

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

Bureau of Health Professions

Division of Nursing

Nurse Anesthetist Traineeship Program (NAT)

**Announcement Type: New
Announcement Number: HRSA-14-068**

Catalog of Federal Domestic Assistance (CFDA) No. 93.124

FUNDING OPPORTUNITY ANNOUNCEMENT

FISCAL YEAR 2014

**Phase 1: Application Due Date in Grants.gov: January 16, 2014
Phase 2: Supplemental Information Due Date in EHBs: January 30, 2014**

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

Release Date: December 6, 2013
Issuance Date: December 6, 2013

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12/17/13 – Modification: removed reference to SF424B (page 7). This form is not required as part of application forms package.

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing is accepting applications for the Fiscal year (FY) 2014 Nurse Anesthetist Traineeship (NAT) Program. The purpose of this grant program is to provide traineeship support for licensed registered nurses enrolled as full-time students in a master’s or doctoral nurse anesthesia program. Traineeships will pay full or partial costs of the tuition, books, and fees, and the reasonable living expenses (stipends) of trainees during the period for which the traineeship is provided. The funds appropriated for the NAT Program are distributed among eligible institutions based on a formula.

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| Funding Opportunity Title: | Nurse Anesthetist Traineeship Program |
| Funding Opportunity Number: | HRSA-14-068 |
| Due Date for Applications – Grants.gov: | January 16, 2014 |
| Due Date for Supplemental Information - EHB | January 30, 2014 |
| Anticipated Total Annual Available Funding: | \$2,250,000 |
| Estimated Number and Type of Awards: | 80 |
| Minimum Award Amount: | \$1,000 |
| Cost Sharing/Match Required: | Cost sharing/matching is not required |
| Length of Project Period: | 1 year |
| Project Start Date: | July 1, 2014 |
| Eligible Applicants: | <p>Eligible applicants are 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 an application and are accredited for the provision of nurse anesthesia educational program by designated accrediting organizations.</p> <p>[See Section III-1 of this FOA for complete eligibility information.]</p> |

All applicants are responsible for reading and complying with the instructions included in HRSA’s *SF-424 R&R Two Tier Application Guide*, available online at www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf, except where instructed in this funding opportunity announcement to do otherwise.

CHANGES IN THE FY 2014 FUNDING OPPORTUNITY ANNOUNCEMENT FOR THE NAT PROGRAM

- The ceiling amount of up to \$1,500 for required textbooks is eliminated.
- Traineeship funds will now support required electronic books (eBooks).
- Revised Section I.2 Background - NAT History.
- Added Resolution of Challenges in Section IV-ii Project Narrative.
- Revised Section IV-ii Project Narrative – Needs Assessment to include information on the Health Professions Diversity Statement.
- Added guidelines regarding the Change in Key Personnel - Attachment 3: Biographical Sketch of the Project Director.
- Revised the Needs Section.
- Revised and new name for the Health Professions Diversity Statement – Attachment 4.
- Added the definition for Advanced Practice Registered Nurse in Section VIII Other Information – Program Definitions.
- The NAT data collection has been revised to avoid duplicity with the NAT BHPPr Performance Measures (newly implemented in fiscal year 2012) and to reduce the burden. One NAT Attachment has been eliminated and the NAT Tables have been streamlined from 6 tables to 3 tables.

The following NAT Tables remain and have minor modifications for clarity:

- Table 1 - NAT: Enrollment, Traineeship Support, Graduate, Graduates Supported and Projected Data
- Table 2A - NAT: Graduate Data – Rural, Underserved, or Public Health
- Table 2B - NAT: Graduates Supported by Traineeship Data – Rural, Underserved or Public Health

The following Attachment and NAT Tables have been eliminated:

- Attachment 1: NAT Full-Time Status Tuition, Fees and Stipends
- Table 3: NAT: Ethnicity Data
- Table 4: NAT: Race/Disadvantaged Data
- Table 4A: NAT: Race/Disadvantaged Data – Hispanic/Latino Ethnicity Data by Race
- Table 4B: NAT: Race/Disadvantaged Data – Non Hispanic/Non Latino Ethnicity Data by Race
- Table 4C: NAT: Race/Disadvantaged Data – Unreported/Unavailable Ethnicity Data by Race
- Table 5: NAT: Age and Gender Data

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit a grant application. The webinar is scheduled for:

Monday, December 16, 2013 from 1:00 p.m. - 2:00 p.m. ET

Adobe Connect Link: <https://hrsa.connectsolutions.com/foa4/>

Call-in Number: 1-888-790-3584

Participant Code: 5593172

Please reference the Division of Nursing website at <http://bhpr.hrsa.gov/nursing/index.html> for additional information.

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I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

This announcement solicits applications for the Nurse Anesthetist Traineeship Program. The purpose of the Nurse Anesthetist Traineeship (NAT) Program is to provide traineeship support for licensed registered nurses enrolled as full-time students in a masters or doctoral nurse anesthesia program. Traineeships will pay full or partial costs of the tuition, books, fees, and the reasonable living expenses (stipends) of the individual trainee during the period for which the traineeship is provided.

Requirements for the Nurse Anesthetist Traineeship Program

The institution must adhere to all statutory requirements, the NAT Program Terms which are also stated in the Notice of Award (if funded) for the use of grant funds, student eligibility, and appointment of student trainees, length of support and termination of student trainees. The grantee is responsible for the disbursement of grant funds to eligible NAT students.

NAT Program Terms

- 1) Nurse Anesthetist Traineeships may be awarded to full-time nurse-anesthesia students who are enrolled in either the first and/or second year (or beyond) of study in an accredited Nurse Anesthesia Program.
- 2) Grant funds may not be used for travel, daily commuting costs of trainees, non-trainee expenses, or indirect costs of the educational institution.
- 3) Traineeship awards are not to exceed \$22,000 per trainee per annum and are limited to the payment for the costs of full or partial tuition and fees, books (required textbooks and eBooks), and reasonable living expenses (stipends). Training periods that are less than a year are to be pro-rated for reasonable living expenses (stipends) of the trainee during the period for which the traineeship is provided.
- 4) Statement of Appointment form (<http://grants.nih.gov/training/phs2271.pdf>) must be signed by the Project Director and trainee and maintained at the institution for a period of three years, primarily for auditing and data collection purposes. The trainee should receive a copy.
- 5) All nursing programs and consortium partners, if applicable, associated with the project must be accredited for the purpose of nursing education. The grantee must provide evidence of continued/ongoing accreditation by the appropriate national nurse education accrediting agency (Council on Accreditation of Nurse Anesthesia Educational Programs is the accrediting body for nurse anesthesia programs) or State approval agency recognized by the Secretary of the United States Department of Education within 30 days of its decisions. Failure to do so could result in a disallowance of expenditures.

