Primary Care Training Sites Program Application

The Rhode Island Department of Health (RIDOH) invites eligible primary care training sites to apply for a Short-Term Funding Opportunity through the Primary Care Training Site Program (PCTSP). This initiative aims to enhance clinical training capacity in Rhode Island by supporting primary care practices through grant awards for preceptors. The funding helps offset the costs of teaching time, enabling practices to train more medical, nursing, and physician assistant students. The PCTSP funding period runs from July 1, 2025, to June 30, 2026.

Each training site may receive up to $90,000 per calendar year, with final award amounts based on the anticipated number of trainees at each site. Funding availability is subject to state resources and priorities set by the Director of Health, as outlined in R.I. Gen. Laws § 23-17.30.

Eligibility Requirements

To qualify, applicants must meet the following criteria:

The primary care clinical training site must offer medical training in primary care to interns, residents, or fellows as part of the clinical training requirements for physicians, nurse practitioners, and physician assistants The clinical training program must be affiliated with an accredited institution of higher education for the clinical training of physicians, nurse practitioners, and/or physician assistants Offer a collaborative, team-based care environment where students can gain experience working alongside a wide range of clinicians The primary care site must be recognized by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Medical Home (PCMH) The primary care practice must provide integrated behavioral health services The primary care practice must be physically located in the State of Rhode Island To participate, applicants will be asked to:

Register as a Rhode Island state vendor via the OSP Vendor Registration Portal: All applicants must also be registered in the Rhode Island Division of Purchases' Ocean State Procures (OSP) system (OSP Registration) and must upload a current, signed W-9 form. Please note that full registration (vs. "soft" registration) in OSP is required to receive a Purchase Order (PO) and begin work. Because registration approval can take up to three weeks, applicants should complete registration before submitting their application to avoid funding delays. An instruction guide to OSP vendor registration may be found here - Osp Vendor Registration | Rhode Island Division of Purchases. Vendors requiring assistance may also contact the Webprocure Help Desk at (866) 889-8533 or via email at suppliersupport@proactisservicedesk.com.

Liability Insurance Requirements for Participation   While proof of insurance is only required

for awarded applicants, we strongly encourage all applicants to review the following insurance requirements in advance. Securing these coverages early can help prevent delays in the contracting process. Awarded applicants must provide proof of the following insurance coverages, with the Rhode Island Department of Health (RIDOH) listed as an additional insured where applicable: Commercial General Liability: of $1 million per occurrence and $1 million aggregate, and product liability insurance coverage of $1 million per occurrence and $1 million aggregate, with a maximum deductible of $5,000 per occurrence. The State should be an additional insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.   Auto Liability: $1 million per occurrence. The State should be an additional insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.   Workers' Compensation: $100,000 each accident, $100,000 disease or policy limit, and $100,000 each employee. - There is to be a waiver of subrogation in favor of the State.   Professional Liability: $2 million per occurrence and $2 million in an annual aggregate. A waiver of subrogation in favor of the State to the extent that coverage to the Contract Party is not impaired. All health professionals must hold the required licenses and maintain medical malpractice insurance.   We recommend applicants begin discussions with their insurance provider before applying to confirm compliance with these requirements. If awarded, proof of coverage will be required before a contract can be finalized. Grant Implementation & Reporting Requirements

Awarded participants must:

  Ensure at least one preceptor is trained to teach the curriculum that the Department of Health will provide to expose student enrollees to the principles of the PCMH model Ensure at least one preceptor participates in learning collaboratives offered by the Department of Health Before each semester, sites must submit an anticipated enrollment roster to RIDOH for grant processing and funding allocation. A final roster is required at the semester's end to confirm actual enrollment and completed rotations.

   Funding Formula & Compensation Models

Grant amounts are determined using the following formula:

(Anticipated enrollment × per-pupil rate) = Grant amount per discipline

Per-Pupil Rates:

  Medical Students and Residents: $4,500.00 per trainee Nurse Practitioners and Physician Assistant Students: $4,000 per trainee Training sites must choose one of the following compensation models to allocate funds:

  Stipend Model - Preceptors receive a stipend for mentoring trainees without reducing their clinical workload. Reduced Clinical Time Model - Preceptors receive dedicated time blocks for training, with the site retaining funds to cover reduced clinical workload. Innovative Model - Sites may propose alternative compensation strategies tailored to their needs, provided they align with program objectives and are detailed in the budget narrative.   Applicants must submit a project and budget narrative detailing the requested funding for the 2025-2026 academic periods (July 1, 2025 - December 31, 2025) and (January 1, 2026 - June 30, 2026) and how funds will be used based on the chosen compensation model. The budget must align with the grant formula and provide clear justification for fund allocation.

Maximum Award per Site: $90,000 per calendar year Use of Funds: Funds must be spent within the designated calendar year. Unused funds cannot be carried forward.

Application Submission

To apply, complete and submit the online application via REDCap by 11:59 PM EST on Saturday, April 19, 2025. The electronic timestamp of submission will determine funding prioritization. RIDOH will review one application per primary care practice.

If your organization has multiple training sites, you must submit a separate application for each site individually.

Each application should reflect the training activities and capacity at that specific primary care practice site.

All activities and deliverables for Period 1 must be completed by December 31, 2025 (end of the calendar year). Period 2 will begin on January 1, 2026, with all activities and deliverables due by June 30, 2026 (end of the fiscal year).

Questions & Contact Information

All questions regarding the PCTSP funding opportunity must be submitted in writing to RIDOH.PrimaryCareTraining@health.ri.gov with the subject line: "PCTSP Application Question." The deadline for submitting questions is April 4, 2025.

To ensure fairness, responses will not be sent directly to individual applicants. Instead, all questions and answers will be posted on the Department of Health's Requests for Proposals webpage. Department of Health staff cannot respond to questions directly.

Additional Information

Due to state budget restrictions, grant funds cannot be used for food, beverages, gift cards, or related expenses. Incomplete or ineligible applications will not be considered. Awards are distributed based on the formula above to all eligible applicants and are subject to funding availability on a first-come, first-served basis. Applicants will be notified of award decisions within three (3) weeks following the application deadline.

Applicant Resources & Support

All resources to assist applicants during the application window are available on the Primary Care Training Sites Program (PCTSP) website.

