

PROPOSED NEW SLOTS (\$4M) FUNDING

Request for Application

Application Information/Guidance

CAPITATION FUNDING

California Healthcare Workforce Policy Commission
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700

September 2014



Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700
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New Slots (\$4M) Funding Application

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This page captures information on the applicant programs

PROGRAM INFORMATION

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Program
Director:
Program *
Director Degree
Program *
Director Email
Program *
Director Phone
Title of Training
Program
Training Program Address

If your Training Program is not in the dropdown, please enter the information here.

Title of Training Program
Training Program Address
Street
Suite
City State California Zip
County

Training Program Status

Funding Information

Capitation Type	Cycles Requested	Capitation Rate	Total Requested
Capitation - Renewal	<input type="text"/>	\$51,615	
Capitation - New	<input type="text"/>	\$51,615	
Grand Total Requested			

1. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:
 - The following four definitions of New Slots (\$4M):
 - Expansion New Positions- an established program that will create/add new primary care positions that will result in an increase in total resident positions
 - Reallocated New Primary Care Positions – an established program that will expand primary care positions by reallocating existing non-primary care positions to primary care positions.
 - Newly Approved Programs- a newly approved primary care program that has received initial accreditation for positions starting July 1st 2015, and that has no existing residents.
 - HRSA/Teaching Health Center Grants – programs established through HRSA/Teaching Health Center grants that will lose funding on June 30, 2015.
 - The maximum number of residents that any one applicant program can request be set at three (3).
 - Capitation funding be three (3) years in length.
 - Applicant funding will be set at \$50,000 per resident per year for a total of \$150,000 for one resident for three years.
 - Additional questions from staff: What is the definition of an established program? What is the definition of a newly approved program?

This page captures contract information for the applicant in the event of an award

CONTRACTOR INFORMATION

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Name of Contract Organization *

Name of Contracts Officer First Name * Last Name *

Title of Contracts Officer *

Mailing Address (where contract should be mailed)

Address *

Suite

City * State California Zip *

County *

Telephone *

Email *

Federal Tax ID Number *

The applicant uses this page to provide an Executive Summary for their proposal

EXECUTIVE SUMMARY

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

0 of 2000

0 SHPD Staff Only:
0 of 2000

-
2. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:
- Describe your rationale for creating the new position(s) and justification for funding. Describe your plan for financial sustainability and how you will ensure that these positions will be designated primary care.

This page captures basic information about the program for data collection purposes

STATISTICS

Instructions:

Please fill in the appropriate fields.
 Required fields are marked with an *.
 When done, click the SAVE button.

Academic Year (AY)	2012/13	2011/12	2010/11
1. What is the total number of first year slots available?	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. How many residents were trained in your program?	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Of those trained how many residents were Male?	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Of those trained how many residents were Female?	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Of those trained how many residents were transgender?	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. What is the average number of patients seen by a 1st year resident?	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. What is the average number of patients seen by a 2nd year resident?	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. What is the average number of patients seen by a 3rd year resident?	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. How many residents are currently being supported with Cong Brown funds?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

3. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:

- Accept the table below with the following edits:
 - Clarify that this table is for statistical purposes only
 - Include the appropriate year (Should we be collecting current year information?)
 - Change the order of questions

See new table below:

Questions	PGY 1	PGY 2	PGY 3	PGY 4
1 How many approved resident positions do you currently have based on your accrediting body?				
2 How many of your academic year XX residents are Male?				
3 How many of your academic year XX residents are Female?				
4 How many of your academic year XX residents are Transgender?				
5 If planning to expand for the 2015-16 Academic Year, how many resident positions will you be adding to your program?				
6 What will your approved resident positions be after expansion?				

This page captures languages spoken of current program residents. Language categories are based on Medi-Cal threshold languages for California.

