

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Bureau of Health Professions
Division of Nursing

Advanced Education Nursing Traineeship (AENT) Program

**Announcement Type: New
Announcement Number: HRSA-12-062**

Catalog of Federal Domestic Assistance (CFDA) No. 93.358

FUNDING OPPORTUNITY ANNOUNCEMENT

FISCAL YEAR 2012

**Phase 1: Application Due Date in Grants.gov: April 27, 2012
Phase 2: Supplemental Information Due Date in EHBs: May 8, 2012**

Release Date: March 22, 2012
Issuance Date: March 22, 2012

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Modified on 3/27: Additional language added to Section V.2. Review and Selection Process, Statutory Funding Preferences.

Modified on 4/13: Due dates extended; clarification to funding levels for traineeship awards

Karen Delia Breeden, MPA
Public Health (Program) Analyst, BHPr, Division of Nursing
Email Address: KBreeden@HRSA.gov
Telephone: (301) 443-5688
Fax: (301) 443-0791

Authority: Title VIII , Section 811 (a)(2) of the Public Health Service Act, (42 U.S.C. 296j(a)(2)), as amended by Section 5308 of the Patient Protection and Affordable Care Act of 2010, Public Law 111-148.

EXECUTIVE SUMMARY

Title VIII, Section 811 of the Public Health Service (PHS) Act, as amended by the Affordable Care Act of 2010 authorizes grants to provide funding for traineeships to students in advanced nurse education programs for the costs of full or partial tuition, books, and fees and stipends (reasonable living expenses) during the traineeship period. Effective fiscal year 2012, indirect costs not to exceed 8% are allowed.

Eligible applicants are collegiate schools of nursing, nursing centers, academic health centers, State or local governments and other private or public entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802 [of the Public Health Service Act].

Applications will be accepted from eligible applications that **offer primary care nurse practitioner (NP) and nurse-midwifery programs only.**

The current primary care workforce in the United States is inadequate to meet the growing demand for primary care services. Moreover, the aging workforce, the increasing demand for preventative health services and the expansion of health care coverage from the Affordable Care Act will likely widen the gap between demand and the available primary care workforce. The fiscal year (FY) 2012 AENT Program will help address that gap by providing traineeship support to students in primary care nurse practitioners (NP) and nurse-midwifery programs **only.**

HRSA Program Changes Include:

- Shortage of primary care providers and demographic changes require increasing supply of primary care providers.
- In addition, health coverage expansion from Affordable Care Act will substantially increase demand for primary care.
- HRSA enacting numerous programmatic initiatives to meet this growth in demand for primary care services.
- AENT Program, along with others in the Bureau of Health Professions, are targeting funding to primary care.

AENT Program Changes Include:

- Convert from annual application and formula-based award to a two year application with grants awarded through competitive, objective review.
- Two-year competitive awards. For fiscal year 2012 the budget periods are:
Year 1 – 08/01/2012 (compressed start date) – 06/30/2013
Year 2 – 07/01/2013 – 06/30/2014
- Limit eligible programs to those training students to become primary care nurse practitioners or nurse-midwives.

- Traineeship awards are limited to \$350,000 annually per eligible institution and at \$22,000 per eligible full-time student and at \$11,000 per eligible part-time student.
- Traineeship funds can be used for stipend (reasonable living expenses), textbooks (up to \$1,500) and tuition and fees.
- Applicants must submit a budget.
- Trainees must remain in academic good standing, in accordance with their institution's standards.
- Indirect costs of up to 8% are allowable for each year and are included in the \$350,000 annual budget limit.
- New reporting requirements: annual progress report (Non-Competing Continuation Progress Report) and new performance measures.
- The page limit has increased from 35 pages to 45 pages.
- Revised funding factors to the following: Statutory Funding Preference and Special Consideration.

**** TECHNICAL ASSISTANCE GOTOMEETING WEBINAR ****

An AENT Technical Assistance GoToMeeting Webinar is scheduled for the FY 2012 application cycle on Thursday, March 29, 2012 – 12:00 noon-2:30pm ET. Webinar and registration information is available on the Division of Nursing website at <http://bhpr.hrsa.gov/nursing/index.html>. Technical Assistance will help to prepare AENT applicants for the FY 2012 application period, highlight significant program changes, illustrate key steps and procedures on the AENT Tables and offer participants an opportunity to ask questions via the Chat functionality of the GoToMeeting Webinar.

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND	3
II. AWARD INFORMATION	4
1. TYPE OF AWARD	4
2. SUMMARY OF FUNDING	4
III. ELIGIBILITY INFORMATION	4
1. ELIGIBLE APPLICANTS.....	4
2. COST SHARING/MATCHING	5
3. OTHER	5
IV. APPLICATION AND SUBMISSION INFORMATION	6
1. ADDRESS TO REQUEST APPLICATION PACKAGE	6
2. CONTENT AND FORM OF APPLICATION SUBMISSION	8
i. <i>Application Face Page</i>	15
ii. <i>Table of Contents</i>	15
iii. <i>Budget</i>	15
iv. <i>Budget Justification</i>	16
v. <i>Staffing Plan and Personnel Requirements</i>	17
vi. <i>Assurances</i>	17
vii. <i>Certifications</i>	17
viii. <i>Project Abstract</i>	17
ix. <i>Project Narrative</i>	18
x. <i>Program Specific Forms</i>	21
xi. <i>Attachments</i>	21
3. SUBMISSION DATES AND TIMES.....	25
4. INTERGOVERNMENTAL REVIEW	26
5. FUNDING RESTRICTIONS	27
6. OTHER SUBMISSION REQUIREMENTS	28
V. APPLICATION REVIEW INFORMATION	29
1. REVIEW CRITERIA.....	29
2. REVIEW AND SELECTION PROCESS	31
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	34
VI. AWARD ADMINISTRATION INFORMATION.....	35
1. AWARD NOTICES	35
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	35
3. REPORTING	37
VII. AGENCY CONTACTS	39
VIII. OTHER INFORMATION	40
IX. TIPS FOR WRITING A STRONG APPLICATION.....	47
APPENDIX A.....	48

I. Funding Opportunity Description

1. Purpose

Title VIII, Section 811 of the Public Health Service (PHS) Act, as amended by the Affordable Care Act of 2010 authorizes grants to provide funding for traineeships to students in advanced nurse education programs for the costs of full or partial tuition, books, and fees and stipends (reasonable living expenses) during the traineeship period. Effective fiscal year 2012, indirect costs not to exceed 8% are allowed.

The purpose of the AENT program funding opportunity announcement for FY 2012 is to increase the number of primary care providers by providing traineeships to nurses who are pursuing advanced degrees as primary care nurse practitioners (NP) or nurse-midwives.

Under section 811 of the PHS Act, NP programs eligible for support are educational programs for registered nurses that meet guidelines prescribed by the Secretary; and have as their objective the education of nurses who will upon completion of their studies in such programs, be qualified to effectively provide primary health care. Under section 811 of the PHS Act, nurse midwifery programs eligible for support are educational programs that have as their objective the education of midwives; and are accredited by the American College of Nurse-Midwives Accreditation Commission of Midwifery Education.

Guidelines for Advanced Nursing Education Programs

Proposed programs should meet all applicable Federal guidelines and/or other national organizational guidelines for licensure, accreditation, certification, specialty and role education, and use national organizational competencies as appropriate and available in the field of study. Programs should prepare graduates to be eligible for national certification in an area of advanced nursing practice. Applicants should indicate the guidelines and competencies used by the programs for which support is requested. Projects that enhance nurse practitioner and nurse-midwifery programs must meet the Federal guidelines as published in the Federal Register, February 23, 2005, Volume 70, Number 35, for the Final Nurse Practitioner and Nurse-Midwifery Education Program Guidelines. Applicants should also refer to documents available at national organization websites. Such documents include, but are not limited to:

- 1) National Organization of Nurse Practitioner Faculties (NONPF) at <http://nonpf.com/> for documents such as the *Criteria for Evaluation of Nurse Practitioner Programs, A Report of the National Task Force on Quality Nurse Practitioner Education*.
- 2) Accreditation Commission for Midwifery Education (ACME) at <http://www.midwife.org/Accreditation>
- 3) Council on Accreditation of Nurse Anesthesia Educational Programs (COA) at <http://home.coa.us.com/Pages/default.aspx>
- 4) National Association of Clinical Nurse Specialists (NACNS) at www.nacns.org
- 5) American Organization of Nurse Executives (AONE) at <http://www.aone.org/>

- 6) Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education at <https://www.ncsbn.org/aprn.htm>

Requirements for the Advanced Education Nursing Traineeship Program

The institution must adhere to all statutory requirements, the AENT Program Terms which are stated on the Notice of Award (if funded), the Use of Grant Funds (see below), appointment of trainees, length of support, and termination of student trainees. The grantee is responsible for the disbursement of grant funds to eligible AENT students.

Use of Grant Funds

- 1) Full or partial tuition and fees.
- 2) Stipends (reasonable living expenses) that are pro-rated for training periods involving less than 12 months.
- 3) Required textbooks up to \$1,500 per trainee per year. Books for library or personal use are not allowable.
- 4) Costs of trainee travel are not allowable.
- 5) Indirect Costs (Facilities and Administrative - F&A Costs) up to 8%.

Appointment of Trainees – The grantee is responsible for the appointment of eligible students as trainees following the receipt of the Notice of Award.

- 1) A trainee may be appointed at the beginning of any academic period, including a summer session, which falls within the budget period specified by the current Notice of Award.
- 2) A trainee may be appointed at any point during their course of study.
- 3) Trainees must agree to provide the institution with the necessary information to complete the required Statement of Appointment form. The most recent Statement of Appointment form may be accessed via the following link: <http://grants.nih.gov/training/phs2271.pdf>. The form indicates to “Return this form to the PHS awarding component”, however, for this program, the form should be **maintained at the institution and not submitted to HRSA**. Trainees must agree to submit data regarding professional activity to the School of Nursing following graduation.

Length of Support – The grantee must assure that the requirements for length of support are met.

AENT Program support for each individual recipient:

- 1) is not transferable from the grantee institution which provided the support.

Termination of Trainees – The grantee is responsible for monitoring the academic success or failure of each trainee and for the termination of an AENT if the trainee:

- 1) is unable to complete the program of study for which the traineeship was awarded;
- 2) withdraws from the institution prior to the scheduled completion of the program;
- 3) fails to meet the predetermined academic standards of the institution; or
- 4) requests to terminate AENT support.

2. Background

Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHP) programs provide policy leadership and grant support for health professions workforce development—making sure the United States has the right clinicians, with the right skills, working where they are needed. Many Americans lack access to an ongoing source of health care due to a lack of health insurance and shortages of health care providers.

HRSA's health professions programs are designed to address these growing shortages in the country. These programs include a wide-range of training programs, scholarships, loans, and loan repayments for health professions students and practitioners that will increase the number and distribution of health professionals providing high quality, culturally competent health care.

Through Title VIII of the PHS Act, the BHP's Division of Nursing provides national leadership in the development, supply, and utilization of a diverse, culturally competent nursing workforce that provides quality health care services to meet the nation's changing health care needs.

The Advanced Education Nursing Traineeship Program is an approximately 56 year old Federal program administered by the Bureau of Health Professions, Division of Nursing. This is a student financial aid program for advanced education registered nurses. Grants are made to eligible institutions which in turn, select eligible students for AENT traineeship support. The first authorizing legislation for the Advanced Education Nursing Traineeship Program (formerly called the Professional Nurse Traineeships) was Title II of the Health Amendments Act of 1956, Section 307 of the Public Health Service Act. The Professional Nurse Traineeship Program became operational in fiscal year 1957 after Public Law 84-911 was signed by President Eisenhower on August 2, 1956. Forty-six schools were eligible to participate in the program. The changes in the program over the years have reflected changes occurring in patterns of nursing education and needs expressed by schools of nursing and stakeholders in the nursing community. (Source: Professional Nurse Traineeship Program, Anastasia P. Buchanan, Nurse Consultant, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.)

Primary care NPs and nurse-midwives play a critical role in improving access to primary care. Concerns over the adequacy of the primary care workforce has led policy makers to invest in the production of primary care advanced practice registered nurses (APRN), as well as new ways to organize and deliver primary care services. Increasing health care coverage, the accelerating drive toward prevention, and the need to reduce health care costs are driving efforts to increase accessibility to primary care services and to expand the primary care workforce. Thus, the fiscal year 2012 AENT application cycle will **only** accept applications for Primary Care Nurse Practitioner and Nurse-Midwifery Programs.

In response to a White House initiative, the Department of Health and Human Services (DHHS) and HRSA introduced a strategy in 2012 to facilitate career paths for veterans wanting to become advanced practice registered nurses: Helping Veterans Transition to Careers in Nursing: <http://www.whitehouse.gov/blog/2011/09?page=2>. Under this funding opportunity

announcement, HRSA recognizes universities and colleges that have outreach activities to assist veterans into advanced nursing careers.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant. Effective fiscal year 2012, the AENT program is transitioning from a formula-based program to a competitive objective review program.

2. Summary of Funding

The AENT Program will provide funding during federal fiscal years 2012-2013. For Fiscal Year 2012 (Year 1), the Budget Period is compressed and will run from August 1, 2012 through June 30, 2013. For Fiscal Year 2013 (Year 2) the budget period will run a full year from July 1, 2013 through June 30, 2014. Approximately \$22,750,000 is expected to be available annually to fund approximately 65 grantees. Applicants may apply for a ceiling amount of up to \$350,000 per year for traineeship support limited to \$22,000 for eligible full-time students and \$11,000 for eligible part-time students. The project period is two (2) years. Funding beyond the first year is dependent on the availability of funds for the AENT Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants.

Eligible applicants are collegiate schools of nursing, nursing centers, academic health centers, State or local governments and other public or private nonprofit entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802 [of the Public Health Service Act].

All nursing programs and consortium partners, if applicable, associated with the project must be accredited for the purpose of nursing education. Applicants must submit documentation providing proof of accreditation (e.g., an accreditation letter from the accrediting agency or a copy of the certificate of accreditation) with the application. Accrediting agencies include the Commission on Collegiate Nursing Education (CCNE), the National League for Nursing Accrediting Commission (NLNAC), and the American College of Nurse-Midwives Accreditation Commission for Midwifery Education.