If you missed the Technical Assistance Webinar on March 18, 2025, a recording, presentation slides, and Q&A document are available on the program website.

Need additional Support?

During the application window, applicants may submit questions in writing to RIDOH.PrimaryCareTraining@health.ri.gov with the subject line: "PCTSP Application Question."

The deadline for submitting questions is April 4, 2025.

To ensure fairness, all responses will be posted on the program website under the "Frequently Asked Question Tab" rather than provided individually.

For the most up-to-date information, please refer to the Primary Care Training Sites Program website as the central source for all application-related materials.

Section 1-A: General Information about the Primary Care Practice

This section collects essential details about your primary care practice, including its name, location, ownership structure, and organizational status. The information provided will help us understand the practice's affiliation with larger healthcare systems and its role in the broader primary care landscape.

Why This Matters
Understanding the structure and ownership of primary care practices is essential for assessing the training environment for healthcare students and residents. This data helps us:

- Identify the types of primary care settings available for clinical training.
- Determine whether practices are independent or affiliated with larger healthcare systems.

What is the name of the primary care practice site?

_____

If applicable, what is the primary care practice's
Doing Business As (DBA) name?

_____

Primary Practice Site Street Address

_____

Primary Practice Site City

_____

Primary Practice Site State

_____

Primary Practice Site Zip Code

_____

From the options on the right, please select which type of practice best describes [name_of_practice]? (Select all that apply)

- ☐ Solo Practice
- ☐ Small Private Practice Group (2-4 providers)
- ☐ Large Group Practice (5 or more providers)
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Hospital-Based Primary Care Practice Group
- ☐ Free Clinic
- ☐ Certified Rural Health Clinic (CRHC) by the Center for Medicare & Medicaid Services (CMS)
- ☐ Accountable Care Organization (ACO) / Accountable Entity Affiliated
- ☐ Retail-Based Primary Care Practice
- ☐ Other (Please specify)

If you answered "Other" to the previous question, what type of practice is your site?	_____

Is your practice owned or controlled directly or indirectly by a hospital or hospital system?	◯ Yes ◯ No

If "Yes" to the previous question, provide the hospital/system name.	_____

Is your practice owned or controlled directly or indirectly by a private entity that is a not a professional service Corp?	◯ Yes ◯ No

If "Yes" to the previous question, provide the private entity name.	_____

Is your practice owned or controlled directly or indirectly by a publicly traded company?	◯ Yes ◯ No

If "Yes" to the previous question, provide the private entity name.	_____

What is the organizational status of your practice?	◯ Nonprofit (501(c)(3)) ◯ For-profit ◯ Other

If "Other", provide specification.	_____

Provide the tax identification number of your primary care practice.	_____

Section 1-B: Primary Point of Contact for [name_of_practice]

This section collects information about the primary point of contact for your practice. It is essential for identifying the individual responsible for completing this application and the person authorized to enter into a contract with the State of Rhode Island if your application is approved.

 Why This Matters

 Having a designated point of contact helps facilitate smooth communication and ensures all necessary agreements are handled efficiently. Accurate contact information ensures that we can:

 Communicate with the appropriate representative regarding this application and properly follow up with status updates after the application window. Confirm the individual authorized to enter into agreements related to this program

Title of Point of Contact

_____

First name of Point of Contact

_____

Last name of Point of Contact

_____

Best Phone Number for Point of Contact

_____

Best Email for Point of Contact

_____

Is ([poc_first_name] [poc_last_name]) an authorized representative from your organization who can sign a contract with the State of RI if this application is awarded? If not, we will ask you to identify an authorized representative in the following section.

◯ Yes
◯ No

Is the primary point of contact ([poc_first_name] [poc_last_name]) the person who will be completing and submitting this application on behalf of the primary care practice ([name_of_practice])?

◯ Yes
◯ No

If "No" to the previous question, what is the contact information of the person completing this application?

Title of Individual Completing Application

_____

First Name of Individual Completing Application

_____

Last Name of Individual Completing Application

_____

Best Phone Number of Individual Completing Application

_____

Best Email of Individual Completing Application

_____

Is [first_of_individ] [last_of_individ] an authorized representative from your organization who can sign a contract with the State of RI if this application is awarded? If not, we will ask you to identify an authorized representative in the following section.

○ Yes
○ No

If [poc_first_name] [poc_last_name] or [first_of_individ] [last_of_individ] are not authorized to enter into a contract with the State of RI on behalf of your primary care practice, in the section below, please identify who will be responsible for signing the contract.

First Name of Authorized Contract Signatory:

_____

Last Name of Authorized Contract Signatory:

_____

Title of Authorized Contract Signatory:

_____

Phone Number of Authorized Contract Signatory:

_____

Email Address of Authorized Contract Signatory:

_____

Section 1-C: Information about the Populations Your Primary Care Practice Serves

 Understanding the patient population at your practice is essential for evaluating the clinical environment where trainees will gain hands-on experience. This section collects information about the demographics, insurance coverage, and language needs of the individuals your site serves. These factors help assess the types of healthcare needs, social determinants of health, and primary care realities that trainees will encounter during their training.

 Instructions

 To complete this section, you may need to work with your billing, financial, or administrative staff to obtain accurate data. Please provide numeric values where requested, ensuring that percentages are as precise as possible and collectively total 100% when applicable.

Why this matters

 - The composition of your patient population helps us understand the diversity of healthcare experiences available to trainees. Exposure to different payor types- including Medicaid, Medicare, uninsured, and commercially insured patients- allows trainees to develop a deeper understanding of healthcare access, disparities, and systemic challenges.
 - Language diversity and interpreter services are critical for providing equitable care and preparing trainees to work with linguistically and culturally diverse patient populations

What is the total number of patients served annually? (Please enter a numeric value)

_____

What is the percentage of patients served at your primary care practice enrolled in Medicaid (NHPRI, United, RIte Care, Tufts, Medicaid)?

_____

What is the percentage of patients served at your primary care practice enrolled in Medicare (traditional or Advantage plans)?

_____

What is the percentage of patients served at your primary care practice who are Dual Eligible (individuals with both Medicare and Medicaid)?

_____

What is the percentage of patients served at your primary care practice who are Uninsured (Self-pay or use a Sliding Fee Discount Program)?