LANGUAGES

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Language	Current Students/Residents
American Sign Language	<input type="text"/>
Arabic	<input type="text"/>
Armenian	<input type="text"/>
Cantonese	<input type="text"/>
Farsi	<input type="text"/>
Hmong	<input type="text"/>
Khmer	<input type="text"/>
Korean	<input type="text"/>
Laotian	<input type="text"/>
Mandarin	<input type="text"/>
Other Chinese	<input type="text"/>
Russian	<input type="text"/>
Spanish	<input type="text"/>
Tagalog	<input type="text"/>
Vietnamese	<input type="text"/>
Other	<input type="text"/>

Comments

0 of 250

This page captures the Family Practice Center Payer Mix. This information provides the Commission with a picture of the patient population served by the Family Practice Center.

FAMILY PRACTICE CENTER PAYER MIX

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Payment Type	Percentage
Medi-Cal Managed Care	<input type="text"/> %
Medi-Cal Traditional	<input type="text"/> %
Medicare Managed Care	<input type="text"/> %
Medicare Traditional	<input type="text"/> %
County Indigent Programs	<input type="text"/> %
Other Third Party - Managed Care	<input type="text"/> %
Other Third Party - Traditional	<input type="text"/> %
Other Indigent	<input type="text"/> %
Other Payers	<input type="text"/> %
Total	%

Comments

0 of 250

4. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:

- To delete this table and move to page 14 of the RFA as a narrative response question. The question will read as the following:
- Describe the percentage of government insured, underinsured, or uninsured patients.
- **For the Task Force: Based on the categories listed above, which categories would you consider government insured, underinsured, and uninsured?**

Pages 9 and 10 capture statutory information for actual placement of individuals in medically underserved areas by capturing the current practice site information for past graduates of the program.

GRADUATES INFORMATION

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.
Click ADD to create additional pages for entering more graduates.

This is a new program with no graduates to report.

Grad Year

Graduate Last Name Graduate First Name HPEF Scholar NHSC Recipient

1. Practice Site
After saving the page, click the Add/Edit link below to add your site.
If Practice site is not listed, please use the section below.

Add/Edit Address

Practice Site [OSHDP ID](#)

Address

City State Zip County

2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason.

Unknown

Practice site unknown because

5. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:
- Collect graduate practice specialty
 - Add National Provider Identifier number to each graduate for future data collection efforts.
 - Add question: Is the graduate currently in or has completed a graduate subspecialty fellowship?
 - Add question: Is this graduate practicing greater than 50% in ambulatory primary care?

Staff recommendation: Collect Medical School name and address for each graduate

Practice Site Status

3. For a practice site not entered in section 1, enter information below

Practice Site [OSHDP ID](#)

After saving the page, click the Add/Edit link below to add your site's address.

Add/Edit Address

Address

City State Zip County

4. For private practice sites not entered in section 1, enter information below

Private Practitioner First Name Private Practitioner Last Name Practice Title

After saving the page, click the Add/Edit link below to add your site's address.

Add/Edit Address

Address

City State Zip County

This page captures statutory priorities of attracting and admitting members of minority groups to the program and attracting and admitting individuals who were former residents of medically underserved areas.

PROGRAM STRATEGIES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Describe the counseling and placement program you use to encourage graduates to practice in areas of unmet need.

0 of 2000

Describe how your program incorporates cultural competency and responsive care training into the programs curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.

Explain the program strategies developed to identify, recruit and admit trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas.

0 of 2000

How does your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups?

0 of 2000

This page captures statutory information for attracting and admitting members of minority groups to the program.

This page captures the race/ethnicity of prior year graduates as well as current residents of the program. The Commission has their own definition of Underrepresented Minorities. The categories highlighted in yellow are considered to be under represented in the health professions relative to their numbers in the total population.