Accreditation for Newly Established Graduate Program of Nursing:

A new program of nursing that is not eligible for accreditation at the time of the submission of an application by such recognized accrediting bodies or state agency shall be deemed accredited if the Secretary of Education finds that there is reasonable assurance that the program will meet the

accreditation standards of such bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program.

Applicants requesting support for doctoral programs should include documentation of accreditation of their graduate programs, if applicable, and describe where they are in the process of obtaining accreditation.

Approvals: Applicants must provide full documentation of all approvals (as defined in the Definitions section of this Funding Opportunity Announcement) needed to enroll students into a new master's or doctoral program. This includes approval from the school, the college/university and the State Board of Nursing, as appropriate.

2. Cost Sharing/Matching

Cost sharing/matching is not required for the AENT Program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort: The grantee must agree to maintain non-federal funding for grant activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the grant.

Proof of Accreditation: Applications that fail to provide proof of accreditation will be considered non-responsive, and the application will not be considered for funding under this announcement.

Number of Applications: Eligible applicants can **submit only one** application per campus. A campus is defined as a division of a university that has its own grounds, buildings (i.e., school of nursing) and faculty.

Eligible Students – To be eligible for AENT support, the student must be:

- 1) Enrolled full-time or part-time in an advanced nursing education program to become a primary care nurse practitioner or nurse-midwife.
- 2) Pursuing a master's or post-BSN to DNP, a combined RN to master's degree or a post-master's certificate as a primary care NP or nurse-midwife.
- 3) Maintains the predetermined academic standards of the institution.
- 4) A citizen of the United States, a non-citizen national or foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible to receive AENT support.

- 5) Eligible to sit for national nursing certification in the nursing specialty or field of study following graduation.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this Funding Opportunity Announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. The email must include the HRSA announcement number for which you are seeking relief, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification the applicant received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant due date.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and

HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>; or
- 2) Contacting the HRSA Digital Services Operation (DSO) at:
HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany the SF-424 R&R appear in the "Application Format Requirements" section below.

Applicants apply using a two-tier process in Grants.gov and HRSA's Electronic Handbooks (EHBs). The Phase 1 application submission process in Grants.gov requires the applicant to complete the SF-424 R&R form. The Phase 2 application submission process in the EHBs requires the applicant to complete the online AENT program specific data form and provide the required attachments.

PHASE 1: Application Due Date in Grants.gov: April 27, 2012 at 8:00pm ET

PHASE 2: Supplemental Information Due Date in EHBs: May 8, 2012 at 5:00pm ET

Once the application has been successfully submitted to Grants.gov (Phase 1), the applicant will receive an email from HRSA. This email will provide instructions and necessary information needed to access your Phase 2 application through HRSA's EHBs. This email will be sent to the authorizing official, the business official, the point of contact and the project director listed on the face page of the application. Applicants must submit (upload) the required attachments and complete the AENT Program Specific Data Form electronically via the HRSA's EHBs (Phase 2).

Only applicants who have successfully submitted a grant application through Grants.gov (Phase 1) by the due date may submit the required supplemental information in HRSA EHBs (Phase 2). See Section 4 of the User Guide for detailed application submission instructions.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 45 pages **when printed by HRSA**. The total file size may not exceed 10 MB. The 45 page limit includes the abstract, project narrative, budget narrative, attachments, and AENT Tables. Standard forms are NOT included in the 45 page limit. **We strongly urge you to print your application to ensure it does not exceed the 45-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

Applications must be complete, within the 45 page limit, within the 10 MB limit, and submitted prior to the due dates to be considered under this announcement.

Application Format

IMPORTANT NOTE: HRSA will use a two-tier submission process for the AENT applications via Grants.gov and HRSA's EHBs.

- **Phase 1 - Grants.gov** - Standard Form-424 R&R application kit. Also include AENT Attachment 1, submitted via Grants.gov with a due date of April 27, 2012.
- **Phase 2 - HRSA EHBs** – AENT Program Specific Tables and AENT Attachments 2-6, submitted via HRSA's EHBs with a due date of May 8, 2012.

Only grant applicants who have successfully submitted a grant application through Grants.gov (Phase 1) by the due date may submit the AENT Attachments and AENT Program Specific Tables in HRSA's EHBs (Phase 2).

Applications for funding must consist of the following documents in the following order:

SF-424 R&R Application Kit/AENT PROGRAM – Table of Contents for Grants.gov:

-  It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
-  Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
-  For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
-  For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 and 2	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 (R&R) - Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit. Each applicant may list only one Project Director.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Project/Performance Site Locations(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Not counted in the page limit.
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	<u>Required attachment.</u> Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	<u>Required attachment.</u> Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) – Section A-B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Not applicable to AENT.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) -	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		Section C – E, End of Section C. One for each budget period.	
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) – Section F-J form, Box K. Only one consolidated budget justification for the project period.	<u>Required attachment.</u> Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. Counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Not required. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Not required. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project	Not required.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		Information form, Box 11.	Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachments 1-15	Attachment	Can be uploaded in Other Attachments form 2-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple attachments.	Not Applicable to HRSA; Do not use.

🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.

🔔 Evidence of Non Profit status and invention related documents, if applicable, must be provided in the other attachment form.

🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.

🔔 Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that you place a table of contents cover page specific to the attachment. Table of contents page will not be counted in the page limit.

🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Maintenance of Effort Documentation Submit in Grants.gov.

Phase 2 of the Application Process: Required Program Specific Data Forms and Attachments for Submission in the HRSA’s EBHs

All AENT Tables are submitted through the HRSA EBHs.

Application Section (HRSA EBHs)	Form Type	Instruction	HRSA/Program Guidelines
AENT Program Tables	Form	<p>Table 1 - AENT: Master’s and Post-Nursing Master’s Certificate Data (Primary Care Nurse Practitioner)</p> <p>A. Student Enrollment Data (all Primary Care Nurse Practitioner and Post-Nursing Master’s Certificate in Primary Care)</p> <p>B. Students Supported by Traineeship Data (all Primary Care Nurse Practitioner and Post-Nursing Master’s Certificate in Primary Care supported by AENT)</p> <p>C. Graduate Data (all Primary Care Nurse Practitioner and Post-Nursing Master’s Certificate in Primary Care)</p> <p>D. Graduates Supported by Traineeship Data (all Primary Care Nurse Practitioner and Post-Nursing Master’s Certificate in Primary Care graduates supported by AENT)</p> <p>Table 2 - AENT: Nurse-Midwifery Data (Nurse-Midwifery Certificate, Nurse-Midwifery Master’s, Nurse-Midwifery Post-BSN to Doctoral) Enrollment, Traineeship Support, Graduate and Graduate Support Data</p> <p>Table 3 - AENT: Doctoral Program Data (Post-BSN to PhD and Post-BSN to DNP/DrNP)</p> <p>A. Doctoral Enrollment Data (all Post-BSN to DNP/DrNP students enrolled in Primary Care Nurse Practitioner Programs)</p> <p>B. Doctoral Students Supported by Traineeship Data (Primary Care Nurse Practitioner Post-BSN to DNP/DrNP AENT supported students)</p> <p>C. Doctoral Graduates Data (Primary Care Nurse Practitioner Post-BSN to DNP/DrNP)</p> <p>D. Doctoral Graduates Supported By Traineeship Data (all Primary Care Nurse Practitioner graduates supported)</p> <p>Table 4 - AENT: Rural, Underserved, or Public Health Practice Settings Data</p> <p>A. Graduate Data</p> <p>B. Graduates Supported by Traineeship Data</p> <p>Table 5 – AENT: Ethnicity Data</p> <p>Table 6 – AENT: Race/Disadvantaged Data</p> <p>A. Hispanic / Latino Ethnicity by Race</p> <p>B. Non Hispanic / Non Latino Ethnicity by Race</p>	<p>All Tables are to be entered into the HRSA EBHs as Phase 2 of the application process.</p> <p>Counted in the page limit (Part A, Part B, Part C and Part D are counted as individual pages).</p> <p>Counted in the page limit.</p> <p>Counted in the page limit.</p> <p>To be entered into HRSA EBHs as Phase 2 of the application process.</p> <p>Counted in the page limit (Part A, Part B, Part C and Part D are counted as individual pages).</p> <p>Counted in the page limit (Part A, Part B, Part C and Part D are counted as individual pages).</p> <p>Counted in the page limit.</p> <p>Counted in the page limit (Part A, Part B, and Part C are counted as individual pages).</p>

Application Section (HRSA EHBs)	Form Type	Instruction	HRSA/Program Guidelines
		<p>C. Unreported / Unavailable Ethnicity by Race</p> <p>Table 7 – AENT: Age and Gender Data</p> <p>Table 8A - AENT: Projected Master’s Data A. Total # of Projected Master Degree and Post Nursing Master’s Certificate Student Enrollment and Master Degree and Post Nursing Master’s Certificate Students Projected to Receive Traineeship Support by Role (Primary Care Nurse Practitioner and Nurse-Midwifery)</p> <p>Table 8B – AENT:Projected Doctoral Data B. Total # of Projected Doctoral Degree Student Enrollment and Doctoral Degree Students Projected to Receive Traineeship Support by Education Level by 10/15/2011 (Post-BSN to PhD and Post-BSN to DNP/DrNP)</p> <hr/>	<p>Counted in the page limit.</p> <p>Counted in the page limit.</p> <p>Counted in the page limit.</p>

Attachments for HRSA EHBs

Attachment 2	AENT Full-Time and Part-Time Status / Tuition, Fees and Stipends Submit in HRSA EHBs.
Attachment 3	Accreditation and Approval Documentation (CCNE, NLNAC, ACME). A letter of accreditation, a copy of the certificate of accreditation; or letter from the United States Department of Education providing “reasonable assurance of accreditation.” Submit in the HRSA EHBs.
Attachment 4	Statutory Funding Preference and Special Consideration Submit in the HRSA EHBs.
Attachment 5	Sites Designated by a State Governor, if applicable Submit in the HRSA EHBs.
Attachment 6	Institution Diversity Statement Submit in the HRSA EHBs.
Attachments 7-15	Other attachments Submit in the HRSA EHBs.

Application Format

i. Application Face Page

Complete Application SF-424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance (CFDA), the CFDA Number is 93.358.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 5 on the application Face Page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no Table of Contents is necessary, as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Please complete the Research & Related Budget Form (Section E – Participant / Trainee Support Costs and Section H – Indirect Costs) for each year of the budget period. In Section E, enter costs for Tuition and Fees, Stipends (reasonable living expenses), Required Textbooks (limited to \$1,500 annually per student) and the Number of Participants/Trainees only. In Section H, enter Indirect Costs up to 8%. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2.

The Cumulative Budget is automatically generated and provides the total budget information for the two-year grant request. Errors found in the Cumulative Budget must be corrected within the

incorrect field(s) in Budget Period 1 and/or 2; corrections cannot be made to the Cumulative Budget itself.

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification must clearly describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (two years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424 Research and Related budget form. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form.

Budget for Multi-Year Grant Award

This announcement is inviting applications for project periods of two (2) years. Awards, on a competitive basis, will be for a one-year budget period, although the project period may be for up to two (2) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the two-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

Participant/Trainee Support Costs: Include full or partial Tuition and Fees, Stipends (reasonable living expenses) and Required Text Books.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the

direct cost base for purposes of this calculation. Training grant applications from State, local, or Indian tribal governmental agencies may request full indirect cost reimbursement. State universities and hospitals are subject to the 8% limitation.

v. Staffing Plan and Personnel Requirements

Applicants must provide a Biographical Sketch (uploaded on the SF-424 R&R Senior/Key Person Profile form) that includes education and experience and qualifications for the Project Director who will be assigned to the project. When applicable, Biographical Sketches should include education, training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs. Each proposed project may have **only one** Project Director.

vi. Assurances

Complete Application Form 424B Assurances for Non-Construction Programs provided with the application package.

vii. Certifications

Use the Certifications and Disclosure of Lobbying Activities Application Form, if applicable, provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 7**.

viii. Project Abstract

Provide a one-page summary of the application. Because the abstract is often distributed to provide information to the public and Congress, it should be clear, accurate, concise, and without reference to other parts of the application. It must include the following:

- 1) A four or five sentence project summary
- 2) Specific, measurable objectives which the project will accomplish;
- 3) How the proposed project for which funding is requested will be accomplished, *i.e.*, the "who, what, when, where, why and how" of a project.

Please place the following information at the top of the Project Abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name and Credentials
- Project Director Contact Phone and Fax Numbers
- Project Director E-Mail Address

- Organizational Website Address, if applicable

ix. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- **INTRODUCTION**

This section should briefly describe the purpose of the proposed project.

Include a brief description of the primary care NP and/or nurse-midwifery programs offered at the institution. Identify the educational levels of the programs (master's, doctoral or post masters) that are offered. Describe how full-time and part-time enrollment status is defined by the institution.

Include the accreditation documentation (accreditation letter, accreditation certificate, if applicable letter of reasonable assurance) as Attachment 3 in the HRSA EHBS.

- **NEEDS ASSESSMENT**

This section outlines the needs of your community and institution. This section should help reviewers understand the community and institution that will be served by the proposed project.

- 1) Describe the institution's need for traineeship support, the benefit that the traineeship program is expected to have on the institution and the students, and the relevance and importance of the AENT support as it relates to preparing, graduating and having your graduates serve in primary care;
- 2) Describe the potential applicant pool in terms of demographic data (i.e., race, ethnicity, socioeconomics, geographic origin, and gender);
- 3) Explain the needs of your community and identify the population at the clinical training sites to be served by the primary care NP and nurse-midwifery students and graduates;
- 4) For the 2-year period preceding the fiscal year for which this funding is sought, provide the rate of graduates who have served and/or are currently serving residents in underserved areas/populations; and
- 5) Describe how this project will integrate the goals of *Healthy People 2020 Objectives for the Nation* (<http://www.healthypeople.gov/2020/default.aspx> or <http://healthypeople.gov/2020/about/default.aspx>) into the programs receiving traineeship support.

- **METHODOLOGY**

Propose methods that will be used to meet each of the program requirements and objectives in this funding opportunity announcement.