_____

What is the percentage of patients served at your primary care practice who are enrolled in Commercial Insurance Plans (Blue Cross, United, Tufts, others)?

_____

Please identify the source for the patient payor mix percentages above.

_____
(i.e. Healthcare Claims Data, Electronic Health Records (EHRs), Hospital and Health System Reports, State Health Department, Centers for Medicare & Medicaid Services (CMS), Insurance Carriers, National Health Surveys, All-Payer Claims Databases (APCDs), Federally Qualified Health Centers (FQHC) Reports, and Healthcare Cost and Utilization Project (HCUP))

What is the Time Period for the patient payor mix percentages above?

_____
(i.e. calendar year, as of date (M-D-Y))

Please indicate how commonly each of the following languages is spoken by your patient population.

	Very Common	Common	Occasionally Spoken	Rearly Spoken	N/A (Not Applicable)
Spanish	○	○	○	○	○
Portuguese	○	○	○	○	○
Cape Verdean Creole	○	○	○	○	○
Haitian Creole	○	○	○	○	○
Chinese (Mandarin or Cantonese)	○	○	○	○	○
Arabic	○	○	○	○	○
Vietnamese	○	○	○	○	○
Russian	○	○	○	○	○
French	○	○	○	○	○
Khmer	○	○	○	○	○

How does your practice provide interpreter services for patients with limited English proficiency? (Select all that apply)

☐ Trained on-site interpreters
☐ Contracted interpreters that come on-site as needed
☐ Interpreters available on the telephone
☐ Interpreters available through video
☐ Staff not trained as interpreters but assist with interpreting as needed
☐ Do not provide interpreter services
☐ Other (please explain below):

If you selected "Other," please describe how your practice provides interpreter services for patients with limited English proficiency.

(Provide a brief explanation of any additional interpreter services your practice utilizes that were not listed above.)

_____

How often do trainees interact with patients who require language access services?

○ Daily
○ Weekly
○ Occasionally
○ Rarely

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Section 1-D: Basic Information About Primary Care Clinical Training at [name_of_practice]

This section establishes a baseline understanding of your site's clinical training capacity. More details about your anticipated enrollment for the 2025-2026 academic year (July 1, 2025, to June 30, 2026) will be collected later. The information gathered here will be used to measure your site's training capacity.

Clinical Training Opportunities:

For which of the following disciplines does your primary care site provide clinical training opportunities? (Select all that apply)	☐ Physicians (MD/DO) ☐ Nurse Practitioners (NP) ☐ Physician Assistants (PA) ☐ Other (Please specify.)
If your site provides clinical training for health professionals beyond physicians (MD/DO), nurse practitioners (NP), and physician assistants (PA), please identify any additional disciplines trained at [name_of_practice].	_____
Does your site currently train fellows? Fellows are health professionals who have completed their primary clinical training (e.g., residency for physicians, advanced practice training for nurse practitioners and physician assistants) and are undergoing additional specialized training in a subspecialty area.	○ Yes ○ No
How many fellows does your site train annually? (Do not include medical students, residents, or other trainees-fellows only.) Why do we collect this?We differentiate fellows from other trainees because they have already completed their primary clinical training-such as residency for physicians or advanced practice training for nurse practitioners and physician assistants-and are now pursuing additional specialized training in a subspecialty area.	_____
Please list the fellowship programs offered at your site and their subspecialty areas.	_____

Training History:

How many years has your site served as a clinical training site? (Use whole numbers only.) Example: If your site has hosted trainees since 2017, enter "8" (for 2025). If this is your first year, enter "0."	_____
If this is your first year serving as a clinical training site, please enter the official start date of your training program. (M-D-Y format.)	_____

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Has your site hosted trainees continuously each year since its first year offering primary care clinical rotations?

○ Yes
○ No

Describe any gaps in training and why your site temporarily stopped hosting trainees.

_____

In how many of the past five years has your site actively hosted trainees for clinical rotations?

○ 1 year or fewer
○ 2-3 years
○ 4-5 years

If your site has recently resumed taking trainees, please explain the reasons for any recent gaps in training.

_____

Current Training Capacity:

How many preceptors currently train students at your site? (Whole numbers only.)

_____

Approximately how many students or trainees does your site host annually? Please provide an estimate based on recent years. This number should include all trainees, including students, residents, and fellows. (Please use whole numbers.)

_____

Why do we collect this?
We ask for this total to capture the full scope of clinical training at your site, including all levels of trainees-medical students, residents, and fellows. This helps assess overall training capacity and the volume of learners benefiting from your site's educational opportunities.

What types of students or trainees has your site hosted?

In the following questions, please enter the approximate number hosted annually for each category.

Why do we collect this?
Understanding the types and number of trainees at your site helps assess overall clinical training capacity. This information provides insight into the diversity of learners supported by your primary care training site.

Medical Students (MD/DO): How many medical students does your site host annually?

_____

Medical Residents (MD/DO): How many medical residents does your site host annually?

_____

Nurse Practitioner (NP) Students: How many nurse practitioner students does your site host annually?

_____

Physician Assistant (PA) Students: How many physician assistant students does your site host annually?

_____

Other Health Professions Students: How many students from other health professions does your site host annually? (Please specify the type below.)

_____

If your site trains students from other health professions, please specify the type of trainees and the approximate number hosted annually

_____

Preceptor Matching & Mentorship Evaluation

Why We Ask:
The quality of the preceptor-student relationship plays a crucial role in shaping trainees' experiences and career decisions, including their interest in pursuing primary care. Understanding how your site assigns preceptors, evaluates mentorship effectiveness, and tracks trainee outcomes helps us assess the strength of your program's infrastructure in supporting and retaining trainees. Additionally, we aim to learn how sites foster a positive training experience to recruit and retain talent in Rhode Island, ultimately strengthening the local primary care workforce.

Does your site have a formal process or plan for matching preceptors to students?

○ Yes
○ No

Describe the process and criteria for student-preceptor matching. Consider including how preceptors are assigned, factors considered in matching (e.g., specialty, student interests, experience level), and any efforts to ensure a quality mentorship experience.

_____

Does your site track the effectiveness of mentorship and preceptor-student relationships?

○ Yes
○ No

How does your site evaluate the effectiveness of preceptors and mentorship? (Select all that apply.)

