

Song-Brown Registered Nurse (RN) Education Programs Capitation Funding

Technical Assistance Guide August 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:
 - Enrolling members of underrepresented groups in medicine
 - Locating the program's main training site in a medically underserved area
 - Graduating individuals who practice in medically underserved areas
 - Operating a main training site at which the majority of the patients are Medi-Cal recipients

Application Release Dates

Registration: Open now
Application release: September 1, 2021
Application deadline: October 1, 2021

All applications open and close 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.
- Funds shall not supplant existing state or local funds.

Information to Gather: Program Data

- Grant Agreement and Payee Data record (STD-204) signatories.
- Enrollment rates, attrition rates, and NCLEX pass rates.
- Name and full address of your training sites used in the last academic year.
- BRN approval letter

Information to Gather: Students and Graduates

- Data for AY 2018-19 and AY 2019-20 graduates, including current practice site location and race/ethnicity.
- National Provider Identification number for Entry-Level Master's (ELM) students and graduates you enter.
- Race/ethnicity data for students graduating Academic Year (AY) 2021-22 and AY 2022-23.
- High school information (name and address) for all current students.

Available Funding

- Up to \$12.7 million is available to fund RN Education Programs Capitation applications.
- Maximum funding requested is based on the program type:
 - ADN Programs – \$200,000 maximum (\$10,000 per student per year, up to 10 students, for 2 years).
 - BSN Programs – \$240,000 maximum (\$12,000 per student per year, up to 10 students, for 2 years).
 - ELM Programs – \$240,000 maximum (\$12,000 per student per year, up to 10 students, for 2 years).

Helpful Resources

- OSHPD eApplication (eApp):
<https://funding.oshpd.ca.gov/>
- The RN Grant Guide, RN Scoring and Evaluation Process, and Song-Brown Program Glossary:
<https://oshpd.ca.gov/loans-scholarships-grants/grants/song-brown/>

Registering for (eApp)

Creating an Account



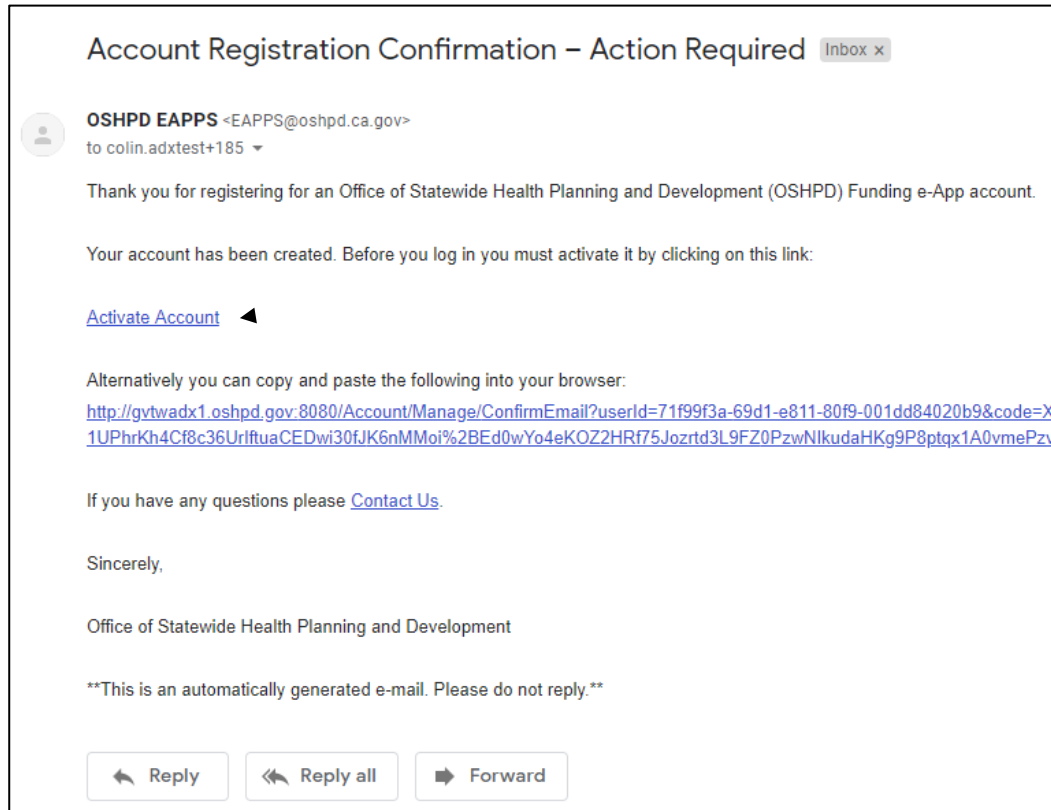
The screenshot shows the OSHPD Funding Portal website. At the top right, there is a navigation bar with a 'Create Account' button, a 'Sign In' button, and a help icon. A red arrow points to the 'Create Account' button. Below the navigation bar, there is a header with the OSHPD logo and the text 'Office of Statewide Health Planning and Development'. The main content area is titled 'Welcome to the OSHPD Funding Portal' and features a table of applications. On the left side, there are sections for 'FOR INDIVIDUALS' and 'FOR ORGANIZATIONS COMING SOON' with links to various programs. At the bottom, there is a footer with links for 'Back to Top', 'Site Map', 'Conditions of Use', 'Privacy Policy', 'Accessibility', 'Acronyms', 'Contact Us', and 'Register to Vote'.

