

Family Nurse Practitioner and Physician Assistant (FNP/PA), Midwifery, & FNP/PA Postgraduate Fellowship Technical Assistance Guide

Song-Brown Program
Department of Health Care Access and Information (HCAI)
August 2023

About Song-Brown

- Song-Brown provides funding to education programs including:
 - Family Nurse Practitioner (FNP) and Physician Assistant (PA) training programs
 - FNP/PA Postgraduate Fellowship programs (new this year)
 - Registered Nurse education programs
 - Primary Care residency programs (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics)
 - Licensed Midwifery (LM) and Certified Nursing Midwifery (CNM) training programs
- Song-Brown provides financial incentives to programs to:
 - Graduate individuals who practice in medically underserved areas
 - Enroll members of underrepresented groups in medicine to the program
 - Locate the program's main training site in a medically underserved area
 - Operate a main training site at which the majority of the patients are Medi-Cal recipients

Application Release Dates

Registration: **Open now**

Application release: **September 28, 2023**

Early submission review: **October 26, 2023**

Application deadline: **November 9, 2023**

Application opens and closes at **3:00 p.m.**

Before You Apply

- If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in the Grant Agreement.
- Applicants must agree to the terms and conditions before receiving funds.
- HCAI **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 federal, state, or local funds to provide primary care services.

Changes for 2023

- NOTE: All pathways are accessible via the same application.
- New funding opportunities for expanding CNM and LM Midwifery programs
- New funding opportunities for FNP/PA Postgraduate Fellowship programs
- Changes to the scoring criteria for all selected pathways.
- Race/ethnicity and gender data for Students and Graduates collected in aggregate
- Up to \$3,900,000 in funding is available to support FNP and PA training programs
- Up to \$712,000 in funding is available to support CNM and LM programs
- Up to \$4,000,000 in funding is available to support FNP Postgraduate Fellowship programs
- Up to \$1,000,000 in funding is available to support PA Postgraduate Fellowship programs

Information to Gather (1/3)

- Grant Agreement and Payee Data record (STD 204) signatories.
- Name(s) and full address(es) of training site(s) used in the last academic year (AY). Do not include specialty or elective rotation sites, out-of-state training sites, and/or those where primary care is not provided.
- Facility type for each training site.
- The combined total number of hours that all trainees spent at each training site in the previous AY.

Information to Gather (2/3)

- Race/ethnicity and gender data for all current students and graduates.
- Current practice site information for all graduates entered.
- National Provider Identification number for all graduates entered.
- Race/ethnicity and gender data for all graduates entered.

Information to Gather (3/3)

- Any applicable attachments:
 - For FNP programs – Approval letter from the California Board of Registered Nursing (BRN)
 - For PA programs – Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) letter
 - For CNM Programs – Accreditation Commission for Midwifery Education (ACME) letter
 - For LM Programs – Midwifery Education and Accreditation Council (MEAC) accreditation letter
 - For Expanding Midwifery programs – Approval letter indicating number of approved expansion slots
 - For FNP/PA Postgraduate Fellowships – Any correspondence related to accreditation, if you have it

Helpful Resources

- [FNP/PA Grant Guide](#)
- [FNP/PA Postgraduate Fellowship Grant Guide](#)
- [Midwifery Grant Guide](#)
- [Song-Brown Glossary](#)

eApplication (eApp) Registration

Creating an Account

The screenshot shows the HCAI Funding Portal website. At the top, there is a navigation bar with links for Newsroom, Boards & Committees, About HCAI, Subscribe, SIGN IN, and Create Account. A red arrow points to the 'Create Account' link. Below the navigation bar is a search bar with the text 'Search ...' and a magnifying glass icon. A blue navigation bar contains links for Building Safety & Finance, Loan Repayments, Scholarships & Grants, Workforce Capacity, Data & Reports, and Facility Finder. The main content area features a heading 'Welcome to the HCAI Funding Portal' and two columns of information. The left column is titled 'FOR INDIVIDUALS' and lists 'Apply for:' with links for Loan Repayments and Scholarships. Below this is 'FOR ORGANIZATIONS' with 'Apply for grants to:' and a list of grant opportunities. The right column is titled 'APPLICATIONS – OPEN OR COMING SOON' and contains a table with columns for Program, Release Date, Due Date, and Who Can Apply. At the bottom, there is a 'Contact Us' section with a 'Sign In To Apply' button and a footer with various service links.

FOR INDIVIDUALS
Apply for:

- Loan Repayments
- Scholarships

FOR ORGANIZATIONS
Apply for grants to:

- Fund health career conferences and workshops and health career exploration
- Provide healthcare in health professional shortage areas in California
- Become a certified eligible site for student loan repayment program

APPLICATIONS – OPEN OR COMING SOON

Program ↑	Release Date	Due Date	Who Can Apply
2022 Advanced Practice Healthcare Scholarship Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Student
2022 Allied Healthcare Scholarship Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Student
2022 Licensed Mental Health Services Provider Education Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Healthcare Professional
2022 Steven M. Thompson Physician Corps Loan Repayment Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Healthcare Professional

Contact Us
[Sign In To Apply](#)

Services
Submit Data
Loan Repayment Programs
Scholarships
Grants
Penalty Appeals

Data Submissions
Patient-Level Administrative Data
Health Facility Utilizations
Hospital & LTC Financials
Coronary Artery Bypass Graft Surgeries
Healthcare Financial Assistance Policies
Hospital Chargemasters

CA Healthcare Infrastructure
All Facilities
Healthcare Facility Detail
Seismic Compliance and Safety
Hospital Community Benefit Plans
California Primary Care Office

Public Transparency
Public Meetings
Public Records
Payment to Agency Reports

About HCAI
Newsroom
Divisions
Laws & Regulations
Public Meetings
Careers

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

System Requirements

- For the best experience, use Microsoft Edge.
- Internet Explorer and Google Chrome are not supported.