☐ Student/trainee feedback surveys
☐ Preceptor self-assessment
☐ Performance evaluations of trainees
☐ Follow-up with trainees after program completion
☐ Other (Please specify.)

If you selected 'Other,' please describe any additional methods your site uses to evaluate the effectiveness of preceptors and mentorship. Consider including informal feedback mechanisms, peer reviews, or any long-term tracking of trainee career outcomes.

_____

Has your site evaluated whether the preceptor-student experience influences trainees' decisions to enter primary care?

○ Yes
○ No

What have you learned from your evaluation about the impact of preceptor-student relationships on trainees' decisions to enter primary care?

_____

What support does your site provide to preceptors beyond required continuing education (CEUs) to enhance their role as mentors and ambassadors for the primary care field, working in a patient-centered medical home (PCMH) model, and or practicing healthcare in Rhode Island? (Select all that apply.)

☐ Training on mentorship best practices and effective student engagement
☐ Resources or workshops on promoting Rhode Island as a place to live and work
☐ Education on the benefits and challenges of working in a patient-centered medical home (PCMH)
☐ Opportunities for leadership development or faculty appointments
☐ Networking and collaboration with other preceptors and healthcare leaders
☐ Incentives or recognition programs for preceptors
☐ Other (Please specify.)

| Does your site track the career paths of former trainees after they complete their training? | ◯ Yes
◯ No |

Please describe how your site tracks trainee outcomes and whether you collect data on those who enter primary care or remain in Rhode Island.

_____

What strategies does your site use during training to create a positive experience for trainees and introduce them to opportunities that encourage them to stay and practice in Rhode Island? (Select all that apply.)

☐ Offering networking and mentorship opportunities with local clinicians and healthcare leaders
☐ Providing information on Rhode Island's loan repayment and financial incentive programs
☐ Showcasing the benefits of living and working in Rhode Island (e.g., quality of life, cost of living, community engagement)
☐ Partnering with local residency and fellowship programs to create a pathway for continued training
☐ Facilitating trainee exposure to Rhode Island-based job opportunities and career resources
☐ Other (Please specify.)

If you selected 'Other,' please describe any additional strategies your site uses during training to create a positive experience for trainees and introduce them to opportunities in Rhode Island. Consider including any unique approaches your site takes to highlight the benefits of practicing in the state.

_____

| Has your site hired any former trainees after they completed their studies? | ◯ Yes
◯ No |

Please describe how many former trainees have been hired, their roles, and whether your site has a formal pathway for transitioning trainees into permanent positions.

_____

Section 2: Eligibility Screening - Primary Care Training Sites Program

Thank you for your interest in the Primary Care Training Sites Program. This section serves as a soft eligibility check to help determine whether your site meets the program's requirements. While completing this section will not prevent you from continuing with the application, only sites that meet all eligibility criteria will be able to participate in the program.

The program is scheduled to launch on July 1, 2025, and only eligible sites will be considered for funding.

Instructions

Please review each question carefully and select "Yes" or "No" for each eligibility criterion.

Important: While this survey does not automatically disqualify applicants, sites must meet all eligibility criteria to be considered. NCQA Recognition Requirement: Your site must be recognized as a Patient-Centered Medical Home (PCMH) by the National Committee for Quality Assurance (NCQA) and must maintain this recognition through June 30, 2026. If your site's NCQA recognition expires before June 30, 2026, you must outline in your project narrative how you will maintain recognition throughout the program period. If your site is in the process of obtaining NCQA recognition, it must appear on the NCQA approved site list by April 19, 2025 (11:59 PM ET). Sites that do not meet this requirement will not be eligible for funding and cannot enter into a contract with the program. To verify your NCQA recognition status, visit the NCQA website.

The primary care clinical training site offers medical training in primary care to interns, residents, or fellows as part of the clinical training requirements for physicians, nurse practitioners, and physician assistants.	◯ Yes ◯ No
The clinical training program is affiliated with an accredited institution of higher education for the clinical training of physicians, nurse practitioners, and/or physician assistants.	◯ Yes ◯ No
The site offers a collaborative, team-based care environment where students can gain experience working alongside a wide range of clinicians.	◯ Yes ◯ No
The primary care site is recognized by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Medical Home (PCMH). (Check your status here)	◯ Yes ◯ No
The primary care practice provides integrated behavioral health services.	◯ Yes ◯ No
The primary care practice is physically located in the State of Rhode Island.	◯ Yes ◯ No

If your site has not achieved Patient-Centered Medical Home (PCMH) recognition by the National Committee for Quality Assurance (NCQA), is it recognized as a PCMH by another entity?	◯ Yes ◯ No
What organization, other than the NCQA, recognizes your practice as a Patient-Centered Medical Home (PCMH)?	☐ The Rhode Island Office of the Health Insurance Commissioner (OHIC) ☐ The Joint Commission ☐ Accreditation Association for Ambulatory Health Care (AAAHC) ☐ Utilization Review Accreditation Commission (URAC) ☐ Other (Please specify)
If "Other" to previous question, please specify.	_____
Is your practice currently pursuing Patient-Centered Medical Home (PCMH) recognition by the National Committee for Quality Assurance (NCQA)?	◯ Yes ◯ No
If you are currently pursuing PCMH NCQA recognition, do you anticipate having this distinction by the end of the application window (April 19, 2025)?	◯ Yes ◯ No

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Section 2-A: NCQA PCMH Recognition Details

What is the anniversary date for your recognition
listed by the NCQA? This is also the date your site's
NCQA PCMH recognition expires. You can find this
information for your site here.

_____

When did your practice first achieve NCQA PCMH
recognition? Please provide the date your site first
achieved this distinction. If unknown, please provide
an estimated date based on your anniversary date to
reflect how long the practice has been recognized.

_____

Does the practice also have NCQA Distinction in
Behavioral Health Integration?

○ Yes
○ No

Section 2-B: Affiliations with Accredited Medical Schools and Higher Education Programs

 To participate in the Primary Care Training Sites Program, your clinical training program must be affiliated with an accredited institution of higher education for the clinical training of physicians, nurse practitioners, and/or physician assistants.

 Affiliation refers to partnerships, clinical rotation agreements, or formal educational relationships between your practice and an accredited institution.

 Accredited institutions are those formally recognized by an accrediting body, such as the Accreditation Council for Graduate Medical Education (ACGME), the American Nurses Credentialing Center (ANCC), or similar authorities.