- 1) Clearly describe your objective for meeting the purpose/goal of this funding opportunity announcement;
 - 2) Describe the recruitment plan and selection criteria used by your institution for determining recipients for traineeship support. Provide evidence supporting a recruitment plan to increase the number of underrepresented or disadvantaged minority trainees;
 - 3) Describe the program pass rate on certification exams over the last 2 years, and the total estimated time to complete the program; and
 - 4) Describe the plan for the selection of settings for clinical experiences.
- **WORKPLAN**
 - 1) Describe the steps that will be taken to achieve each of the activities proposed in the methodologies section;
 - 2) Explain the steps that will be taken to help individuals from educationally disadvantaged backgrounds achieve and maintain the predetermined academic standards of the institution. Reference the definitions section for a description of educationally disadvantaged;
 - 3) Describe the process for tracking where students are employed after graduation;
 - 4) Describe the clinical placement settings, specifically a description of medically underserved community settings; and
 - 5) Describe how the project's recruitment activities for students seeking a primary care degree will be sustained after grant funding ends.
 - **RESOLUTION OF CHALLENGES**

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.
 - **EVALUATION PLAN**

HRSA requires programs to report program accomplishments on program completers in order to evaluate the effectiveness of their training program in producing advanced education nurses who provide primary care and nurse midwifery services to underserved populations. HRSA anticipates establishing guidelines for program evaluations in the coming year and will provide additional information at a later date.

The evaluation plan will fully describe strategies to assess the progress and outcomes of the proposed activities according to their corresponding objective(s). **Bureau of Health Professions Performance Measures are a new requirement for the AENT Program in 2012.** Applicants must present an evaluation plan that at a minimum addresses the following elements:

- 1) Evaluation technical capacity: current evaluation experience, skills, and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;

- 2) Performance Measures: how the required BHPPr performance measures for this program will be collected;
- 3) Evaluation Methods: evaluation questions; instruments/tools used; primary/secondary data sources, milestones, timeline, etc.; and
- 4) Quality assurance plan: process to validate data collection and results.

In preparing your evaluation plan:

- 1) Specify the indicators you will use to evaluate your success in meeting the project objectives;
- 2) Explain how the project may be replicated at a local, regional or national level and address the needs described in the Needs Assessment section; and
- 3) Explain what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. During the annual progress report, grantees are required to report, by specialty, on the following:
 - a. Number of enrollees and graduates the school had over the past 3 years.
 - b. The projected number of students to be enrolled and graduated over the next 2 years.
 - c. The actual number of full-time and part-time students funded by the AENT program each year, both enrolled and graduated, and any additional funding supporting these students received during the reporting period.

- **ORGANIZATIONAL INFORMATION**

Provide information on the School of Nursing or sponsoring institution's current mission and structure, scope of current activities, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

- 1) Identify institutional and human resources available to implement and support the project;
- 2) Provide evidence of applicant organization's commitment to improving access to primary care, such as mission statements describing support for institutional development, training and graduating trainees in primary care disciplines;
- 3) Describe applicant organization's ability to conduct the proposed project, such as evidence of prior or current experience of the project director or successful outcomes from prior AENT funding; and
- 4) Describe current community-based underserved training settings.
- 5) Describe the applicant's outreach for the "Helping Veterans Transition To Careers In Nursing Initiative" (reference Section V.1 Review Criteria – Criterion 2 Response). The application should provide a brief narrative entitled "Helping Veterans To Transition To Careers In Nursing Initiative" that:
 - Provides a statement (2-3 sentences) of veterans-related activities that justifies the plan for Helping Veterans To Transition To Careers In Nursing (Appropriate activities include: veterans-specific recruitment and retention strategies and accepting transfer of college credit hours);
 - States the impact of these activities on increasing the number of veteran trainees and graduates in the last 3 academic years, and other appropriate process and endpoint outcomes; and
 - Provides data to support the statement of impact as defined above.

ADDITIONAL NARRATIVE GUIDANCE	
The relationship between the areas of the Project Narrative and the Review Criteria for this announcement are detailed below.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	Need
Needs Assessment	Need
Methodology	Response
Work Plan	Response and Impact
Resolution of Challenges	Response
Evaluation Plan	Evaluative Measures
Organizational Information	Resources/Capabilities
	Support Requested

x. Program Specific Forms

The AENT tables and instructions specific for the AENT Program are listed in the tables provided in Appendix A.

- Table 1 - AENT: Master’s and Post-Nursing Master’s Certificate Data (Primary Care Nurse Practitioner)
- Table 2 - AENT: Nurse-Midwifery Data (Nurse-Midwifery Certificate, Nurse-Midwifery Master’s, Nurse-Midwifery Post-BSN to Doctoral)
- Table 3 - AENT: Doctoral Program Data (Post-BSN to PhD and Post-BSN to DNP/DrNP)
- Table 4 - AENT: Rural, Underserved, or Public Health Practice Settings Data
- Table 5 – AENT: Ethnicity Data
- Table 6 – AENT: Race / Disadvantaged Data
- Table 7 – AENT: Age and Gender Data
- Table 8A - AENT: Projected Master’s Data
- Table 8B – AENT: Projected Doctoral Data

xi. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. Each attachment must be clearly labeled.

ATTACHMENTS TO BE SUBMITTED IN GRANTS.GOV

Attachment 1: Maintenance of Effort Documentation

Applicants must complete and submit the following information with their application:

NON-FEDERAL EXPENDITURE

FY 2011 (Actual)	FY 2012 (Estimated)
Actual FY 2011 non-federal funds, including in-kind, expended for activities proposed in the application. If proposed activities are not currently funded by the institution, enter \$0.	Estimated FY 2012 non-federal funds, including in-kind, designated for activities proposed in the application.
Amount: \$ _____	Amount: \$ _____

ATTACHMENTS TO BE SUBMITTED IN HRSA EHBS

Attachment 2 - AENT Full-Time and Part-Time Status & Tuition, Fees and Stipends

Full-Time and Part-Time Status

Provide information on how the applicant institution defines the following:

- (1) Full-time graduate study: Indicate the number of credit hours or units required per term.
- (2) Part-time graduate study: Indicate the number of credit hours or units required per term.

IMPORTANT NOTE: Institutions are no longer required to provide full-time equivalent (FTE) calculations for part-time enrollees.

Tuition, Fees and Stipends

- (1) Provide the in-state and out-of-state tuition costs for a full-time and part-time student.
- (2) Indicate the total cost of stipend support that would be required to support all the graduates eligible for support from July 1, 2012 - June 30, 2013 and July 1, 2013 – June 30, 2014 for a 12-month period, if funds were available.
- (3) Based on the “Projected Student Enrollees” (full-time and part-time) reported on Tables 1-3, indicate the total cost of tuition and fees that would be required to support all the graduate students eligible for support from July 1, 2012 - June 30, 2013 and July 1, 2013 – June 30, 2014 if funds were available.

Attachment 3 - Accreditation Documentation

Applicants with current/continued accreditation must provide documentation (certificate, letter) of accreditation from CCNE, NLNAC, ACME. Applicants in the accreditation process must provide a letter of reasonable assurance of accreditation from the United States Department of Education. Also, include a statement regarding accreditation with the complete expiration date in the Project Narrative – Introduction section.

Accreditation Instructions:

Provide the name of the education program that is accredited and the national nursing accrediting agency: i.e., the Commission on Collegiate Nursing Education (CCNE), the National League for Nursing Accrediting Commission, Inc. (NLNAC), the Accreditation Commission for Midwifery Education (ACME) along with the expiration date. If a site visit is scheduled within the next 12 months, provide the date for the visit. Use the following format example:

Master of Science in Nursing (MSN)

Accredited by: National League for Nursing Accrediting Commission

Expiration Date: June 30, 2015

Next site visit: Fall 2014

Approval Documentation: If applicable, applicants must provide documentation of all approvals needed to enroll students into a new master’s or doctoral program. This can be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs.

Instructions for Attachment 3 if the institution is seeking a Department of Education Letter of Reasonable Assurance of Accreditation:

The applicant nursing program must contact a nursing accrediting agency recognized by the Secretary of the Department of Education before requesting a reasonable assurance letter from the Department of Education. The new program will need to request the recognized accrediting agency to prepare its letter describing the new program’s progression toward accreditation by answering the six questions enumerated below:

- 1) Is this program actively pursuing accreditation with the agency?
- 2) What is the date of the program’s pending application for accreditation and the date or approximate date when the agency’s decision-making body is likely to decide whether to grant or deny accreditation for this program.
- 3) Does the agency accredit any other nursing education programs at this institution and, if so, are those programs in good standing with your agency?
- 4) Currently, what stages of the accreditation process has this program completed, and what stages remain to be completed? Please summarize the kinds of materials already submitted in support of the program’s application and reviewed by your agency, as well as any on-site visits that have occurred.

- 5) Based on your records, what will be the start date or approximate start date of the program's academic year that immediately follows the expected graduation date for the students comprising the program's first entering class?
- 6) Based on the agency's review of each program to date, is there any reason to believe that the program will be unable to demonstrate compliance with your standards and requirements and gain accreditation by the beginning of the academic year following the normal graduation date of students of the first entering class in such a program? If so, why?

In addition, the letter from the recognized accrediting agency should state that the new educational program is an accrediting activity that falls within the scope of the Secretary's recognition and that the new program will meet the accreditation/approval standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program.

The applicant program will submit, not less than 30 days prior to the HRSA application due date, its request for a letter of assurance along with the accrediting agency letter and any supporting documentation regarding the accreditation or approval of the nursing program to the Accreditation Division staff at aslrecordsmanager@ed.gov or by regular mail to:

Accreditation Division
U.S. Department of Education
1990 K Street, NW, Room 7126
Washington, DC 20006-8509
(HRSA LETTERS)

For additional information regarding the submission contact Cathy Sheffield at (202) 219-7011; fax: (202) 219-7005; or email: Cathy.Sheffield@ed.gov .

The program will also submit its contact name(s), address(es), phone number(s), email addresses and the name of the HRSA program with all correspondence sent to the Department of Education.

The Accreditation Division will acknowledge receipt of the application by notifying the program by email. If the application is not received timely, the acknowledgement letter will notify the program that the Accreditation Division will not process the request.

The Department of Education will process the program's request for a letter of reasonable assurance documenting the Secretary's determination that the new program will meet the appropriate accreditation standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program.

Attachment 4 – Statutory Funding Preference and Special Consideration

- **Statutory Funding Preference (Applications that meet the Statutory Funding Preference will be placed in a more competitive position among the applications that**

can be funded.) There is one statutory funding preference that can be met in any one of three ways. Please indicate if the following funding preferences are being requested:

- Graduates substantially benefit rural populations
- Graduates substantially benefit underserved populations
- Graduates help meet public health nursing needs in state or local health departments

(Reference Section V.2 of the FOA for instructions)

- **Special Consideration (2 points)**

Please indicate if the following special consideration is being requested:

- Graduates practice in health professional shortage areas (HPSA) designated under PHS Act, section 332

(Reference Section V.2 of the FOA for instructions)

Attachment 5 – HPSA Designation (If Applicable)

To determine if an applicant is eligible for designation under PHS Act, section 332 as a HPSA, they must present proof from the designating authority. The preference will not be applied without this verification to be submitted in Attachment 5. Applicants can determine if they are eligible to be designated as a HPSA by using the Shortage Designation Advisor available at: <http://bhpr.hrsa.gov/shortage/> or <http://bhpr.hrsa.gov/shortage/shortageareas/index.html> or by calling: 1-800-400-2742.

Sites Designated by a State Governor (if applicable)

For sites designated by a State Governor (in consultation with a medical community) as a shortage area or medically underserved community, an **official letter** from the Governor's office or from the state agency involved in the Governor's designation of such sites for the state should be included in Attachment 5.

Refer to Section V.2 for further information.

Attachment 6: Institution Diversity Statement (Required)

- 1) Describe the institution's approach to increasing the number of diverse health professionals through an established strategic plan, policies, and program initiatives.
- 2) Describe the health professions school and/or program's recent performance in recruiting and graduating students from underrepresented minority groups and/or students from educationally and economically disadvantaged backgrounds.
- 3) Describe future plans to recruit, retain, and graduate students from underrepresented minority groups and students from educationally and economically disadvantaged backgrounds.

3. Submission Dates and Times

Application Due Dates

The due date in Grants.gov (Phase 1) for applications under this funding opportunity announcement is April 27, 2012 at 8:00P.M. ET. The due date to complete all other required information in HRSA's EHBs (Phase 2) is May 8, 2012 at 5:00P.M. ET. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and the HRSA EHBs and has been validated by Grants.gov and the HRSA EHBs on or before the due date(s) and submission time(s).

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published due dates when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Applications will be considered as having been formally submitted and having met the deadline if: (1) the application has been successfully transmitted electronically by your organization's Authorizing Official (AO) through Grants.gov and it has been successfully validated by Grants.gov on or before the deadline date and time; and (2) the Project Director has entered the HRSA EHBs to review the application, and the AO submits additional information on or before the deadline date and time.

After successful submission in Grants.gov (Phase 1) and subsequent processing by HRSA, you will be notified by HRSA confirming the successful receipt of your application and the requirements for the Project Director and AO to review and submit additional information in the HRSA's EHBs (Phase 2). Your application will not be considered compliant and complete unless you review and submit the additional information in HRSA's EHBs by the due date.

Notifications from HRSA EHBs are expected to go out within 24-48 hours from the date of submission. If you do not receive notification that your application has been successfully received, please contact the HRSA Call Center at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov. Please have your Grants.gov tracking number available.

Late applications:

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The AENT Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to two (2) years, at no more than \$350,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

- 1) Books for library or personal use.
- 2) Trainee travel.

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Per Division F, Title V, Section 508 (a) None of the funds made available in this Act may be used for (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). The term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act (December 23, 2011), that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process, you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization’s E-Business Point of Contact (E-Biz POC)
- Confirm the organization’s CCR “Marketing Partner ID Number (MPIN)” password
- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov Help Desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the due dates.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due dates. HRSA will not accept submission or re-submission of

incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date(s), HRSA will only accept the applicant's last electronic submission prior to the application due dates as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: Applicants should track their application status by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The AENT Program has six (6) Review Criteria:

Criterion 1. NEED (20 points)

The need for the project will be evaluated based on the extent to which the applicant addresses the criteria below:

- The institution's need for traineeship support and the benefit that the traineeship program is expected to have for the institution and students;
- How the AENT traineeships will support the preparation, graduation and employment of trainees in primary care, rural or underserved areas/populations, or public health practice settings;
- The community needs and the populations served by the primary care NP and nurse-midwifery students and graduates;
- The number of primary care NP and nurse-midwifery students expected to receive traineeship support;
- Evidence of an increasing number of graduates serving in rural or underserved areas/populations or public health practice settings;

- Evidence of an increasing number of trainees who have clinical experiences in medically underserved communities; and
- The integration of the goals of *Healthy People 2020* into the programs receiving traineeship support.