Appointment of Trainees

The grantee is responsible for the appointment of eligible students as trainees, following the receipt of the Notice of Award:

- 1) Effective FY 2013, students in either the first or second year (and beyond) of an accredited nurse anesthesia education program are eligible to receive support under the NAT Program.

- 2) 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.
- 3) Each new appointment or reappointment must be made for a period of not less than 9 months, except to complete the required program of study.
- 4) No appointment may exceed 12 months. A re-appointment may not exceed 9 months. The cumulative traineeship support may not exceed 30 months and must be continuous from the start of the initial appointment.
- 5) The traineeship is not transferable from the grantee institution which provided the support. An appointment may be provided by more than one institution if the student who has a traineeship at one institution receives an appointment in another institution, but only if the cumulative traineeship support received does not exceed 30 months.
- 6) A Statement of Appointment form that is compliant with the provisions of this FOA must be signed by the Project Director and trainee and must be maintained at the institution for a period of three years, primarily for auditing and data collection purposes. Trainees must agree to provide the institution with the necessary information to complete the required Statement of Appointment form. The trainee should receive a copy. The most recent Statement of Appointment form may be accessed via the following link: <http://grants.nih.gov/training/phs2271.pdf>. NOTE: disregard the direction "Return this form to the PHS awarding component." The form should be maintained at the institution and not submitted to HRSA.
- 7) Trainees must agree to submit data regarding professional activity following graduation to the School of Nursing.

Length of Support

Under the NAT Program, the maximum length of support per student is limited to a cumulative total of 30 months. The initial traineeship appointment must be made for a full academic year, not to exceed 12 months. However, a shorter appointment or re-appointment may be made when necessary to enable the trainee to complete the training program.

Termination of Trainees

The grantee is responsible for monitoring the academic success or failure of each trainee and for the termination of an NAT trainee, 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 NAT Program 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 U.S. has the right clinicians, with the right skills, working where they are needed. The Bureau of Health Professions increases the Nation's access to quality health care, especially for underserved people, by developing, distributing and retaining a diverse, culturally competent health workforce.

Nurse Anesthetists play a pivotal role in health care. The Nurse Training Amendments of 1979 (P.L. 96-76) authorized Nurse Anesthetist Traineeships. The first organized program in nurse anesthesia education was offered in 1909. The credential Certified Registered Nurse Anesthetist (CRNA) came into existence in 1956. As of August 2, 2013, there are 114 nurse anesthesia programs accredited by the American Association of Nurse Anesthetists Council on Accreditation of Nurse Anesthesia Educational Programs with more than 1,800 clinical sites in the United States. These programs are affiliated with or operated by the school of nursing or health sciences department of a university.

According to the American Association of Nurse Anesthetists (AANA), CRNAs have provided anesthesia care to patients in the United States of America for almost 150 years. “Chronic pain is a significant public health issue in the United States. According to the latest report by the Institute of Medicine, over 100 million Americans suffer from chronic intractable pain at a cost exceeding \$600 billion a year. However, there are not a sufficient number of healthcare professionals available to address chronic pain. Certified Registered Nurse Anesthetists (CRNAs) are Advanced Practice Registered Nurses (APRNs) educated to the masters or doctoral level in an accredited nurse anesthesia education program, with specialized training, skill, and expertise in the fields of anesthesia and pain management. CRNAs are among the qualified healthcare professionals available to provide these needed services, and referring physicians rely on CRNA expertise in caring for their patients, especially in rural areas.” (The Lewin Group prepared for the American Association of Nurse Anesthetists – “Cases – Costs of Alternative Pain Management Paths” – August 14, 2012.)

CRNAs practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists; and U.S. military, public health services, and Department of Veterans Affairs healthcare facilities.

CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing; when administered by an anesthesiologist, it is recognized as the practice of medicine.

In 1998 the Council on Accreditation of Nurse Anesthesia Educational Programs required that all nurse anesthesia educational programs award a master’s or higher level degree. In June 2007, the American Association of Nurse Anesthetists (AANA) Board of Directors unanimously adopted the position of supporting doctoral education for entry into nurse anesthesia practice by 2025.

Reference: American Association of Nurse Anesthetists
<http://www.aana.com/ceandeducation/becomeacrna/Pages/Nurse-Anesthetists-at-a-Glance.aspx>

Reference: American Association of Nurse Anesthetists
<http://www.aana.com/ceandeducation/becomeacrna/Pages/Nurse-Anesthetists-at-a-Glance.aspx>

Improving Diversity within Health Professions

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPR) 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. The following Diversity Guiding Principles have been adopted by BHPr to facilitate diversity in the health professions workforce.

BHPR Diversity Guiding Principles:

- Health professions training programs recruit, train, and support a workforce that is reflective of the diversity of the nation.
- Health professions training programs address all levels of the health workforce from pre-professional to professional.
- Health professions training programs recognize that learning is life-long and should be supported by a continuum of educational opportunities.
- Training programs 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.
- Health professions training programs recognize that bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people.

To the extent possible, program grant activities should strive to support the guiding principles identified by BHPR to increase diversity in the health professions workforce.

II. AWARD INFORMATION

1. Type of Award

NAT applicants must apply annually for funding. Funding is provided in the form of grants distributed to eligible institutions based on a formula that takes into account the two funding factors – 1) the Statutory Funding Preference and Special Consideration and 2) the total FTE nurse anesthesia students at the institution.

2. Summary of Funding

The NAT Program will provide funding during Federal Fiscal year 2014. Approximately \$2,250,000 is expected to be available to fund eligible accredited nurse anesthesia programs. The actual amount available will not be determined until enactment of the final FY 2014 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is one year beginning July 1, 2014 – June 30, 2015.

2014 NAT FORMULA

The appropriation for the NAT Program is distributed among the eligible applicants based on a formula:

- Step 1: Determine the number of schools that meet the funding factors (Statutory Funding Preference and Special Consideration). The total amount allocated for the funding factors is subtracted from the total appropriation.
- Step 2: From the remaining balance of the appropriation, the cost (dollar) per eligible trainee is calculated by dividing the remaining balance by the total FTE (total enrollees). Note: Graduates are not included in the formula calculation.
- Step 3: The award to each applicant is calculated by multiplying the cost (dollar) per trainee by the total FTE (FTE in First 12 Months of Study + FTE Beyond First 12 Months of Study) plus the amount for each funding factor (Statutory Funding Preference \$1,000 + Special Consideration \$1,000) that is met.
- Dollar Amount Per Student = Appropriation amount / FTE in first 12 months of study + FTE beyond first 12 months of study.
- FTE = full-time equivalent; the NAT Program supports full-time study only; there are no part-time students.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligible applicants are 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 an application and are accredited for the provision of nurse anesthesia educational program by designated accrediting organizations.

The school must be located in the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Eligible Applicants must be accredited by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthetists.