 To verify this eligibility requirement, applicant will be asked to submit a list confirming their affiliations with higher education programs. Please see the upload instructions below for details.

Upload Instructions for Accredited Institution Affiliations

As part of this application, you must upload a document listing all the accredited institutions your training site is affiliated with, along with relevant details about your partnerships.

Sites must provide details about their affiliations with accredited institutions by completing and uploading the provided template. The table below outlines the required fields:

Column Header

Description

Example Entry

Institution Name

Name of the accredited institution affiliated with your site.

University A

State

State where the institution is located.

Rhode Island

Program(s) Hosted

Medical, NP, or PA program associated with the institution.

Family Medicine, NP Primary Care Track

Accrediting Body

Oversight body for the program at this institution.

American Academy of Nurse Practitioners Certification Board (AANPCB)

Nature of Affiliation

Type of relationship (e.g., Clinical Rotation Agreement, Residency Partnership).

Clinical Rotation Agreement

Number of Students Hosted in Past Year

Number of students from this program hosted in the last academic year.

5

Point of Contact

Name of the individual(s) the site contacts to coordinate rotations.

Jane Doe

Contact Info of PCO

Email of point of contact.

Jdoe@12345.com

How to Submit

 Download the Required Template Here: PCTSP App: 2B Affiliations with Higher Education - Template

 Upload Instructions:

1 Download and complete the template using the provided format.2 Ensure accuracy by filling in all required fields.3 Upload the completed file in the designated upload field.4 Retain a copy for your records.

Why This Matters

The number of anticipated training slots reported in this application will be used to determine the grant amount requested (up to $90,000 per calendar year). Since the academic year spans two calendar periods, sites may request grant funding for each period:

Period 1 (Semester 1): July 1, 2025 - December 31, 2025 Period 2 (Semester 2): January 1, 2026 - June 30, 2026 Sites will be required to submit invoices confirming the students they have enrolled-i.e., committed to train-to access funds. However, sites will not be penalized if a school does not send the agreed number of students due to unforeseen circumstances (e.g., student withdrawal). This ensures funding stability for training sites while maintaining program expectations.

How does your training site verify or maintain its affiliation with the accredited institutions listed above? (Select all that apply.)	☐ Written agreements ☐ Contracts ☐ Memorandums of understanding (MOUs) ☐ Regular communication or meetings ☐ Other (please specify)
If other was selected for the previous question, please describe how your site verifies or maintains its affiliation with the accredited institutions.	_____
In general, how are clinical training rotations structured at your site? Please describe how clinical rotations are organized at your training site. This includes the number of rotations, duration, and the disciplines involved.	_____

Section 2-C: Assessing a Collaborative Team-Based Environment

A strong team-based environment is essential for high-quality primary care training. This section evaluates the extent to which trainees at your site are exposed to interdisciplinary collaboration. Because eligibility for this program requires that sites provide a collaborative team-based environment, the responses in this section will help determine how your site meets this criterion. Please ensure that responses accurately reflect your site's approach to interdisciplinary training.

Instructions:
Please provide details on the healthcare professionals involved in patient care, the frequency and nature of student collaboration, and any structured interprofessional training opportunities at your site.

Why this matters:

Trainees must have the opportunity to work within an interdisciplinary team, engaging with professionals from different fields to develop essential teamwork skills. This experience prepares them for real-world primary care settings, where collaboration improves patient outcomes and enhances care coordination.

Which of the following healthcare professionals are actively involved in patient care at your site, providing opportunities for student interaction and collaboration? (Select all that apply)	☐ Physicians (MD/DO) ☐ Nurse Practitioners (NP) ☐ Physician Assistants (PA) ☐ Registered Nurses (RN) ☐ Licensed Practical Nurses (LPN) ☐ Medical Assistants (MA) ☐ Pharmacists ☐ Behavioral Health Clinicians (e.g., psychologists, social workers, licensed counselors) ☐ Care Coordinators/Case Managers ☐ Community Health Workers (CHW) ☐ Physical Therapists (PT) ☐ Occupational Therapists (OT) ☐ Dietitians/Nutritionists ☐ Other (please specify)
If you answered "Other" to previous question, please specify the healthcare professionals that are actively involved in patient care at your site, providing opportunities for student interaction and collaboration.	_____
How frequently do students have the opportunity to collaborate with multiple types of healthcare professionals as part of their clinical experience?	◯ Daily ◯ Weekly ◯ Occasionally ◯ Rarely

In what ways do students engage with different healthcare professionals in patient care? (Select all that apply)	☐ Participating in interdisciplinary team meetings or case conferences ☐ Shadowing or working directly with multiple clinician types ☐ Engaging in care coordination or transition-of-care activities ☐ Observing or participating in patient education delivered by different professionals ☐ Other (please specify)
If you answered "Other" to previous question, please specify how students engage with different healthcare professionals in patient care.	_____
Does your practice utilize structured interprofessional training opportunities for students (e.g., team huddles, collaborative learning activities, simulation training)?	◯ Yes ◯ No
If you answered "Yes" to previous question, briefly describe how your practice utilizes structured interprofessional training opportunities for students:	_____

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Section 2-D: Assessing Behavioral Health Integration

To be eligible for this program, primary care practices must provide integrated behavioral health services that support a collaborative approach to patient care. This section evaluates the extent to which behavioral health services are embedded within your practice, ensuring that trainees gain hands-on experience in delivering holistic, patient-centered care.

Instructions:
Please provide details on how behavioral health services are integrated at your site, the types of services offered, and how patients access these services.

Why this matters
Integrated behavioral health services allow trainees to work within a care model that addresses both physical and mental health needs, which is essential for improving patient outcomes. Exposure to different models of integration helps trainees understand how primary care teams coordinate with behavioral health professionals, use shared data systems, and ensure continuity of care.

From the options on the right, which model(s) best describe how behavioral health services are integrated at your site? (Select all that apply.)