Criterion 2. RESPONSE (25 points) – up to 4 of the 25 points will be awarded to applicants that demonstrate outreach for the Helping Veterans Transition to Careers in Nursing Initiative. The responsiveness of the project will be evaluated based on the extent to which the applicant addresses the criteria below:

- A clear plan is provided to meet the project objectives;
- The recruitment plan will increase the number of underrepresented or disadvantaged minority trainees supported with AENT funding;
- Pass rates on Specialty Certification Exams among prior graduates;
- The plan to assist trainees from educationally disadvantaged backgrounds to achieve and maintain the predetermined academic standards of the institutions;
- Outreach for Helping Veterans To Transition To Careers In Nursing Initiative is provided;
- The plan to track student employment after graduation;
- The facilities where clinical experiences occur are in medically underserved areas/populations; and
- The challenges/barriers that may be encountered and the solutions to overcome.

Criterion 3. Evaluative Measures (20 points)

The evaluation plan must demonstrate the effectiveness of the method proposed to monitor and evaluate the project results. The evaluation measures must assess: 1) to what extent the program objectives (i.e. to prepare graduates to work in primary care settings) have been met; and, 2) to what extent these can be attributed to the traineeship program. The proposed method for evaluating the project will be evaluated based on the extent to which the applicant addresses the criteria below:

- The procedures to collect, analyze, and report on the number of students to be enrolled and graduated over the next 2 years, the number of full-time and part-time trainees, and the number of traineeship graduates to serve in rural and underserved areas/populations;
- The rigor of the methodology to evaluate the proposed project;
- The process to validate data collection and results including a description of evaluation activities, expected results and challenges;
- The salience of indicators that will be used to evaluate project objectives;
- The linkage of the outcome measures to the Need statement; and
- The overall quality of the evaluation plan.

Criterion 4. IMPACT (15 points)

The impact of the project will be evaluated based on the extent to which the applicant demonstrates the effectiveness of the proposed project to carry out the intent of the AENT Program and project objectives:

- Increasing the number of primary care providers serving in medically underserved communities; and

- Increasing the number, distribution and diversity of primary care NPs and nurse-midwives.

Criterion 5. RESOURCES/CAPABILITIES (10 points)

The resources and capability of the applicant to conduct the project will be evaluated based on the extent to which the applicant addresses the criteria below:

- The capabilities of the Project Director for the AENT Program;
- The capabilities of the applicant organization, and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project;
- The institution’s commitment, experience, and success in enrolling and graduating primary care NPs and/or nurse-midwives;
- The academic and clinical learning resources and learning opportunities for trainees; and
- The institutional resources and community support for the project.

Criterion 6. SUPPORT REQUESTED (10 points)

The support requested for the project will be evaluated based on the extent to which the applicant addresses the criteria below:

- The adequacy of the budget to meet the stated project objectives;
- The consistency of the budget request with the enrollment and graduation history and projections; and
- A plan for awarding traineeships among eligible students.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent peer review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

FUNDING FACTORS

All applicants must complete Attachment 4 – Statutory Funding Preference and Special Consideration – to designate if the Statutory Funding Preference and Special Consideration were requested or not requested and met or not met.

STATUTORY FUNDING PREFERENCES

The authorizing legislation, PHS Act section 805, provides a funding preference for some applicants. Applications receiving preferences will be placed in a more competitive position among the applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference in one of three ways as follows:

A statutory funding preference will be granted to projects that “**substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments.**” This preference will be applied to all applications that are rated favorably by HRSA’s review panel(s), using the published review criteria.

A funding preference may be granted to any qualified applicant that specifically requests the preference in the Needs Assessment section of the application (Section IV.2.ix), submits Table 4A: Graduate Data - Rural, Underserved, or Public Health (7/01/2010 - 6/30/2011) with complete and accurate data, and meets the criteria for the preference as described below.

To qualify for the Statutory Funding Preference, an applicant must have a high rate for placing program graduates in clinical practice settings having the principal focus of serving rural or underserved communities. See Glossary in Section VIII for a program definition of **Medically Underserved Community (MUC)**.

HPSA Designation

To determine if an applicant is eligible for designation under PHS Act, section 332 as a HPSA they must present proof from the designating authority. The preference will not be applied without this verification to be submitted in Attachment 4. Applicants can determine if they are eligible to be designated as a HPSA by using the Shortage Designation Advisor available at: <http://bhpr.hrsa.gov/shortage/> or <http://bhpr.hrsa.gov/shortage/shortageareas/index.html> or by calling: 1-800-400-2742.

Sites Designated by a State Governor

For sites designated by a State Governor (in consultation with a medical community) as a shortage area or medically underserved community, an **official letter** from the Governor’s office or from the state agency involved in the Governor’s designation of such sites for the state should be included in Attachment 5. An **official listing or other convincing evidence** may be substituted provided that it clearly indicates that designation of sites is by the State Governor or state agency acting for the Governor in this capacity. Without such documentation supplied in Attachment 5, the preference will not be awarded.

Information on Community Health Center (CHCs), Migrant Health Center (MHCs), and/or homeless health centers is available on HRSA's web site under the Bureau of Primary Health Care (BPHC) at <http://bphc.hrsa.gov/about/index.html> or you may call 1-800-400-2742.

Meeting the Statutory Funding Preference by Demonstrating “High Rate”

Graduates: To qualify for the statutory funding preference by demonstrating high rate, an applicant must have a high rate of 7/1/2010 to 6/30/2011 graduates currently employed in practicing settings that substantially benefit rural or underserved populations or public health when compared to the rest of the 2012 competition applicants. The numerator will be the number of graduates between 7/1/2010 to 6/30/2011 who are currently employed and practicing in rural or underserved areas/populations or public health. The denominator will be total number of nursing school graduates from 7/1/2010 to 6/30/2011.

Based on the data provided in Table 4A (see Appendix A of this funding opportunity announcement), the rate defining the threshold for “high” will be determined each time the AENT Program is competed by calculating the median rate of graduates placed in rural or underserved populations or public health from the pool of applicants requesting the statutory funding preference by demonstrating high rate. The median rate will be provided to the reviewers by HRSA prior to the review. Reviewers will compare the rate reported by the applicant to the median. The preference will be awarded to those applicants whose rates are greater than the median, and the application demonstrates that the project substantially benefits rural populations, substantially benefits underserved populations, or helps meet the public health nursing needs in state or local Health Departments. Applications that meet the Statutory Funding Preference will be placed in a more competitive position among the applications that can be funded.

The applicant should report all graduates, regardless of their training's source of funding.

Applicants are advised to include the request in the Need section of the application, in the abstract, and in the project narrative; and to identify and integrate into the detailed description of the project how the proposed project substantially benefits rural or underserved populations, or helps meet public health nursing needs in state or local health departments as outlined below.

To demonstrate that the project “Substantially Benefits Rural Populations”— The applicant should provide documentation indicating:

- that students will have a field placement or practicum experience in a site serving rural populations, which include at least one of the following: Rural Health Clinic, State Office of Rural Health, Critical Access Hospital (CAH), Sole Community Hospital (SCH), Medicare Dependent Hospital (MDH) or Rural Referral Center; and
- the specific ways AENT Trainees and graduates are prepared to meet the health care needs of rural populations and a high proportion of graduates go to work in a site serving rural populations.

To demonstrate that the project “Substantially Benefits Underserved Populations”— The applicant should provide documentation indicating:

- that the applicant is located in a health professional shortage area, medically underserved community, or serves medically underserved populations and focuses on primary care, wellness, and prevention strategies; and
- the specific ways AENT Trainees and graduates are prepared to meet the health care needs of the underserved and a high proportion of graduates go to work in a site serving underserved populations.

To demonstrate that the project “Helps Meet the Public Health Nursing Needs in State or Local Health Departments”— The applicant should provide documentation:

- of linkage(s) with state, local and federal health departments for student learning experiences.

SPECIAL CONSIDERATION

A special consideration is defined as the enhancement of priority scores by peer reviewers based on the extent to which the application addresses areas of concern in a discretionary program. The authorizing legislation, PHS Act section 811(g)(2), provides a special consideration for some applicants. A special consideration shall be given to applicants who will “expend the award to train advanced education nurses who will practice in health professional shortage areas designated under section 332.” Applicants that meet the special consideration will be awarded two points.

To meet the special consideration, applicants must answer the questions related to enrollees’ clinical sites and meet the criteria for the special consideration as described below.

Requesting and Meeting the Special Consideration by demonstrating “High Rate”

Enrollees: To qualify for the statutory funding preference by demonstrating high rate, an applicant must have a high rate of 7/1/2010 to 6/30/2011 enrollees who had clinical experiences in MUCs when compared to the rest of the 2012 competition applicants. The numerator will be the number of enrollees supported with AENT grant funding who had clinical experiences in MUCs between 7/1/2010 to 6/30/2011 (enrollees supported from AENT Tables 1B, 2 and 3B). The denominator will be total number of enrollees (all enrollees from AENT Tables 1A, 2 and 3A) in all primary care settings from 7/1/2010 to 6/30/2011.

Based on the data provided in the Enrollees Supported In Medically Underserved Community (MUC) Settings questions following Table 4A, the rate defining the threshold for “high” will be determined each time the AENT Program is competed by calculating the median rate of enrollees who had clinical experiences in MUCs from the pool of applicants requesting the statutory funding preference by demonstrating high rate. The median rate will be provided to the reviewers by HRSA prior to the review. Reviewers will compare the rate reported by the applicant to the median.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which support will be given, the non-federal share to be provided (if applicable), and the total project period (two years for AENT) for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of August 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the Term.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 13-227, the

Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Diversity

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP) is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed. In FY 2011, BHP adopted Diversity Guiding Principles for all its workforce programs that focus on increasing the diversity of the health professions workforce.

All health professions programs should aspire to --

- recruit, train, and retain a workforce that is reflective of the diversity of the nation;
- address all levels of the health workforce from pre-professional to professional;
- recognize that learning is life-long and should be supported by a continuum of educational opportunities;
- help health care providers develop the competencies and skills needed for intercultural understanding, and expand cultural fluency especially in the areas of health literacy and linguistic competency; and
- recognize that bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate

disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at <http://www.whitehouse.gov/omb/circulars>;

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. Status Reports

1) Federal Financial Report.

The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) Progress

The awardee must submit a progress report to HRSA on an annual basis. *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds.* The **BHPr Progress Report has two parts.** The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) Final Report

All BHPr grantees are required to submit a final report **within 90 days after the project period ends.** The Final Report must be submitted on-line by grantees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide the Bureau of Health Professions (BHPr) with information required to close out a grant after completion of project activities. As such, every grantee is required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information
 - Project overview.
 - Project impact.
 - Prospects for continuing the project and/or replicating this project elsewhere.

- Publications produced through this grant activity.
- Changes to the objectives from the initially approved grant.

Grantees are also required to submit to BHP a copy of their final evaluation report.

d. Transparency Act Reporting Requirements

New awards (“Type 1”) issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Pamela Bell

Grants Management Specialist
ATTN: AENT (A10)
Office of Financial Assistance Management
Division of Grants Management Operations
Parklawn Building, Room 11A-02
5600 Fishers Lane Room
Rockville, MD 20857
Telephone: 301-443-3504
Fax: 301-443-6343
Email: PBell@HRSA.gov

Additional information related to the overall program issues and technical assistance regarding this funding announcement may be obtained by contacting:

Karen Delia Breeden, MPA

Program Analyst, Division of Nursing
AENT: A10
Bureau of Health Professions, HRSA
5600 Fishers Lane Room 9-61
Rockville, MD 20857
Telephone: 301-443-5787
Fax: 301-443-0791

Email: KBreeden@HRSA.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Applicants may need assistance when working online to submit the remainder of their information electronically through HRSA's Electronic Handbooks (EHBs). Applicants should always obtain a case number when calling for support. For assistance with submitting the remaining information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Phone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

**** TECHNICAL ASSISTANCE GOTOMEETING WEBINAR ****

An AENT Technical Assistance GoToMeeting Webinar is scheduled for the FY 2012 application cycle on Thursday, March 29, 2012 – 12:00 noon-2:30pm ET. Webinar and registration information is available on the Division of Nursing website at <http://bhpr.hrsa.gov/nursing/index.html>. Technical Assistance will help to prepare AENT applicants for the FY 2012 application period, highlight significant program changes, illustrate key steps and procedures on the AENT Tables and offer participants an opportunity to ask questions via the Chat functionality of the GoToMeeting Webinar.

PROGRAM DEFINITIONS

“Academic Health Center” means an institution that includes a school of medicine, a teaching hospital, and at least one additional health education school (e.g. nursing) and which is owned and/or affiliated with clinical agencies providing for the delivery of patient services. Each entity generally maintains a separate identity and autonomy. While the organization and structure may vary, it must include an accredited school of nursing.

“Accredited” means a program recognized by a national body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency approved for

such purpose by the Secretary of Education.

“Advanced Education Nursing Program” means a program of study in a collegiate school of nursing or other eligible entity which leads to a combined R.N./master’s degree, a master’s degree, and/or a doctoral degree and which prepares nurses to serve as nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

For fiscal year 2012 support is limited to programs that lead to a master’s and/or doctoral degree which prepares nurses to serve as primary care nurse practitioners and nurse-midwives.

“Advanced Education Nurse Trainee” means a student enrolled in a graduate program receiving traineeship support from an Advanced Education Nursing Traineeship grant.

“Approval” means that a specific body, committee, Board, or Commission at the Faculty, Department, School, University, or State levels has formally voted in agreement for the initiation of or a substantive change in the program. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs. Examples of steps in the approval process are the following: nursing faculty curriculum committee, Faculty Senate, Board of Regents of the University, State Finance Board for Higher Education, State Board of Nursing. Applicants must list the entities whose agreement is necessary to initiate the program and enroll students in the program of study.

“Authorized Official / Authorized Organizational Representative” means the individual authorized by the applicant organization to act for the applicant and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards. Responsibilities include: submitting the grant on behalf of the company, organization, institution, or Government and signing grant applications and the required certifications and/or assurances necessary to fulfill the requirements of the application process.

“Certification” means a process by which an agency or organization validates, based upon predetermined standards, an individual nurse’s qualifications and knowledge for practice in a defined functional or clinical area of nursing.