All nursing programs and consortium partners associated with the project and conferring degrees must be accredited for the purpose of nursing education. Applicants must submit documentation providing proof of accreditation (e.g., the accreditation letter from the accrediting agency specifically stating that accreditation has been granted and the period of time covered by the accreditation) with the application. Links to the accrediting body website will not suffice as evidence of accreditation. See additional instructions under Attachment 1.

Applicants requesting support for doctoral programs should include documentation of accreditation of their graduate programs.

Nurse Anesthetist program applicants must include accreditation from COA for both master's and doctoral level programs.

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

1. A registered nurse enrolled full-time in a master's or doctoral nurse anesthesia program;
2. 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 NAT Program support);
3. Eligible to sit for the certification examination from the American Association of Nurse Anesthetists (AANA) Council on Certification of Nurse Anesthetists to become a Certified Registered Nurse Anesthetist (CRNA) upon program completion.

2. Cost Sharing/Matching

Cost sharing/matching is not required for the NAT program.

3. Other

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.

Applications that fail to include documentation of accreditation will be considered non-responsive and will not be considered for funding under this announcement.

Applications received without the required tables 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.

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

Approval for new programs (if applicable): Applicants must provide documentation of all approvals (as defined in Section VIII of this Funding Opportunity Announcement) needed to enroll students into a new master's or doctoral program as **Attachment 2**. The documentation must be included in the application when it is submitted in order to be considered for funding. This includes approval from the school, the college/university and the State Board of Nursing, as appropriate. The documentation should be, for example, in the form of meeting minutes, a letter from the State Board of Nursing, letter from the Faculty Senate or State Finance Board as appropriate for the school.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants to apply electronically through Grants.gov and the HRSA EHBs and have the application validated on or before each deadline date and time. Applicants must download the SF-424 R&R Two-Tier application package associated with this funding opportunity following the directions provided at Grants.gov.

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

2. Content and Form of Application Submission

IMPORTANT NOTE: HRSA uses a two-tier submission process for the Nurse Anesthetist Traineeship Program applications via Grants.gov and the HRSA EHBs:

- **Phase 1 – Grants.gov** – SF-424 R&R Short Form, Project/Performance Site Location(s) Form, and if applicable, the SF-LLL Disclosure of Lobbying Activities Form must be submitted via Grants.gov with a due date of January 16, 2014 at 11:59 P.M. Eastern Time; and
- **Phase 2 - HRSA EHBs** – Biographical Sketch, Project Abstract, Program Narrative, NAT Attachments and NAT Program Specific Tables must be submitted via the HRSA's EHBs with a due date of January 30, 2014 at 5:00 P.M. Eastern Time.

Only applicants who successfully submit an application in Grants.Gov (Phase 1) by the due date may submit the supplemental information and NAT Program Specific Tables in HRSA's EHBs (Phase 2).

Section 5 of HRSA's *SF-424 R&R Two-Tier Application Guide*

www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Two-Tier Application Guide*, available online at www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf, except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 45 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and tables required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under this announcement.

Program-specific Instructions

In addition to application requirements and instructions in Section 5 of HRSA's *SF-424 R&R Two-Tier Application Guide* www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

i. Project Abstract – upload in the HRSA EHBs under Other Project Information

See Section 5.1.ix of HRSA's *SF-424 R&R Two-Tier Application Guide*.
www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf

ii. Project Narrative – upload in the HRSA EHBs under Other Project Information

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

Use the following section headers for the Project Narrative:

- **INTRODUCTION**

Briefly describe the purpose of the proposed project and the nurse anesthesia program offered at the institution and how the institution plans to disburse traineeship funds. A statement regarding eligibility for graduates of the program to sit for the national certification examination from the American Association of Nurse Anesthetists (AANA) Council on Certification of Nurse Anesthetists must be included.

- **NEEDS ASSESSMENT**

Briefly describe the institution's need for traineeship support and the impact that the traineeship program has on the institution and your community. Also describe the impact of the NAT Program on the trainees and the impact on rural/underserved/public health areas / settings that trainees may eventually serve.

Describe the need for diversity within the Nurse Anesthetist workforce, as well as within the student body and among the faculty of the program supporting the proposed project. Include a discussion of factors and barriers contributing to the problem.

Provide data on the program's past performance in recruiting, admitting, mentoring and academic support activities to ensure completion of studies for students from

underrepresented minority and disadvantaged backgrounds. Data should be provided for at least the most recently completed academic year. If you are a newly established school or do not have historical data on past performance, please explain this in your response.

- **ACCOMPLISHMENT SUMMARY**

To be completed by applicants who have received funding for the NAT program within the last 4 years:

Include a brief (3 pages maximum) description of the benefits and effects that the NAT Program has on your students and programs and the community. It should present the quantitative and qualitative measures used to evaluate the project in the context of each funded objective and the results obtained for each, including the number of trainees. It should address how performance and evaluation information was used to develop the project for which funding is being requested. It should include a list of articles published in peer-reviewed journals, if applicable, presenting the outcomes of activities supported by grant funds.

- **RESOLUTION OF CHALLENGES**

To be completed by applicants who have received funding for the NAT program within the last 4 years:

Include a brief description of the challenges that the NAT Program has encountered on your students and programs and the approaches used to resolve such challenges.

- **EVALUATION PLAN**

Provide an evaluation plan that addresses the following elements:

- 1) Evaluation technical capacity: describe current evaluation experience, skills, and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;
- 2) Evaluation methods: identify evaluation questions; instruments/tools used; primary/secondary data sources, milestones, timeline, etc.;
- 3) Performance Measures: discuss how the required BHP performance measures for this program will be collected;
- 4) Quality assurance plan: describe the process that will be used to improve program performance; and
- 5) Evaluation plan: written description of evaluation activities, results, challenges, and recommendations. In preparing your evaluation plan:
 - a) Specify the indicators you will use to evaluate your success in meeting the project objectives; and
 - b) Explain the organization's ability to collect, track and report performance measures on a semi-annual basis. In addition, describe the organization's ability to collect post-graduation data from funded students at 1-year intervals. Applicants must include a description of how the organization will collect and manage data (e.g. assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of program performance and supports quality improvement.

- **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) Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services.
- 2) Describe how the target populations of communities served are routinely evaluated and how specific needs are addressed.
- 3) Describe efforts to address diversity and how graduates serve in rural/underserved communities/populations and public health settings.

iii. Budget and Budget Justification Narrative, if applicable

The NAT Program is a formula-based grant program that does not require submission of a formal budget. A budget justification is not required. **However, enter the dollar amount of the Total Estimated Project Funding on the SF 424 R&R – Estimated Project Funding Section (for data analysis purposes only as this data will not be used in the formula calculation for the award).** Indirect Costs (Facilities and Administrative - F&A Costs) are not applicable to the NAT Program.

iv. Program Specific Forms

After applicants have submitted the required SF-424 R&R application information through Grants.gov, Phase 2 of the application must be submitted through the EHBs.