| 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 |
| State 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 Chrome or Microsoft Edge. Internet Explorer is no longer supported.

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 sidebar with a 'Profile' button and a 'My Security Settings' section containing 'Change Password' and 'Change Email' links. The main content area has a green notification bar at the top that says 'Your email has been confirmed successfully'. Below this, there is a section titled 'Select your user type (Choose all that are applicable):*'. It contains three checkboxes: 'Healthcare Professional', 'Student', and 'Organization'. The 'Organization' checkbox is checked, and an arrow points to it from the first step of the list. 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 from the second step, and another arrow points to the 'Request New Organization' button from the third step. A fourth arrow points from the fourth step to the search field again.

1. Check the “Organization” box to gain access to Song-Brown RN applications (do not check the “HealthCare Professional” box).
2. Click the magnifying glass to search for a pre-existing organization.
3. Click “Request New Organization” to submit a new organization for approval.
4. Once you have selected or submitted an organization, it will populate the search field.

Adding a New Organization

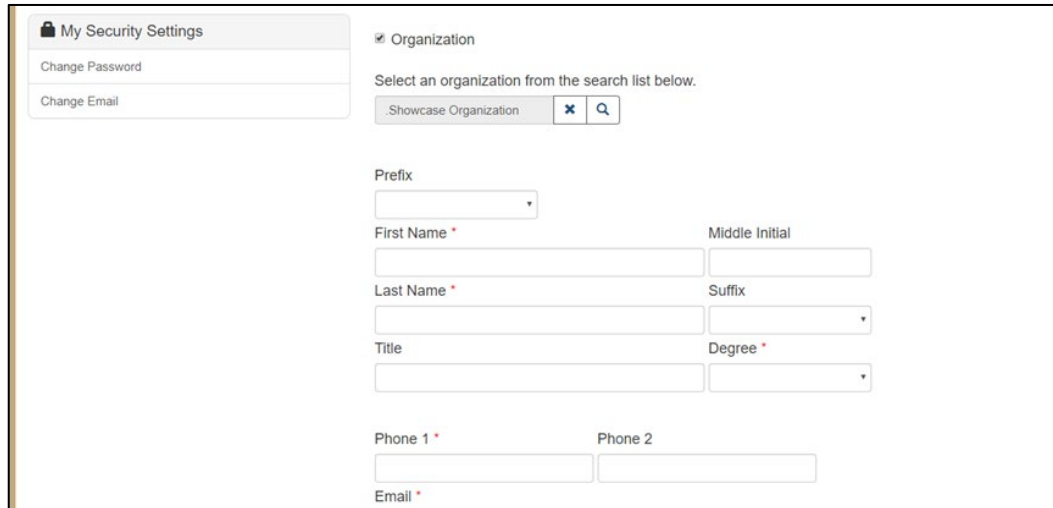
The screenshot shows a web form titled "New Organization". On the left side, there is a sidebar with a profile icon and links for "Profile", "My Security Settings", "Change Password", and "Change Email". The main form area contains the following fields and buttons:

- Organization Name ***: A text input field.
- + Select Address**: A button with a plus sign and the text "Select Address". An arrow points to this button from the first step of the instructions.
- Street Address ***: A text input field.
- Suite/Dept**: A text input field with a blue information icon.
- City ***: A text input field.
- State**: A dropdown menu with "CA" selected.
- Zip Code ***: A text input field.
- County**: A dropdown menu.
- Submit** and **Cancel**: Two buttons at the bottom of the form.