“Collegiate School of Nursing” means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited as defined in section 801(6) of the PHS Act.

“Combined RN/Master’s Degree Program,” means a program of instruction when completed results in a Master’s degree in nursing and licensure as a RN at or prior to the time of graduation.

“Direct Costs” means costs that can be specifically identified with a particular project or activity. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the project or activity.

“Doctoral Program in Nursing” means a program of instruction beyond the baccalaureate and master’s degrees in nursing leading to a doctoral degree. (e.g. PhD, DNS, DSN, DNSc, DNP).

“Educationally Disadvantaged” means an individual who (1) educationally comes from an environment that has inhibited the individual from obtaining the knowledge, skills and abilities required to enroll in and graduate from a health professions school or (2) economically comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index and adjusted by the Secretary for use in all health professions programs.

Examples of criteria for educationally disadvantaged are below:

- (1) The individual graduated from (or last attended) a high school with low SAT score based on most recent data available.
- (2) The individual graduated from (or last attended) a high school from which, based on most recent data available: (a) low percentage of seniors receive a high school diploma; or (b) low percentage of graduates go to college during the first year after graduation.
- (3) The individual graduated from (or last attended) a high school with low per capita funding.
- (4) The individual graduated from (or last attended) a high school at which based on most recent data available, many of the enrolled students are eligible for free or reduced price lunches.
- (5) The individual comes from a family that receives public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing).
- (6) The individual comes from a family that lives in an area that is designated under PHS Act, section 332 of the Act as a health professional shortage area.
- (7) The individual would be the first generation in a family to attend college.

“Enrollee” means a trainee who is receiving training in a program, but has not finished the program during a given grant year. Enrollees do not include graduates or program completers.

“Ethnicity” means two categories: “Hispanic or Latino” and “Not Hispanic and Not Latino.” “Hispanic or Latino” refers to an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

“Full-Time Student” means a student who is enrolled on a full-time basis as defined by the institution.

“Graduate” means a trainee who has successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.

“Graduate Education Program or Training” means a program administered by an institution of higher learning, leading to a master's or higher degree.

“Health Literacy” means the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

“Indirect Costs (Facilities and Administrative - F&A Costs)” means costs incurred by an organization for common or joint objectives and, therefore, cannot be identified readily and specifically with a particular project, program, or activity, but are nevertheless necessary to the operations of the organization. Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs (also known as Facilities and Administrative - F&A Costs by some types of organizations). Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed **at a rate not to exceed 8 percent** of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Funds may be used to support appropriate and justifiable costs directly related to meeting data reporting requirements.

“Medically Underserved Areas/Populations (MUA/P)” means areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

“Medically Underserved Community (MUC)” means any geographic area or population served by any of the following practice sites:

- Ambulatory practice sites designated by State Governors as serving medically underserved communities.
- Community health centers (PHS Act, section 330)
- Federally qualified health centers (section 1905(1)(2)(B) of the Social Security Act)
- Health Care for the Homeless grantees (PHS Act, section 330)
- Indian Health Services sites (Pub. L. 93-638 for tribal operated sites and Pub. L. 94-437 for IHS operated sites)
- Migrant health centers (PHS Act, section 330)
- Primary medical care, mental health, and dental health professional shortage areas (federally designated under PHS Act, section 332)
- Public housing primary care grantees (PHS Act, section 330)
- Rural health clinics, federally designated (section 1861(aa)(2) of the Social Security Act)

- State or local health departments (regardless of sponsor; for example, local health departments that are funded by the state would qualify)

Note: Information on CHCs, MHCs, Health Care for the Homeless grantees, Public Housing Primary Care grantees, National Health Service Corps' sites, and HPSAs is available on the BHP or the Bureau of Primary Health Care Web sites: <http://bhpr.hrsa.gov> or <http://bphc.hrsa.gov> (select "Key Program Areas" and "Resources").

"National of the United States" means an individual who owes his sole allegiance to the United States, including all U.S. citizens, and including some individuals who are not U.S. citizens. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They generally are individuals born in U.S. outlying possessions (American Samoa and Swains Island) on or after the date of formal acquisition of the possession, or to parents who are non-citizen nationals and have had a residence in the United States or one of its outlying possessions before the birth of that individual.

"Nonprofit" as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

"Nurse-Midwife" means an individual educated in the two disciplines of nursing and midwifery that has successfully completed a nurse-midwifery education program approved by the American College of Nurse-Midwives. The nurse-midwife delivers primary health care, including nurse-midwifery services, using abilities to:

- (1) assess the health status of women and children, with a family-centered approach to care;
- (2) institute and provide continuity of health care to clients (patients), with a focus on health education and promotion and management of selected acute and chronic health problems;
- (3) provide instruction and counseling to individuals, families, and groups in health promotion and maintenance, including involving such persons in planning for their health care;
- (4) work in collaboration with other health care providers and agencies to provide, and where appropriate, coordinate services to individuals and families; and
- (5) provide independent management of primary health care for women, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.

"Nurse Practitioner" means a registered nurse that has successfully completed a formal program of study designed to prepare registered nurses to perform in an expanded role in the delivery of primary health care including the ability to:

- (1) assess the health status of individuals and families through health and medical history taking, physical examination, and defining of health and developmental problems;

- (2) institute and provide continuity of health care to clients, work with the client to ensure understanding of and compliance with the therapeutic regimen within the established protocols, and recognize when to refer the client to a physician or other health care provider;
- (3) provide instruction and counseling to individuals, families, and groups in the areas of health promotion and maintenance, including involving such persons in planning for their health care; and
- (4) work in collaboration with other health care providers and agencies to provide, and where appropriate, coordinate services to individuals and families.

“Part-time Student” means an individual enrolled in an advanced education nursing program, carrying less than the full-time credit load in a term, as defined by the institution.

“Post-Nursing Master’s Certificate Program” means a formal, post-graduate program that admits RNs with Master’s degrees in nursing and, at completion, awards a certificate and academic credit.

“Primary Care” means the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and community. The term clinician refers to an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients. A clinician has direct contact with patients and may be a physician, nurse practitioner, or physician assistant. Primary Care specialties eligible for AENT in fiscal year 2012: adult, pediatric, geriatric, adult-gerontology, family, psychiatric-mental health and women’s health.

“Primary care setting” means a setting that provides integrated comprehensive and continuous, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services.

“Program” means a combination of identified courses and other educational or training experiences at a specified academic level, the sum of which provides the required competence(s) to practice.

“Project” means the proposed activities, including educational programs, specified or described in a grant application.

“Project Director” means an individual designated by the grantee to direct the project or activity being supported by the grant. He or she is responsible and accountable to the grantee and HRSA for the proper conduct of the project or activity.

“Race” means according to standards for the classification of federal data on race and ethnicity from OMB, five minimum categories on race exist: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, and White.¹ The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American. A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African-American.”
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Note: See “Ethnicity” for definitions of Hispanic or Latino ethnicity.

“Racial and Ethnic Minority Group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.

Minority/Minorities refer to individual(s) from a racial and ethnic minority group.

Underrepresented Minority/Minorities, with respect to a health profession, means racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. This includes Blacks or African-Americans, American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Asian Indian, or Thai).

“Reasonable living expenses (stipend)” means a payment made to an individual under a fellowship or training grant in accordance with pre-established levels to provide for the individual's living expenses during the period of training.

“Rural Area” means an area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget (OMB) based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

“School of Nursing” means an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are – (A) authorized to sit for the National Council Licensure Examination-Registered Nurse (NCLEX-RN); or (B) licensed registered nurses who will receive

a graduate or equivalent degree or training to become an advanced education nurse as defined by section 811(b), as defined in Section 801(2) of the PHS Act, as amended.

“Trainee” means a person receiving training or education in a vocation, occupation or profession.

“Underserved area/population” means but is not limited to:

- The elderly, individuals with HIV/AIDS, substance users, and survivors of domestic violence
- Homeless populations
- Health professional shortage areas/populations
- Medically underserved areas/populations
- Migrant and seasonal farm workers
- Nurse shortage areas
- Residents of public housing
- Rural communities
- Rural health clinic

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: <http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.

APPENDIX A

LIST OF AENT PROGRAM ATTACHMENTS AND TABLES INCLUDED IN FUNDING OPPORTUNITY ANNOUNCEMENT

AENT Program Tables and Instructions and Special Consideration Assurance Statement – HRSA EHBs

- Table 1 - AENT: Master’s and Post-Nursing Master’s Certificate Data** (Primary Care Nurse Practitioner)
A. Student Enrollment Data (all Primary Care Nurse Practitioner students)
B. Students Supported (Primary Care Nurse Practitioner) by Traineeship Data
C. Graduate Data (all Primary Care Nurse Practitioner graduates)
D. Graduates (Primary Care Nurse Practitioner) Supported by Traineeship Data
- Table 2 - AENT: Nurse-Midwifery Data** (Nurse-Midwifery Certificate, Nurse-Midwifery Master’s, Nurse-Midwifery Post-BSN to Doctoral) Enrollment, Traineeship Support, Graduate and Graduate Support Data
- Table 3 - AENT: Doctoral Program Data (Post-BSN to PhD and Post-BSN to DNP/DrNP)**
A. Doctoral Enrollment Data (all Post-BSN to PhD and Post-BSN to DNP/DrNP students enrolled)
B. Doctoral Students (Post-BSN to PhD and Post-BSN to DNP/DrNP) Supported by Traineeship Data
C. Doctoral Graduates Data (all Post-BSN to PhD and Post-BSN to DNP/DrNP graduates)
D. Doctoral Graduates (Post-BSN to PhD and Post-BSN to DNP/DrNP) Supported By Traineeship Data
- Table 4 - AENT: Rural, Underserved, or Public Health Practice Settings Data**
A. Graduate Data
B. Graduates Supported by Traineeship Data
- Table 5 – AENT: Ethnicity Data**
- Table 6 – AENT: Race / Disadvantaged Data**
A. Hispanic / Latino Ethnicity by Race
B. Non Hispanic / Non Latino Ethnicity by Race
C. Unreported / Unavailable Ethnicity by Race
- Table 7 – AENT: Age and Gender Data**

Table 8A - AENT: Projected Master's Data
A. Total # of Projected Master Degree and Post Nursing Master's Certificate Student Enrollment and Master Degree and Post Nursing Master's Certificate Students Projected to Receive Traineeship Support by Role by 10/15/2011
(Primary Care Nurse Practitioner and Nurse-Midwifery)

Table 8B – AENT: Projected Doctoral Data
B. Total # of Projected Doctoral Degree Student Enrollment and Doctoral Degree Students Projected to Receive Traineeship Support by Education Level by 10/15/2011
(Post-BSN to PhD and Post-BSN to DNP/DrNP)

AENT Program Tables and Instructions

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0305. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Complete the following AENT Table(s) electronically, as appropriate, summarizing enrollment and projected students, student support, and graduate data:

Table 1 – AENT: Master’s and Post-Nursing Master’s Certificate Data (Primary Care Nurse Practitioner)

A. STUDENT ENROLLMENT

IDENTIFY FOCUS AREAS PLEASE TYPE (See Table 1 Instructions)	Total Student Enrollment (Headcount as of 10/15/11)													
	Clinical Nurse Specialist (CNS)		Primary Care Nurse Practitioner (PC-NP)		Acute Care Nurse Practitioner (AC-NP)		Nurse Administrator (NA)		Nurse Educator (NE)		Public Health Nurse (PHN)		Post-Nursing Master’s Certificate (PNMC)	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
GRAND TOTALS														

OMB NO. 0915-0305

EXP. DATE: 03/31/2013

Table 1 – AENT: Master’s and Post-Nursing Master’s Certificate Data (Primary Care Nurse Practitioner)

B. TRAINEESHIP SUPPORT

IDENTIFY FOCUS AREAS PLEASE TYPE (See Table 1 Instructions)	Total # of Students Supported by Traineeship 7/01/10 – 6/30/11 (Budget Period)													
	Clinical Nurse Specialist (CNS)		Primary Care Nurse Practitioner (PC-NP)		Acute Care Nurse Practitioner (AC-NP)		Nurse Administrator (NA)		Nurse Educator (NE)		Public Health Nurse (PHN)		Post-Nursing Master’s Certificate (PNMC)	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
GRAND TOTALS														

OMB NO. 0915-0305

EXP. DATE: 03/31/2013

Table 1 – AENT: Master’s and Post-Nursing Master’s Certificate Data (Primary Care Nurse Practitioner)

C. GRADUATE ACTIVITY

IDENTIFY FOCUS AREAS PLEASE TYPE (See Table 1 Instructions)	Total # of Graduates 7/01/10 – 6/30/11 (Budget Period)													
	Clinical Nurse Specialist (CNS)		Primary Care Nurse Practitioner (PC-NP)		Acute Care Nurse Practitioner (AC-NP)		Nurse Administrator (NA)		Nurse Educator (NE)		Public Health Nurse (PHN)		Post-Nursing Master’s Certificate (PNMC)	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
GRAND TOTALS														

Table 1 – AENT: Master’s and Post-Nursing Master’s Certificate Data (Primary Care Nurse Practitioner)

D. GRADUATES SUPPORTED BY TRAINEESHIP

IDENTIFY FOCUS AREAS PLEASE TYPE (See Table 1 Instructions)	Total # of Graduates Supported by Traineeship 7/01/10 – 6/30/11 (Budget Period)													
	Clinical Nurse Specialist (CNS)		Primary Care Nurse Practitioner (PC-NP)		Acute Care Nurse Practitioner (AC-NP)		Nurse Administrator (NA)		Nurse Educator (NE)		Public Health Nurse (PHN)		Post-Nursing Master’s Certificate (PNMC)	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
GRAND TOTALS														

Instructions for Completing Table 1A, 1B, 1C and 1D – AENT (Master’s and Post-Nursing Master Certificate Level Only):

IMPORTANT NOTES:

- < Count each student **only once**.
 - < **Enrollees** – Students that are enrolled in a Primary Care Nurse Practitioner Program and have not graduated or completed the program by 10/15/11.
 - < **Graduates** – Students who have successfully completed all educational requirements for a specified Primary Care Nurse Practitioner Program of study or have met the eligibility requirements for a Primary Care Nurse Practitioner Master’s or Post-Nursing Master’s Certificate between 07/01/10-06/30/11.
 - < **Students supported** is a subset of enrollees and **graduates supported** is a subset of the total number of graduates.
 - < Enrollees are your total student population; students supported are the number of enrollees who received AENT support.
 - < Graduates are your total graduate population; graduates supported are the number graduates who received AENT support and graduated.
 - < For students who received traineeship support from 07/01/10-06/30/11 and graduated in that time period, the students should be reported under the “*Total # of Graduates Supported by Traineeship*” column. These students should **not** be reported under both “*Students Supported by Traineeship*” and “*Graduates Supported by Traineeship*”.
 - < For students who received traineeship support from 07/01/10-06/30/11 and **did not** graduate in that time period, the students should be reported under the “*Students Supported by Traineeship*” column **only**.
 - < Do **not** double count a student as both an Enrollee and a Graduate.
 - < For Primary Care Nurse Practitioner and Post-Nursing Master’s Certificate identify the focus area then specialty if applicable; please provide the data in the appropriate columns.
 - < Students who are enrolled (Full-Time or Part-Time) in an RN-MSN Program in a Primary Care Nurse Practitioner Specialty may only receive support when in the Master’s component of the program.
-
- < **Complete Table 1A** for Primary Care Nurse Practitioner Enrollment Data (Master’s and/or Post-Nursing Master’s Certificate) **only**.
 - < For “**Total Enrollment (Headcount)**”, enter total number of full-time and part-time students enrolled as of 10/15/11 by **role** (Primary Care Nurse Practitioner and/or Post-Nursing Master’s Certificate), **focus area** (see the drop down list below) then **specialty** if applicable (see the drop down list below).
 - < **GRAND TOTAL:** The grand total row must reflect the total of the numbers reported in each column(s). Numbers omitted in the column(s) of the Table will **not** be counted in the grand total.