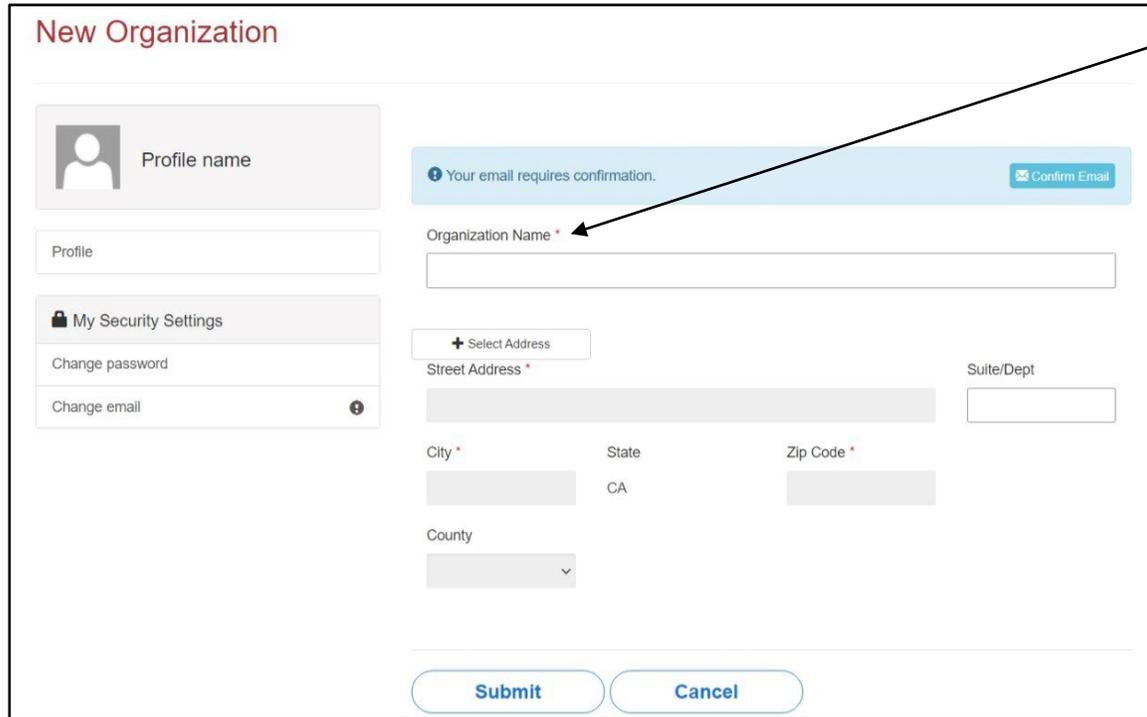
Setting up Your Profile

The screenshot shows a 'Profile' page with a left sidebar and a main content area. The sidebar includes sections for 'Profile' (with sub-items 'Organizations' and 'Assign Other Users'), and 'My Security Settings' (with sub-items 'Change Password' and 'Change Email'). The main content area is titled 'Select your user type. (Choose all that apply) *' and contains a checked checkbox for 'Organization for healthcare workforce support'. Below this is a question 'Are you applying for Song Brown Programs?' with 'Yes' selected. There is a search field with a magnifying glass icon and a 'Request New Organization' button. At the bottom, there is another question 'Are you applying for other Grants Programs (Health Professions Career Opportunity & Behavioral Health Programs)?' with 'No' selected. Five black arrows point from the text on the right to these specific elements: the first checkbox, the 'Yes' radio button, the search magnifying glass, the 'Request New Organization' button, and the second 'No' radio button.

1. Check the “Organization for healthcare workforce support” box to gain access to Song-Brown applications (do not check the “Healthcare Professional” box).
2. Check “Yes” that you are applying for Song-Brown Programs.
3. Click the magnifying glass to search for a pre-existing organization.
4. Once you have selected an organization, it will populate the search field.
5. If your program is new, click “Request New Organization” to submit a new organization for approval.

NOTE: Most organizations are in the system. Use the search function before submitting a new organization name for approval. If you have applied in the past and cannot find your organization, please email us.

Adding a New Organization

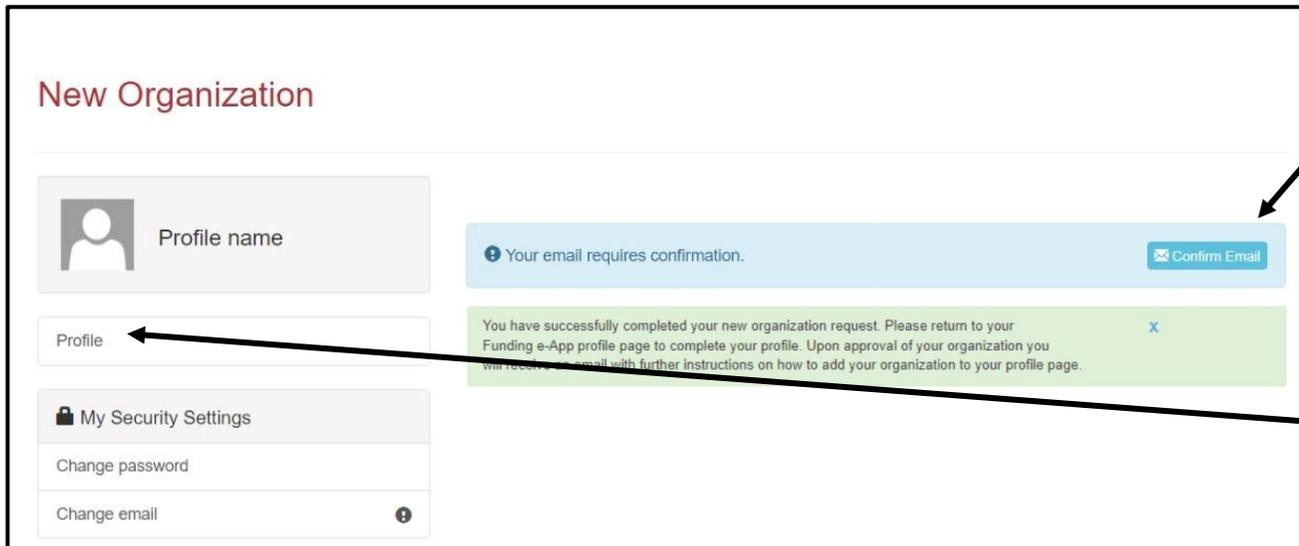


The screenshot shows a web form titled "New Organization". On the left, there is a sidebar with a profile icon and "Profile name", a "Profile" input field, and a "My Security Settings" section with "Change password" and "Change email" options. The main form area has a blue notification bar that says "Your email requires confirmation." with a "Confirm Email" button. Below this is the "Organization Name" field, which is highlighted by a black arrow. Underneath is a "+ Select Address" button. The address fields include "Street Address" (with a sub-field for "Suite/Dept"), "City", "State" (pre-filled with "CA"), "Zip Code", and "County". At the bottom are "Submit" and "Cancel" buttons.

1. Enter the new “Organization Name”.
2. Click the “+Select Address” button.
3. A new window opens up and you can enter and search for an address.
4. Click the confirmed address and it will auto-populate the address fields on the page.

Note: Song-Brown staff will review the new organization request within 5 business days. During this time, you may still begin an application.

Email Confirmation



- Click "Confirm Email" to validate your email address for your eApp account
- Click "Profile" to continue completing your profile

Completing Your Profile

Profile

Profile Name

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

Organization for healthcare workforce support

Are you applying for Song Brown Programs?

No Yes

Select an organization from the search list below.

[Request New Organization](#)

Are you applying for other Grants Programs (Health Professions Career Opportunity & Behavioral Health Programs)?

No Yes

Role

Program Director

My Security Settings

Change Password

Change Email

Organizations

Assign Other Users

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

Note: Incomplete information may delay your registration.

Account Roles

Dear Matt Damon,

Thank you for validating your Department of Health Care Access and Information (HCAI) Funding e-App account.

At this time, your account is flagged as a Grant Preparer. If you are a Program Director, please email songbrown@hcai.ca.gov to request your account permissions to be upgraded. Only Program Directors may create and submit applications.

Thank you,

Department of Health Care Access and Information

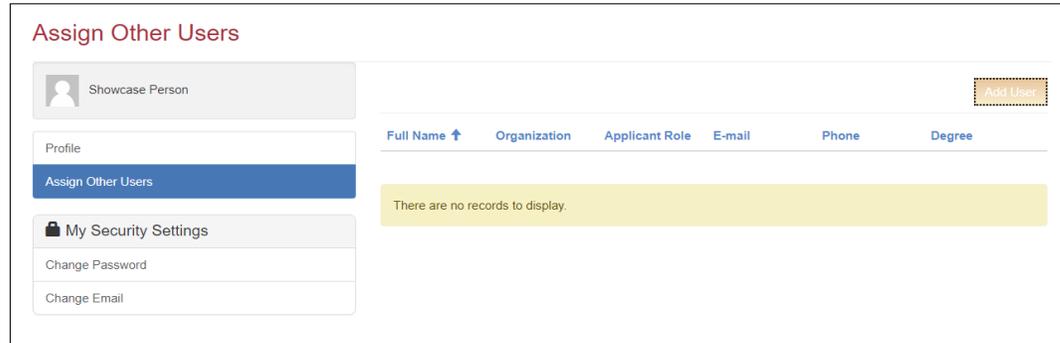
This is an automatically generated email. Please do not reply.

