

Primary Care Residency (PCR) Technical Assistance Webinar

Song-Brown Program
Office of Statewide Health Planning and Development (OSHDP)
Healthcare Workforce Development Division (HWDD)
May 2020

About Song-Brown

- Song-Brown provides funding to education programs
 - Family Medicine, Internal Medicine Pediatrics, OB/GYN residency programs
 - Family Nurse Practitioner/Physician Assistant training programs
 - Registered Nurse education programs
- Song-Brown provides financial incentives to programs to:
 - Train graduates in medically underserved areas
 - Attract and admit members of underrepresented minority groups
 - Place graduates in medically underserved areas

Application Release Dates

Registration: Open now

Application release: April 30, 2020

Application deadline: June 2, 2020

All applications open and close at 3:00 pm.

Before You Apply

- If your program requires approval to contract from a coordinating authority, please inform the authority of terms and conditions contained in the Grant Agreement.
- Applicants must agree to the terms and conditions before receiving funds.
- OSHPD **will not** make changes to the terms and conditions specified in the Grant Agreement.
- Funding shall be used to expand primary care services.
- Funds shall not supplant existing state or local funds to provide primary care services.

Information to Gather

- Grant Agreement and Payee Data record (STD-204) signatories.
- Name and full address of your training sites used in the last academic year.
- Facility type for each training site.
- Payer mix information for main primary care continuity clinics.
- Race/ethnicity data for all current residents.
- High school information (name and address) for all current residents.

Information to Gather Continued

- Current practice site information for all graduates entered.
- National Provider Identification number for all graduates entered.
- Applicable required attachments (Letter of Sustainability, Expansion Letter, or Accreditation letter).

Program Funding Categories

Existing Primary Care Residency Program (Existing)	A program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) and will enroll at least one class by July 1.
Teaching Health Center (THC)	A community-based ambulatory patient care center, operating a primary care residency program. Community-based ambulatory patient care settings include, but are not limited to, federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, and entities receiving funds under Title X of the federal Public Health Service Act (Public Law 91-572). (Health and Safety Code Section 128205 subdivision (h))
New Primary Care Residency Slots for Existing Programs (Expansion)	A permanent increase in the number of ACGME or AOA approved categorical primary care residency slots for an existing primary care program as evidenced by a letter from the appropriate accrediting body.
New Program	A primary care residency program that will receive residency accreditation by the ACGME or the AOA after July 1, 2016, has not enrolled its first cohort, and has not received any prior Song-Brown funding.

Available Funding

An estimated \$31 million is available to fund Primary Care Residencies

Award Category	Total Available	Award Amount	Disbursement Method
Existing Slots	\$18.7 M	<ul style="list-style-type: none"> Spread over 3-year period to support at least one resident of an existing PCR program \$125,000 per filled first-year slot; maximum of five slots No indirect costs allowed 	Paid quarterly in arrears
Teaching Health Centers	\$5.7 M	<ul style="list-style-type: none"> One-time funding to support a recognized THC \$170,000 per filled first-year slot; no maximum Maximum of 8% indirect costs allowed 	70% upon contract execution; remainder upon proof of allowable expenditures
Expansion Slots	\$3.3 M	<ul style="list-style-type: none"> Spread over 3-year period to support at least one resident of a PCR program that has permanently expanded \$300,000 per first-year slot; maximum of three slots 	Paid quarterly in arrears
New Programs	\$3.3 M	<ul style="list-style-type: none"> Funding to offset the costs associated with achieving ACGME or AOA accreditation Up to \$800,000 	Upon proof of accreditation and allowable expenditures
Total	\$31 M		

Funding Meeting

- Funding Meeting: September 15-16, 2020.
- Program presentations by invitation only.
- Commission makes final awards at the funding meeting.
- We encourage you to attend to learn from presenters and engage in discussion related to future funding.

Helpful Resources

- OSHPD eApp

<https://eapp.oshpd.ca.gov/funding/>

- Primary Care Residency Grant Guide for FY 2020-21 and Song-Brown Program Glossary

<https://oshpd.ca.gov/loans-scholarships-grants/grants/song-brown/#PCR>

eApplication (eApp) Registration

Creating an Account

The screenshot shows the OSHPD Funding Portal website. At the top left is the CA.GOV logo. In the center is the OSHPD logo with the text "Office of Statewide Health Planning and Development". On the top right, there is a user profile for Jonathan Nazario. Below the header is a navigation bar with links: "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments/Deliverables", "Messages", and "Forms". The main content area features a "Welcome to the OSHPD Funding Portal" message. On the left, there is a note about browser compatibility and two sections: "FOR INDIVIDUALS" with links for "Loan Repayments" and "Scholarships", and "FOR ORGANIZATIONS" with a list of grant opportunities. On the right, there is a table titled "Applications – Open or Coming Soon" with columns for Program, Release Date, Due Date, and Who Can Apply. At the bottom, there are links for "Register to Vote", "Privacy", "Accessibility", "Conditions of Use", and "Contact Us", along with a copyright notice for 2019 State of California.

This site is best viewed with Microsoft Internet Explorer browser.

FOR INDIVIDUALS
Apply for:

- Loan Repayments
- Scholarships

FOR ORGANIZATIONS
Apply for grants to:

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

Applications – Open or Coming Soon

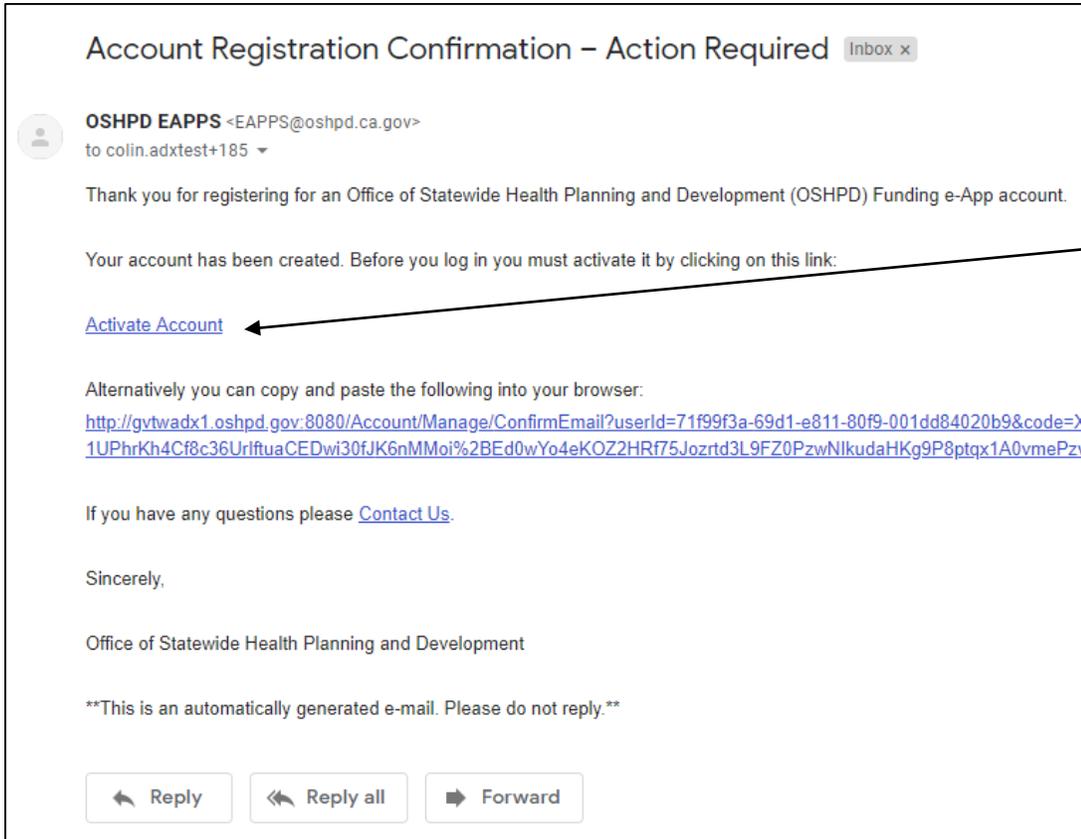
Program ↑	Release Date	Due Date	Who Can Apply
Mini-Grant 2020	11/15/2019 12:00 PM	12/31/2020 12:00 AM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants	01/31/2020 12:00 PM	04/30/2020 12:00 AM	Organization
Song-Brown Primary Care Residency 2019	01/01/2019 12:00 AM	04/06/2020 12:00 AM	Organization
Song-Brown Primary Care Residency 2020	01/01/2019 12:00 AM	09/30/2020 12:00 AM	Organization
Song-Brown Registered Nurse Capitation 2019	02/26/2020 3:00 PM	03/31/2020 3:00 PM	Organization

[Register to Vote](#) [Privacy](#) [Accessibility](#) [Conditions of Use](#) [Contact Us](#)

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If you are a new applicant, register now – don't wait

Registration



1. After creating a new account you will receive a validation email.
2. Click “Activate Account” to be taken to your “Profile” page.
3. Please allow 1-3 minutes to receive the email. You may have to check your spam folder.

Note: For the best experience use the Internet Explorer browser.

Setting up Your Profile

Profile

Your email has been confirmed successfully. x

Profile

My Security Settings

Change Password

Change Email

Select your user type (Choose all that are applicable):*

Healthcare Professional

Student

Organization

Select an organization from the search list below. If your organization is not listed, click on the **Request New Organization** button to submit a request for your organization to be added to the list.

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

Adding a New Organization

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

- "Organization Name" with an asterisk and a text input field.
- A "+ Select Address" button.
- "Street Address" with an asterisk, a text input field, and a "Suite/Dept" field with a help icon.
- "City" with an asterisk, "State" (with "CA" selected), and "Zip Code" with an asterisk, each with a text input field.
- "County" with a dropdown menu.
- "Submit" and "Cancel" buttons at the bottom.

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

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

Completing Your Profile

My Security Settings

Change Password

Change Email

Organization

Select an organization from the search list below.