1. Enter the new “Organization Name”.
2. Click the “+Select Address” button.
3. A new window opens, 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

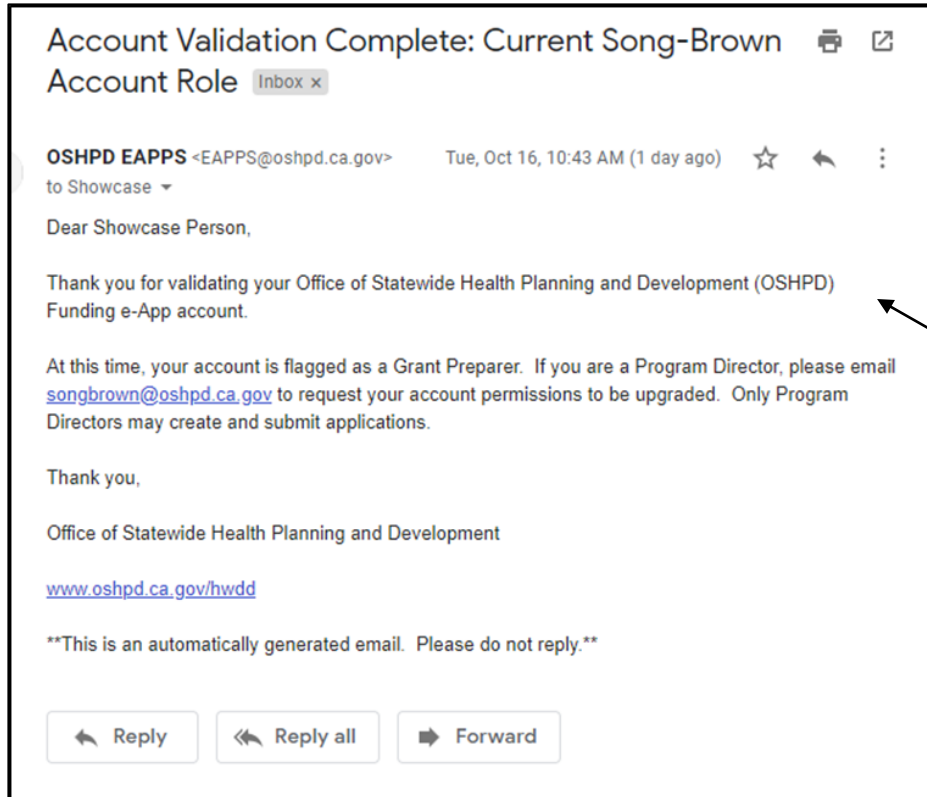


The screenshot shows a web form titled "My Security Settings" with a lock icon. On the left, there are two buttons: "Change Password" and "Change Email". The main form area has a checked checkbox for "Organization". Below it, the text says "Select an organization from the search list below." and there is a search box containing ".Showcase Organization" with a clear button (x) and a search button (magnifying glass). The form includes several input fields: "Prefix" (a dropdown menu), "First Name" (required, marked with a red asterisk), "Middle Initial", "Last Name" (required, marked with a red asterisk), "Suffix" (a dropdown menu), "Title", "Degree" (required, marked with a red asterisk, dropdown menu), "Phone 1" (required, marked with a red asterisk), "Phone 2", and "Email" (required, marked with a red asterisk).

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 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.