1. All newly created accounts are assigned the “Grant Preparer” role.
2. Program Directors must email SongBrown@hcai.ca.gov after they set up their profile 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.



Note: Grant Preparers must set up their profile before a Program Director can add them to the Grant Preparer list.

Starting the Application

Apply Here

HCAi

[Apply Here](#) ← [Grant Application - In Progress/Submitted](#) [Song-Brown Applications - In Progress/Submitted](#) [Awards](#) [Payments & Deliverables](#)

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile. To find applications already started or submitted, go to the Applications In Progress/Submitted tab.

Program	Release Date	Due Date	Who Can Apply
Health Careers Exploration Program 2022	08/24/2022 8:00 AM	06/30/2023 8:00 AM	Organization
Health Careers Exploration Program 2023	06/29/2023 8:00 AM	12/31/2023 8:00 AM	Organization
Health Professions Pathways Program - Categories A-D 2023-2024	03/27/2023 8:00 AM	03/26/2024 8:00 AM	Organization
Justice and System - Involved Youth 2023-24	03/27/2023 8:00 AM	09/29/2023 8:00 AM	Organization
Peer Personnel Training and Placement Program 2023	01/02/2023 8:00 AM	06/30/2023 8:00 AM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2022	06/15/2020 3:00 PM	10/31/2023 3:00 PM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2023	08/15/2023 9:00 AM	12/31/2023 3:00 PM	Organization
Song-Brown Primary Care Residency 2021	04/13/2022 2:58 PM	10/02/2023 4:00 PM	Organization
Song-Brown Primary Care Residency 2022	04/13/2022 2:58 PM	04/13/2024 4:00 PM	Organization
Song-Brown Primary Care Residency 2023	04/13/2023 2:58 PM	04/13/2024 4:00 PM	Organization
Song-Brown Registered Nurse Capitation 2022	07/28/2022 3:00 PM	10/01/2023 3:00 PM	Organization

1. Navigate to the “Apply Here” page on the main menu.
2. Select the “Song Brown Family Nurse Practitioner/Physician Assistants 2023” link. Selecting this link provides access to the Midwifery and FNP/PA Postgraduate Fellowship application as well.

Helpful Tips

Useful Information

Navigating the application

Use the “Previous” and “Save & Next” buttons found at the bottom left of each page. The eApp saves your application each time you click “Save & Next”.



Accessing your saved application

Navigate to the “Song-Brown Applications – In Progress/Submitted” page to resume your application.



Useful Information, Continued

Asterisks

A red asterisk indicates a required response before you can proceed to the next page.

Training Program Title *



Tooltips

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information.

The last name of the primary contact at the contract organization.

Contract Administrator Last Name * 



Program Information

Application – Song-Brown Family Nurse Practitioner/Physician Assistants

Organization
zzzDHatcherzzz

Program Director
Danielle Hatcher

Program Director Email
dhatcherhcai@gmail.com

On behalf of which type of training program are you applying?*

Family Nurse Practitioner (FNP)
 Physician Assistant (PA)
 FNP Postgraduate Fellowship
 PA Postgraduate Fellowship
 Midwifery

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

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

Program Information: Training Program (1/2)

Application – Song-Brown Family Nurse Practitioner/Physician Assistants

Organization
zzzDHatcherzzz

Program Director
Danielle Hatcher

Program Director Email
dhatcherhcai@gmail.com

On behalf of which type of training program are you applying?*

Family Nurse Practitioner (FNP)
 Physician Assistant (PA)
 FNP Postgraduate Fellowship
 PA Postgraduate Fellowship
 Midwifery

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

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

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

Program Information: Training Program (2/2)

1. If you select the box “Training Program Not Listed” new fields will appear.
2. Type in the program name under “Training Program Title.” The name must list the school followed by the program type acronym. EX: University of the West, FNP Program.
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.

The screenshot shows a web form for adding a training program. At the top, there is a checkbox labeled "Training Program not listed". Below it is a text input field for "Training Program Title". A blue button labeled "+ Select Address" is positioned below the title field. Underneath are several address-related fields: "Street Address", "Suite/Dept", "City", "State", and "Zip Code". A search window is overlaid on the form, showing a search for "401 pioneer ave". The search results list two options: "401 Pioneer Ave, Woodland, CA 95776" and "401 N Pioneer Ave, Negaunee, MI 49866". A "Close" button is visible in the bottom right corner of the search window.

Note: You will see this feature throughout the application.

FNP/PA and Midwifery Applications

Contract Administration (1/2)

Contract Administration

Contract Organization Name *

Please select the type of entity *

Governmental Entity

Non-governmental Entity

Doing Business As (DBA)

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 *

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

No Yes

Payee Data Record (STD 204) Signatory *

First Name * Last Name * Phone *

Email *

1. Enter the “Contract Organization Name”. This is the official business name as reported to the Internal Revenue Service and will be included in the Agreement.
2. "Please select the type of entity" includes Governmental Entity and Non-Governmental Entity.
3. Enter the “Grant Agreement Signatory.” This is the signatory authorized to enter into a grant agreement on behalf of your organization.
4. Enter the “STD. 204 Signatory.” This is the signatory with expertise on tax reporting for your organization.

Contract Administration (2/2)

The legal address for your organization must match the address on file with the IRS.

Is the legal address for your organization a PO box? * No Yes

PO Box *

City * State * Zip Code *

Should payments be sent to a different address than what is on file with the IRS? * No Yes

Is the Remit to address a PO Box? * No Yes

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

Street Address * Suite/Dept

City * State * Zip Code *

County *

Authorized Representative for the Payee

Authorized Rep First Name * Authorized Rep Last Name * Authorized Rep Phone *

Authorized Rep Email *

1. Enter the legal address for your organization.
 - Must match IRS records.
 - Use the “Street Address” lookup if it is a physical address.
2. Enter the remit address for your organization.
 - Use the “Street Address” lookup if it is a physical address.
3. Enter the Authorized Representative for the Payee. This is the person authorized to receive warrants on behalf of the payee.

Program Description

10%

Program Description

Provide an executive summary description of your training program. Include the year your program started and demonstrate how your program is meeting the priorities of the Song Brown statute. Please reference the Midwifery Grant Guide (page 3) on the Song-Brown website for more information.*

Enter program description [here](#)

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

1. Complete the required field.
2. There is a maximum 2,500 character limit.
3. After completing this page, click “Save & Next.”
4. If you copy and paste text from another document, text will be cut off at 2,500 characters. Please double-check the information to make sure everything is captured.

NOTE: The Grant Guide referenced on this page will vary depending on which pathway you choose (FNP/PA or Midwifery).

Program Data

Program Data

Select the data you will be reporting: *

Student and Graduate data Student data only New program: no Resident/Student or Graduate data

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

No Yes

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

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

1. The import data option defaults to “No.”

- If you would like to import data from your last application, select “yes” here. This import feature only works if you used the magnifying glass search function on the “Program Information” page to select your “Training Program Title.”
- If you did not apply in 2022, you will need to add all training site, student, and graduate data one-by-one on the appropriate pages.

Training Sites: Imported Sites

Application SBFNPPA-0001671 – Song-Brown Family Nurse Practitioner/Physician Assistants

30%

Training Sites

Add all California-based training sites used in academic year 22-23. To add a new training site, click **Add a Site** button and enter the requested information. Do not include any sites located outside of the state of California. Do not include any specialty or elective rotation sites.