Showcase Organization

Prefix

First Name * Middle Initial

Last Name * Suffix

Title Degree *

Phone 1 * Phone 2

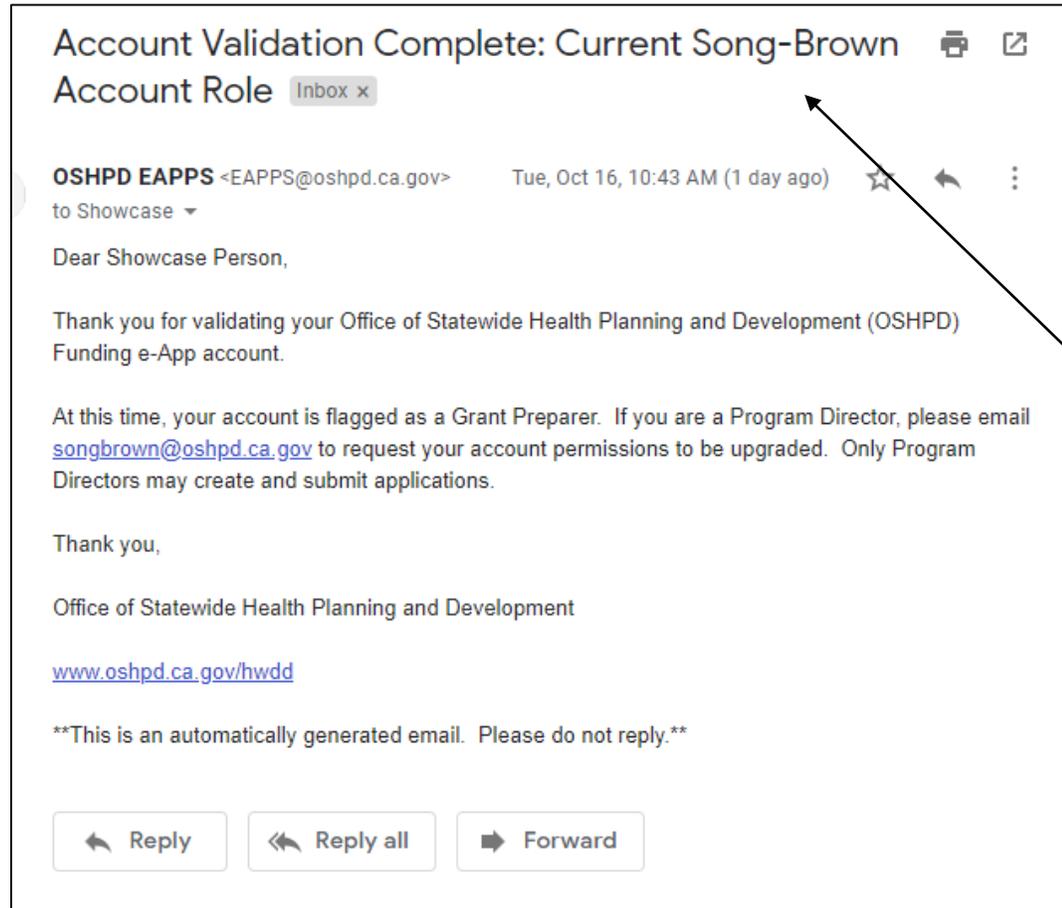
Email *

Receive email announcements for new grant or scholarship opportunities

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

Note: Incomplete information may delay your registration.

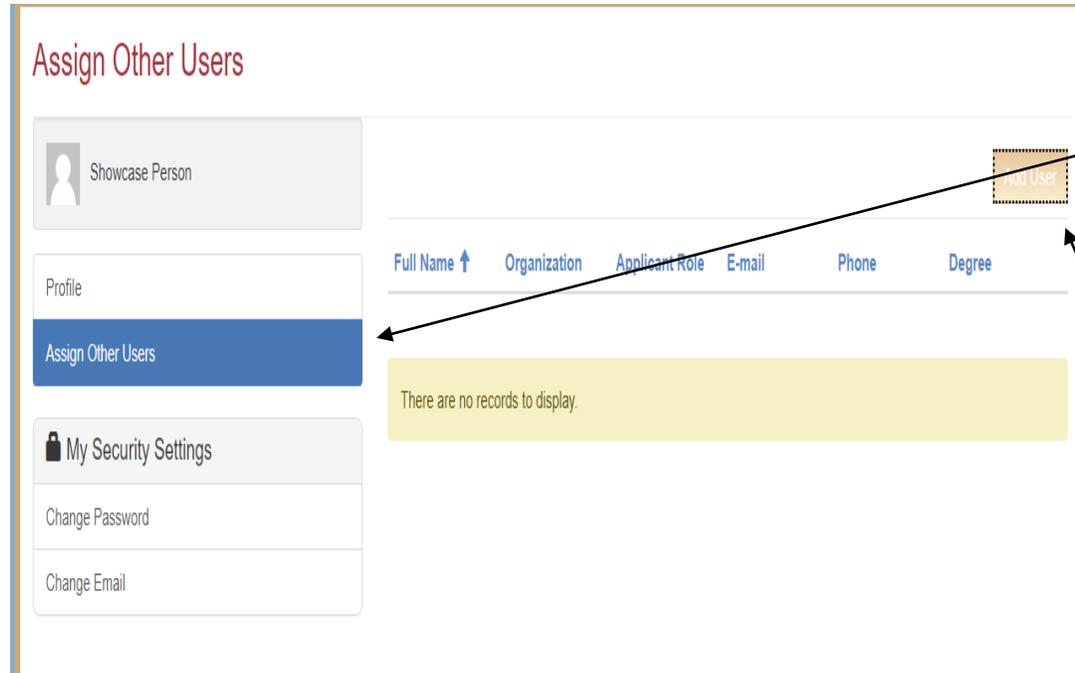
Account Roles



1. All newly created accounts are assigned the “Grant Preparer” role.
2. If you are the Residency Program Director, email SongBrown@oshpd.ca.gov to request the “Program Director” role.
3. Only accounts with the “Program Director” role may initiate and submit applications.
4. Once Song-Brown staff approves your request you will receive a follow-up email confirming the approval.

Note: Program Directors may initiate, view, edit, and submit applications. Grant Preparers may view and edit applications only.

Assigning Other Users



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

Apply Here

[Apply Here](#) [Applications - In Progress/Submitted](#) [Awards](#) [Payments/Deliverables](#) [Messages](#) [Forms](#)

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your [Profile](#).

Program	Release Date	Due Date	Who Can Apply
Mini-Grant 2020	11/15/2019 12:00 PM	03/31/2020 12:00 AM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants	01/31/2020 12:00 PM	04/30/2020 12:00 AM	Organization
Song-Brown Primary Care Residency 2019	01/01/2019 12:00 AM	04/06/2020 12:00 AM	Organization
Song-Brown Primary Care Residency 2020	01/01/2019 12:00 AM	09/30/2020 12:00 AM	Organization
Song-Brown Registered Nurse Capitation 2019	02/26/2020 3:00 PM	03/31/2020 3:00 PM	Organization

1. Navigate to the “Apply Here” page on the main menu.
2. Select the “Song-Brown Primary Care Residency 2020” link and click the “Apply” button when you are ready to begin.

Helpful Tips

Useful Information

Navigating the application

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



Saving your application

Each time you click “Save & Next” in the application your progress is saved. Navigate to the “Applications-In Progress/Submitted” page to resume your application.



Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	Options
SBPCR-1000355	Showcase Training Program	Janine Doe		Submitted	Song-Brown Primary Care Residency 2019	04/05/2022 12:00 AM		<input type="checkbox"/>

Useful Information Continued

Asterisks

The red asterisks indicate which fields require a response before proceeding to the next page.

Training Program Title *

Tooltips

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

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

Contract Administrator Last Name * 

Starting the Application

Program Information

Application – Song-Brown Primary Care Residency

Program Information

Song-Brown Primary Care Residency 2019

Organization

Courtney's Corgi Academy

Program Director * Program Director Email

Program Type *

Family Medicine Internal Medicine Obstetrics and Gynecology (OB/GYN) Pediatrics

Select a training program from the **Training Program Title** search list below. If your training program is not listed, check the **Training Program not listed** checkbox to add your program's information.

Training Program Title *

Training Program not listed

1. Your program information will pre-populate with information you entered in your “Profile” page.
2. Select the “Program Type” you want to apply for.
3. Select a “Training Program Title” from a list of training programs by clicking on the magnifying glass.
4. If your training program is not listed, check the box “Training Program not listed”.