☐ Co-Located Model: Behavioral health providers and medical providers share the same physical space but may function independently.
☐ Consultation/Liaison Model: Behavioral health providers consult with the primary care team as needed but do not provide ongoing patient care.
☐ Collaborative Care Model (CoCM): A structured team-based approach where behavioral health providers, primary care providers, and a psychiatric consultant work together using measurement-based care and care coordination.
☐ Fully Integrated Model: Behavioral health providers are embedded within the care team, share medical records, participate in team meetings, and provide real-time consultations.
☐ Other (please specify):

If you selected "Other", please specify which model(s) best describe how behavioral health services are integrated at your site:

_____

Does this practice have an established partnership with a Certified Community Behavioral Health Clinic (CCBHC) for care coordination?

◯ Yes
◯ No

If "Yes," please identify the CCBHC:

_____

Assessing the Depth of Behavioral Health Integration

Effective integration of behavioral health and primary care ensures that patients receive comprehensive, coordinated care for both physical and mental health needs. This section evaluates the level of integration at your site by examining key structural and operational elements.

Instructions:
Please rate the following elements based on how consistently they are implemented at your site, using a scale from 1 (Not True) to 5 (Always True).

	1 (Not True)	2 (A Little True)	3 (Somewhat True)	4 (Very True)	5 (Always True)
Primary care and behavioral health services are in the same location.	☐	☐	☐	☐	☐
All patients are systematically screened for prevalence of behavioral health and physical health conditions and risk factors	☐	☐	☐	☐	☐
The practice systematic collects data and tracks positive screening results to ensure engagement in appropriate services.	☐	☐	☐	☐	☐
There is one appointment system for both primary care and behavioral health providers.	☐	☐	☐	☐	☐
The practice uses a shared electronic health records (EHR) system for both primary care and behavioral health	☐	☐	☐	☐	☐
A scheduling strategy allows patients to see a behavioral health provider after a primary care visit as necessary.	☐	☐	☐	☐	☐
A system is in place for primary care providers to communicate urgent concerns to behavioral health providers (e.g., warm handoff).	☐	☐	☐	☐	☐

A system is in place to systematically track health outcomes for all patients receiving integrated care services.	☐	☐	☐	☐	☐
A system is in place to use collected data from all patients receiving integrated care services to improve workflows and processes for delivering integrated care	☐	☐	☐	☐	☐
A system is in place to educate all patients in need of integrated care and their family members on the benefits of integrated behavioral health and primary (or other ambulatory) care.	☐	☐	☐	☐	☐
A system is in place to identify integrated patients who are not improving with treatment	☐	☐	☐	☐	☐
A system is in place to identify integrated care patients who do not adhere to the follow-up schedule.	☐	☐	☐	☐	☐
The practice participates in the Health Homes Program.	☐	☐	☐	☐	☐

Does your practice provide Mental and Behavioral Health Services? (Do not include MOUD or MAT services, as these will be asked separately.

◯ Yes
◯ No

If you answered "Yes" to providing Mental and Behavioral Health Services, which of the following services are offered at your site? (Select all that apply)

☐ Individual counseling/therapy
☐ Group therapy
☐ Psychiatric evaluations
☐ Medication management for behavioral health conditions
☐ Crisis intervention services
☐ Care coordination for behavioral health needs
☐ Screening and brief interventions for mental health concerns
☐ Other integrated behavioral health interventions (e.g., behavioral activation, problem-solving therapy)
☐ None of the above

If you selected "None of the Above", describe the type of Mental and Behavioral Health Services offered at your site:

_____

Does your practice provide Substance Use Services (e.g., Medication-Assisted Treatment [MAT] or Medication for Opioid Use Disorder [MOUD])?

◯ Yes
◯ No

If you answered "Yes" to providing Substance Use Services, please indicate which of the following are offered:	☐ Dual-diagnosis treatment ☐ Outpatient Suboxone treatment for opioid addiction ☐ Outpatient Methadone treatment for opioid addiction ☐ Group treatment for chemical dependency ☐ Individual treatment for chemical dependency ☐ Outpatient detoxification for alcohol dependence ☐ Outpatient detoxification for opioid dependence

What percentage of your patient population currently receives behavioral health services at your site?

_____
(Provide an approximate percentage or data point.)

Section 2-E: The following questions are intended to assess Behavioral Health Workforce and Capacity within primary care training sites.

Does your practice have onsite behavioral health professionals?

○ Yes
○ No

If "Yes", to previous question, please indicate the total Full-Time Equivalent (FTE) positions for behavioral health professionals at your site. One FTE is equivalent to 40 hours per week. If a category does not apply, enter "0." Provide information below:

Number of Licensed Clinical Social Workers (LCSWs) FTEs

_____

Number of Licensed Mental Health Counselors (LMHCs) FTEs

_____

Number of Psychologists FTEs

_____

Number of Psychiatrists FTEs

_____

Number of Psychiatric Nurse Practitioners FTEs

_____

Number of Substance Use Disorder Counselors FTEs

_____

Number of Peer Recovery Specialists FTEs

_____

Number of Other Behavioral Health Professionals FTEs (If Applicable)

_____

Does your site have behavioral health staff who are bilingual or trained in providing culturally and linguistically appropriate services?

○ Yes
○ No

If "Yes," specify languages:

_____

Section 3: Key Personnel Involved in Clinical Training

This section collects information about the key individuals responsible for overseeing clinical training at your site. Specifically, we seek details on:

 - Lead Preceptor - The primary clinical instructor responsible for managing the training program, mentoring trainees, and supervising their clinical experiences.
 - Administrative Support - Staff members who assist in coordinating rotations, scheduling, and trainee placement.
 - Additional Preceptors - Other clinicians involved in training students and residents. Providing this information helps us understand the structure of your training program, including mentorship capacity and preceptor workload.

 Instructions: For each section, provide details about the individuals involved. If applicable, specify how preceptors are matched with students. If your site trains multiple disciplines, indicate which types of trainees each preceptor supervises.

Section 3-A: Lead Preceptor Information

The Lead Preceptor is the primary clinical instructor responsible for overseeing the training program, mentoring trainees, and managing clinical rotations. The following questions will help learn more about your lead preceptor and their responsibilities.

First Name of Lead Preceptor

_____

Last Name of Lead Preceptor

_____

What is the Functional Title or Position of the lead precptor in the primary care practice?

_____

Example: Chief Medical Officer, Clinical Training Director, etc.

What is the professional credential (degree/license) of the lead preceptor?

◯ MD (Doctor of Medicine)
◯ DO (Doctor of Osteopathic Medicine)
◯ NP (Nurse Practitioner)
◯ PA (Physician Assistant)

What is the lead preceptor's area of specialty?