Phase 2: Submission through HRSA's Electronic Handbooks (EHBs)

- The Phase 2 application submission process in the EHBs requires the applicant to complete the online NAT program specific data forms. They include:
 - Project Abstract – Uploaded in the HRSA EHBs under Other Information
 - Project Narrative – Uploaded in the RHSA EHBs under Other Information
 - Table 1: NAT: Enrollment, Traineeship Support, Graduate, Graduates Supported and Projected Data.
 - Table 2A: NAT: Graduate Data – Rural, Underserved or Public Health.
 - Table 2B: NAT: Graduates Supported by Traineeship Data – Rural, Underserved, or Public Health
 - Attachments – Ensure that attachments are organized in consistent manner following the order below.
 - Attachment 1: Accreditation Documentation.
 - Attachment 2: New Program Approval Documentation, if applicable.
 - Attachment 3: Biographical Sketch of the Project Director.
 - Attachment 4: Health Professions Diversity Statement.
 - Attachment 5: Maintenance of Effort Documentation.
 - Attachment 6-15: Other Relevant Documents

Applicants are reminded that failure to include all required documents as part of the application prior to the established due date will result in an application being considered as incomplete or non-responsive.

v. Attachments

Please provide the following items in the order specified below 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.**

Unless otherwise indicated, all of the following attachments should be submitted in HRSA EHBs.

Attachment 1: Accreditation Documentation. Required. Counted in the page limit.

Accreditation Instructions: Provide the name of the education program that is accredited (i.e., Master of Science in Nurse Anesthesia, Doctor of Nurse Anesthesia Practice) and the national nursing accrediting agency (i.e., Council on Accreditation of Nurse Anesthesia Educational Programs) along with the expiration date. If a site visit is scheduled within the next 12 months, provide the date for the visit.

Attach the letter of accreditation from the accrediting agency or letter from the United States Department of Education providing reasonable assurance of accreditation of the Program.

Accreditation of New Programs

The following process must be followed for new graduate program applicants just beginning the accreditation process who wish to establish eligibility:

- The applicant must contact a national nursing accrediting agency recognized by the Secretary of the Department of Education to obtain a reasonable assurance letter. These agencies are listed above. The letter from the recognized agency should state whether there is reasonable assurance that the new program will be able to meet the accreditation standards and achieve accreditation by the beginning of the academic year following the graduation date of students of the first entering class in the program. The letter from the recognized accrediting body must answer the following questions related to the new program:
 - 1) Is this program actively pursuing accreditation with your 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?

The applicant will submit the request for a letter of assurance along with attached copies of the letter from the recognized body and any supporting documentation regarding the accreditation or approval of the nursing program to:

United States Department of Education
Office of Postsecondary Education
Department of Education Organizational Structure and Offices
[Accreditation and State Liaison \(ASL\)](#)
1990 K Street NW, Room 7008
Washington, District of Columbia 20006-8509
Telephone: (202) 219-7011 or 202-219-7018
Fax: (202) 219-7005
Attn: Dr. Nancy C. Regan
Email to: Nancy.Regan@ed.gov

To allow for processing time, **at least 45 days prior to the HRSA application due date of January 16, 2014** applicants should submit to the Department of Education the above information, with their request for a letter documenting the Secretary's determination that there is "reasonable assurance" the new graduate program will meet the appropriate accreditation standards and achieve accreditation prior to the beginning of the academic year following the graduation date of students of the first entering class in the program. The program will need to include a contact name(s), address (es), phone number(s), and email addresses with all correspondence sent to the Department of Education.

The Department of Education staff will review the documents submitted by the applicant, make a "reasonable assurance" determination, and send the applicant a letter documenting the Secretary's determination.

The applicant must include this letter from the Department of Education with the HRSA program application.

Attachment 2: New Program Approval Documentation. As applicable. Counted in the page limit.

Each University/College has a unique process for gaining approval to start new programs. Applicants must provide documentation of all approvals (as defined in Section VIII of this funding opportunity announcement) needed to enroll students into a new master's or doctoral program. The documentation **must be included in the application** when it is

submitted in order to be considered for funding. This includes approval from the school, the college/university, and the State Board of Nursing, as appropriate. The documentation should be, for example, in the form of meeting minutes, a letter from the State Board of Nursing, letter from the Faculty Senate or State Finance Board as appropriate for the school.

Attachment 3: Biographical Sketch of the Project Director. Required. Counted in the page limit.

Include a Biographical Sketch, not to exceed two pages in length. When applicable, Biographical Sketches should include 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.

Change in Key Personnel

Participating NAT schools must request prior approval for any change in the NAT Project Director (PD) using the HRSA EHBs “Prior Approvals” submission process. See Post Award Reporting for additional details.

Attachment 4: Health Professions Diversity Statement - Improving Diversity within Health Professions. Required. Counted in the page limit.

The Health Professions Diversity Statement collects information on the applying entity’s mission and activities to increase diversity in the health profession work force.

Data and information provided in the Health Professions Diversity Statement should reflect only the entity that will execute the cooperative agreement or grant. For example, if the grant will be held by a Nurse Anesthetist Traineeship Program within a larger university, the information provided should be specific to the Nurse Anesthetist Traineeship Program. The Health Professions Diversity Statement should include concise responses to each of the following items, identified by number:

- 1) Describe the need for diversity within the Nurse Anesthesia workforce, and include a discussion of factors and barriers contributing to the problem.
- 2) Describe the applicant’s established strategic plan, policies, organizational structure(s), recruitment and supportive strategies (including outreach, pipeline programs, financial aid, mentoring, and tutoring), and program initiatives (e.g., specific curricula or program tracks) to increase the diversity of the student population and, by extension, the health professional work force.
- 3) Provide performance data from at least the 2011 academic year on the number and percentage of students from the populations you seek to reach in order to improve diversity within the student population (e.g., underrepresented minority groups, students from educationally and economically disadvantaged backgrounds or students from other diverse backgrounds). Data should be provided for the number and percentage of such students recruited, admitted, and graduated¹ from

1 Use completion data, if the program does not lead to a degree.

the program.² If you are a newly established school or do not have historical data on past performance, please explain this in your response.

- 4) Describe plans to evaluate the impact of the proposed project, monitor achievement, recruitment plans and academic support for completion of studies, mentoring of students from diverse groups or backgrounds.

For the purpose of this document, “Diversity” refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing one’s ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions, including, but not limited to gender, sexual orientation, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities and language.

Attachment 5: Maintenance of Effort Documentation. Required. Counted in the page limit.

Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. Applicants must complete and submit the following information with their application:

NON-FEDERAL EXPENDITURE

| FY 2013 (Actual) | FY 2014 (Estimated) |
|---|--|
| Actual prior FY 2013 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 2014 non-Federal funds, including in-kind, designated for activities proposed in the application. If proposed activities are not currently funded by the institution, enter \$0. |
| Amount: \$ _____ | Amount: \$ _____ |

Attachments 6-15: Other Relevant Documents. If applicable. Counted in page limit.

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

² If you are a newly established school or do not have historical data on past performance, please explain this in your response.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement in Grants.gov (Phase 1) is *January 16, 2014 at 11:59 P.M. Eastern Time*. The due date to complete all other required information in HRSA's EHBs (Phase 2) is *January 30, 2014 at 5:00 P.M. Eastern Time*.

4. Intergovernmental Review

The Nurse Anesthetist Traineeship 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 one (1) year. Because of the formula, awards to new schools/programs (reference Section VIII Other Information – Program Definitions) with few enrollees or graduates may be limited and a minimum award of \$1,000 may be provided.

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

- 1) Books or eBooks for library or personal use
- 2) Trainee travel
- 3) Indirect (F&A) Costs are not applicable to the NAT Program

Use of Grant Funds

The grantee is responsible for the disbursement of grant funds to eligible students. The following statements indicate how traineeship grant funds may be used:

- 1) NAT grant funds may be used only to support traineeships awarded under the terms of the Notice of Award.
- 2) Traineeship awards are limited to \$22,000 per year per trainee which includes full or partial costs of tuition and fees, books (required textbooks and eBooks), and reasonable living expenses (stipends). Stipends are to be pro-rated for training periods involving less than 12 months.

V. APPLICATION REVIEW INFORMATION

1. Review Criteria

The NAT Program is a formula-based grant program. HRSA is responsible for the review of each application for eligibility including accreditation status, Project Director qualifications, completeness and accuracy (including the data reported on NAT Tables 1, 2A and 2B) and compliance with the requirements outlined in this Funding Opportunity Announcement.

2. Review and Selection Process

Please see section 6.3 of the HRSA's *SF-424 R&R Two-Tier Application Guide* www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf.

The funds appropriated for the NAT Program are distributed among eligible participating institutions as a formula payment based grant. Applicants are required to provide program data on student enrollment, traineeship support and graduates. **Program data reported on NAT Tables 1 and 2A are used to determine funding and administer the program.** Program data reported on NAT Table 2B is essential for data analysis and to administer the program. All required NAT Tables must be submitted electronically in the HRSA EHBs with the Phase 2 submission. **Applications received without the appropriate tables will be deemed non-responsive to the Funding Opportunity Announcement and will not be considered for funding under this announcement.**

FUNDING FACTORS

Two funding factors-the Statutory funding Preference and Special Consideration described below are available and can provide a favorable financial adjustment of the NAT formula that is used in determining the amount of the grant award.

Statutory Funding Preference

As provided in Section 805 of the PHS Act, a Statutory Funding Preference will be applied to projects "that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments." Applicants receiving the preference will receive a financial adjustment to their calculated award amount. Applications that do not receive a funding preference will be given full and equitable consideration.

The law provides that a funding preference be granted to any qualified applicant that meets the criteria for the preference. Data provided on practice setting locations of graduates reported in Table 2A- NAT: Graduate Data – Rural, Underserved, or Public Health (7/01/12 – 6/30/13) will be used to determine if the applicant met the criteria for the Statutory Funding Preference.

Meeting the Statutory Funding Preference:

Projects that "substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments" are ones that will result in a "high rate" of graduates accepting positions in practice settings that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

"High rate" is defined as a minimum of 40 percent of graduates in academic year 7/1/2012-6/30/2013 employed in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments.

Special Consideration

For the NAT Program, Section 811(g)(2) of the PHS Act provides for a "Special Consideration" to any eligible entity that "agrees to expend the award to train advanced education nurses who will practice in health professional shortage areas (HPSAs) designated under Section 332" of the

PHS Act. Applicants receiving the Special Consideration will receive a financial adjustment to their calculated award amount. Applications that do not receive the Special Consideration will be given full and equitable consideration.

Meeting the Special Consideration:

Special Consideration will be given to those applicants who demonstrate a “high rate” of graduates practicing in Health Professional Shortage Areas (HPSAs) after graduation, contingent to receiving some type of student assistance. For the purpose of this Special Consideration, data collected on number of graduates reported under the HPSA category in Table 2A- NAT: Graduate Data - Rural, Underserved, or Public Health (7/01/12 - 6/30/13) will be used to determine if the applicant has met the requirement.

“High rate” is defined as a minimum of 40 percent of graduates in academic year 7/1/2012-6/30/2013 employed in Health Professional Shortage Areas (HPSAs). More information about HPSAs is available on the BHPPr websites:

<http://bhpr.hrsa.gov/shortage/> and <http://hpsafind.hrsa.gov/>

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NoA) will be sent prior to the start date of July 1, 2014. See section 6.4 of HRSA’s *SF-424 R&R Two-Tier Application Guide* for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA’s *SF-424 R&R Two-Tier Application Guide* (<http://www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf>).

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections

A standard term and condition of award will be included in the final notice of award; all grantees will be subject to a term and condition that applies the terms of [48 CFR section 3.908](#) to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

3. Reporting

The successful applicant under this Funding Opportunity Announcement must comply with Section 7 of HRSA’s *SF-424 R&R Two-Tier Application Guide* (<http://www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf>) and the following reporting and review activities:

- 1) **Performance and Final Reports.** All Bureau of Health Professions (BHP) grantees are required to collect and report performance data so that HRSA can meet its obligations. BHP Performance Reporting for the NAT Program was newly implemented in fiscal year 2012. Performance data for the recently completed academic year must be reported for each budget period semi-annually through the HRSA EHBs.

The Reporting Schedule is:

- a) Performance Period #1: July 1 through December 31
Due Date: January 31
- b) Performance Period # 2: January 1 through June 30
Due Date: July 31

An email notification will be sent as a reminder that a report is due, including instructions on how to provide the report through the EHB system.

For grantees who submit applications for funding in the following year, the application itself serves as the progress/final report for the preceding grant. For grantees who do not submit applications in the following year, HRSA requires that they submit a brief final report that includes the information that would have been included in the accomplishments summary of the application within 90 days of the end of the grant.