If you applied last year and chose import data for this application, the table below displays your sites. Please review imported sites to ensure only current sites used in the 22-23 academic year are listed. Delete any out of state sites and any specialty or elective rotation sites that import from last application. Please include total clinical hours spent at each site in academic year 22-23.

To edit information or delete a training site that no longer exists, click on the arrow button next to the training site and select **Edit** or **Delete**.

Note to all programs: Only one physical address is allowed per site for the purpose of this application, regardless of differing suite/cont/department numbers used.

For example, if you have 123 Blue Street, Purple Dept. Ste 160 and 123 Blue Street, Green Dept. Ste 178, you may only list one of those on the application.

Total Number of Training Sites

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	
Test_9-23	No				2020 WEI Camino Ave		Sacramento	CA	95833	Sacramento	⌵

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	
Test-08/29/2023	No				1501 Capitol Ave	1501 Capitol Ave	Sacramento	CA	95814	United States	⌵

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

1. Include all training sites used in AY 2022/23 on your application.
2. If you selected “Yes” to import prior year’s data on the “Program Data” page, imported training sites will display on the errors list here.
3. All imported training site records must be reviewed by selecting “Edit” from the drop-down list here.
4. Open each record to edit data, and review the training site for accuracy, to move the record to the non-errors list.

NOTE: The question below is new this year. You will need to add this information for each imported Training Site before moving forward.

Provide the total number of hours that all trainees combined spent at this site in the previous academic year.*

Training Sites: New Sites

The image shows a web application interface for managing training sites. At the top, there is a table with columns: Training Site Name, Private Practitioner Title, Private Practitioner First Name, Private Practitioner Last Name, Street Address, Suite/Dept, City, State, Zip Code, and County. Below the table, a yellow message box states "There are no records to display". A blue button labeled "Add a Site" is located in the top right corner of the table area. An arrow points from this button to the first step of the instructions. A second window titled "Edit" is overlaid on the main interface. It contains a form with the following fields: "Training Site Name" (text input with "Test Site" entered), "Is the training site a private practitioner's office?" (radio buttons for "No" and "Yes", with "Yes" selected), "Title" (dropdown menu with "MD" selected), "Private Practitioner First Name" (text input with "Julian" entered), "Private Practitioner Last Name" (text input with "Bashir" entered), "+ Select Address" (button), "Street Address" (text input with "901 Portola Way" entered), "Suite/Dept" (text input), "City" (text input with "Oxnard" entered), "State" (text input with "CA" entered), "Zip Code" (text input with "93033" entered), and "County" (text input with "Ventura" entered). An arrow points from the "Edit" window to the second step of the instructions.

1. To add a new training site, click “Add a Site.”
2. A new window will open.
3. Enter all required information.

Training Sites: Facility Type

Edit

Training Site Name *

Test-08/29/2023

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

No Yes

[+ Select Address](#)

Street Address* Suite/Dept

City State Zip Code

County

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

[More Information](#)

Facility Type (select all that apply) *

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

Is primary care provided at this site? *

- For each site you must identify the Facility Type.
- Verify the following facility types using the links under “More Information”:
 - Community Health Centers
 - Disproportionate Share Hospital
 - FQHC’s
 - FQHC Look-a-Likes
 - Government Owned Facilities
 - Indian Health Services Clinics
 - Rural Hospitals
 - Teaching Hospitals

Program Funding and Expenditures

Program Expenditures and Funding

Funds Requested

Program Type	# of Slots Requested*	Maximum Amount per Slot	Total Funds Requested
PA Postgraduate Fellowship	2	80,000.00	160,000
Grand Total			160,000

Enter the AY 2022-23 training program annual expenditures below for each line item.

Personnel* ⓘ	50,000.00
Operating Expenses* ⓘ	0.00
Major Equipment* ⓘ	50,000.00
Other Costs* ⓘ	60,000.00
Total	160,000.00

1. Complete all required fields.
2. “Total” training program expenditures must be equal to or greater than the “Max Funding” amount for your program.
3. You must enter your actual budget figures here.
4. After completing this page, click “Save & Next”.

Student Data: Review Imported Students

The screenshot displays two sections of a web application interface. The top section, titled "Students With Errors", shows a table with one record: a student named John Deere, male, in the 2021/22 academic year, with an "Other not listed" ethnic/racial category. A dropdown arrow is visible next to the ethnic/racial category. Below this is a section titled "Students With No Errors", which is currently empty. A yellow message box states "There are no records to display." Below this section are "Previous" and "Add a Student" buttons. The bottom section, also titled "Students With No Errors", shows a table with one record: a student named d, male, in the 2020/21 academic year, with an "Asian - Filipino" ethnic/racial category. A dropdown arrow is visible next to the ethnic/racial category. Below this section are "Previous" and "Save & Next" buttons. Arrows from the text on the right point to the dropdown arrows in both tables.

Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category
2021/22	John	Deere	Male	Other not listed

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

1. Include all current students with a projected graduation in AY 23/24, AY 24/25, and AY 25/26 (if 3 cohorts are enrolled).
2. If you selected "Yes" to import prior year's data on the "Program Data" page, imported student records display on the errors list.
3. To review records, select "Edit" from the arrow dropdown to open the record window.
4. Verify all information for each record on your errors list. Enter any additional information as required. The system will only move a record to the non-errors list after this step.

Note: NPI numbers and Practice Specialty are optional for students. Ensure only valid information is listed and errors are resolved. Records on the errors list after application submission may not be considered for scoring.

Student Data: Add New Students

The screenshot displays a web interface for managing student data. At the top, there is a table with columns for 'Graduating Class of Academic Year', 'First Name', and 'Last Name'. A yellow message bar indicates 'There are no records to display.' Below the table, a section titled 'Students With No Errors' is visible. A modal window titled 'Create' is open, featuring a blue 'Add a Student' button. The modal contains the following fields: 'Graduating Class of*' (a dropdown menu with '2023/24' selected), 'First Name*' (a text input field), 'Last Name*' (a text input field), 'HCAI Scholar' (checkbox), 'NHSC Recipient' (checkbox), 'Practice Specialty*' (a dropdown menu), and 'Student Data Reviewed for Accuracy*' (radio buttons for 'No' and 'Yes'). A blue 'Submit' button is located at the bottom of the modal.

- To add a new student, click the “Add a Student” button.
- A new window will open.
- Complete all required fields and click “Submit.”

Student Data: Review New Students

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner/Physician Assistants

71%

Student Data

To add a new student, click on the **Add a Student** button and enter the required information. 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, click on the **arrow** button next to an individual's name and select **Edit** or **Delete**. The number of students entered on this page must reflect the **Students Enrolled** data you reported for the academic years in the **Program Data** section of this application.

Total Number of Students

1

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	John	Deere	Male	Other not listed

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

1. To review, edit, or delete a new student, select the arrow drop down list for that line.
2. After completing this step, click “Save & Next.”

Note: You must ensure only valid student information is listed and data issues are resolved.

Student Data Aggregate

60%

Student Data Aggregate

Provide the race/ethnicity and gender of the students enrolled in the graduating class of AY 2023/24, 2024/25, 2025/26 (if 3 cohorts) by clicking on Add Data button.

Graduating Class of Academic Year ↑	Race/Ethnicity Total	Gender Total	
2023/24	1	1	▼
2024/25	1	1	▼
2025/26	1	1	▼

All Data Submitted*

Race/Ethnicity Total : 3 Gender Total: 3

Create

Please select the Academic Year

2023/24 ▼

2023/24
2024/25
2025/26

Bas

Asian-Asian Indian
0

Asian-Cambodian
0

Asian-Chinese
0

Asian-Filipino
0

1. Select “Add Data” to provide the race/ethnicity and gender of students enrolled in each AY.
2. Each cohort should be one entry, entered in aggregate, to total the number of students enrolled in each AY.
3. Once each cohort has been entered, review that the Race/Ethnicity Total and Gender Total match the number of students on the previous page.
4. Check “All Data Submitted” and then “Save & Next” to advance to the next page.