_____

Example: Internal Medicine, Family Medicine, Pediatrics, etc.

What is the 10-digit National Provider Identifier (NPI) number for the lead preceptor?

_____

Please note: This is a required field. You can look up a clinician by NPI type "Individual" here: https://npiregistry.cms.hhs.gov/

If this provider TRULY has no NPI#, please enter '0000000000' in the box.

Please enter the RI License Number assigned to your lead preceptor:

_____

Please describe the lead preceptor's primary responsibilities in managing the clinical training program at [name_of_practice]

_____

Lead Preceptor Time Allocation: Clinical Care, Teaching, and Other Responsibilities

The following questions are intended to understand how your lead preceptor ([precept_first_name] [precept_last_name]) allocates their time between training students and providing direct patient care.

We ask for the average hours per week dedicated to clinical training/mentorship and direct patient care for the Lead Preceptor to understand their role in overseeing trainees and delivering patient care.

Please provide your best estimate based on a typical week.

On average, how many hours per week does your Lead Preceptor, ([precept_first_name] [precept_last_name]), work in total, including all responsibilities (e.g., clinical care, teaching, administrative duties, research, etc.)?

_____

On average, how many hours per week does your Lead Preceptor, ([precept_first_name] [precept_last_name]), dedicate to direct clinical training and mentorship of students and/or residents (teaching activities only)?

_____

Direct teaching and mentorship of trainees include all activities in which a provider actively engages in the education, supervision, and skill development of students, residents, fellows, and other healthcare trainees. This includes hands-on clinical instruction, bedside teaching, case discussions, procedural demonstrations, feedback sessions, and one-on-one mentorship. It also encompasses structured educational activities such as lectures, workshops, precepting trainees in clinical decision-making, and evaluating trainee performance. Indirect supervision or administrative coordination of training programs, without active instructional engagement, is not considered direct teaching/mentorship.

On average, how many hours per week does your Lead Preceptor, ([precept_first_name] [precept_last_name]), dedicate to direct patient care?

_____

Direct patient care includes all activities directly related to evaluating, diagnosing, treating, and managing patient health. This encompasses face-to-face interactions with patients, performing procedures, consulting with other healthcare providers regarding patient care, and completing essential documentation such as charting and clinical notes. It also includes activities such as filling prescriptions, processing prior authorizations, and coordinating necessary medical services. In summary, direct patient care consists of all clinical services provided and activities in which a provider participates that have a direct influence on patient or client care, including examinations, treatments, counseling, patient education, self-care training, and the administration of medications.

If applicable, on average, how many hours per week does your Lead Preceptor, ([precept_first_name] [precept_last_name]), dedicate to other administrative (non-clinical) responsibilities (e.g., research, managerial tasks, administrative work, or other non-clinical, non-teaching duties)?

_____

Administrative and other professional responsibilities include non-clinical, non-teaching duties that support healthcare operations and professional development. These activities may involve managerial tasks, supervision of staff, strategic planning, policy development, compliance, and quality improvement initiatives. It also includes administrative work such as scheduling, documentation unrelated to direct patient care, reporting, participation in organizational meetings, and handling insurance or regulatory requirements. Additionally, research, professional training, and other non-patient-facing activities fall under this category.

Understanding Lead Preceptor Capacity for Clinical Training

To assess the capacity of your Lead Preceptor to mentor and train students, we ask that you provide an estimate of the number of trainees they oversee per academic year. This includes students at various levels of training, such as medical students, residents, fellows, and other healthcare trainees.

This information helps us:⬜ Evaluate the training capacity of primary care sites.⬜ Understand the distribution of trainees across different professional levels.⬜ Identify potential opportunities to expand training programs.

Please provide your best estimate for the total number of trainees the Lead Preceptor works with in an average academic year across the following categories.

Average number of Medical Students mentored by the lead preceptor per academic year

_____

Average number of Residents (MD/DO) mentored by the lead preceptor per academic year

_____

Average number of Nurse Practitioner Students mentored by the lead preceptor per academic year

_____

Average number of Physician Assistant Students
mentored by lead preceptor per academic year

_____

Average number of Fellows mentored by the lead
preceptor per academic year

_____

Fellows are health professionals who have completed
their primary clinical training (e.g., residency for
physicians, advanced practice training for nurse
practitioners and physician assistants) and are
undergoing additional specialized training in a
subspecialty area.

Number of Other Trainees mentored by the lead
preceptor per academic year (if applicable)

_____

If you provided a number for "Other Trainees," please
specify each trainee type and the corresponding number
for each.

_____

Section 3-B: Administrative Support for the Training Program

Effective clinical training programs often rely on administrative staff to support scheduling, coordination, and overall program management. We aim to understand the level of administrative support available at your site to assess the infrastructure supporting clinical training. This information will help us better understand how sites manage training logistics, such as scheduling, documentation, and communication with academic institutions.

Instructions: Indicate whether your site has dedicated administrative staff supporting the clinical training program. If yes, provide the names, roles, and key responsibilities of these staff members. Examples of administrative support roles may include scheduling rotations, coordinating student placements, handling compliance documentation, and serving as a liaison with educational institutions.

Does the practice have administrative staff supporting the clinical training program?

◯ Yes
◯ No

If "Yes" to the previous question, please provide the total number of administrative staff members supporting the clinical training program.

The value you enter will determine the number of fields available for you to provide the names, roles, and primary responsibilities of each staff member supporting the training program.

_____

Administrative Staff #1 First Name

_____

Administrative Staff #1 Last Name

_____

Administrative Staff #1 Title

_____

Administrative Staff # 1 Email

_____

Administrative Staff #1 Responsibilities

_____

Administrative Staff #2 First Name

_____

Administrative Staff #2 Last Name

_____

Administrative Staff #2 Title

_____

Administrative Staff # 2 Email

_____

Administrative Staff #2 Responsibilities

_____

Administrative Staff #3 First Name

_____

Administrative Staff #3 Last Name

_____

Administrative Staff #3 Title

_____

Administrative Staff # 3 Email

_____

Administrative Staff #3 Responsibilities

_____

Administrative Staff #4 First Name

_____

Administrative Staff #4 Last Name

_____

Administrative Staff #4 Title

_____

Administrative Staff # 4 Email

_____

Administrative Staff #4 Responsibilities

_____

Additional Staff Information:

Since your site has more than five administrative staff members supporting the clinical training program at [practice_name], please upload a document listing all staff members. The document should include each staff member's name, title, and responsibilities using the template below.