Program Information: Address

1. After checking the box, new fields will appear below.
2. Type in the program name under “Training Program Title”.
3. Click the “+Select Address” button.
4. A new window opens and allows you to enter and search for an address.
5. Click the confirmed address and it will auto-populate the address fields on the page.



☑ Training Program not listed

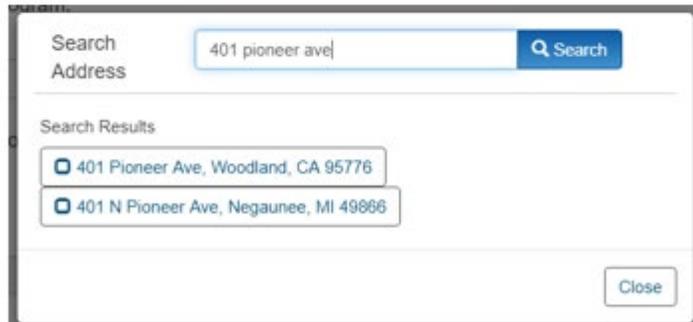
Training Program Title *

+ Select Address

Street Address * Suite/Dept

City * State * Zip Code *

County *



Search Address 401 pioneer ave Search

Search Results

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

Close

Note: You will see this feature throughout the application.

Program Information: Award Category

1. Select the “Award Category” you want to apply for.

Note: You can apply for multiple funding categories in one application. However, if you are applying for “New Program” funding, you cannot apply for “Existing Slots”, “Teaching Health Center Slots”, or “Expansion Slots”.

[+ Select Address](#)

Street Address * Suite/Dept [?](#)

City * State * Zip Code *

County *

Award Category * (select all that apply):

New Program

Existing Slots

Teaching Health Center Slots [?](#)

Expansion Slots

[Next](#)

PCR New Program Application

Program Information: New Program

Award Category * (select all that apply):

New Program

My Program has applied for sponsoring institution accreditation or will have applied for sponsoring institution accreditation 30 days prior to the annual PCR funding meeting.*

My Program has residency program accreditation, no first-year residents at the time of the application and has not received any prior Song-Brown funding.*

How many first-year residents will you initially be accredited for?*

Save & Next

1. After checking the box “New Program”, more fields will populate.
2. Read and agree to one of the statements by checking the box next to it.
3. Answer the question with a numerical value to indicate how many first-year residents you will initially be accredited for.
4. After completing this page, click “Save & Next”.

Contract Administration

Contract Administration

Contract Organization Name *

Prefix Contract Administrator First Name * Contract Administrator Last Name *

Title

Phone 1 * Phone 2

Contract Administrator Email *

Grant Agreement Signatory

First Name * Last Name * Phone *

Email *

STD 204 Signatory is the same as Grant Agreement Signatory
 No Yes

This is the remit to address where payments should be mailed.

Street Address * Suite/Dept

City * State * Zip Code *

County *

Previous Save & Next

1. “Contract Organization Name” must match what is reported to the Internal Revenue Service.
2. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement.
3. “STD. 204 Signatory” name must be an authorized signatory.

Training Sites

Training Sites

List all residency program training site names and addresses used in the previous academic year. Click on the **Add a Site** button to individually add each site to your application.

Add a Site

Training Site Name
Private Practitioner
Private Practitioner First Name

There are no records to display

Training Site Name*

NHSC Site

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

No Yes

+ Select Address

Street Address*

2020 W El Camino Ave

Suite/Dept

City*

Sacramento

State

CA

Zip Code*

95833

County

Sacramento

Facility Type (select all that apply) *

- Community Health Centers
- County Primary Care Clinic
- Disproportionate Share Hospital
- FQHC
- FQHC Look-a-Like
- Free Clinic
- Government Owned Facility
- Indian Health Services Clinic
- Rural Hospital
- Student Run Clinic
- Teaching Hospital
- Not Applicable

1. To add training sites, click the “Add a Site” button.

2. A pop-up window will display.

3. Complete all required fields shown.

4. Include all training sites you are using.

Training Sites: Facility Type

Facility Type (select all that apply) *

- Community Health Centers ?
- County Primary Care Clinic ?
- Disproportionate Share Hospital ?
- FQHC ?
- FQHC Look-a-Like ?
- Free Clinic ?
- Government Owned Facility ?
- Indian Health Services Clinic ?
- Rural Hospital ?
- Student Run Clinic ?
- Teaching Hospital ?
- Not Applicable

1. Select the “Facility Type” of your training site.

Note: This is a new feature for this year’s application. Tool tips offer a definition of each facility type.

Training Sites: Payer Mix

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

No Yes

Title*

Private Practitioner First Name* Private Practitioner Last Name*

Is this training site the main primary care continuity clinic site where your residents serve their dedicated panel of patients?*

Yes No

Payer Mix (%)*

Medicare/Medicaid (Dual Eligibility)

Medi-Cal (Traditional and Managed Care)

Uninsured

1. Depending on your responses, you will be prompted to provide further information in this window.
2. After completing this page, click the “Submit” button.

Note: “Payer Mix” is required for your main primary care continuity training site/s. “Payer Mix” does not have to equal 100%.

Training Sites: Details

Training Sites

Provide your residency program training site names and addresses. Click on the **Add a Site** button to individually add each site to your application.

[Add a Site](#)

Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Continuity Clinic	Street Address	Suite/Dept	City	State Text	Zip Code	County	Options
Yes	Mark	Smith	Yes	2020 W El Camino Ave		Sacramento	CA	95833	Sacramento	
Yes	Angie	Cortez	No	2020 W El Camino Ave		Sacramento	CA	95833	Sacramento	

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

1. To edit individual entries scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu gives you the options to edit or delete each individual entry.
4. After completing this page, click “Save & Next”.

Executive Summary and Program Strategies

The screenshot shows a three-part online form titled "Executive Summary and Program Strategies".

- Part 1 of 3:** "Describe the program's approach and associated activities you use to encourage graduates to practice in areas of unmet need." It includes a text input field and a "Previous" button.
- Part 2 of 3:** "Describe your plans to and how it will further S workforce." It includes a text input field and a "Next" button.
- Part 3 of 3:** "How will your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups?" It includes a text input field and a "Next" button.