2) **Change in Key Personnel**

Participating NAT schools must request prior approval for any change in the NAT Project Director (PD) using the HRSA EHBs "Prior Approvals" submission process. See Post Award Reporting for additional details. Grantees should contact the HRSA Call Center at (877) 464-4772 for assistance. The PD change request must be provided immediately when the PD change occurs for purpose of approval and accountability. Applicants must submit an official countersigned letter by a Business or Authorizing Official and the Project Director of the institution which officially requests change in PD. The letter should include the grant number and clearly state:

- Reason for the change;
- Change from prior PD (name) to new PD (name);
- Effective date of PD change;
- Business address, phone and e-mail of new PD; and
- Include copy of Biographical Sketch, resume, or CV of new PD.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative or fiscal issues related to this Funding Opportunity Announcement by contacting:

Ardena Githara, MNM

Grants Management Specialist

ATTN: Nurse Anesthetist Traineeship Program (A22)

Division of Grants Management Operation, OFAM

Parklawn Building, 5600 Fishers Lane Room 11A-02

Rockville, MD 20857

Telephone: 301-443-4903

Fax: 301-443-6343

Email Address: AGithara@HRSA.gov

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

Karen Delia Breeden, MPA

Public Health (Program) Analyst

ATTN: Nurse Anesthetist Traineeship Program (A22)

Bureau of Health Professions, HRSA, Division of Nursing

Parklawn Building, 5600 Fishers Lane Room 9-61

Rockville, MD 20857

Telephone: 301-443-5787

Fax: 301-443-0791

Email Address: 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center

Phone: 1-800-518-4726, (International Callers, please dial 606-545-5035)

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). 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 Contact Center

Phone: (877) 464-4772

TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. OTHER INFORMATION:

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit a grant application. The webinar is scheduled for:

Monday, December 16, 2013 from 1:00 p.m. - 2:00 p.m. ET
Adobe Connect Link: <https://hrsa.connectsolutions.com/foa4/>
Call-in Number: 1-888-790-3584
Participant Code: 5593172

Please reference the Division of Nursing website at <http://bhpr.hrsa.gov/nursing/index.html> for additional information.

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 accredited by a nationally recognized 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.

A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this title if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or 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. (See section 801(6)(B) of the PHS Act).

“Advanced Practice Registered Nurse (APRN)” means a licensed independent practitioner who is expected to practice within standards established or recognized by a licensing body. **“The four current APRN roles in the Consensus Model are certified registered nurse anesthetists, certified nurse-midwives, clinical nurse specialists and certified nurse practitioners.** APRNs are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related or psych/mental health.

The Consensus Model definition of an Advanced Practice Registered Nurse (APRN) is a nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. who has passed a national certification examination that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for **all** APRNs is that a significant component of the education and practice focuses on direct care of individuals;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license; **and**
7. who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).

Each APRN is accountable to patients, the nursing profession, and the licensing board to comply with the requirements of the state nurse practice act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or referring patients to other health care providers as appropriate.” Source: AACN and APRN Joint Dialogue Group Report, July 7, 2008 <http://www.aacn.nche.edu/education-resources/APRNReport.pdf>

“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, or letter from 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.

“Cultural competence” means a set of academic and interpersonal skills that allow an individual to increase his or her understanding and appreciation of cultural differences and similarities within, as well as among and between, groups. This requires willingness and ability to draw on values, traditions, and customs of the populations served and the ability to develop culturally sensitive interventions. Curriculum is a set of courses constituting an area of specialization. Didactic training involves traditional classroom or virtual education forums wherein trainees receive instruction from designated faculty members and/or clinicians.

“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.

“Diversity” as defined by BHPPr means the proportion and number of individuals from groups underrepresented among students, faculty, administrators, and staff (i.e., structural diversity). Diversity, however, can also be conceptualized as the diversity of interactions that take place on campus (e.g., the quality and quantity of interactions across diverse groups and the exchange of diverse ideas), as well as campus diversity-related initiatives and pedagogy (e.g., the range and quality of curricula and programming pertaining to diversity, such as cultural activities and cultural awareness workshops).”

“Doctoral Program in Nursing” means a program of instruction beyond the baccalaureate and master’s degrees in nursing (e.g. PhD, DNS, DSN, DNSc, DNP and DNAP). Doctoral programs in nursing fall into two principal types: research focus and practice focus.

“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 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” is 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.

“Health professional shortage area (HPSA)” means an area designated as having a shortage of primary medical care, dental, or mental health providers. The area 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). More information about HPSAs is available on the BHPPr Web sites: <http://bhpr.hrsa.gov/shortage/> and <http://hpsafind.hrsa.gov/> .

“Indirect Costs (Facilities and Administrative - F&A Costs)” means costs incurred by an organization for common or joint objectives and cannot be identified specifically with a particular project, program or activity, but are nonetheless 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). Note that Indirect Costs are unallowable for the NAT Program.

Low Income Levels:

The Secretary defines a “low-income family” for programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two or more individuals related by birth, marriage³, or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student’s parents to compute low income status, while a few programs, depending upon the legislative intent of the program, programmatic purpose of the low income level, as well as the age and circumstances of the average participant, will use the student’s family as long as he or she is not listed as a dependent upon the parents’ tax form. Each program will announce the rationale and choice of methodology for determining low income levels in their program guidance. The Department’s poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer price Index.

The Secretary annually adjusts the low-income levels based on the Department’s poverty guidelines and makes them available to persons responsible for administering the applicable programs. The 2013 Poverty Guidelines to determine Disadvantaged status can be located at the following website: <http://www.gpo.gov/fdsys/pkg/FR-2013-10-25/pdf/2013-25275.pdf>. The income figures below have been updated to reflect increases in the Consumer Price Index through December 31, 2012.

2013 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

| Size of parents’ family * Income level ** | |
|---|----------|
| 1 | \$22,980 |
| 2 | 31,020 |
| 3 | 39,060 |
| 4 | 47,100 |
| 5 | 55,140 |
| 6 | 63,180 |
| 7 | 71,220 |
| 8 | 79,260 |

For families with more than 8 persons, add \$8,040 for each additional person.

2013 POVERTY GUIDELINES FOR ALASKA

| Size of parents’ family * Income level ** | |
|---|----------|
| 1 | \$28,700 |
| 2 | 38,760 |
| 3 | 48,820 |
| 4 | 58,880 |
| 5 | 68,940 |
| 6 | 79,000 |
| 7 | 89,060 |
| 8 | 99,120 |

3 On June 26, 2013, in U.S. v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act, which prohibited federal recognition of same-sex spouses and same-sex marriages, was unconstitutional. In light of this decision, please note that same-sex marriages and same-sex spouses will be recognized on equal terms with opposite-sex spouses and opposite-sex marriages, regardless of where the couple resides.

For families with more than 8 persons, add \$10,060 for each additional person.

2013 POVERTY GUIDELINES FOR HAWAII

Size of parents' family * Income Level **

| | |
|---------|----------|
| 1 | \$26,460 |
| 2 | 35,700 |
| 3 | 44,940 |
| 4 | 54,180 |
| 5 | 63,420 |
| 6 | 72,660 |
| 7 | 81,900 |
| 8 | 91,140 |

For families with more than 8 persons, add \$9,240 for each additional person.