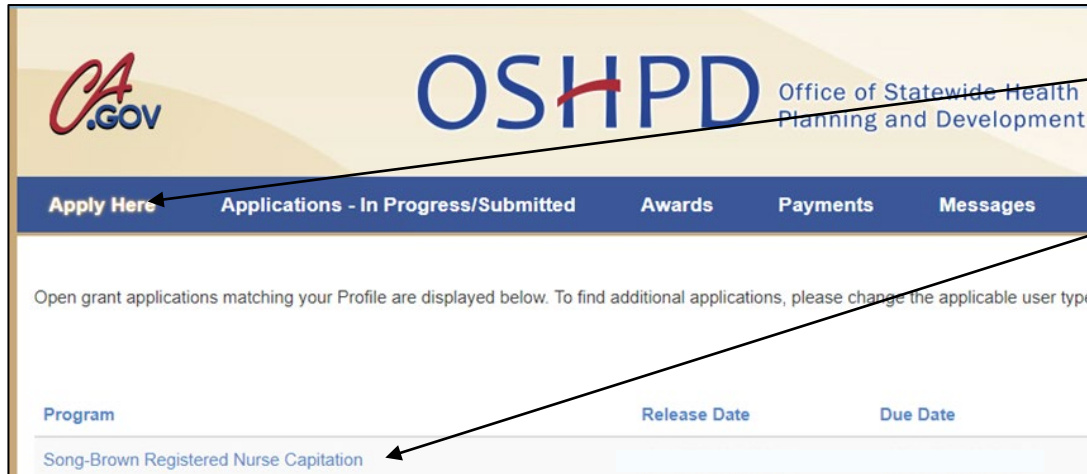
Assigning Other Users

| Grant Application Number ↓ | Training Program | Initiated By | Program Type | Status | Program | Application Due Date | Modification Due Date | SBPCR New Program |
|----------------------------|-------------------------------|----------------|----------------------------|------------------------|---|----------------------|-----------------------|-------------------|
| SBRNC-0001040 | zzBig Bird Training Programzz | Crystal Flores | Entry-Level Master's (ELM) | Modifications Required | Song-Brown Registered Nurse Capitation 2021 | 10/03/2021 3:00 PM | | No |

There are no records to display.

1. Program Directors have an additional tab on their “Profile” page called “Assign Other Users”.
2. Navigating to this page from your “Profile” page allows you to add users who may only view and edit applications.
3. Click the “Add User” button to give registered Grant Preparers access to your applications.

Apply Here



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

Helpful Tips

Useful Information

Navigating the application

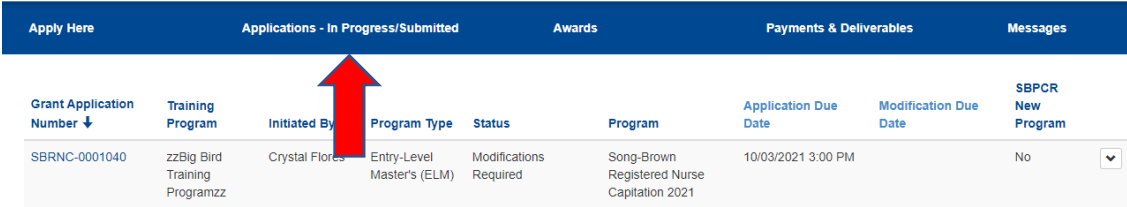
Use the “Previous” and “Save & Next” buttons found at the bottom left of each page.



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.

OSHPD



| Grant Application Number ↓ | Training Program | Initiated By | Program Type | Status | Program | Application Due Date | Modification Due Date | SBPCR New Program |
|----------------------------|-------------------------------|----------------|----------------------------|------------------------|---|----------------------|-----------------------|-------------------|
| SBRNC-0001040 | zzBig Bird Training Programzz | Crystal Flores | Entry-Level Master's (ELM) | Modifications Required | Song-Brown Registered Nurse Capitation 2021 | 10/03/2021 3:00 PM | | No |

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 * ?



Starting the Application

Program Information

Program Information *

Song-Brown Registered Nurse Capitation 2021

Organization

zzBig Bird Trainingzz ←

Are you a Board of Registered Nursing (BRN) approved pre-licensure program? *

No Yes

Program Type *

Associate Degree of Nursing (ADN) Bachelor of Science, Nursing (BSN) Entry-Level Master's (ELM)

Are you a former Song-Brown applicant? *

No Yes

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. Complete all other fields.

Program Information: Training Program

Are you a Board of Registered Nursing (BRN) approved pre-licensure program? *

No Yes

Program Type *

Associate Degree of Nursing (ADN) Bachelor of Science, Nursing (BSN) Entry-Level Master's (ELM)

Are you a former Song-Brown applicant? *

No Yes

Select a training program from the Training Program Title search list below. If your training program is not listed, check the Training program not listed checkbox.

Training Program Title *

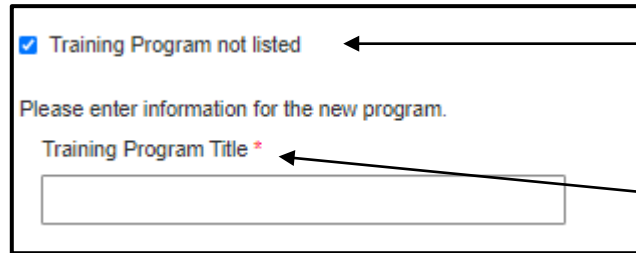
Training Program not listed

[Save & Next](#)

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, use the magnifying glass search function to select the “Training Program Title” from the list.

Note: Use the search function to add the existing training program name. You cannot enter the name manually.