Graduate Data: Review Imported Graduates

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner/Physician Assistants

75%

Graduate Data

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

If your organization was a past applicant and you opted to include graduate data from the last submitted application, the table below displays those graduates. To edit information, click on the Options button next to an individual's name and select Edit or Delete.

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

Total Number of Graduates

1

Graduates With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
2019/20	David	Crosby	Male	Asian - Korean

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.				

All Grads Submitted

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

1. You must include all AY 20/21 and AY 21/22 graduates in your application.
2. If you selected “Yes” to import prior year’s data on the “Program Data” page, imported graduate records display on the errors list.
3. To review records, select “Edit” from the arrow dropdown to open the record window.
4. Verify all information for each record on your errors list. Enter any additional information as required. The system will only move a record to the non-errors list after this step.

Note: Ensure only valid information is listed and errors are resolved. Records on the errors list after application submission may not be considered for scoring.

Graduate Data: Add New Graduates

Graduates With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
2019/20	David	Crosby	Male	Asian - Korean

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.				

All Grads Submitted

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

[Edit](#)

Graduating Class of*
2021/22

First Name*

Last Name*

HCAI Scholar NHSC Recipient

NPI Number*

Practice Specialty*
Family Medicine

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

Reason Practice Site Unknown*

- To add a new graduate, click the “Add a Graduate” button.
- A new window will open.
- Complete all required fields.

Graduate Data: Review New Graduates

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner/Physician Assistants

75%

Graduate Data

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

If your organization was a past applicant and you opted to include graduate data from the last submitted application, the table below displays those graduates. To edit information, click on the Options button next to an individual's name and select Edit or Delete.

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

Total Number of Graduates

1

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
2019/20	David	Crosby	Male	Asian - Korean

All Grads Submitted

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

1. To review, edit, or delete new graduates select the dropdown list for that line using the arrow.
2. After completing this step, click “Save & Next.”

Note: You must ensure only valid graduate information is listed and data issues are resolved. Graduates remaining on the errors list after application submission may not be considered for scoring.

Graduate Data: Practice Site Information

NPI Number *

Practice Specialty *

Do you know the graduate's practice site? *

No Yes

Practice Site Name *

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

▶ [More Information](#)

Facility Type (select all that apply) *

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

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

No Yes

1. You must add practice site information for all graduates unless they are working outside of California.
2. If your graduate is working in California and you know their practice site:
 - Select “Yes” under “Do you know the graduate’s practice site?”
 - Enter the practice site name.
 - If the practice site is not listed, select “Practice Site not Listed” and enter the practice site name.
3. For each site you must identify the Facility Type. Verify the facility types using the links under “More Information”.

Graduate Data: Out of State Graduates

Create

First Name *

Last Name *

Gender *

Ethnic/Racial Category *

HPEF Scholar NHSC Recipient

NPI Number *

Practice Specialty *

Do you know the graduate's practice site? *

No Yes

Reason Practice Site Unknown *

If your graduate is working outside of California:

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

Graduate Data Aggregate

Graduate Data Aggregate

Provide the race/ethnicity and gender of the graduates for the academic years 2020/2021, 2021/2022 by clicking on Add Data button.

Graduating Class of Academic Year ↑	Race/Ethnicity Total	Gender Total
2020/21	3	3
2021/22	3	3

All Data Submitted*

Race/Ethnicity Total : 6 Gender Total: 6

Create

Please select the Academic Year

2020/21

2020/21
2021/22

Based on the Academic Year selected above, enter the data for each of the following:

American Indian/Native American/Alaska Native

0

Asian-Asian Indian

0

Asian-Cambodian

0

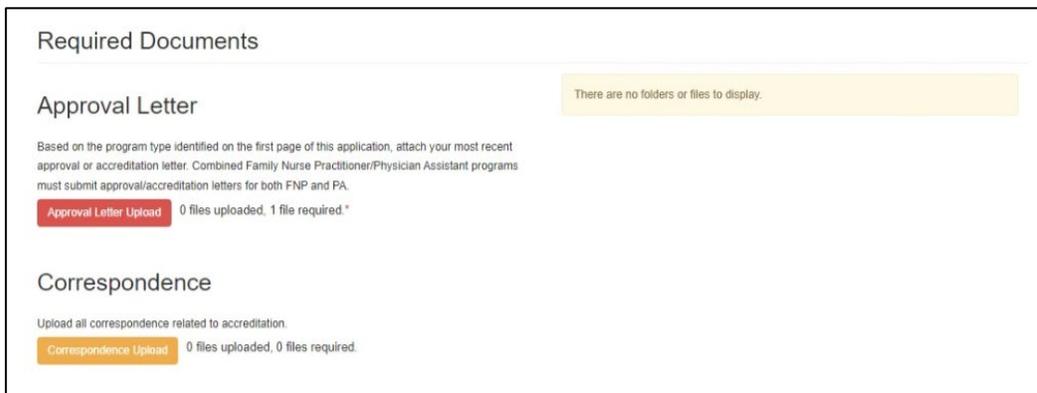
Asian-Chinese

0

1. Select “Add Data” to provide the race/ethnicity and gender of all graduates in each AY.
2. Each cohort should be one entry, entered in aggregate, to total the number of graduates from each AY.
3. Once each AY has been entered, review that the Race/Ethnicity Total and Gender Total match the number of graduates on the previous page.
4. Check “All Data Submitted” and then “Save & Next” to advance to the next page.

Required Documents

Before Attaching Documents:



Required Documents

Approval Letter

There are no folders or files to display.

Based on the program type identified on the first page of this application, attach your most recent approval or accreditation letter. Combined Family Nurse Practitioner/Physician Assistant programs must submit approval/accreditation letters for both FNP and PA.

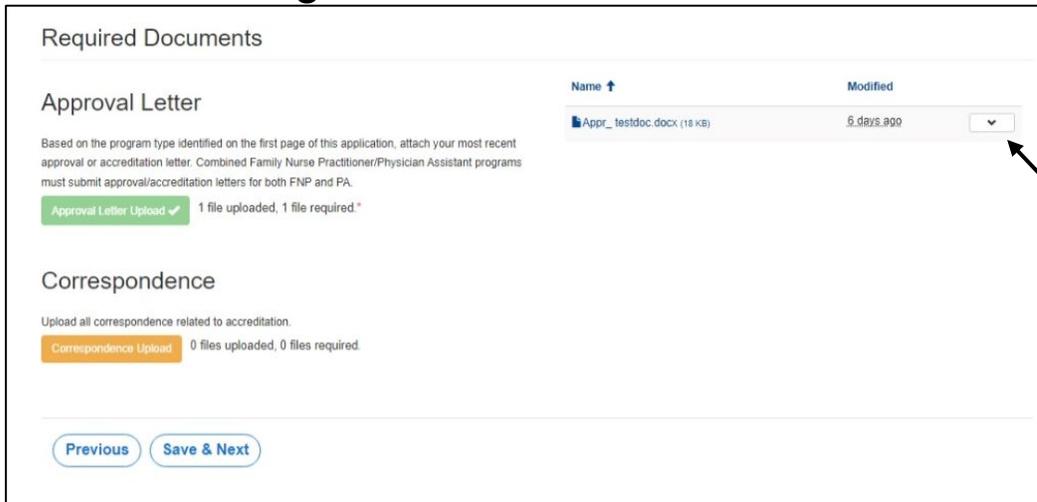
Approval Letter Upload 0 files uploaded, 1 file required.*

Correspondence

Upload all correspondence related to accreditation.