* Includes only dependents listed on Federal income tax forms. Some programs will use the student's family rather than his or her parents' family.

** Adjusted gross income for calendar year 2012.

“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”, means an urban or rural area or population that:

- (1) is eligible for designations under section 332 of the PHS Act as a health professional shortage area;
- (2) is eligible to be served by a migrant health center (MHC), now 330(g) of the PHS Act, a community health center (CHC) under section 330 of the PHS Act, a grantee under section 330(h) of the PHS Act (relating to homeless individuals), or a grantee under section 330(i) of the PHS Act (relating to residents of public housing);
- (3) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa) (2) of the Social Security Act (relating to rural health clinics); or
- (4) is designated by a State governor (in consultation with the medical community) as a shortage area or medically underserved community.

In keeping with the Congressional intent that eligible entities should not be limited to formally designated Health Professional Shortage Areas (HPSAs) and populations served by CHCs, MHCs, or homeless health centers, the list of types of practice sites that can be claimed under this provision has been expanded to include, but is not limited to the following:

Community Health Centers (CHC)
Migrant Health Centers (MHC)
Health Care for the Homeless Grantees
Public Housing Primary Care Grantees
Rural Health Clinics, Federally designated
National Health Service Corps (NHSC) Sites
Indian Health Services (IHS) Sites
Federally Qualified Health Centers
Primary Medical Care Health Professional Shortage Areas (HPSAs)
State or local Health Departments (regardless of sponsor - for example, local Health Departments that are funded by the State would qualify)
Ambulatory practice sites designated by State Governors as serving medically underserved communities

“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.

“New” means any program that has graduated less than three classes. After a program has graduated three classes, that program will be able to provide the information necessary for the general funding preference as defined in the law and will no longer be considered a new program.

“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 Anesthetist” means a registered nurse that has successfully completed a nurse anesthetist education program.

“Nurse Anesthetist Trainee” means a student enrolled in a graduate program and who is receiving traineeship support from a BHPnurse anesthetist traineeship grant.

“Primary Care” means the provision of **integrated, accessible health care services** by **clinicians** who are **accountable** for addressing a large **majority of personal health care needs**, developing a **sustained partnership** with **patients**, 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 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 all proposed activities, including educational programs, specified or described in a grant application as approved for funding.

“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. 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 expense (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). The White House’s Office of Management and Budget (OMB) designates counties as Metropolitan, Micropolitan, or Neither. Micropolitan counties are considered non-Metropolitan or rural along with all counties that are not classified as either Metro or Micro.

There is an additional method of determining rurality that HRSA uses called the Rural-Urban commuting area (RUCA) codes. Like the MSAs, these are based on Census data which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. While use of the RUCA codes has allowed identification of rural census tracts in Metropolitan counties, among the more than 60,000 tracts in the U.S. there are some that are extremely large and where use of RUCA codes alone fails to account for distance to services and sparse population. In response to these concerns, HRSA’s Office of Rural Health Policy has designated 132 large area census tracts with RUCA codes 2 or 3 as rural. These tracts are at least 400 square miles in area with a population density of no more than 35 people.

For more information on RUCAs, see:

<http://www.ers.usda.gov/briefing/Rurality/RuralUrbanCommutingAreas/>

The HRSA website has page where you can search for eligible counties, or eligible census tracts inside Metro counties, at <http://datawarehouse.hrsa.gov/RuralAdvisor/>. You can also download a complete list of eligible areas from that page.

“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

See section 4.7 of HRSA’s *SF-424 R&R Two-Tier Application Guide*

<http://www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf>. In addition, BHP has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at:

<http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.

APPENDIX

LIST OF NAT PROGRAM ATTACHMENTS, TABLES AND ELECTRONIC FORM INCLUDED IN THIS FUNDING OPPORTUNITY ANNOUNCEMENT

Reference HRSA's *SF-424 R&R Two-Tier Application Guide* www.hrsa.gov/grants/apply/applicationguide/sf424rr2guide.pdf for instructions on the document submission process for Grants.gov (Phase 1) and the HRSA's EHBs (Phase 2).

The supplemental information (NAT Attachments and NAT Program Tables) are to be submitted in the HRSA EHBs (Phase 2) after successful completion and submission of the required documents in Grants.gov (Phase 1).

NAT Attachments

- Attachment 1 Accreditation Documentation of the Program
- Attachment 2 New Program Approval Documentation (if applicable)
- Attachment 3 Biographical Sketch of the Project Director
- Attachment 4 Health Professions Diversity Statement
- Attachment 5 Maintenance of Effort Documentation
- Attachment 6-15 Other Relevant Documents

NAT Program Tables and Instructions

- Table 1 - NAT: Enrollment, Traineeship Support, Graduate, Graduates Supported and Projected Data
- Table 2A - NAT: Graduate Data – Rural, Underserved, or Public Health
- Table 2B - NAT: Graduates Supported by Traineeship Data – Rural, Underserved or Public Health

Applicants must adhere to the table instructions to ensure that the data provided are accurate and complete. Schools are encouraged to consult with Program Staff for technical assistance prior to submitting the grant application.

Table 1 - NAT: Enrollment, Traineeship Support, Graduate, Graduates Supported and Projected Data

Complete Table 1 summarizing student enrollment, trainee/ student support, graduates, graduates supported and projected student enrollment. Instructions for completing Table 1 are below.

| Students | Total # of NAT Full-time Students Enrolled (As of 10/15/13) | Total # of NAT Students Supported (07/01/12 - 06/30/13) | Total # of Graduates (07/01/12 - 06/30/13) | Total # of NAT Graduates Supported (07/01/12 - 06/30/13) | Projected Students by 10/15/2014 |
|---|---|---|--|--|----------------------------------|
| # Master's Students in First 12 Months of Study | | | | | |
| # Doctoral Students in First 12 Months of Study | | | | | |
| # Master's Students Beyond First 12 Months of Study | | | | | |
| # Doctoral Students Beyond First 12 Months of Study | | | | | |

Instructions for Completing Table 1 - NAT:

IMPORTANT NOTES:

- **The Nurse Anesthesia Traineeship Program supports students in both the first 12 months of anesthesia study and beyond the first 12 months of anesthesia study.**
- **All applicants should complete this table.**
- Do not make any changes to this table.
- **Students should not be counted as both an Enrollee and a Graduate.**
- **Enrollees** – Students that are enrolled in a Nurse Anesthetist Program and have not graduated or completed the program by 10/15/13.
- **Students Supported** - Students who received traineeship support from 07/01/12-06/30/13 and did not graduate, under "STUDENTS SUPPORTED BY TRAINEESHIPS."
- **Graduates** – Students who have successfully completed all educational requirements for the Nurse Anesthetist Program between 07/01/12-06/30/13.
- **Graduates Supported** - Students who received traineeship support from 07/01/12-06/30/13 and graduated, under "TOTAL # OF GRADUATES SUPPORTED".