Program Information: Training Program

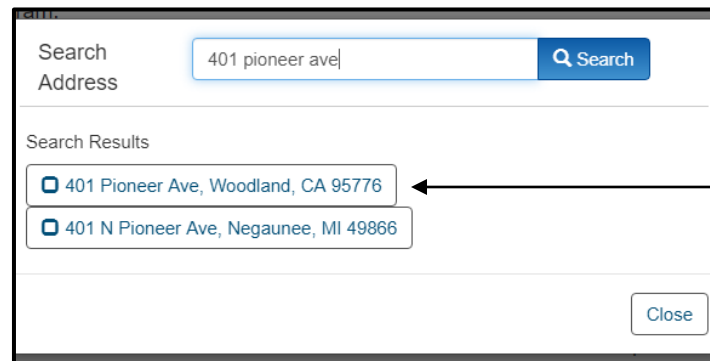


Training Program not listed

Please enter information for the new program.

Training Program Title *

1. If your training program is not listed, check the box “Training Program not listed”. New fields will 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.



Search Address

Search Results


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

Note: You will see this feature throughout the application.


Contract Administration


Contract Administration


This is the official business name as reported to the Internal Revenue Service, and will be included in the Grant Agreement.


Contract Organization Name 

Big Birdy


Doing Business As 

Prefix 


Contract Administrator First Name 

Contract Administrator Last Name 


Big Bird


Title 

President


Phone 1 * 


(888) 888-8888


Phone 2 


Contract Administrator Email * 

skingofan@tve.com


Grant Agreement Signatory 

First Name 

Last Name 

Phone * 


crystal flores (530) 650-9173


Email * 


javandcrystal@hotmail.com


Is the STD 204 Signatory is the same as Grant Agreement Signatory?


No Yes

STD 204 Signatory 

First Name * 

Last Name * 

Phone * 

Email * 

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 Grant Agreement.
2. If applicable, include the Doing Business As (DBA) portion of the name in the Doing Business As field ONLY. EX: For the organization “Green Foundation DBA Blue College”, Green Foundation would go in the Contract Organization field. Blue College would go in the Doing Business Name field.
3. The “Grant Agreement Signatory” must be an individual with authority to enter into the Grant Agreement.
4. The “STD. 204 Signatory” name must be an authorized signatory.

Contract Administration: Remit To Address

This is the remit to address where payments should be mailed. Click on the Select Address button to populate the Address Fields.

Is the Remit to address a PO Box? *

No Yes

PO Box*

3511

City * State * Zip Code *

City * State * Zip Code *

This is the remit to address where payments should be mailed. Click on the Select Address button to populate the Address Fields.

Is the Remit to address a PO Box? *

No Yes

+ Select Address

Street Address* Suite/Dept

City * State * Zip Code *

County*

- The remit to address is where payments should be mailed.
- For a PO Box remit to address, select “Yes” and complete the fields that display.

OR

- For a physical remit to address, select “No”. Then select “+ Select Address”. Enter the address and select Search. Select the correct address that appears.
- If applicable, enter the suite or department information in the “Suite/Dept” field.

Program Description

1. Complete all required fields.
2. There is a maximum 2,500 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.

Application SBRNC-1000641 – Song-Brown Registered Nurse Capitation

14%

Program Data

Select the data you will be reporting: *

Student and Graduate data Student data only New program: no student or graduate data

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

This is only a test

What is your program's current percentage of total clinical hours spent in registered nurse shortage areas? If you are a new program, please enter your projected percentage. *