Correspondence Upload 0 files uploaded, 0 files required.

After Attaching Documents:



Required Documents

Approval Letter

Name ↑	Modified	
Appr_testdoc.docx (18 KB)	6 days ago	▼

Based on the program type identified on the first page of this application, attach your most recent approval or accreditation letter. Combined Family Nurse Practitioner/Physician Assistant programs must submit approval/accreditation letters for both FNP and PA.

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

Correspondence

Upload all correspondence related to accreditation.

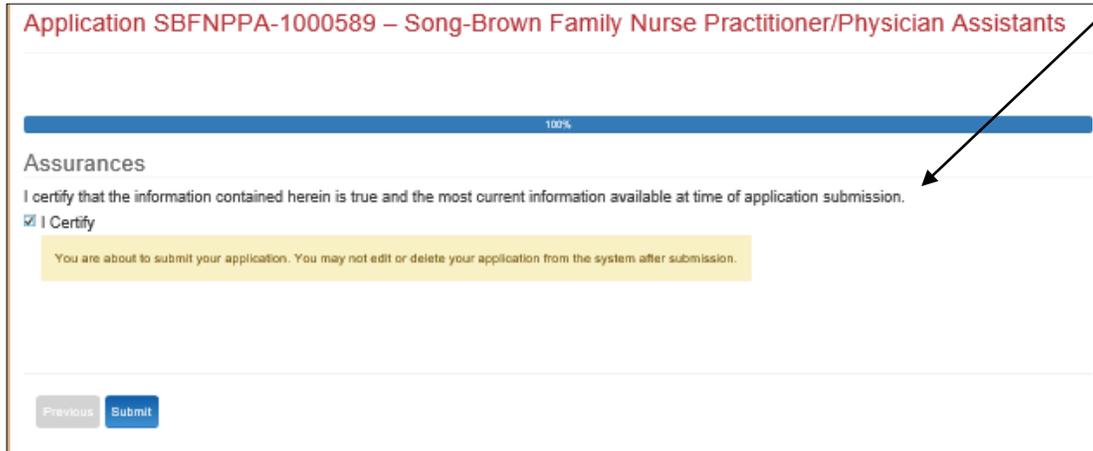
Correspondence Upload 0 files uploaded, 0 files required.

Previous Save & Next

- The red button(s) on this page indicates required document(s).
- For example, click on the “Approval Letter Upload” button to upload the required letter.
- Once you upload the required document, the button turns green signifying that you may continue.
- Ensure your document upload is titled to begin with the required prefix for the system to accept the document.
- Click “Save & 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 SBFNPPA-1000589 – Song-Brown Family Nurse Practitioner/Physician Assistants

100%

Assurances

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

I Certify

You are about to submit your application. You may not edit or delete your application from the system after submission.

Previous Submit

1. Read the certify statement.
2. Agree to the statement by checking the "I Certify" box.
3. Click the "Submit" button.
4. Upon submission, you will no longer be able to edit your application.

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

Submission Complete

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

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

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

View and Print Application

The screenshot shows the HCAI (Health Care Access and Information) web application interface. The top navigation bar includes 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments & Deliverables', and 'Messages'. The 'Applications - In Progress/Submitted' tab is active, displaying a table of applications. The table has columns for Grant Application Number, Training Program, Initiated By, Program Type, Status, Program, Application Due Date, Modification Due Date, and SBPCR New Program. A dropdown menu is open for the application 'SBFNPPA-0001348', showing options: 'Application View or Print', 'Student Graduates View or Print', 'Training Sites View or Print', 'Edit', 'Delete', and 'SBFNPPA View Scores'. A 'View details' button is also visible. The bottom section of the page contains a grid of links for various services, data submissions, CA healthcare infrastructure, public transparency, and about HCAI.

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
SBFNPPA-0001348	zzzTest #3zzz	David Roberts		In Progress	Song-Brown Family Nurse Practitioner/Physician Assistants/ Midwifery 2022	08/30/2022 3:00 PM	09/06/2022 3:00 PM	No

Services

- Submit Data
- Loan Repayment Programs
- Scholarships
- Grants
- Penalty Appeals

Data Submissions

- Patient-Level Administrative Data
- Health Facility Utilizations
- Hospital & LTC Financials
- Coronary Artery Bypass Graft Surgeries
- Healthcare Financial Assistance Policies
- Hospital Chargemasters

CA Healthcare Infrastructure

- All Facilities
- Healthcare Facility Detail
- Seismic Compliance and Safety
- Hospital Community Benefit Plans
- California Primary Care Office

Public Transparency

- Public Meetings
- Public Records
- Payment to Agency Reports

About HCAI

- Newsroom
- Divisions
- Laws & Regulations
- Public Meetings
- Careers

- To view or print your application, click “Applications In Progress/Submitted” tab
- Select the arrow dropdown on the application you want to view or print.

FNP/PA Postgraduate Fellowship Applications

Contract Administration (1/2)

Contract Administration

Contract Organization Name * 

Test Org

Doing Business As 

Prefix Contract Administrator First Name *  Contract Administrator Last Name * 

Title 

Phone 1 * Provide a telephone number Phone 2 Provide a telephone number

Contract Administrator Email *

Grant Agreement Signatory 

First Name *  Last Name *  Phone * Provide a telephone number

Email *

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

No Yes

Payee Data Record (STD 204) Signatory 

First Name * Last Name * Phone * Provide a telephone number

Email *

1. Before completing this page, you should verify the information with your contracts or finance office to ensure accuracy. Incorrect information delays agreements.
2. Enter the “Contract Organization Name”. This is the official business name as reported to the Internal Revenue Service and will be included in the Agreement.
3. Enter the “Grant Agreement Signatory.” This is the signatory authorized to enter into a grant agreement on behalf of your organization.
4. Enter the “STD. 204 Signatory.” This is the signatory with expertise on tax reporting for your organization.

Contract Administration (2/2)

The legal address for your organization must match the address on file with the IRS.

Is the legal address for your organization a PO box? * No Yes

PO Box *

City * State * Zip Code *

Should payments be sent to a different address than what is on file with the IRS? * No Yes

Is the Remit to address a PO Box? * No Yes

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

Street Address * Suite/Dept

City * State * Zip Code *

County *

Authorized Representative for the Payee

Authorized Rep First Name * Authorized Rep Last Name * Authorized Rep Phone *

Authorized Rep Email *

1. Enter the legal address for your organization.
 - Must match IRS records.
 - Use the “Street Address” lookup if it is a physical address.
2. Enter the remit address for your organization.
 - Use the “Street Address” lookup if it is a physical address.
3. Enter the Authorized Representative for the Payee. This is the person authorized to receive warrants on behalf of the payee.

Program Description

10%

Program Description

Provide an executive summary description of your training program. Include the year your program started and demonstrate how your program is meeting the priorities of the Song Brown statute. Please reference the Postgraduate Fellowship Grant Guide (page 3) on the Song-Brown website for more information.*

Provide program description here.

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

1. Complete the required field.
2. There is a maximum 2,500-character limit.
3. After completing this page, click “Save & Next.”
4. If you copy and paste text from another document, text will be cut off at 2,500 characters. Please double-check the information to make sure everything is captured.