Each text input field contains a placeholder message: "Enter your response here. You are allowed a maximum limit of 2500 characters in each box. If you go over that amount you will be notified with a pop-up message. If you copy and past, it will be cut off at 2500 characters. Please double-check the information you put in here to make sure everything is captured."

1. The “Executive Summary and Program Strategies” section consists of 3 pages.
2. All questions require a response before proceeding.
3. You have a maximum limit of 2,500 characters per response.
4. After completing this page, save and proceed by clicking “Next”.

Note: If you exceed the character limit, you will see a pop-up message. If you copy and paste text from another document, text will be cut off at 2,500 characters. Please double-check the information you enter and make sure everything is captured.

Residency Training

The image shows a screenshot of a web-based application form titled "Residency Training" divided into three parts. Part 1 is partially visible on the left. Part 2, titled "Residency Training – Part 2 of 3", contains a question: "Explain how your program includes inter-professional training." Below the question is a text input box with a character limit of 2500. Part 3, titled "Residency Training – Part 3 of 3", contains three questions: 1) "Explain how your program will promote training in ambulatory and community settings in underserved areas.*" with a 2500-character limit; 2) "Will your residents train side by side with Family Nurse Practitioner (FNP) and/or Physicians Assistant (PA) students?*" with radio buttons for "Yes" and "No"; 3) "Provide the names of those FNP and/or PA schools.*" with a 500-character limit. A final question asks to "Explain what measures are in place to sustain your new residency program beyond the funding awarded by Song Brown.*" with a 2500-character limit. Navigation buttons for "Previous" and "Next" are located at the bottom of each section.

1. The “Residency Training” section consists of 3 pages.
2. All questions require a response before proceeding.
3. You have a maximum limit of 2,500 characters per response.
4. The third page will have a question regarding training with FNP/PA students.
5. If you answered yes, a new text box will appear and you have a maximum limit of 500 characters to provide the required information.
6. After completing this page, save and proceed by clicking “Next”.

Note: If you exceed the character limit, you receive a pop-up message. If you copy and paste text from another document, text will be cut off at 2,500 characters. Please double-check the information you enter and make sure everything is captured.

Faculty Qualifications

Faculty Qualifications *

Describe 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. To enter a faculty member, click on the **Add Faculty** button. You may enter a maximum of five faculty members.

Add Faculty

Name ↑	Degree	Position Title
There are no records to display.		

Previous **Next**

Add Faculty

Faculty Name *

Degree *

Position Title *

Qualifications *

Maximum limit of 1000 characters.

Submit

1. To add faculty, click the “Add Faculty” button.
2. A pop-up window will display.
3. Complete all required fields shown.
4. You have a maximum limit of 1,000 characters.
5. After completing this page, click the “Submit” button.

Note: If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will be cut off at 1,000 characters. Please double-check the information you enter and make sure everything is captured.

Faculty Qualifications Continued

Faculty Qualifications *

Describe 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. To enter a faculty member, click on the **Add Faculty** button. You may enter a maximum of five faculty members.

Add Faculty

Name ↑	Degree	Position Title	Options
Alexa Johnson	Associate of Arts (AA)	Position Title	▼
Bob Smith	Doctor of Philosophy (PhD)	Position Title	▼

Edit
Delete

Previous **Next**

1. To edit individual entries see the “Options” column on the far right.
2. Click the down-arrow button next to the desired entry.
3. This menu will give you the options to edit or delete each individual entry.
4. After completing this page, save and proceed by clicking “Next”.

Expected Expenditures

Expected Expenditures

Requested funding must be used only for the following expenditures: personnel, facility expenses, major equipment over \$500, and consultant costs. Receipts will be required as proof of these expenditures when you submit your program accreditation documents.

How much funding are you requesting? *

[Previous](#) [Next](#)

1. Enter the amount of funding you are requesting.
2. After completing this page, save and proceed by clicking “Next”.

Note: The maximum funding requested cannot exceed \$800,000.

Required Documents

Before Upload

Required Documents

Letters of Sustainability *

Attach a letter from your sponsoring institution that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded. You may also upload two additional letters of support if needed. See [example letter of sustainability](#).

Sustainability Letter Upload 0 files uploaded, 1 file required.

Previous Next

After Upload

Required Documents

Letters of Sustainability *

Attach a letter from your sponsoring institution that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded. You may also upload two additional letters of support if needed. See [example letter of sustainability](#).

Sustainability Letter Upload ✓ 1 file uploaded, 1 file required.

Name ↑	Modified	
LtrSus_Organization.txt (1 KB)	04/17/2019 12:36 PM	▼

Previous Next

1. The red button on this page indicates required documents.
2. Click on the “Sustainability Letter Upload” button to upload the required documents.
3. Once you upload all required documents, the buttons will turn green signifying that you may continue.
4. Click “Next” to save continue to the final page of the application.

Note: You may delete an uploaded document by clicking the down-arrow button next to the desired entry.

Note: There is an example of a Letter of Sustainability linked in the instructions in the application.

Required Documents: Letter of Sustainability

INSTITUTIONAL SPONSOR COMMITMENT TO GRADUATE MEDICAL EDUCATION

To achieve the best outcomes, [REDACTED] trains the next generation of family medicine professionals to meet the health care needs of patients and their families.

[REDACTED] seeks to create the most comprehensive, integrated care model to provide a high quality rural healthcare delivery system which provides equal access to available care and serves our mission to reflect God's love to our community by providing physical, mental and spiritual healing.

[REDACTED] pledges the necessary financial support for administrative, educational, and clinical resources, including personnel, of the Family Medicine Residency Program which:

- Demonstrate excellence in:
 - clinical care (patient safety, quality improvement, transitions in care, supervision of care delivery)
 - resident performance (knowledge, skills, scholarly activities, communication, professionalism, fatigue/stress management),
 - faculty development
 - long-term academic leadership
- Prepare practitioners to provide the highest quality, evidence-based, cost effective, medical services.
- Improve access to quality Family Medicine health care and enhance wellness of newborns, infants, children, adolescents, and adults.
- Prepare future medical educators and researchers to advance the state of knowledge in health care.