75 %

What year did the program begin continuous operation? *

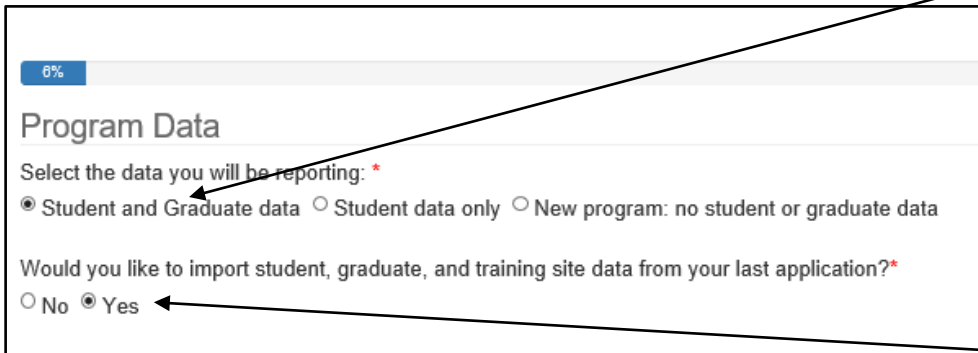
1999

Previous Save & Next

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Program Data



6%

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 screenshot shows a form titled 'Program Data' with a progress indicator of 6%. It contains two sections. The first section asks 'Select the data you will be reporting: *' and has three radio button options: 'Student and Graduate data' (which is selected), 'Student data only', and 'New program: no student or graduate data'. The second section asks 'Would you like to import student, graduate, and training site data from your last application?*' and has two radio button options: 'No' and 'Yes' (which is selected). Two arrows originate from the text on the right: one points to the 'Student and Graduate data' option, and the other points to the 'Yes' option.

- Ensure you select the correct option here, as additional fields populate accordingly.
- Select “Graduate and Student Data” if you have 19/20 or 18/19 graduates.
- Select “Student Only” if you have no 19/20 or 18/19 graduates but do have students with a projected graduation in 21/22 or 22/23.
- When the import question appears. You must click “Yes” to initiate the import of training site, student, and graduate data from your prior application into the new application.

Note: If your program is applying for the first time, select “New Program”. The import question will not appear.

Program Data: Students and Graduates

What is your program's current percentage of total clinical hours spent in registered nurse shortage areas? If you are a new program, please enter your projected percentage. *

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

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* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Qualified Student Applicants* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Students Accepted* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Students Enrolled* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Students Graduated* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Attrition Rate (%)* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| First Time Graduate NCLEX Pass Rate (%)* | <input type="text" value="1"/> | <input type="text" value="1"/> |

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

1. The number of students and graduates entered here must match the corresponding number entered on the “Student Data” and “Graduate Data” pages for 18/19 and 19/20.
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**.

It will take the data approximately 10 – 15 minutes to load. Please wait and then refresh the page to view your data.

Total Number of Training Sites

1

Training Sites With Errors

| Training Site Name | Private Practitioner | 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 Title | Private Practitioner First Name | Private Practitioner Last Name | Street Address | Suite/Dept | City | State | Zip Code | County | Options |
|--------------------|----------------------|----------------------------|---------------------------------|--------------------------------|----------------|------------|------|-------|----------|--------|---------|
|--------------------|----------------------|----------------------------|---------------------------------|--------------------------------|----------------|------------|------|-------|----------|--------|---------|

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 complete and correct.
 - Edit or delete an imported site by selecting the “Options” dropdown list for that line.

Training Sites: Add New Sites

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

The screenshot shows a web application interface. At the top, there is a header "Training Sites With No Errors" and a blue "Add a Site" button. Below this is a table with the following data:

| 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 | ▼ |

At the bottom of the table are "Previous" and "Save & Next" buttons. A pop-up form is overlaid on the table, containing the following fields:

- Training Site Name *
- Is the training site a private practitioner's office? *
 No Yes
- Title* (dropdown menu)
- Private Practitioner First Name* (text input)
- Private Practitioner Last Name* (text input)
- + Select Address (button)
- Street Address* (text input)
- Suite/Dept (text input)
- City* (text input)
- State (text input)
- Zip Code* (text input)
- County (text input)

Training Sites: Edit or Delete Sites

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 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

Program Funding and Expenditures

Program Expenditures and Funding

Enter the AY 2020-21 training program annual expenditures below for each line item.

| | |
|---------------------|------------------------------------|
| Personnel* | <input type="text" value="100"/> |
| Operating Expenses* | <input type="text" value="200"/> |
| Major Equipment* | <input type="text" value="300"/> |
| Other Costs* | <input type="text" value="400"/> |
| Total | <input type="text" value="1,000"/> |

| | | | |
|---------------------------------|--|--------------------------------|--------------------------------------|
| Number of Students * | Capitation Rate | Contract Term | Total Capitation |
| <input type="text" value="10"/> | <input type="text" value="12,000.00"/> | <input type="text" value="2"/> | <input type="text" value="240,000"/> |

1. List total training program expenses for the year, not the amount of grant funding requested.
2. The “Total” program expenses must be greater than the total requested Song-Brown funding.
3. After completing this page, click “Save & Next”.