Complete Table 1B for Primary Care Nurse Practitioner Traineeship Support data (Master’s and/or Post-Nursing Master’s Certificate) **only**.

- < For **“Total # of Students Supported by Traineeship”**, enter the total number of full-time and part-time students who received traineeship support between 7/01/10 and 6/30/11 by **role** (Primary Care Nurse Practitioner and/or Post-Nursing Master’s Certificate), **focus area** (see the drop down list below) then **specialty** if applicable (see the drop down list below).
- < **GRAND TOTAL:** The grand total row must reflect the total numbers reported in each column.
Numbers omitted in the column(s) of the Table will **not** be counted in the grand total.
- < Complete Table 1C for Primary Care Nurse Practitioner and Nurse-Midwifery Program Graduate data (Master’s and/or Post-Nursing Master’s Certificate) **only**.
- < For **“Total # of Graduates”**, enter the total number of full-time and part-time graduates who completed degree requirements between 7/01/10 and 6/30/11 by **role** (Primary Care Nurse Practitioner and/or Post-Nursing Master’s Certificate), **focus area** (see the drop down list below) then **specialty** if applicable (see the drop down list below).

Students that successfully complete the Post-Nursing Master’s Certificate Program should be included in this column.

- < **GRAND TOTAL:** The grand total row must reflect the total of the numbers reported in each column(s). Numbers omitted in the column(s) of the Table will **not** be counted in the grand total.

Complete Table 1D for Primary Care Nurse Practitioner Program Graduates Supported by Traineeship (Master’s and/or Post-Nursing Master’s Certificate) **only**.

- < For **“Total # of Graduates Supported by Traineeship”**, enter the total number of full-time and part-time graduates who received traineeship support and completed degree requirements between 7/01/10 and 6/30/11 by role, focus area then specialty if applicable. **Students that successfully completed the Post-Nursing Master’s Certificate Program who received traineeship support should be included in this column.**

Population Foci (focus area) and Specialty Lists (drop down menus in the electronic system)

- < Use the lists provided below to indicate the focus area then specialty if applicable for Primary Care Nurse Practitioner and Post-Nursing Master’s Certificate enrollment, supported students, graduates, and supported graduates at your institution.

AENT TABLE 1 POPULATION FOCI (FOCUS AREA) AND SPECIALITY LISTS

PRIMARY CARE NURSE PRACTITIONER – POPULATION FOCI (FOCUS AREA)

Adult Psychiatric/Mental Health	Family
Adult	Geriatric

Adult/Gerontology	Pediatric
Child/Adolescent Psychiatric and Mental Health	Women's Health

Post-Nursing Master's Certificate (Primary Care) POPULATION FOCI (FOCUS AREA)

Adult Psychiatric/Mental Health	Geriatric
Adult	Pediatric
Adult/Gerontology	Women's Health
Child/Adolescent Psychiatric and Mental Health	
Family	

SPECIALTY

Ambulatory Care	Environmental	Rehabilitation
Cardiac Rehab	Genetics	Rural
Cardiovascular	Immunosuppressive Nursing	School Health
Case Management	Occupational Health	
Chronic/Long Term Care	Oncology	
College Health	Pain Management	
Community Health	Palliative Care	
Critical Care	Perinatal	
Emergency	Public Health	

Table 2 – AENT: Nurse-Midwifery Data (Nurse Midwifery Certificate, Nurse-Midwifery Master’s, Nurse-Midwifery Post-BSN to Doctoral)

Enrollment, Traineeship Support, Graduate and Graduate Support Data

Nurse-Midwifery Degree Programs	Total Enrollment (As of 10/15/11)		Total # of Students Supported by Traineeship 7/01/10-6/30/11 (Budget Period)		GRADUATES 7/01/10-6/30/11			
					Total # of Graduates		Total # of Graduates Supported by Traineeship	
	FT	PT	FT	PT	FT	PT	FT	PT
Nurse- Midwifery Certificate								
Nurse-Midwifery Master’s								
Nurse-Midwifery Post-BSN to Doctoral								
Nurse Anesthesia – Master’s (First Year Only)								
Nurse Anesthesia – Post-BSN to Doctoral (First Year Only)								
GRAND TOTALS:								

OMB NO. 0915-0305 EXP. DATE: 03/31/2013

Instructions for Completing Table 2 - AENT:

- < Complete this Table for Nurse-Midwifery Data (Nurse-Midwifery Certificate, Nurse-Midwifery Master's, Nurse-Midwifery Post-BSN to Doctoral) Enrollment, Traineeship Support, Graduates and Graduates Supported data.

IMPORTANT NOTES:

- < **Enrollees** – Students that are enrolled in a Nurse-Midwifery Program and have not graduated or completed the program by 10/15/11.
- < **Graduates** – Students who have successfully completed all educational requirements for a specified Nurse-Midwifery Program of study or have met the eligibility requirements for a Nurse-Midwifery Master's or Post-BSN to Doctoral degree, or Nurse-Midwifery Certificate between 07/01/10-06/30/11.
- < **Students supported** are a subset of enrollees and **graduates supported** is a subset of the total number of graduates.
- < Enrollees are your total student population; students supported are the number of enrollees who received AENT support.
- < Graduates are your total graduate population; graduates supported are the number graduates who received AENT support and graduated.
- < For students who received traineeship support from 07/01/10-06/30/11 and graduated in that time period, the students should be reported under the “*Total # of Graduates Supported by Traineeship*” column. These students should not be reported under both “*Students Supported by Traineeship*” and “*Graduates Supported by Traineeship*”.
- < For students who received traineeship support from 07/01/10-06/30/11 and **did not** graduate in that time period, the students should be reported under the “*Students Supported by Traineeship*” column **only**.
- < Do not double count a student as both an Enrollee and a Graduate.

- < For “**Total Enrollment (Headcount)**”, enter total number of full-time and part-time students enrolled as of 10/15/11.
- < For “**Total # of Students Supported by Traineeship**”, enter the total number of full-time and part-time students who received traineeship support between 7/01/10 and 6/30/11.
- < For “**Total # of Graduates**”, enter the total number of full-time and part-time graduates who completed degree requirements between 7/01/10 and 6/30/11.
- < For “**Total # of Graduates Supported by Traineeship**”, enter the total number of full-time and part-time graduates who received traineeship support and completed degree requirements between 7/01/10 and 6/30/11.
- < **GRAND TOTAL:** The grand total row must reflect the total of the numbers reported in each column. Numbers omitted in the column(s) of the Table will **not** be counted in the grand total.

Table 3 - AENT: Doctoral Program Data (Post-BSN to PhD and Post-BSN to DNP/DrNP)

A. DOCTORAL ENROLLMENT

IDENTIFY FOCUS AREAS PLEASE TYPE (See Table 3 Instructions)	Post-BSN to PhD		Post-MSN to PhD		DNSc / DNS		Post-BSN to DNP / DrNP		Post-MSN to DNP / DrNP		Post-MSN to DNAP		Other (specify – i.e. ND)	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
GRAND TOTALS														

OMB NO. 0915-0305

EXP. DATE: 03/31/2013

Table 3 - AENT: Doctoral Program Data (Post-BSN to PhD and Post-BSN to DNP/DrNP)

B. DOCTORAL TRAINEESHIP SUPPORT

IDENTIFY FOCUS AREAS PLEASE TYPE (See Table 3 Instructions)	Post-BSN to PhD		Post-MSN to PhD		DNSc / DNS		Post-BSN to DNP / DrNP		Post-MSN to DNP / DrNP		Post-MSN to DNAP		Other (specify – i.e. ND)	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
GRAND TOTALS														

OMB NO. 0915-0305

EXP. DATE: 03/31/2013

Table 3 - AENT: Doctoral Program Data (Post-BSN to PhD and Post-BSN to DNP/DrNP)

C. DOCTORAL GRADUATES DATA

IDENTIFY FOCUS AREAS PLEASE TYPE (See Table 3 Instructions)	Post-BSN to PhD		Post-MSN to PhD		DNSc / DNS		Post-BSN to DNP / DrNP		Post-MSN to DNP / DrNP		Post-MSN to DNAP		Other (specify – i.e. ND)	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
GRAND TOTALS														

OMB NO. 0915-0305

EXP. DATE: 03/31/2013

Table 3 - AENT: Doctoral Program Data (Post BSN to PhD and Post-BSN to DNP/DrNP)

D. DOCTORAL GRADUATES SUPPORTED BY TRAINEESHIP DATA

IDENTIFY FOCUS AREAS PLEASE TYPE (See Table 3 Instructions)	Post-BSN to PhD		Post-MSN to PhD		DNSc / DNS		Post-BSN to DNP, DrNP		Post-MSN to DNP / DrNP		Post-MSN to DNAP		Other (specify – i.e. ND)	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
GRAND TOTALS														

OMB NO. 0915-0305

EXP. DATE: 03/31/2013

Instructions for Completing Table 3 - AENT: Doctoral Program Data

- < Complete Table 3 for Doctoral students and Doctoral graduates **only**.
- < Complete Table 3A for all Post BSN to PhD and Post-BSN to DNP/DrNP students enrolled in your organization.
- < Complete Table 3B for Post BSN to PhD and Post-BSN to DNP/DrNP students supported by the Traineeship in 7/1/10-6/30/11 Budget Period
- < Complete Table 3C for the total number of Post BSN to PhD and Post-BSN to DNP/DrNP Graduates between 7/1/10-6/30/11 Budget Period
- < Complete Table 3D for Post BSN to PhD and Post-BSN to DNP/DrNP Graduates Supported By Traineeship in 7/1/10-6/30/11 Budget Period

IMPORTANT NOTES:

- < Trainees may only receive support when in the Master's / Doctoral Program.
 - < For each Educational level, count each student **only once**.
 - < **Enrollees** – Students that are enrolled in a Primary Care Nurse Practitioner Program and have not graduated or completed the program by 10/15/11.
 - < **Graduates** – Students who have successfully completed all educational requirements for a specified Primary Care Nurse Practitioner Program of study or have met the eligibility requirements for a Primary Care Nurse Practitioner Post BSN to PhD and/or Post-BSN to DNP/DrNP degree between 07/01/10-06/30/11.
 - < **Students supported** is a subset of enrollees and **graduates supported** is a subset of the total number of graduates.
 - < Enrollees are your total student population; students supported are the number of enrollees who received AENT support.
 - < Graduates are your total graduate population; graduates supported are the number graduates who received AENT support and graduated
 - < For students who received traineeship support from 07/01/10-06/30/11 and graduated in that time period, the students should be reported under the “*Total # of Graduates Supported by Traineeship*” column. These students should not be reported under both “*Students Supported by Traineeship*” and “*Graduates Supported by Traineeship*”.
 - < For students who received traineeship support from 07/01/10-06/30/11 and **did not** graduate in that time period, the students should be reported under the “*Students Supported by Traineeship*” column **only**.
 - < Do not double count a student as both an Enrollee and a Graduate.
-
- < For “**Total Enrollment (Headcount)**”, enter the total number of full-time and part-time students enrolled as of 10/15/11 in a Primary Care NP specialty Post BSN-DNP or Post-BSN –PhD by the **focus area** (see the drop down list below) then **specialty** if applicable (see the drop down list below).
 - < For “**Total # of Doctoral Students Supported by Traineeship**”, enter the total number of full-time and part-time students who received traineeship support between 7/01/10 and 6/30/11. Enter the Primary Care focus area associated with the doctoral degree (see the drop down list below) and **specialty**; if applicable (see the drop down list below).
 - < For “**Total # of Doctoral Graduates**”, enter the total number of full-time and part-time doctoral graduates who completed degree requirements between 7/01/10 and 6/30/11 by their

Primary Care Nurse Practitioner **focus area** (see the drop down list below) and **specialty** if applicable (see the drop down list below).

- < For “**Total # of Doctoral Graduates Receiving Traineeship Support**”, enter the total number of full-time and part-time doctoral graduates who received traineeship support and completed degree requirements between 7/01/10 and 6/30/11. Enter the Primary Care focus area associated with the doctoral degree (see the drop down list below) and **specialty** if applicable (see the drop down list below).

- < **GRAND TOTAL:** The grand total row must reflect the total of the numbers reported in each column(s). Numbers omitted in the column(s) of the Table will **not** be counted in the grand total.

- < Use the lists provided below to indicate the Primary Care NP focus area and specialty, if applicable for Post BSN to PhD, Post BSN to DNP enrollees, supported students, graduates, and supported graduates at your institution.