[REDACTED] assess the quality of the Family Medicine Residency Program, track trainee performance, and measure the program's outcomes. The [REDACTED] maintains an ethical, professional and educationally rich environment for all trainees. These results are shared at least annually with the Board of Directors and the organized Medical Staff.

- Required for New Program applicants only.
- Must come from your sponsoring institution and speak to their commitment to support your program beyond any Song-Brown award.

Assurances

Application SBPCR-1000584 – Song-Brown Primary Care Residency

100%

Assurances

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

Previous

1. Read the statement.
2. Agree to the statement by checking the box.
3. Click the “Submit” button.

Note: Once you submit your application you cannot make further edits.

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

Submission Complete

The screenshot displays the OSHPD website interface. At the top left is the CA.GOV logo. The main header features the OSHPD logo and the text "Office of Statewide Health Planning and Development". A user profile dropdown menu shows "Janine Doe" and a help icon. A navigation bar contains links for "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments/Deliverables", "Messages", and "Forms". The main content area displays the application title "Application SBPCR-1000373 – Song-Brown Primary Care Residency" in red. Below this, a green message box states "Submission completed successfully." The footer includes links for "Register to Vote", "Privacy", "Accessibility", "Conditions of Use", and "Contact Us", along with the copyright notice "Copyright 2019 State of California".

CA.GOV OSHPD Office of Statewide Health Planning and Development

Janine Doe ?

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

Application SBPCR-1000373 – Song-Brown Primary Care Residency

Submission completed successfully.

Register to Vote Privacy Accessibility Conditions of Use Contact Us

Copyright 2019 State of California

Viewing & Printing Your Application

Once you submit your application you can view and print your application by selecting the Options dropdown on the “Application-In Progress/Submitted” page



The screenshot displays a web interface with a navigation bar and a data table. The navigation bar includes links for 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments', 'Messages', and 'Forms/Requests'. The table below has columns for 'Grant Application Number', 'Training Program', 'Initiated By', 'Program Type', 'Status', 'Program', 'Application Due Date', 'Modification Due Date', and 'Options'. A single row of data is visible, and the 'Options' column contains a dropdown arrow.

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	Options
SBPCR-1000355	Showcase Training Program	Janine Doe		Submitted	Song-Brown Primary Care Residency 2019	04/05/2022 12:00 AM		▼

At the bottom of the page, there are links for 'Register to Vote', 'Privacy', 'Accessibility', 'Conditions of Use', and 'Contact Us', along with the text 'Copyright 2019 State of California'.

PCR

Existing, Teaching Health Center, and/or Expansion Program Application

Program Information: Existing, THC, and Expansion

Award Category * (select all that apply):

Existing Slots

My program is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association and will enroll at least one class by July 1, 2020.*

I am requesting support for an existing primary care residency program of Family Medicine, Internal Medicine, OB/GYN, or Pediatrics.*

Teaching Health Center Slots [?](#)

My program is a community-based ambulatory patient care center, operating a primary care residency program.*

My sponsoring institution of the residency program is a qualified Teaching Health Center or an educational consortium that includes a health center.*

Expansion Slots

My program has received the Accreditation Council for Graduate Medical Education or the American Osteopathic Association approval to permanently expand.*

My program's approval to expand is effective after July 1, 2016.*

My program's expansion is for categorical primary care positions.*

Save & Next

1. After checking the box next to the desired award category, more fields will populate.
2. Read and agree to the statements by checking the boxes next to them.
3. After completing this page, click "Save & Next".

Contract Administration

Contract Administration

Contract Organization Name *

Prefix Contract Administrator First Name * Contract Administrator Last Name *

Dr. [] [] []

Title *

dr []

Phone 1 * Phone 2

(916) 726-5432 []

Contract Administrator Email *

a@a.com []

Grant Agreement Signatory *

First Name * Last Name * Phone *

Lisa [] [] []

Email *

a@a.com []

STD 204 Signatory is the same as Grant Agreement Signatory

No Yes

This is the remit to address where payments should be mailed.

Street Address * Suite/Dept

2020 W El Camino Ave []

City * State * Zip Code *

Sacramento CA 95833

County *

Fresno []

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

1. “Contract Organization Name” must match what is reported to the Internal Revenue Service.
2. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement.
3. “STD. 204 Signatory” name must be an authorized signatory.

Training Sites

Training Sites

List all residency program training site names and addresses used in the previous academic year. Click on the **Add a Site** button to individually add each site to your application.

[Add a Site](#)

Training Site Name	Private Practitioner	Private Practitioner First Name
The Simpsons training site	No	

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

Private

Training Site Name*

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

No Yes

Title*

Private Practitioner First Name* Private Practitioner Last Name*

[+ Select Address](#)

Street Address* Suite/Dept

City* State Zip Code*

County

Facility Type (select all that apply) *

Community Health Centers Government Owned Facility
 County Primary Care Clinic Indian Health Services Clinic

1. To add training sites, click the “Add a Site” button.
2. A pop-up window will display.
3. Complete all required fields shown.
4. Include all training sites.

Training Sites: Facility Type

Facility Type (select all that apply) *

- Community Health Centers ?
- County Primary Care Clinic ?
- Disproportionate Share Hospital ?
- FQHC ?
- FQHC Look-a-Like ?
- Free Clinic ?
- Government Owned Facility ?
- Indian Health Services Clinic ?
- Rural Hospital ?
- Student Run Clinic ?
- Teaching Hospital ?
- Not Applicable

1. Select the “Facility Type” of your training site.

Note: This is a new addition to the eApp. Tool tips offer a definition of each facility type.

Training Sites: Payer Mix

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

No Yes

Title*

Private Practitioner First Name*

Private Practitioner Last Name*

Is this training site the main primary care continuity clinic site where your residents serve their dedicated panel of patients?*

Yes No

How many hours, on average, did your first, second, and third year residents spend taking care of patients in the continuity clinic during the last 12 months?

1st Year Residents

2nd Year Residents

3rd Year Residents

Payer Mix (%)*

Medicare/Medicaid (Dual Eligibility)

Medi-Cal (Traditional and Managed Care)

Uninsured

1. Depending on your responses, you will be prompted to provide further information in this window.
2. After completing this page, click the “Submit” button.

