grant agreement)?

Yes

No

Project Representative: Grant Agreement Inquiries

Please provide the name, title, address, phone number and email for your Project Representative in the fields below. If awarded, OSHPD will use this information for the Grant Agreement (see link at the end of this application).

Full Name:

Title:

Address

(including suite number, if any):

City

State

ZIP Code

Phone Number

(xxx-xxx-xxxx):

Email Address

(xxx@xxx.gov):

Will you also act as the project representative for **administrative** inquiries (e.g., the person who processes invoices)?

Yes

No

Project Representative: Administrative Inquiries

Please provide the name, title, address, phone number and email for your Project Representative in the fields below. If awarded, OSHPD will use this information for the Grant Agreement (see link at the end of this application).

Full Name:

Title:

Address

(including suite number, if any):

City

State

ZIP Code

Phone Number (xxx-xxx-xxxx):

Email Address (xxx@xxx.gov):

Type of Program

On behalf of which type of program are you applying?

- Psychiatry Residency Program
- PMHNP Program

Is your program new or already established?

- New (has admitted no students/residents)
- Established (accredited and has previously admitted students/residents)

Funding Requested

Please indicate the total funding amount you are requesting.

Funding Requested:

\$

PMHNP New

Are you planning to have more than one training program (e.g., a one-year and a two-year program)?

- Yes
- No

Please indicate the length of your training programs. Please select all that apply.v

- One Year Program
- Two Year Program
- Three Year Program

Please indicate the length of your training program. [Single program planned]

- One Year Program
- Two Year Program
- Three Year Program

Proposed Student Admissions

Please complete this table with the number of first-year students you plan to admit each year if you receive PECE funding.

In addition, please report how many of these first-year students will be **new** nurse practitioners (students who do not already have a nurse practitioner certificate).

	2021-22	2022-23
Total First-Year Students	<input type="text"/>	<input type="text"/>
New Nurse Practitioners Added	<input type="text"/>	<input type="text"/>

Field Placement Sites

We are collecting information about your proposed field placement sites for scoring purposes. Please click the link below to download the template, add in the necessary data about your proposed field placement sites, and upload the completed template.

[PMHNP Field Placement Site Template](#)

If you do not have any field placement sites to report, please skip this question.

Will your proposed PMHNP training program be located 150 or more miles from the closest existing PMHNP training program?

- Yes
- No

Would your proposed PMHNP training program include support or other arrangements that ensure preceptors are available for those students added to your program by this grant?

- Yes
- No

Letter of Sustainability

Successful applicants must demonstrate that the program and/or its sponsoring organization supports creating or expanding the program and is committing future funds to recruit and train future students.

Please attach a letter from your sponsoring institution that endorses your PMHNP training program and speaks to the sustainability of your program beyond MHSA WET funds awarded. This letter must indicate the number of new students that will be admitted as a result of receiving this grant.

See the Grant Guide for a sample sustainability letter.

Have you received funding from another source to support establishing this new program?

Yes

No

Other Funding

How much funding have you received, in what time period, and from what source(s)?

Funding received:

Funding period:

Funding source(s):

Proposed Budget

Please complete the proposed budget table below, assuming you receive PECE funding.

	2020-21	2021-22	2022-23	2023-24
Program Personnel	\$ 0	\$ 0	\$ 0	\$ 0
Faculty	\$ 0	\$ 0	\$ 0	\$ 0
Consultants	\$ 0	\$ 0	\$ 0	\$ 0
Other Costs (including administrative costs)*	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
#Conjoint, Total#	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

*Please describe any other costs, including administrative costs (maximum 250 words). Word count: 0

Payee Data Record

Please right click the link below to open the Payee Data Record (STD 204) in a new tab, download the form, complete it, sign it, and upload the completed form.

[Payee Data Record \(STD 204\)](#)

Contractor Certification Clauses

Please click the link below, download the Contractor Certification Clauses form, complete it, sign it, and upload the completed form.

[CCC 04-2017](#)

Confirmations

Please confirm the following statements to complete your application.

- My program will seek to obtain accreditation from a national organization (e.g., American Nurses Credentialing Center, American Association of Nurse Practitioners) and California Board of Registered Nursing approval by July 1, 2023.
- My proposed program has not admitted its first cohort.
- My proposed program has not received prior state funding for this purpose.
- I certify that the statements herein are true and complete to the best of my knowledge.

End

Thank you for completing the PECE Grant Program application.

Please click the forward arrow below to submit your application.