POST BSN to PhD - POPULATION FOCI (FOCUS AREA)

Adult Psychiatric/Mental Health	Geriatric
Adult	Pediatric
Adult/Gerontology	Women’s Health
Child/Adolescent Psychiatric and Mental Health	
Family	

POST BSN to DNP - POPULATION FOCI (FOCUS AREA)

Adult Psychiatric/Mental Health	Geriatric
Adult	Pediatric
Adult/Gerontology	Women’s Health
Child/Adolescent Psychiatric and Mental Health	
Family	

SPECIALTY

Ambulatory Care	Immunosuppressive Nursing
Cardiac Rehab	Occupational Health
Cardiovascular	Oncology
Case Management	Pain Management
Chronic/Long Term Care	Palliative Care
College Health	Perinatal
Community Health	Public Health
Critical Care	Rehabilitation
Emergency	Rural
Environmental	School Health
Genetics	

Table 4 - AENT: Rural, Underserved, or Public Health Practice Settings Data
A. Graduates from 7/01/10 to 6/30/11

PRACTICE SETTINGS	TABLE 1						TABLE 2			TABLE 3	GRAND TOTAL	
	CNS	PC-NP	AC-NP	NA	NE	PHN	PNMC	NMW Certificate	NMW Master's	NMW Post-BSN to Doctoral		Doctoral Post BSN to PhD and Post BSN to DNP/Dr NP
Community Health Centers												
Migrant Health Centers												
Health Care for the Homeless Grantees												
Public Housing Primary Care Grantees												
Rural Health Clinics												
National Health Service Corps Sites												
Indian Health Service / Tribal Health Sites												
Federally Qualified Health Centers												
State or Local Health Departments												
Ambulatory Practice Sites Designated by State Governors												
Health Professional Shortage Areas (HPSAs)												
Rural Populations												
Underserved Population												
1. Total Number of Graduates Supported by Traineeship employed these Setting (from 07/01/10 – 06/30/11)												

2. Total Number of Graduates (from 07/01/10 – 06/30/11)													
3. Percentage of Graduates Supported by Traineeship employed in these Settings (Item 1 divided by Item 2)													

Post Nursing Master's Certificate students who complete all program requirements are recognized as graduates.

OMB No. 0915-0305 Exp. Date 3/31/2013

Table 4 - AENT: Rural, Underserved, or Public Health Practice Settings Data
B. Graduates Supported by Traineeship from 7/01/10 to 6/30/11

PRACTICE SETTINGS	TABLE 1						TABLE 2			TABLE 3	GRAND TOTAL	
	CNS	PC-NP	AC-NP	NA	NE	PHN	PNMC	NMW Certificate	NMW Master's	NMW Post-BSN to Doctoral		Doctoral Post BSN to PhD and Post BSN to DNP/Dr NP
Community Health Centers												
Migrant Health Centers												
Health Care for the Homeless Grantees												
Public Housing Primary Care Grantees												
Rural Health Clinics												
National Health Service Corps Sites												
Indian Health Service / Tribal Health Sites												
Federally Qualified Health Centers												
State or Local Health Departments												
Ambulatory Practice Sites Designated by State Governors												
Health Professional Shortage Areas (HPSAs)												
Rural Populations												
Underserved Population												
1. Total Number of Graduates Supported by Traineeship employed these Setting (from 07/01/10 – 06/30/11)												

2. Total Number of Graduates (from 07/01/10 – 06/30/11)													
3. Percentage of Graduates Supported by Traineeship employed in these Settings (Item 1 divided by Item 2)													

Post Nursing Master's Certificate students who complete all program requirements are recognized as graduates.

OMB No. 0915-0305 Exp. Date 3/31/2013

NOTE: This section in the electronic system is after AENT Table 4A; it is used to collect information for Enrollees Supported in Medically Underserved Community Settings (Special Consideration)

ENROLLEES SUPPORTED IN MEDICALLY UNDERSERVED COMMUNITY (MUC) SETTINGS:
1. Number of enrollees supported with AENT grant funding who had clinical experiences in MUCs (from 07/01/10 - 06/30/11)
2. Number of enrollees who had clinical experiences in MUCs (from 07/01/10 - 06/30/11)
3. The percentage of enrollees supported with AENT grant funding who had clinical experiences in MUCs (Item 1 divided by Item 2)

Instructions for completing Special Consideration: ENROLLEES SUPPORTED IN MEDICALLY UNDERSERVED COMMUNITY SETTINGS

- Reference Section V.2. Review and Selection Process in this Funding Opportunity Announcement.
- **Enrollees supported** – enrollees who received AENT support who had clinical experience(s) in Medically Underserved Community (MUC) Settings.
- **Enrollees:** To qualify for the Special Consideration by demonstrating high rate, an applicant must have a high rate of 7/1/2010 to 6/30/2011 enrollees who had clinical experiences in MUCs when compared to the rest of the 2012 competition applicants. The numerator will be the number of enrollees supported with AENT grant funding who had clinical experiences in MUCs between 7/1/2010 to 6/30/2011 (enrollees supported from AENT Tables 1B, 2 and 3B). The denominator will be total number of enrollees (all enrollees from AENT Tables 1A, 2 and 3A) who had clinical experiences in MUCs from 7/1/2010 to 6/30/2011.
- Based on the data provided in the Enrollees Supported In Medically Underserved Community Settings questions after Table 4A, the rate defining the threshold for “high” will be determined each time the AENT Program is competed by calculating the median rate of enrollees who had clinical experiences in MUCs from the pool of applicants requesting the statutory funding preference by demonstrating high rate. The median rate will be provided to the reviewers by HRSA prior to the review. Reviewers will compare the rate reported by the applicant to the median. The preference (two points) will be awarded to those applicants whose rates are greater than the median.
- Enter the number of enrollees supported with AENT grant funding who had clinical experiences in MUCs (from 07/01/10 - 06/30/11).
- Enter the number of enrollees who had clinical experiences in MUCs (from 07/01/10 - 06/30/11).

- The electronic system should automatically calculate the percentage of enrollees supported with AENT grant funding who had clinical experiences in MUCs (Item 1 divided by Item 2).

Instructions for completing Tables 4A (Statutory Funding Preference and Special Consideration) and 4B (Data Analysis and Reporting Only) - AENT:

- < **All applicant institutions requesting the Statutory Funding Preference must complete Table 4A (please see the Statutory Funding Preference information in this application).**
- < **All applicant institutions must complete Table 4B; if there is no data to report then enter “0” in the Grand Total column.**
- < Do not make changes to Table 4A or Table 4B.
- < Although a graduate’s practice site may qualify under more than one category, each individual graduate / graduate supported should be reported only once. For example: a rural health clinic may be located in a primary care health professional shortage area
- < If a graduate is employed in a community health center (CHC) that is considered a health professional shortage area (HPSA), report the graduate as employed in a CHC.
- < Enter the number of graduates / graduates supported employed in each of the settings listed in the appropriate columns. For each setting, enter the grand total in the “**Grand Total**” column. The grand total column must reflect the total of the numbers reported in each row. Numbers omitted in the row(s) of Table 4A or Table 4B **will not** be counted.

TABLE 4A - AENT: GRADUATE DATA - RURAL, UNDERSERVED, OR PUBLIC HEALTH

Data on Table 4A should reflect graduate totals for the Master’s and Post Nursing Master’s Certificate Primary Care Nurse Practitioner, Nurse-Midwifery Certificate, Nurse-Midwifery Master’s, Nurse-Midwifery Post-BSN to Doctoral and Post BSN to PhD and Post-BSN to DNP/DrNP students who completed program/degree requirements between 07/01/10 and 6/30/11.

Complete **Table 4A**, as appropriate, providing data on the number of graduates in academic year **7/1/10-6/30/11** who spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. **Each graduate is to be counted only once**. Table 4A is also used to determine if the institution meets the Statutory Funding Preference.

In the “**Total Number of Graduates Supported by Traineeship Employed in These Settings**” row, enter the total number of graduates in each appropriate identified column. Enter the grand total: The grand total column must reflect the total of the numbers reported in each row. Numbers omitted in this row of Table 4A will **not** be counted. This is a subset of “**Total Number of Graduates**”.

In the “**Total Number of Graduates**” row, enter the total number of graduates, which are reported on AENT Tables 1-3, who completed degree requirements between 7/01/10 and 6/30/11 in the appropriate column. Enter the grand total: The grand total column must reflect the total of the numbers reported in each row. Numbers omitted in this row of Table 4A will **not** be counted.

IMPORTANT NOTE:

The total number of graduates reported in the “Grand Total” column **MUST** be consistent with the combined “Total Number of Graduates” reported on AENT Tables 1-3.

In the “**Percentage of Graduates Employed in these Settings**” row, enter the percentage of graduates employed in the identified settings in the “**Grand Total**” column. Percentage of Graduates Employed in these Settings = Total Number of Graduates employed in these Settings (from 07/01/10 – 06/30/11) divided by Total Number of Graduates (from 07/01/10 – 06/30/11).

To reiterate, **all applicant institutions requesting the Statutory Funding Preference must complete Table 4A (please see the Statutory Funding Preference information in this application).**

TABLE 4B - AENT: GRADUATES SUPPORTED BY TRAINEESHIP DATA - RURAL, UNDERSERVED, OR PUBLIC HEALTH

Data on Table 4B should reflect graduates supported by traineeship totals for the Master’s and Post-Nursing Master’s Certificate Primary Care Nurse Practitioner, Nurse-Midwifery Certificate, Nurse-Midwifery Master’s, Nurse-Midwifery Post-BSN to Doctoral, and Post BSN to PhD and Post-BSN to DNP/DrNP students who completed program/degree requirements and were supported by the AENT Program between 07/01/10 and 6/30/11.

Complete Table 4B, as appropriate, providing data on the number of graduates supported by traineeships in academic year **7/1/10-6/30/11** who spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. **Each graduate is to be counted only once.** Table 4B is for data analysis and reporting; thus, **all applicant institutions must complete Table 4B; if there is no data to report then enter “0” in the Grand Total column.**

In the “**Total Number of Graduates Supported by Traineeship Employed in these Settings (from 07/01/10 to 06/30/11)**” row, enter the total number of graduates who received traineeship support and completed degree requirements between 7/01/10 and 6/30/11 and worked in the identified setting. This is a subset of “**Total Number of Graduates**”.

IMPORTANT NOTE:

The total number of graduates supported by traineeship reported in the “Grand Total” column **MUST** be consistent with the combined “Total Number of Graduates Supported” figures reported on Tables 1-3.

TABLE 5 - AENT: ETHNICITY DATA

Did your program have **enrollees, students supported, graduates, or graduates supported** of “Hispanic/Latino” **and/or** “Non Hispanic/Non Latino” ethnicity between July 1, 2010 and June 30, 2011?

- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Hispanic/Latino.
- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Non Hispanic/Non Latino.
- Yes, I can provide **some** of the counts but not **all**.
- Yes, but the entire data is **unreported/unavailable**.

	Hispanic/Latino	Non Hispanic/ Non Latino	Unreported/ Unavailable	TOTAL
ENROLLEES (As of 0/15/11)				
STUDENTS SUPPORTED (7/1/10-/30/11)				
GRADUATES (7/1/10-/30/11)				
GRADUATES SUPPORTED (7/1/10-/30/11)				

OMB NO. 0915-0305

EXP. DATE: 03/31/2013

Instructions for completing Table 5: Ethnicity Data

Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Hispanic/Latino

Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Non Hispanic/Non Latino.

If the above options are checked, enter data for the first two columns and fill in the corresponding Race data in tables 6A and 6B.

Yes, I can provide **some** of the counts but not **all**.

If this option is checked, enter data for all the three columns and fill in the corresponding Race data in tables 6A, 6B and 6C.

Yes, but the entire data is **unreported/unavailable**.

If this option is checked, enter data under the third column only and fill in the corresponding Race data in Table 6C.

Provide the **total number of enrollees, students supported, graduates and graduates supported**, that were reported on Tables 1-3, by ethnicity category. Instructions for completing Table 5 are below.

Using the data reported on Tables 1-3, enter the total number of **“Enrollees”, Students Supported, Graduates and Graduates Supported”** by ethnicity on Table 5. All data should be captured in one of three ethnicity categories: “Hispanic / Latino”, “Non Hispanic / Non Latino” or “Unreported / Unavailable”. The Total column on this Table 5 must reconcile with the Total numbers reported on Tables 1-3.

- < Hispanic/Latino is considered an ethnicity. On the following rows **“Enrollees, Students Supported, Graduates and Graduates Supported”** please enter the number of Hispanics / Latinos in the first column and the number of Non Hispanics / Non Latinos in the second Column.
- < If your institution does not capture data on ethnicity, or the data requested is voluntary and therefore incomplete, please report the unavailable and/or unreported data in the third column of Table 5.
- < “Hispanic/Latino” racial categories (White, Black, Asian, Native American or More Than One Race) will be requested on Table 6A.
- < “Non Hispanic/Non Latino” racial categories (White, Black, Asian, Native American or More Than One Race) will be requested on Table 6B.
- < Enter the total number of **“Enrollees”** by ethnicity **as of 10/15/11**.
- < Enter the total number of **“Students Supported”** by ethnicity as of **7/1/10-6/30/11**.
- < Enter the total number of **“Graduates”** who completed degree requirements between **7/01/10 and 6/30/11**. Post Nursing Master’s Certificate students who complete all program requirements are recognized as graduates and must be counted on Table 5.
- < Enter the total number of **“Graduates Supported”** by ethnicity as of **7/1/10-6/30/11**.
- < The **TOTAL** for each row is Hispanic/Latino + Non Hispanic/Non Latino + Unreported/Unavailable columns.

IMPORTANT NOTES: Enrollees, Students Supported, Graduates and Graduates Supported are the total numbers from Tables 1-3 separated and reported as Hispanic/Latino and Non Hispanic/ Non Latino. If your institution does not track this data or you do not know the ethnicity of the student, include those numbers in the Unreported/

Unavailable column.

Table 6 – AENT: RACE / DISADVANTAGED DATA

A. HISPANIC / LATINO ETHNICITY DATA BY RACE

Provide the total number of **Hispanic / Latino** enrollees, students supported, graduates and graduates supported reported on Tables 1-3 and the first column of Table 6 by racial category. Instructions for completing Table 6A are below.