Note: “Payer Mix” is required for your main primary care continuity training site/s.

“Payer Mix” does not have to equal 100%.

Training Sites: Details

Training Sites

Provide your residency program training site names and addresses. Click on the **Add a Site** button to individually add each site to your application.

Add a Site

Private Practitioner ↑	Private Practitioner First Name	Private Practitioner Last Name	Continuity Clinic	Street Address	Suite/Dept	City	State Text	Zip Code	County	Options
Yes	Mark	Smith	Yes	2020 W El Camino Ave		Sacramento	CA	95833	Sacramento	⌵ Edit Site Delete
Yes	Angie	Cortez	No	2020 W El Camino Ave		Sacramento	CA	95833	Sacramento	⌵

← ————— →

Previous **Save & Next**

1. To edit individual entries scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu will give you the options to edit or delete each individual entry.
4. After completing this page, click “Save & Next”.

Program Data

Program Data

Graduate Data

Select the data you will be reporting: *

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

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

Instructions:
Enter data in each field for the **graduating class** for each year shown. If no data for a year, enter "0".

	2018/19	2017/18	2016/17	2015/16	2014/15
Total 1st Year Positions Available*	<input type="text"/>				
Total 1st Year Positions Filled*	<input type="text"/>				
Total Number Graduates*	<input type="text"/>				

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic? *

No Yes

Incoming 2020/21 Current Resident Data

Total Number 1st Year Positions Available*

Total Number 1st Year Positions Filled*

1. On this page you will provide program data on graduates and residents.
2. Enter the year your residency program began continuous operation.
3. On the next question, if you select “No”, you will proceed to fully complete the rest of the page.
4. If you select “Yes”, you will be prompted to provide further information.

Program Data Continued

Program Data

Graduate Data

Select the data you will be reporting: *

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

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

Instructions:
Enter data in each field for the graduating class for each year shown. If no data for a year, enter "0".

	2018/19	2017/18	2016/17	2015/16	2014/15
Total 1st Year Positions Available*	<input type="text"/>				
Total 1st Year Positions Filled*	<input type="text"/>				
Total Number Graduates*	<input type="text"/>				

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic?*

No Yes

Incoming 2020/21 Current Resident Data

Total Number 1st Year Positions Available*

Total Number 1st Year Positions Filled*

1. If you have graduate data to report, more fields will appear.
2. Complete all required fields shown.
3. Proceed to fully complete the rest of the page.
4. After completing this page, save and proceed by clicking "Next".

Note: Read all instructions carefully. If you do not have data to report for a year, you must enter 0 to move forward.

Executive Summary and Program Description

The screenshot shows a two-page form. The top page is titled 'Executive Summary and Program Description – Page 1 of 2' and contains a text input field with a placeholder: 'Enter your response here. You are allowed a maximum limit of 2500 characters in each box. If you go over that amount you will be notified with a pop-up message. If you copy and paste, it will be cut off at 2500 characters. Please double-check the information you put in here to make sure everything is captured.' Below this is a section titled 'Describe the program' with a question: 'What challenges have you faced in meeting Song-Brown goals? Have you implemented any successful strategies? If so, do you believe any of these have been best practices? Describe the outcomes.' This section also has a 2500-character limit. The bottom of the page has 'Previous' and 'Next' buttons. The second page is titled 'Executive Summary and Program Description – Page 2 of 2' and contains a question: 'What components of the training program are designed for medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities?' This section also has a 2500-character limit. The bottom of the page has 'Previous' and 'Next' buttons.

1. The “Executive Summary and Program Description” section will consist of 2 pages.
2. On these pages, you are required to answer each question completely before proceeding.
3. You have a maximum limit of 2,500 characters on each page.
4. After completing these pages, save and proceed by clicking “Next”.

Note: If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will be cut off at 2,500 characters for each page. Please double-check the information you enter and make sure everything is captured.

Funding and Expenditures

1. The “Funding and Expenditures” looks different based on what funding category you are applying for.
2. Provide slots requested for each funding category.
3. Annual expenditures for the last academic year is required for all programs except New Programs.

Funding and Expenditures

Funds Requested

Funding Type (enter all that apply)* ?

	# of Slots Requested	Maximum Amount per Slot	Total Funds Requested
Existing Program Slots*	<input type="text"/>	125,000	0
THC Program Slots*	<input type="text"/>	170,000	0
Program Expansion Slots*	<input type="text"/>	300,000	0
Grand Total			0

Program Expenditures (for academic year 2018/19)

Faculty Costs * ?

Residency Stipends * ?

Family Practice Center Costs * ?

Other Costs * ?

Total Annual Expenditure

Note: You do not need to enter information into the greyed fields. These fields will auto-populate with information.

Funding and Expenditures Continued

Teaching Health Center Budget Summary

Complete this budget proposal for the requested funding for each of the following direct costs, rounded to the nearest dollar.

Personnel ?

Annual Budget Requested Song-Brown Funding

Operating Expenses ?

Annual Budget Requested Song-Brown Funding

Major Equipment ?

Annual Budget Requested Song-Brown Funding

Other Costs ?

Annual Budget Requested Song-Brown Funding

Indirect Cost Percentage (maximum 8%)

Total Program Annual Budget Total Requested THC Song-Brown Funding

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

1. Complete all required fields shown if applying for THC funding.
2. After completing this page, click “Save & Next”.
3. The “Total Program Annual Budget” must be equal to or more than “Total Requested THC Song-Brown Funding”.

Resident Data

1. To add resident data, click the “Add Resident” button.
2. A pop-up window will display.
3. Complete all required fields shown.

Note: When adding residents, if you do not know an individual’s NPI number, click on the link provided in the instructions.

Note: Resident and Graduate section has been split into separate pages. Student changed to Resident.

The screenshot shows a web interface for entering resident data. At the top, there is a progress bar indicating 66% completion. Below it is the heading "Resident Data" and a paragraph of instructions: "Click on the Add a Resident button to add each resident. The number of residents entered on this page must reflect the resident data you reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are optional for residents. To check if a resident has an NPI number, check the [NPI Registry](#)." Below the instructions is a "Total Residents" label and a large empty input field. To the right of this field is a blue button labeled "Add a Resident". Below the input field is a table header with columns: "Residency Year", "First Name ↑", "Last Name", "Gender", and "Ethnic/Racial Category". The table body is empty, with a yellow background and the text "There are no records to display." At the bottom left of the form are two buttons: "Previous" and "Save & Next".