Student Data

Students 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

2

Students With Errors

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

Students With No Errors

| Graduating Class of Academic Year | First Name ↑ | Last Name | Gender | Ethnic/Racial Category | Options |
|-----------------------------------|--------------|-----------|--------|------------------------|---------|
| 2021/22 | Big | Bird | Male | Asian - Asian Indian | ▼ |
| 2022/23 | ddd | ddd | Male | Asian - Asian Indian | ▼ |

Previous Save & Next

1. Your application must include all current students with a projected graduation in Academic Year (AY) 21/22 and AY 22/23.

2. Imported student data

- If you selected “Yes” to import prior year’s data on the “Program Data” page, student data from the prior year’s 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.

Student Data: Add New Students

Students With No Errors

Add a Student

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

There are no records to display.

Previous Save & Next

Create

Graduating Class of*

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 Zipcode

County

- Click the “Add a Student” button to enter students.
- A pop-up window displays.
- Complete all required fields.
- If the student doesn’t have a specialty, select “Other” and enter Not Applicable.

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

Student Data: Edit New Student Entries

The screenshot displays the 'Students Data' interface. At the top, there are instructions on how to add a student and how to edit or delete existing entries. Below this, there are sections for 'Students With Errors' and 'Students With No Errors'. A table lists students with columns for 'Graduating Class of Academic Year', 'First Name', 'Last Name', 'Gender', and 'Ethnic/Racial Category'. One student, 'Big Bird', is highlighted in green. A dropdown menu is open next to this student, showing 'Edit' and 'Delete' options. Below the table, there is a 'Previous' button and a form for entering data for each academic year. The form has two columns: '2019/2020 Academic Year' and '2018/2019 Academic Year'. The form includes fields for 'Total Enrollment Capacity', 'Qualified Student Applicants', 'Students Accepted', 'Students Enrolled', 'Students Graduated', 'Attrition Rate (%)', and 'First Time Graduate NCLEX Pass Rate (%)'. Each field contains the number '1'.

Students 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 | Ethnic/Racial Category |
|-----------------------------------|------------|-----------|--------|------------------------|
| There are no records to display. | | | | |

Students With No Errors

Add a Student

| Graduating Class of Academic Year | First Name | Last Name | Gender | Ethnic/Racial Category |
|-----------------------------------|------------|-----------|--------|------------------------|
| 2021/22 | Big | Bird | Male | Asian - Asian Indian |
| 2022/23 | | | | |

Edit
Delete

Previous

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 year fields for that year.

| | 2019/2020 Academic Year | 2018/2019 Academic Year |
|---|-------------------------|-------------------------|
| Total Enrollment Capacity | 1 | 1 |
| Qualified Student Applicants | 1 | 1 |
| Students Accepted | 1 | 1 |
| Students Enrolled | 1 | 1 |
| Students Graduated | 1 | 1 |
| Attrition Rate (%) | 1 | 1 |
| First Time Graduate NCLEX Pass Rate (%) | 1 | 1 |

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”.

Note: The number of students listed on the Student Data page must match the number listed on the Program Data page for the applicable AY.

Graduate Data

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 students graduated data you reported for the academic years in the Program Data section of this application.

Total Number of Graduates

2

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

| Graduating Class of Academic Year | First Name ↑ | Last Name | Gender | Ethnic/Racial Category | Options |
|-----------------------------------|--------------|-----------|--------|------------------------|---------------------|
| 2019/20 | Pattie | flores | Female | Other not listed | ▼ Edit Delete |

All Grads Submitted *

[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 complete and 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

Graduates With No Errors

[Add a Graduate](#)

| Graduating Class of Academic Year | First Name ↑ | Last Name | Gender | Ethnic/Racial Category |
|-----------------------------------|--------------|-----------|--------|------------------------|
| 2019/20 | Pattie | flores | Female | Other not listed |

All Grads Submitted *

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

First Name * Tommy

Last Name * flores

Gender * Female

Ethnic/Racial Category * Asian - Asian Indian

HPEF Scholar NHSC Recipient

NPI Number 123456789

Practice Specialty * Administration

Do you know the graduate's practice site? *
 No Yes

Practice Site Name * ABC Practice

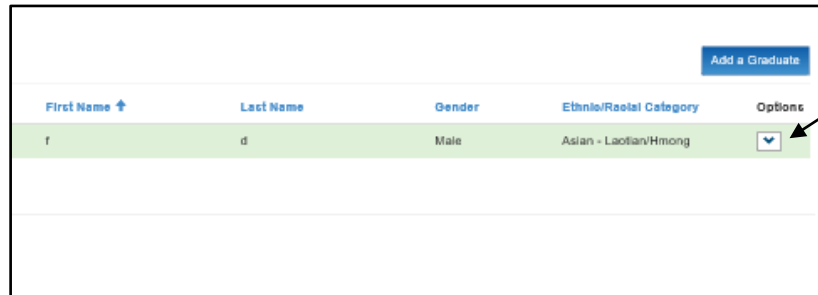
Is the training site a private practitioner's office? *
 No Yes

[+ Select Address](#)

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

Note: Graduate Practice Specialty is only required for ELM program graduates. For ELM graduates that never began practice, select “Other” and enter Not Applicable.