Ethnic/Racial Category	Graduates 2013/14	Graduates 2012/13	Graduates 2011/12	Total	Current Students/ Residents 2014/15
American Indian, Native American or Alaska native					
Asian					
Asian Indian					
Cambodian					
Chinese					
Filipino					
Indonesian					
Japanese					
Korean					
Laotian/Hmong					
Malaysian					
Pakistani					
Thai					
Vietnamese					
Black, African American or African Hispanic or Latino					
Native Hawaiian or Other Pacific Islander					
White/Caucasian, European/Middle Eastern					
Other					
Yellow highlight defines underrepresented minorities by the California Healthcare Workforce Policy Commission (CHWPC)					

UNDERREPRESENTED MINORITY DEFINITION

Underrepresented Minority (URM) refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include Black, African – Americans or Africans, Hispanics or Latinos, American Indians, Native Americans or Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than: Chinese, Filipinos, Japanese, Koreans, Malaysians, Pakistanis, Asian Indian, and Thai.**

Pages 13 and 14 capture statutory information for placement of training sites in areas of unmet need by capturing the training sites of the program.

TRAINING IN AREAS OF UNMET NEED

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the **SAVE** button.

1. Training Site

After saving the page, click the Add/Edit link below to add your site.
If Training site is not listed, please use the section below.
Please save the page before adding an address.

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

[OSHDP ID](#)

Training Site Status

2. For training sites not in section 1, enter the information below.

Training Site

After saving the page, click the Add/Edit link below to add your site's address.

Please save the page before adding an address.

Address

City

State Zip Code

County

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

[OSHPD ID](#)

3. For private practice training sites not entered in section 1, enter the information below.

Private Practitioner First Name Private Practitioner Last Name Title

After saving the page, click the Add/Edit link below to add your site's address.

Please save the page before adding an address.

Address

City

State

Zip Code

County

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

Complete this table for the training site selected or entered.

Total hours spent by resident at this site:

PGY-1	PGY-2	PGY-3
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:

- Continue to collect principal, secondary, and continuity training site information
- Remove table that collects amount of time spent at each training site
- Add question: Describe the percentage of government insured, underinsured, or uninsured patients (staff to provide definitions)

This page captures the program expenditures for the program

1. If there is no Family Practice Center associated with internal medicine, pediatric and OB/GYN residencies, is there other expenditure categories we should look at?

PROGRAM EXPENDITURES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Line Item	Total Annual Expenditures
Faculty Costs	<input type="text"/>
Residency Stipends	<input type="text"/>
Family Practice Center Costs	<input type="text"/>
Other Costs	<input type="text"/>
Total Annual Expenditures	

Comments

0 of 250

-
7. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:
 - To remove this page from the New Slots (\$4M) RFA

These questions are based on the Standards for Family Medicine residency programs. The Task Force will be reviewing the Standards and making recommendations to the Commission regarding the Standards for internal medicine, pediatrics and OB/GYN residency programs.

PROGRAM STRUCTURE

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

For programs based at a medical school, provide evidence that family medicine is recognized as a major independent specialty. What is the organizational status of family medicine in the medical school (e.g., department, division)?

0 of 2000

For programs not based at a medical school, indicate if an affiliation agreement exists with a medical school. If no affiliation exists, explain why.

0 of 2000

Does your residency program have an affiliation agreement with a medical School? * Yes No
By stating yes, you agree to provide a copy upon request.

-
8. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:
- To remove this page from the New Slots (\$4M) RFA

The page captures information about the faculty of the Family Medicine residency program.

FACULTY QUALIFICATIONS

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Explain how your program's faculty possesses the knowledge, skills, and experience needed to deliver a primary care curriculum with an emphasis on health care disparities (for example: indicate staff honors, awards, publications, and professional and/or research experience).

0 of 3000

-
9. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:
- Explain how your program's faculty possesses the knowledge, skills, and experience needed to deliver a primary care curriculum including elements of a PCMH and health care disparities.

Pages 18 and 19 capture information about the training of the residents; how they are being taught and what aspects of their training are exposing them to underserved populations.

RESIDENCY TRAINING

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Describe how your program integrates or includes different education modalities into the learning delivery models (e.g., technology assisted education tools, health information technology, simulation, etc.).

1

0 of 2000

Explain how the residency program structures training to encourage graduates to practice as a health care team that includes inter-disciplinary providers.