Resident Data Continued

Practice Specialty *

Residency Year

First Name * Last Name *

Gender * Ethnic/Racial Category *

Please provide the name and address of the high school this individual graduated from or the home address if the individual was homeschooled or received a GED. Click on the Not applicable checkbox if the individual did not receive a high school diploma or GED within the United States.

Not Applicable

High School Name

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

Street Address

City State Zipcode

1. Fill out all required fields.
2. After completing this page, click the "Submit" button.

Note: Provide the home address for all residents that were homeschooled or received a GED.

Resident Data: Editing

66%

Resident Data

Click on the Add a Resident button to add each resident. The number of residents entered on this page must reflect the resident data you reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are optional for residents. To check if a resident has an NPI number, check the [NPI Registry](#).

Total Residents

Add a Resident

Residency Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
There are no records to display.				

Previous Save & Next

1. To edit individual entries scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu will give you the options to edit or delete each individual entry.
4. After completing this page click “Save and Next”.

Graduate Data

77%

Graduate Data

Click on the Add a Graduate button to add each graduate. The number of graduates entered on this page must reflect the graduate data reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual's NPI number, check the [NPI Registry](#).

Total Graduates

Add a Graduate

Graduating Class of Academic Year

First Name ↑

Last Name

Gender

Ethnic/Racial Category

There are no records to display.

Please confirm the total graduates entered for each year matches the Program Data section.

Previous

Save & Next

Graduate Data: Location

Graduating Class of *

First Name * Last Name *

Gender * Ethnic/Racial Category *

HPEF Scholar NHSC

NPI Number (Check at [NPI Registry](#)) *

Practice Specialty *

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

HPEF Scholar NHSC Recipient

NPI Number (Check at [NPI Registry](#)) *

Practice Specialty *

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

Reason Practice Site Unknown *

- If your graduate is working out of the state select “no” as your response regardless if you know the practice site name and address.
- Drop down choices are “out of state” or “unknown.”
- Select “out of state.”

Graduate Data: Facility Type

Graduating Class of *

First Name * Last Name *

Gender * Ethnic/Racial Category *

Do you know the graduate's practice site? *

No Yes

Practice Site * ?

Practice Site Not Listed * ?

Facility Type (select all that apply) *

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

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

No Yes

Submit

1. Selecting “yes” will prompt the following information.
2. Select your “Facility Type” and complete the following information.
3. After completing this page, click the “Submit” button.

Graduate Data: Editing

77%

Graduate Data

Click on the Add a Graduate button to add each graduate. The number of graduates entered on this page must reflect the graduate data reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual's NPI number, check the [NPI Registry](#).

Total Graduates

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

Please confirm the total graduates entered for each year matches the Program Data section.

1. To edit individual entries scroll to the far right for the “Options” column.
2. Click the down-arrow button next to the desired entry.
3. This menu will give you the options to edit or delete each individual entry.
4. After completing this page, check the box to confirm then click “Save and Next”.

Common Application Errors

- Applicant did not enter any data for residents or graduates, even though the applicant has residents and/or graduates.
- Applicants enter practice site name and address for out of state graduates. This information is only needed for graduates practicing in California.

Required Documents

Before Upload

Required Documents

Accreditation Approval Letter

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

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

Expansion Approval Letter

Attach a copy of the appropriate expansion approval letter from the ACGME. [Expansion Approval Letter Example](#)

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

Previous Next

After Upload

Required Documents

Accreditation Approval Letter

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

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

Expansion Approval Letter

Attach a copy of the appropriate expansion approval letter from the ACGME. [Expansion Approval Letter Example](#)

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

Previous Next

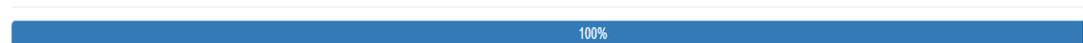
Name ↑	Modified	
Accr_Organization.txt (1 KB)	about a minute ago	▼
Expappr_Approved Letter.docx (24 KB)	less than a minute ago	▼

1. The red buttons on this page indicate required documents.
2. Depending on the funding type, you will upload specified documents.
3. Click on the red button to upload the required documents.
4. Once you upload all required documents, the buttons will turn green signifying that you may continue.
5. Click “Next” to save and continue to the final page of the application.

Note: You may delete an uploaded document by clicking the down-arrow button next to the desired entry.

Assurances

Application SBPCR-1000584 – Song-Brown Primary Care Residency



Assurances

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

Previous

1. Read the statement.
2. Agree to the statement by checking the box.
3. Click the “Submit” button.

Note: Once you submit your application you cannot make further edits.

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

Submission Complete

The screenshot displays the OSHPD website interface. At the top left is the CA.GOV logo. The main header features the OSHPD logo and the text "Office of Statewide Health Planning and Development". A user profile dropdown menu shows "Janine Doe" and a help icon. A navigation bar contains links for "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments/Deliverables", "Messages", and "Forms". The main content area displays the application title "Application SBPCR-1000373 – Song-Brown Primary Care Residency" in red text. Below this, a green message box states "Submission completed successfully." The footer includes links for "Register to Vote", "Privacy", "Accessibility", "Conditions of Use", and "Contact Us", along with the copyright notice "Copyright 2019 State of California".

Viewing & Printing Your Application

Once you submit your application you can view and print your application by selecting the “Options” dropdown on the “Application-In Progress/Submitted” page

Apply Here	Applications - In Progress/Submitted	Awards	Payments	Messages	Forms/Requests			
Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	Options
SBPCR-1000355	Showcase Training Program	Janine Doe		Submitted	Song-Brown Primary Care Residency 2019	04/05/2022 12:00 AM		<input type="button" value="v"/>

[Register to Vote](#) [Privacy](#) [Accessibility](#) [Conditions of Use](#) [Contact Us](#)

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Questions?

SongBrown@oshpd.ca.gov