Graduate Data: Edit or Delete New Graduates



The screenshot shows a table with the following columns: First Name, Last Name, Gender, Ethnic/Racial Category, and Options. The first row contains the values 'f', 'd', 'Male', and 'Asian - Laotian/Hmong'. The 'Options' column for this row has a small downward-pointing arrow icon. A blue button labeled 'Add a Graduate' is located in the top right corner of the table area. An arrow from the text 'Options' in the list points to the dropdown arrow in the table.

| First Name | Last Name | Gender | Ethnic/Racial Category | Options |
|------------|-----------|--------|------------------------|---------|
| 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

Do you know the graduate's practice site? *

No Yes

Practice Site Name *

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

No Yes

+ Select Address

Street Address *

Suite/Dept *

City *

State *

Zip Code *

Submit

1. You must add graduate 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?”
 - Use the + Select Address button to search for the practice site name.
3. If the practice site is unknown, select “No” to the practice site question and select “Other”.

Graduate Data: Out of State Graduates

Create

Graduating Class of*
[Dropdown]

First Name* [Text] Last Name* [Text]

Gender* [Dropdown] Ethnic/Racial Category* [Dropdown]

HPEF Scholar NHSC Recipient

NPI Number [Text]

Practice Specialty* [Dropdown]

Do you know the graduate's practice site? *
 No Yes

Reason Practice Site Unknown* [Dropdown]

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” or “Unknown” under “Reason Practice Site Unknown.”

Graduate Data: Total Graduates

What is your program's current percentage of total clinical hours spent in registered nurse shortage areas? If you are a new program, please enter your projected percentage.*

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

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* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Qualified Student Applicants* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Students Accepted* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Students Enrolled* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Students Graduated* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| Attrition Rate (%)* | <input type="text" value="1"/> | <input type="text" value="1"/> |
| First Time Graduate's NCLEX Pass Rate (%)* | <input type="text"/> | <input type="text"/> |

[Previous](#)

| Graduating Class of Academic Year | First Name ↑ | Last Name | Gender | Ethnic/Racial Category |
|-----------------------------------|--------------|-----------|--------|------------------------|
| 2019/20 | Pattie | flores | Female | Other not listed |

All Grads Submitted *

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

1. The number of graduates listed on the Graduate Data page must match the number listed on the Program Data Page Columns 19/20 and 18/19.

2. Check "All Grads Submitted" on the Graduate Data page, then click "Save & Next" to continue.

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. 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:

Required Documents

Approval Letter

Upload the most recent program approval letter from the appropriate accrediting/approval bodies. [Approval Letter Example](#)

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

After Attaching Documents:

Approval Letter

Upload the most recent program approval letter from the appropriate accrediting/approval bodies. [Approval Letter Example](#)

Approval Letter Upload ✓ 1 file uploaded, 1 file required.*

- The red button on this page indicates required documents.
- For example, click on the “Approval 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 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

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 and certify to the statement by checking the box.
3. Click the “Submit” button.

Note: Only Program Directors can submit an application. The “Submit” button will not appear for Grant Preparers. Once you submit an application, you cannot edit or delete your application.

Submission Complete

A screenshot of a submission complete message. The message is displayed in a light green box with a thin black border, centered within a larger white rectangular area. The text inside the green box reads: "Thank you for submitting your application. Your application has been received and will be reviewed. Return to your dashboard." The entire screenshot is framed by a blue border on the left and right sides.

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 |
|----------------------------|-------------------------------|----------------|--------------|-----------|-----------------------------|----------------------|-----------------------|---------|
| SBRNC-10000xxx | zzBig Bird Training Programzz | Crystal Flores | | Submitted | Song Brown Registered Nurse | 07/15/2021 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 their eApp profile to maintain current contact information as well as maintain the approved Grant Preparer list. Otherwise, your program may miss important notifications.
- Provide notification when the Agreement Signatory, Payee Data Signatory, or Grant Agreement contact changes by emailing SongBrown@oshpd.ca.gov. 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.