2

3

Describe your affiliation with an FNP/PA training program and/or other health profession training program.

0 of 2000

Upload letters documenting this affiliation agreement or relationship on the Required Attachments page.

Describe how practicing family physicians from the local community are utilized in the training program.

4

0 of 2000

Describe the programs strategies used to promote training in ambulatory and community settings in underserved areas.

5

10. New Slots (\$4M) Task Force proposes the following for the newly developed New Slots (\$4M) RFA:

- This page will have the following edits to Questions 1-5:
 - Question 1: Leave as is
 - Question 2: Add patient centered medical home (PCMH) to the question and use primary care language: “Explain how the residency program or patient centered medical home (PCMH) structures primary care training to encourage graduates to practice as a health care team that includes inter-disciplinary providers.”
 - Question 3: Revise question to read: “Please describe the components of your curriculum that support primary care. In support of this question, please describe your primary care continuity clinic activities.”
 - **The Task Force will need to further discuss this question at the next meeting**
 - Question 4: Delete the word “family”
 - Question 5: Leave as is

This page captures all required document uploads

REQUIRED ATTACHMENTS

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Upload letters from inter-disciplinary providers that support statements made on the Residency Training form.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Upload letters that document an affiliation with an FNP/PA training program and/or other health professions training programs.

<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Program Director assurances page

PROGRAM DIRECTOR ASSURANCES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

- I agree to accept responsibility to complete contract deliverables if an award is made as a result of this application.*
- I certify that the statements herein are true and complete to the best of my knowledge.*

When finished, click SAVE.

To submit your application, please change the status to "Application Submitted" on the [Status Change](#) page.

Section I	Statutory Criteria	Total Points Available
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine	15
1.a	Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities 0 points, no mention 3 points, program's curriculum specifically addresses underserved communities 3 points, program has rotations in underserved areas 2 points, program works with students in a mentoring program	8
1.b.	Counseling and placement program to encourage graduate placement in areas of unmet need 0 points, no mention 2 points, program has an active counseling program 2 points, program has an active placement program 1 point, program has a recruitment program	5
2	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine	15
2.a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a pre-disposition to practice in areas of unmet need 0 points, no mention 1-3 points, program shows interest in recruiting residents speaking a second language, coming from an underserved community, NHSC scholars 1-2 points, program engaged in clinics that contain student rotations in underserved areas and/or underserved populations 1-2 points, program is participating in pipeline program with underserved school and engages residents in that process	7
2.b.	Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points, no mention 1 point, option for residents to collaborate with students (undergrad, medical students, or other health professional students) 2 points, program is actively engaged (i.e. a rotation), in junior high/high school health education program and/or career fairs with residents involved as the primary educators and coordinators 3 points, program residents are actively engaged in formal pipeline program for Family Medicine-primary care	3
3	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine	15
3.a.	Number of clinical hours in areas of unmet need 1 point, <25% hours in area of UMN 2 points, ~50% hours in areas of UMN 3 points, >75% hours in areas of UMN	3
3.b.	Is the payer mix of the Family Practice Center more than 50% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers? 0 points, No 5 points, Yes Staff question: Will the payer mix question be evaluated?	5
4	Staff comments: Possible evaluation criteria for programs with "new" primary care residency slots?	
4.a.	Staff comments: Possible evaluation criteria that evaluates programs for having high numbers of California Medical School graduates?	