	American Indian or Alaska Native	Underrepresented Asian Subgroup*	Asian (Not Under-Represented)	Black or African American	Native Hawaiian or Other Pacific Islander	White: Disadvantaged	White: Not-Disadvantaged	More than one race	Unreported/Unavailable	TOTAL
ENROLLEES (As of 10/15/11)										
STUDENTS SUPPORTED (7/1/10-6/30/11)										
GRADUATES (7/1/10-6/30/11)										
GRADUATES SUPPORTED (7/1/10-6/30/11)										

*Any Asian **other than** Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai. OMB NO.: 0915-0305
EXP. DATE: 03/31/2013

Instructions for completing Table 6A: AENT: RACE / DISADVANTAGED DATA

- < Enter the total number of Hispanic / Latino “**Enrollees**” by race and the “total” for students enrolled as of 10/15/11.
- < Enter the total number of Hispanic / Latino “**Students Supported**” by race for students supported as of 7/1/10-6/30/11.
- < Enter the total number of Hispanic / Latino “**Graduates**” by race and the “total” for graduates who completed degree requirements between 7/01/10 and 6/30/11. Post Nursing Master’s Certificate students who complete all program requirements are recognized as graduates and must be counted on Table 5.
- < Enter the total number of Hispanic / Latino “**Graduates Supported**” by race for graduates supported as of 7/1/10-6/30/11.
- < **TOTAL** columns for “**Enrollees, Students Supported, Graduates and Graduates Supported**” should each reconcile with the total applicable specific data reported on Tables 1-3.

IMPORTANT NOTES:

Indicate and include the Race of all Hispanics / Latinos reported on Table 5 (first column) in each row on Table 6A as appropriate.

A Hispanic / Latino can be White, Black, Asian, Native American or More Than One Race.

Table 6 – AENT: RACE / DISADVANTAGED DATA

B. NON HISPANIC/NON LATINO ETHNICITY DATA BY RACE

Provide the total number of **Non Hispanic /Non Latino** enrollees, students supported, graduates and graduates supported reported on Tables 1-3 and the second column of Table 5 by racial category. Instructions for completing Table 6B are below.

	American Indian or Alaska Native	Underrepresented Asian Subgroup*	Asian (Not Under-Represented)	Black or African American	Native Hawaiian or Other Pacific Islander	White: Disadvantaged	White: Not-Disadvantaged	More than one race	Unreported/Unavailable	TOTAL
ENROLLEES (As of 10/15/11)										
STUDENTS SUPPORTED (7/1/10-6/30/11)										
GRADUATES (7/1/10-6/30/11)										
GRADUATES SUPPORTED (7/1/10-6/30/11)										

*Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai. OMB NO.: 0915-0305 EXP. DATE: 03/31/2013

Instructions for completing Table 6B: AENT: RACE / DISADVANTAGED DATA

- < Enter the total number of “**Non Hispanic / Non Latino Enrollees**” by race and the “total” for students enrolled **as of 10/15/11**.
- < Enter the total number of “**Non Hispanic / Non Latino Students Supported**” by race for students supported as of **7/1/10-6/30/11**.
- < Enter the total number of “**Non Hispanic/ Non Latino Graduates**” by race and the “total” for graduates who completed degree requirements between **7/01/10 and 6/30/11**. Post Nursing Master’s Certificate students who complete all program requirements are recognized as graduates and must be counted on Table 5.
- < Enter the total number of “**Non Hispanic/ Non Latino Graduates Supported**” by race for graduates supported as of **7/1/10-6/30/11**.
- < **TOTAL** columns for “**Non Hispanic / Non Latino Enrollees, Students Supported, Graduates and Graduates Supported**” should reconcile with the corresponding data reported on Tables 1-3.

IMPORTANT NOTES:

Indicate and include the Race of all Non Hispanics/ Non Latinos reported on Table 5 (second column) in each row on Table 6B as appropriate.

A Non Hispanic/ Non Latino can be White, Black, Asian, Native American or More Than One Race.

Table 6 – AENT: RACE / DISADVANTAGED DATA

C. UNREPORTED / UNAVAILABLE ETHNICITY DATA BY RACE

Provide the total number of Unreported / Unavailable Ethnicity enrollees, students supported, graduates and graduates supported reported on Tables 1-3 and the third column of Table 5 by racial category. Instructions for completing Table 6C are below.

	American Indian or Alaska Native	Underrepresented Asian Subgroup*	Asian (Not Under-Represented)	Black or African American	Native Hawaiian or Other Pacific Islander	White: Disadvantaged	White: Not-Disadvantaged	More than one race	Unreported/Unavailable	TOTAL
ENROLLEES (As of 10/15/11)										
STUDENTS SUPPORTED (7/1/10-6/30/11)										
GRADUATES (7/1/10-6/30/11)										
GRADUATES SUPPORTED (7/1/10-6/30/11)										

*Any Asian **other than** Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai. OMB NO.: 0915-0305 EXP. DATE: 03/31/2013

Instructions for completing Table 6C: AENT: RACE / DISADVANTAGED DATA

- < Enter the total number of **“Unreported / Unavailable Ethnicity”** by race and the “total” for students enrolled as of 10/15/11.
- < Enter the total number of **“Unreported / Unavailable Ethnicity”** by race for students supported as of 7/1/10-6/30/11.
- < Enter the total number of **“Unreported / Unavailable Ethnicity”** by race and the “total” for graduates who completed degree requirements between 7/01/10 and 6/30/11. Post Nursing Master’s Certificate students who complete all program requirements are recognized as graduates and must be counted on Table 5.
- < Enter the total number of **“Unreported / Unavailable Ethnicity”** by race for graduates supported as of 7/1/10-6/30/11.
- < **TOTAL** columns for **“Unreported / Unavailable Ethnicity Enrollees, Students Supported, Graduates and Graduates Supported”** should reconcile with the corresponding data reported on Tables 1-3.

IMPORTANT NOTES:

Indicate and include the Race of all “Unreported / Unavailable Ethnicity” persons reported on Table 5 (third column) in each row on Table 6C as appropriate.

- < Use the following definitions on ethnicity and race for the identified **ethnicity/racial categories**:

“Ethnicity” means two categories: “Hispanic or Latino” and “Not Hispanic and Not Latino.” “Hispanic or Latino” refers to an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

“Race” means according to standards for the classification of federal data on race and ethnicity from OMB, five minimum categories on race exist: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, and White.ⁱⁱ The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American. A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African-American.”
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- < Use the 2012 Poverty Guidelines to determine Disadvantaged status; these guidelines are located on the following website: <http://www.gpo.gov/fdsys/pkg/FR-2012-01-26/pdf/2012-1603.pdf> .

AENT: TABLE 7 - Age and Gender Data

Age and Gender			
	Males	Females	Total
Under 20			
Enrollees (As of 10/15/11)			
Students Supported (7/1/10-6/30/11)			
Graduates (7/1/10-6/30/11)			
Graduates Supported (7/1/10-6/30/11)			
20-29			
Enrollees (As of 10/15/11)			
Students Supported (7/1/10-6/30/11)			
Graduates (7/1/10-6/30/11)			
Graduates Supported (7/1/10-6/30/11)			
30-39			
Enrollees (As of 10/15/11)			
Students Supported (7/1/10-6/30/11)			
Graduates (7/1/10-6/30/11)			
Graduates Supported (7/1/10-6/30/11)			
40-49			
Enrollees (As of 10/15/11)			
Students Supported (7/1/10-6/30/11)			
Graduates (7/1/10-6/30/11)			
Graduates Supported (7/1/10-6/30/11)			
50-59			
Enrollees (As of 10/15/11)			
Students Supported (7/1/10-6/30/11)			
Graduates (7/1/10-6/30/11)			
Graduates Supported (7/1/10-6/30/11)			
60 or older			
Enrollees (As of 10/15/11)			
Students Supported (7/1/10-6/30/11)			
Graduates (7/1/10-6/30/11)			
Graduates Supported (7/1/10-6/30/11)			
UNREPORTED/UNAVAILABLE			
Enrollees (As of 10/15/11)			
Students Supported (7/1/10-6/30/11)			
Graduates (7/1/10-6/30/11)			
Graduates Supported (7/1/10-6/30/11)			
TOTAL			

OMB NO. 0915-0305

EXP. DATE: 03/31/2013

Instructions for completing Table 7:

Provide data on the age and gender of **all Students in AENT Programs** between July 1, 2010 and June 30, 2011. **Count each student only once. If data is not collected by Age and Gender, include in the appropriate Unreported/Unavailable section.**

IMPORTANT NOTES:

Do not double count a student as both an Enrollee and a Graduate.

- < **Enrollees** – Students that are enrolled in Primary Care Nursing (Primary Care Nurse Practitioner and Nurse-Midwifery) program and have not graduated or completed the program by 10/15/11.
 - < **Graduates** – Students who have successfully completed all educational requirements for a Primary Care Nursing (Primary Care Nurse Practitioner and Nurse-Midwifery) program of study or have met the eligibility requirements for a Primary Care Nursing (Primary Care Nurse Practitioner and Nurse-Midwifery) Program or a Primary Care Nursing Post-BSN to PhD and Post-BSN to DNP/DrNP or Post-Nursing Master’s Certificate between 07/01/10-06/30/11.
 - < **TOTAL** columns for “**Enrollees, Students Supported, Graduates and Graduates Supported**” by age and gender should each reconcile with the total applicable specific data reported on Tables 1-3.
-
- < Enter the total number of “Enrollees” “Students Supported”, “Graduates” and “Graduates Supported” by age and gender for each category.
 - < Enter the total number of “Enrollees” by age and gender enrolled as of 10/15/2011.
 - < Enter the total number of “Students Supported” by age and gender and the “total” for students supported 7/01/2010 and 6/30/2011.
 - < Enter the total number of “Graduates” by age and gender and the “total” for graduates who completed degree requirements between 7/01/2010 and 6/30/2011.
 - < Enter the total number of “Graduates Supported” by age and gender and the “total” for graduates supported that completed degree requirements between 7/01/2010 and 6/30/2011.

Table 8 – AENT: Projected Master’s and Post Nursing Master’s Certificate Data (Primary Care Nurse Practitioner and Nurse Midwifery)

A. Total # of Projected Master Degree and Post Nursing Master’s Certificate Student Enrollment and Master Degree and Post Nursing Master’s Certificate Students Projected to Receive Traineeship Support by Role by 10/15/2012

IDENTIFY ENROLLMENT AND TRAINEESHIP DATA	Clinical Nurse Specialist		Nurse Administrator		Primary Care Nurse Practitioner		Acute Care Nurse Practitioner		Nurse Anesthetist		Nurse Educator		Public Health Nurse		Nurse Midwifery	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
Total # of Master Degree Students Projected to Enroll By 10/15/2012																
Total # of Master Degree Students Projected to Receive Traineeship Support by 10/15/2012																
Total # of Post Nursing Master’s Certificate Students Projected to Enroll by 10/15/2012																
Total # of Post Nursing Master’s Certificate Students Projected to Receive Traineeship Support by 10/15/2012																

OMB NO. 0915-0305

EXP. DATE: 03/31/2013

Instructions for Completing Table 8A – AENT: Total # of Projected Master Degree and Post Nursing Master’s Certificate Student Enrollment and Master Degree and Post Nursing Master’s Certificate Students Projected to Receive Traineeship Support by Role by 10/15/2012

- < For **“Total # of Master Degree Students Projected to Enroll By 10/15/2012”** enter the total number of full-time and part-time master degree students projected to enroll in a Primary Care Nurse Specialty (Primary Care Nurse Practitioner and/or Nurse-Midwifery) by 10/15/2012.
- < For **“Total # of Master Degree Students Projected to Receive Traineeship Support by 10/15/2012”** enter the total number of full-time and part-time students by role who are projected to receive traineeship support by 10/15/2012.
- < For **“Total # of Post Nursing Master’s Certificate Students Projected to Enroll by 10/15/2012”** enter the total number of full-time and part-time Post Nursing Master’s Certificate students projected to enroll in a Primary Care Nurse Specialty (Primary Care Nurse Practitioner and/or Nurse-Midwifery) by 10/15/2012.
- < For **“Total # of Post Nursing Master’s Certificate Projected to Receive Traineeship Support by 10/15/2012”** enter the total number of full-time and part-time Post Nursing Master’s Certificate students who are projected to receive traineeship support by 10/15/2012.

Table 8 – AENT: Projected Doctoral Data: Projected Doctoral Degree Student Enrollment and Doctoral Degree Students Projected to Receive Traineeship Support (Post-BSN to PhD and Post-BSN to DNP/DrNP)

B. Total # of Projected Doctoral Degree Student Enrollment and Doctoral Degree Students Projected to Receive Traineeship Support by Education Level by 10/15/2012

IDENTIFY ENROLLMENT AND TRAINEESHIP DATA	Post-BSN to PhD		Post-MSN to PhD		DNSc / DNS		Post-BSN to DNP/DrNP		Post-MSN to DNP/DrNP		Post-BSN to DNAP		Post-MSN to DNAP		Other (specify)	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
Total # of Primary Care Nurse Practitioner Doctoral Students Projected to Enroll by 10/15/2012																
Total # of Primary Care Nurse Practitioner Doctoral Students Projected to Receive Traineeship Supported by 10/15/2012																
Total # of Nurse-Midwifery Doctoral Students Projected to Enroll by 10/15/2012																
Total # of Nurse-Midwifery Doctoral Students Projected to Receive Traineeship Supported by 10/15/2012																

OMB No. 0915-0305 Exp. Date: 03/31/2013

Instructions for Completing Table 8B – AENT: Total # Projected Doctoral Degree Student Enrollment Data and Doctoral Degree Students Projected to receive Traineeship Support by Education Level by 10/15/2012

- < For **“Total # of Primary Care Nurse Practitioner Doctoral Students Projected to Enroll by 10/15/2012”**, enter the total number of full-time and part-time Post-BSN to PhD and/or Post-BSN to DNP/DrNP projected to enroll by 10/15/2012 in a Primary Care Nurse Practitioner specialty program.

 - < For **“Total # of Primary Care Nurse Practitioner Doctoral Students Projected to Receive Traineeship Support by 10/15/2012”**, enter the total number of full-time and part-time Primary Care NP Post-BSN to PhD and/or Post-BSN to DNP/DrNP students projected to receive traineeship support by 10/15/2012.

 - < For **“Total # of Nurse-Midwifery Doctoral Students Projected to Enroll by 10/15/2012”**, enter the total number of full-time and part-time Post-BSN to PhD and/or Post-BSN to DNP/DrNP projected to enroll by 10/15/2012 in nurse midwifery.

 - < For **“Total # of Nurse-Midwifery Doctoral Students Projected to Receive Traineeship Support by 10/15/2012”**, enter the total number of full-time and part-time Nurse-Midwifery Post-BSN to PhD and/or Post-BSN to DNP/DrNP students projected to receive traineeship support by 10/15/2012.
-