Program Data

Program Data

Select the data you will be reporting: *

Student and Graduate data Student data only New program: no Resident/Student or Graduate data

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

No Yes

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

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

1. The import data option defaults to “No.”

- Do not mark “Yes.”
- Since this is the first year for the FNP/PA Postgraduate Fellowship pathway, you will need to add all training site, student, and graduate data one-by-one on the appropriate pages.

Training Sites

The image shows two overlapping screenshots of a web application interface for managing training sites.

The top screenshot displays a table with the following columns: Training Site Name, Private Practitioner Title, Private Practitioner First Name, Private Practitioner Last Name, Street Address, Suite/Dept, City, State, Zip Code, and County. Below the table, a yellow message box states "There are no records to display". A blue button labeled "Add a Site" is located in the top right corner of the table area.

The bottom screenshot shows an "Edit" window with the following form fields:

- Training Site Name: Text input field containing "Test Site".
- Is the training site a private practitioner's office?: Radio buttons for "No" and "Yes" (selected).
- Title: Dropdown menu showing "MD".
- Private Practitioner First Name: Text input field containing "Julian".
- Private Practitioner Last Name: Text input field containing "Bashir".
- + Select Address: Blue button.
- Street Address: Text input field containing "901 Portola Way".
- Suite/Dept: Text input field.
- City: Text input field containing "Oxnard".
- State: Text input field containing "CA".
- Zip Code: Text input field containing "93033".
- County: Text input field containing "Ventura".

1. To add a training site, click "Add a Site."
2. A new window will open.
3. Enter all required information.

Training Sites: Facility Type

Edit

Training Site Name *

Test-08/29/2023

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

No Yes

[+ Select Address](#)

Street Address* 1501 Capitol Ave Suite/Dept 1501 Capitol Ave

City Sacramento State CA Zip Code 95814

County United States

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

Facility Type (select all that apply) *

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

Is primary care provided at this site? *

- For each site you must identify the Facility Type.
- Verify the following facility types using the links under “More Information”:
 - Community Health Centers
 - Disproportionate Share Hospital
 - FQHC’s
 - FQHC Look-a-Likes
 - Government Owned Facilities
 - Indian Health Services Clinics
 - Rural Hospitals
 - Teaching Hospitals

Training Sites: Payer Mix

Edit

FQHC Look-a-Like Teaching Hospital
 Free Clinic None of the Above

Is primary care provided at this site?
 No Yes

Provide the total number of hours that all trainees combined spent at this site in the previous academic year.*
40

Payer Mix
Provide payer mix information (%) for the last 12 months (May 2022-April 2023).*

Medicare/Medi-Cal (Dual Eligibility)*
30.00

Medi-Cal (Traditional and Managed Care)*
30.00

Uninsured*
40.00

Training Site Reviewed for Accuracy
 No Yes

Submit

1. Enter the payer mix of each site for the timeframe listed in the application.
2. Payer mix does not have to total to 100% across all three fields here.
3. Verify all Training Site information is accurate by selecting “Training Site Reviewed.”
4. Click “Submit.”

Program Funding and Expenditures

Program Expenditures and Funding

Funds Requested

Program Type	# of Slots Requested*	Maximum Amount per Slot	Total Funds Requested
PA Postgraduate Fellowship	2	80,000.00	160,000
Grand Total			160,000

Enter the AY 2022-23 training program annual expenditures below for each line item.

Personnel* ⓘ	50,000.00
Operating Expenses* ⓘ	0.00
Major Equipment* ⓘ	50,000.00
Other Costs* ⓘ	60,000.00
Total	160,000.00

1. Complete all required fields.
2. “Total” training program expenditures must be equal to or greater than the “Max Funding” amount for your program.
3. You must enter your actual budget figures here.
4. After completing this page, click “Save & Next”.

Student Data: Add New Students

The screenshot displays a web interface for managing student data. At the top, there is a table header with columns for 'Graduating Class of Academic Year', 'First Name', and 'Last Name'. Below the header, a yellow message box states 'There are no records to display.' To the left of the table, the text 'Students With No Errors' is visible. A modal window titled 'Create' is open in the foreground, containing the following fields and options:

- Graduating Class of***: A dropdown menu with '2023/24' selected.
- First Name ***: A text input field.
- Last Name ***: A text input field.
- HCAI Scholar**
- NHSC Recipient**
- Practice Specialty***: A dropdown menu.
- Student Data Reviewed for Accuracy***: Radio buttons for 'No' and 'Yes'.
- Submit**: A blue button at the bottom of the modal.

An arrow points from the 'Add a Student' button in the table area to the 'Create' modal window.

- On this screen, and any screen that mentions “Students,” for purposes of the FNP/PA Postgraduate Fellowship application, we are asking for fellow data.
- To add a new fellow, click the “Add a Student” button.
- A new window will open.
- Complete all required fields and click “Submit.”

Student Data: Review New Students

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner/Physician Assistants

71%

Student Data

To add a new student, click on the **Add a Student** button and enter the required information. 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, click on the **arrow** button next to an individual's name and select **Edit** or **Delete**. The number of students entered on this page must reflect the **Students Enrolled** data you reported for the academic years in the **Program Data** section of this application.

Total Number of Students

1

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

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
2021/22	John	Deere	Male	Other not listed

[Add a Student](#)

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

1. To review, edit or delete a new fellow, select the arrow drop down list for that line.
2. After completing this step, click “Save & Next.”

Note: You must ensure only valid fellow information is listed and data issues are resolved. Fellows remaining on the errors list after application submission may not be considered for scoring.

Fellow Data Aggregate

60%

Student Data Aggregate

Provide the race/ethnicity and gender of the students enrolled in the graduating class of AY 2023/24, 2024/25, 2025/26 (if 3 cohorts) by clicking on Add Data button.

Graduating Class of Academic Year ↑	Race/Ethnicity Total	Gender Total
2023/24	1	1
2024/25	1	1
2025/26	1	1

All Data Submitted*

Race/Ethnicity Total : 3 Gender Total: 3

Create

Please select the Academic Year

2023/24
2024/25
2025/26

Bas

Asian-Asian Indian
0

Asian-Cambodian
0

Asian-Chinese
0

Asian-Filipino
0

1. Select “Add Data” to provide the race/ethnicity and gender of fellows enrolled in each AY.
2. Each cohort should be one entry, entered in aggregate, to total the number of fellows enrolled in each AY.
3. Once each cohort has been entered, review that the Race/Ethnicity Total and Gender Total match the number of fellows on the previous page.
4. Check “All Data Submitted” and then “Save & Next” to advance to the next page.

Graduate Data: Add Graduates

Graduates With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
2019/20	David	Crosby	Male	Asian - Korean

Graduates With No Errors

[Add a Graduate](#)

There are no records to display.

All Grads Submitted

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

[Edit](#)

Graduating Class of*
2020/21

First Name*
Sample

Last Name*
Graduate

HCAI Scholar NHSC Recipient

NPI Number*
0123456789

Practice Specialty*
Internal Medicine

Is this graduate providing primary care in a community-based ambulatory patient care setting two years post-fellowship?*

No Yes

Do you know the graduate's practice site?*

No Yes

- To add a graduate, click the “Add a Graduate” button.
- A new window will open.
- Complete all required fields.

Graduate Data: Review Graduates

Application SBFNPPA-0001348 – Song-Brown Family Nurse Practitioner/Physician Assistants

75%

Graduate Data

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

If your organization was a past applicant and you opted to include graduate data from the last submitted application, the table below displays those graduates. To edit information, click on the Options button next to an individual's name and select Edit or Delete.