4.b.	Placement of graduates in primary care ambulatory settings (% and # of graduates in primary care ambulatory settings in areas of UMN) Staff Question: The addition of this evaluation criteria is from the PCR Task Force. Does this Task Force also want to evaluate for this?	15
4.c.	Does the program have a plan and curriculum that promotes training in ambulatory and community settings? Staff Question: The addition of this evaluation criteria is from the PCR Task Force. Does this Task Force also want to evaluate for this? If so, what question in the RFA is this evaluating?	5
Total points possible for Section I		
Section II	Other Considerations	Total Points Available
1	Does the residency training program structure its training to encourage graduates to practice as a health care team that includes inter-disciplinary providers as evidenced by letters from the disciplines? 0 points, no mention of either team training or PCMH 1 point, some team training in hospital or clinic settings as evidenced by letters or the application 2 points, regular focus on team training in all setting of care as evidenced by letters or the application 3 points, program is NCQA accredited as a PCMH at any level as evidenced by letters or the application	3
2	Does the program have an affiliation or relationship with an FNP and PA Training Program as well as other health professions training programs as evidenced by letters from the disciplines? 0 points, No 3 points, Yes Staff comments: This evaluation criteria is evaluating question 3 on page 19 of the RFA. The Task Force has changed question 3 and may want to come up with new criteria.	3
3	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 0 points, no mention 1-3 points, for each example per unique faculty member Staff Question: This evaluation criteria is evaluating faculty qualifications on page 17 of the RFA. Does the Task Force want to change the wording of the criteria to include elements of PCMH? If so, is the point system still applicable?	3
4	Does the program utilize- use family-primary care physicians from the local community in the training program? 0 points, No 3 points, Yes 0 points, no mention 1 point for each example cited up to 3 points Staff Question: The edits of this evaluation criteria are from the PCR Task Force. Does this Task Force also want to accept or change these edits?	3
5	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support? 0 points, no letters attached 1 point per letter 2 points for 2 letters 3 points, for quality letters (not form letters) that describe the relationship between the program and the community organization.	3
6	Does the program integrate different educational modalities into learning delivery models? 0 points, no mention 1 point per example cited	3
7	Does the program use technology assisted educational tools or integrate health information technology into the training model? 0 points, no mention 1 point per example cited 3 points, three or more examples cited Examples: program explicitly mentions regular use of EMR and/or Telehealth with emphasis on residents being trained on how to use this technology and make it effective in their practice	3

8	Does the program promote training in ambulatory and community settings in underserved areas? 0 points, No 3 points, Yes	3
Total points possible for Section II		24
Total points possible for Section I and II		100

OSHDP Office of Statewide Health Planning and Development



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Attachment C
 Agenda Item 6

**Song Brown Contract: XX-XXXX
 New Slots (\$4M) Capitation Final Report**

As stated in your contract, Section D, a final report is due at the end of the contract period.

1. In 1-2 sentences, describe the objectives stated in your capitation application.

2. In 1-2 sentences, describe the successes and/or challenges you faced in meeting those objectives.

3. Describe how the Song-Brown funding your program received has benefited the residents of your program.

4. Describe your resident complement prior to this capitation funding received.

PGY1	PGY2	PGY3

5. Describe your current resident complement.

PGY1	PGY2	PGY3

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- Using the table below provide the names of all residents trained during the term of this contract. Indicate N/A if information requested doesn't apply.
 (Add additional rows if necessary)

Staff recommendation: Add medical school and address for each resident to this table

Program Resident	P	P	P	P	Specialty	Graduate practice site (Name and complete address)
	G	G	G	G		
	Y	Y	Y	Y		
	1	2	3	4		

Comments:

- Using the table below identify training sites used by the residents during the term of this contract. (Add additional rows if necessary)

Training Site Name	Training Site Address	Is this a non-hospital, outpatient setting?	Number of hours spent at site providing primary care		
			PGY1	PGY2	PGY3

Comments:

- Describe the extent to which your program has increased the number of health professionals from racial/ethnic and other underserved groups.

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Song-Brown Funding Information

Provide an account of how the Song-Brown capitation funds were spent for this contract period. Add additional budget categories if applicable.

Budget Category	Description	Amount
Personnel		
Resident Support		
Equipment		
Supplies		
Other		

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9. Please provide the following information:

Program Director Name	Degrees	Title of Position
-----------------------	---------	-------------------

Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address	Telephone No.	FAX Number
----------------	---------------	------------

CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):
I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director

Date

DRAFT