- For “**Total # of NAT Full-time Students Enrolled**”, enter the total number of NAT full-time students enrolled as of 10/15/2013 by Master’s and/or Doctoral level for both students in the first 12 months of study and students beyond the first 12 months of study.
- For “**Total # of NAT Students Supported**”, enter the total number of Master’s and Doctoral (separately) students who were enrolled as of 10/15/2013 and of those enrollees who received Nurse Anesthetist Traineeship support from 07/01/12-06/30/13 (include students supported during the first 12 months of study and beyond 12 months of study).
- The “**Total # of NAT Students Supported**” must be equal to or less than the “**Total Number of NAT Full-time Students Enrolled**”.
- For “**Total # of Graduates**”, enter the total number of graduates beyond 12 months of study who completed degree requirements between 07/01/12-06/30/13. If this is a new program, enter “0” in the “Total # of Graduates” column.
- For “**Total # of NAT Graduates Supported**”, enter the total number of graduates beyond 12 months of study who received NAT support and completed degree requirements between 07/01/12-06/20/13. If this is a new program, enter “0” in the “Total # of NAT Graduates” column.
- For “**Total # of NAT Projected Students**”, enter the total number of NAT Master’s and/or Doctoral students projected to enroll by October 15, 2014.
- For “Grand Total”, enter the Grand Totals for each column.

Table 2A - NAT: Graduate Data - Rural, Underserved, or Public Health (7/01/12-6/30/13)

Meeting the **Statutory Funding Preference (SFP)** is contingent on meeting the **Statutory Funding Preference High Rate** – reference section V.2

Meeting the **Special Consideration (SPC)** is contingent on meeting the **Special Consideration High Rate** – reference section V.2

Complete Table 2A, as appropriate, providing data on the number of Nurse Anesthesia graduates who completed degree requirements between 7/1/12-6/30/13 and are employed at clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Instructions for completing Table 2A are below.

| Practice Settings | No. of Graduates |
|--|-------------------------|
| Community Health Centers | |
| Migrant Health Centers | |
| Health Care for the Homeless Grantees | |
| National Health Service Corps Sites | |
| Indian Health Service Sites/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 / Settings | |
| Underserved Populations / Settings | |
| 1. Total Number of Graduates employed in these Settings (from 07/01/12 – 06/30/13) | |
| 2. Total Number of Graduates (from 07/01/12 – 06/30/13) | |
| 3. Percentage of Graduates Employed in these Settings (SFP) (Number 1 divided by Number 2) | |
| 4. Percentage of Graduates Employed in HPSAs (SPC) (Total Number of HPSAs from row above divided by Total Number of Graduates from 07/01/12-06/30/13) | |

Instructions for completing Table 2A - NAT:

- **IMPORTANT NOTES:**

- **All applicant institutions requesting the Statutory Funding Preference must complete this table which will be used to determine if the applicant has met the Statutory Funding Preference. NAT Table 2A will also be used to determine if the applicant has met the Special Consideration.**
- Do not make any changes to this table.
- Data on this table should reflect only the **number of nurse anesthetist graduates** who completed degree requirements between 07/01/2012 and 06/30/2013.
- **Although a graduate's practice site may qualify under more than one category, each individual graduate should be reported only once.**

- Enter the total number of “**Nurse Anesthetist**” graduates employed in each of the “**Practice Settings**” listed.
- Enter the “**Total Number of Graduates Employed in these Settings**” in the identified settings from 07/01/2012 – 06/30/2013 in Row 1.
- Enter the “**Total Number of Graduates**” completing degree requirements between 07/01/2012 and 06/30/2013 in Row 2.
- Statutory Funding Preference (SFP). Enter the “**Percentage of Graduates Employed in these Settings**” in Row 3 (“Total Number of Graduates employed in these Settings” divided by the “Total Number of Graduates from 07/01/12-06/30/13”). Note: The system will automatically compute.
- Special Consideration (SPC). Enter the “**Percentage of Graduates employed in HPSAs**” in Row 4 (“Number of Graduates from the Health Professional Shortage Areas” [HPSAs] row divided by “Total Number of Graduates from 07/01/12-06/30/13”). Note: The system will automatically compute.

Table 2B - NAT: Graduates Supported by Traineeship Data - Rural, Underserved, or Public Health (7/01/12-6/30/13)

Complete Table 2B, as appropriate, providing data on the number of Nurse Anesthesia graduates supported by traineeships who completed degree requirements between 7/1/12-6/30/13 and are employed at clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Instructions for completing Table 2B are below.

| Practice Settings | No. of Graduates Supported |
|--|----------------------------|
| Community Health Centers | |
| Migrant Health Centers | |
| Health Care for the Homeless Grantees | |
| National Health Service Corps Sites | |
| Indian Health Service Sites/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 / Settings | |
| Underserved Populations / Settings | |
| 1. Total Number of Graduates Supported By Traineeships Employed in these Settings (from 07/01/12 – 06/30/13) | |
| 2. Total Number of Graduates (from 07/01/12 – 06/30/13) | |
| 3. Percentage of Graduates Supported by Traineeships Employed in these Settings (Number 1 divided by Number 2) | |
| 4. Percentage of Graduates Supported by Traineeships Employed in HPSAs (Total Number of HPSAs from row above divided by Total Number of Graduates from 07/01/12-06/30/13) | |

Instructions for completing Table 2B - NAT:

- **IMPORTANT NOTES:**
- **All applicant institutions requesting the Statutory Funding Preference must complete this table for data analysis purposes only.**
- Do not make any changes to this table.
- Data on this table should reflect only the **number of nurse anesthetist graduates who received traineeship support** who completed degree requirements between 07/01/2012 and 06/30/2013.
- **Although a graduate’s practice site may qualify under more than one category, each individual graduate should be reported only once.**

- Enter the total number of “**Nurse Anesthetist**” graduates who received traineeship support employed in each of the “**Practice Settings**” listed.
- Enter the “**Total Number of Graduates Supported by Traineeships Employed in these Settings**” in the identified settings from 07/01/2012 – 06/30/2013 in Row 1.
- Enter the “**Total Number of Graduates**” completing degree requirements between 07/01/2012 and 06/30/2013 in Row 2.
- Enter the “Percentage of Graduates Supported by Traineeships Employed in these Settings” employed in the identified settings in Row 3 (“Total Number of Graduates in these Settings” divided by the “Total Number of Graduates”). **Note: The system will automatically compute.**
- Enter the “Percentage of Graduates Supported by Traineeships Employed in HPSAs” (Total Number of HPSAs from row above divided by Total Number of Graduates from 07/01/12-06/30/13). **Note: The system will automatically compute.**