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

Total Number of Graduates

1

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
2019/20	David	Crosby	Male	Asian - Korean

All Grads Submitted

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

1. To review, edit, or delete graduates, select the dropdown list for that line using the arrow.
2. After completing this step, click “Save & Next.”

Note: You must ensure only valid graduate information is listed and data issues are resolved. Graduates remaining on the errors list after application submission may not be considered for scoring.

Graduate Data: Practice Site Information

NPI Number *

Practice Specialty *

Do you know the graduate's practice site? *

No Yes

Practice Site Name *

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

▶ [More Information](#)

Facility Type (select all that apply) *

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

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

No Yes

1. You must add practice site information for all graduates except those working outside of California.
2. If your graduate is working in California and you know their practice site:
 - Select “Yes” under “Do you know the graduate’s practice site?”
 - Enter the practice site name.
 - If the practice site is not listed, select “Practice Site not Listed” and enter the practice site name.
3. For each site you must identify the Facility Type. Verify the facility types using the links under “More Information”.

Graduate Data: Out of State Graduates

Create

First Name *

Last Name *

Gender *

Ethnic/Racial Category *

HPEF Scholar NHSC Recipient

NPI Number *

Practice Specialty *

Do you know the graduate's practice site? *

No Yes

Reason Practice Site Unknown *

If your graduate is working outside of California:

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

Graduate Data Aggregate

Graduate Data Aggregate

Provide the race/ethnicity and gender of the graduates for the academic years 2020/2021, 2021/2022 by clicking on Add Data button.

Graduating Class of Academic Year ↑	Race/Ethnicity Total	Gender Total
2020/21	3	3
2021/22	3	3

All Data Submitted*

Race/Ethnicity Total : 6 Gender Total: 6

Create

Please select the Academic Year

2020/21

2020/21
2021/22

Based on the Academic Year selected above, enter the data for each of the following:

American Indian/Native American/Alaska Native

0

Asian-Asian Indian

0

Asian-Cambodian

0

Asian-Chinese

0

1. Select “Add Data” to provide the race/ethnicity and gender of all graduates in each AY.
2. Each cohort should be one entry, entered in aggregate, to total the number of graduates from each AY.
3. Once each AY has been entered, review that the Race/Ethnicity Total and Gender Total match the number of graduates on the previous page.
4. Check “All Data Submitted” and then “Save & Next” to advance to the next page.

Required Documents

Before Attaching Documents:

Required Documents

Approval Letter

There are no folders or files to display.

Based on the program type identified on the first page of this application, attach your most recent approval or accreditation letter. Combined Family Nurse Practitioner/Physician Assistant programs must submit approval/accreditation letters for both FNP and PA.

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

Correspondence

Upload all correspondence related to accreditation.

Correspondence Upload 0 files uploaded, 0 files required.

After Attaching Documents:

Required Documents

Approval Letter

Name ↑	Modified	
Appr_testdoc.docx (18 KB)	6 days ago	▼

Based on the program type identified on the first page of this application, attach your most recent approval or accreditation letter. Combined Family Nurse Practitioner/Physician Assistant programs must submit approval/accreditation letters for both FNP and PA.

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

Correspondence

Upload all correspondence related to accreditation.

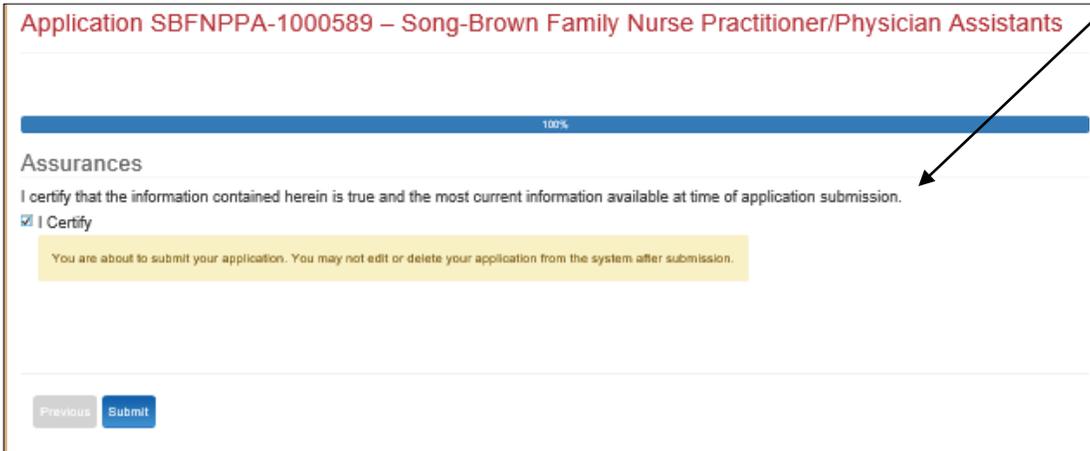
Correspondence Upload 0 files uploaded, 0 files required.

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

- The red button(s) on this page indicates required document(s).
- For example, click on the “Approval Letter Upload” button to upload the required letter.
- Once you upload the required document, the button turns green signifying that you may continue.
- Ensure your document upload is titled to begin with the required prefix for the system to accept the document.
- Click “Save & 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 SBFNPPA-1000589 – Song-Brown Family Nurse Practitioner/Physician Assistants

100%

Assurances

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

I Certify

You are about to submit your application. You may not edit or delete your application from the system after submission.

[Previous](#) [Submit](#)

1. Read the certify statement.
2. Agree to the statement by checking the "I Certify" box.
3. Click the "Submit" button.
4. Upon submission, you will no longer be able to edit your application.

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

Submission Complete

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

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

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

View and Print Application

HCAI

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

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
SBFNPPA-0001348	zzzTest #3zzz	David Roberts		In Progress	Song-Brown Family Nurse Practitioner/Physician Assistants/ Midwifery 2022	08/30/2022 3:00 PM	09/06/2022 3:00 PM	No

Application View or Print
Student Graduates View or Print
Training Sites View or Print
Edit
Delete
SBFNPPA View Scores

View details

Services

Submit Data	Data Submissions	CA Healthcare Infrastructure	Public Transparency	About HCAI
Loan Repayment Programs	Patient-Level Administrative Data	All Facilities	Public Meetings	Newsroom
Scholarships	Health Facility Utilizations	Healthcare Facility Detail	Public Records	Divisions
Grants	Hospital & LTC Financials	Seismic Compliance and Safety	Payment to Agency Reports	Laws & Regulations
Penalty Appeals	Hospital & LTC Financials	Hospital Community Benefit Plans		Public Meetings
	Coronary Artery Bypass Graft Surgeries	California Primary Care Office		Careers
	Healthcare Financial Assistance Policies			
	Hospital Chargemasters			

- To view or print your application, click “Applications In Progress/Submitted” tab
- Select the arrow dropdown on the application you want to view or print.

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:** Ensure you have attached all required documents. Failure to attach all required documents, or submitting incorrect documents, is cause for ineligibility.
- 3. Wrong Facility Type:** Ensure you verify the correct facility type using the links in the application. Incorrect facility types may impact scoring.
- 4. Outdated Remit To Address:** 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

- 5. Wrong Training Program Name:** Entered a new Training Program Title for an existing program. The proper course of action is to use the search function to select the exact Training Program Title used in the prior application, or the data import feature will not work. Contact Song-Brown staff if you need the training program name used last year.
- 6. Missing Data:** Did not include all training site, student and/or graduate data. Imported data must be verified, new data must be entered, and all data must be verified prior to submitting.
- 7. Inconsistent Data:** Data entered is inconsistent with the prior application. Ensure reporting method consistency by comparing the current application to the prior application.

Questions?

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