 ⬜⬜ Download the Required Template Here: PCTSP App: 3B Administrative Staff - Template

 ⬜⬜ Upload Instructions:

 1⬜ Download and complete the template using the provided format.2⬜ Ensure accuracy by filling in all required fields.3⬜ Upload the completed file in the designated upload field.4⬜ Retain a copy for your records.

Section 3C: Additional Preceptors at the Training Site

Beyond the Lead Preceptor, additional preceptors play a vital role in training students and supporting clinical education. This section aims to gather information about the total number of preceptors at your site, their clinical involvement, and their capacity for student mentorship.

To assess overall training capacity, we ask for estimates on the number of preceptors, their roles (clinical vs. non-clinical), and how they allocate time between patient care, teaching, and other responsibilities. Additionally, we seek to understand the average number of trainees they oversee per academic year, including medical students, residents, fellows, and other healthcare trainees.

The following questions apply to all current preceptors at your site, excluding the Lead Preceptor.

In addition to [precept_first_name] [precept_last_name], how many preceptors do you have at your site?

_____

First Name of Preceptor # 1

_____

Last Name of Preceptor # 1

_____

What is the professional credential (degree/license) of Preceptor # 1?

○ MD (Doctor of Medicine)
○ DO (Doctor of Osteopathic Medicine)
○ NP (Nurse Practitioner)
○ PA (Physician Assistant)

What is the area of specialty for Preceptor # 1?

Example: Internal Medicine, Family Medicine, Pediatrics, etc.

_____

What is the 10-digit National Provider Identifier (NPI) number for Preceptor # 1?

Please note: This is a required field. You can look up a clinician by NPI type "Individual" here: https://npiregistry.cms.hhs.gov/

If this provider TRULY has no NPI#, please enter '0000000000' in the box.

_____

Please enter the RI License Number assigned to Preceptor # 1:

_____

On average, how many hours per week does Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]), work in total, including all responsibilities (e.g., clinical care, teaching, administrative duties, research, etc.)?

_____

On average, how many hours per week does Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]), dedicate to direct clinical training and mentorship of students and/or residents (teaching activities only)?

_____

Direct teaching and mentorship of trainees include all activities in which a provider actively engages in the education, supervision, and skill development of students, residents, fellows, and other healthcare trainees. This includes hands-on clinical instruction, bedside teaching, case discussions, procedural demonstrations, feedback sessions, and one-on-one mentorship. It also encompasses structured educational activities such as lectures, workshops, precepting trainees in clinical decision-making, and evaluating trainee performance. Indirect supervision or administrative coordination of training programs, without active instructional engagement, is not considered direct teaching/mentorship.

On average, how many hours per week does Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]), dedicate to direct patient care?

_____

Direct patient care includes all activities directly related to evaluating, diagnosing, treating, and managing patient health. This encompasses face-to-face interactions with patients, performing procedures, consulting with other healthcare providers regarding patient care, and completing essential documentation such as charting and clinical notes. It also includes activities such as filling prescriptions, processing prior authorizations, and coordinating necessary medical services. In summary, direct patient care consists of all clinical services provided and activities in which a provider participates that have a direct influence on patient or client care, including examinations, treatments, counseling, patient education, self-care training, and the administration of medications.

If applicable, on average, how many hours per week does Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]), dedicate to other administrative (non-clinical) responsibilities (e.g., research, managerial tasks, administrative work, or other non-clinical, non-teaching duties)?

_____

Administrative and other professional responsibilities include non-clinical, non-teaching duties that support healthcare operations and professional development. These activities may involve managerial tasks, supervision of staff, strategic planning, policy development, compliance, and quality improvement initiatives. It also includes administrative work such as scheduling, documentation unrelated to direct patient care, reporting, participation in organizational meetings, and handling insurance or regulatory requirements. Additionally, research, professional training, and other non-patient-facing activities fall under this category.

Average number of Medical Students mentored by Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]) per academic year

_____

Average number of Residents (MD/DO) mentored by Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]) per academic year

_____

Average number of Nurse Practitioner Students mentored by Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]) per academic year

_____

Average number of Physician Assistant Students mentored by Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]) per academic year

_____

Average number of Fellows mentored by Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]) per academic year

_____

Fellows are health professionals who have completed their primary clinical training (e.g., residency for physicians, advanced practice training for nurse practitioners and physician assistants) and are undergoing additional specialized training in a subspecialty area.

Number of Other Trainees mentored by Preceptor # 1, ([other_precept_name_1] [other_precept_last_name_1]), per academic year (if applicable)

_____

If you provided a number for "Other Trainees," please specify each trainee type and the corresponding number for each.

_____

First Name of Preceptor # 2

_____

Last Name of Preceptor # 2

_____

What is the professional credential (degree/license)
of Preceptor # 2?

○ MD (Doctor of Medicine)
○ DO (Doctor of Osteopathic Medicine)
○ NP (Nurse Practitioner)
○ PA (Physician Assistant)

What is the area of specialty for Preceptor # 2?

Example: Internal Medicine, Family Medicine,
Pediatrics, etc.

_____

What is the 10-digit National Provider Identifier
(NPI) number for Preceptor # 2?

Please note: This is a required field. You can look up
a clinician by NPI type "Individual" here:
https://npiregistry.cms.hhs.gov/

If this provider TRULY has no NPI#, please enter
'0000000000' in the box.

_____

Please enter the RI License Number assigned to
Preceptor # 2:

_____

On average, how many hours per week does Preceptor #
2, ([other_precept_name_2]
[other_precept_last_name_2]), work in total, including
all responsibilities (e.g., clinical care, teaching,
administrative duties, research, etc.)?

_____

On average, how many hours per week does Preceptor #
2, ([other_precept_name_2]
[other_precept_last_name_2]), dedicate to direct
clinical training and mentorship of students and/or
residents (teaching activities only)?

_____

Direct teaching and mentorship of trainees include all
activities in which a provider actively engages in the
education, supervision, and skill development of
students, residents, fellows, and other healthcare
trainees. This includes hands-on clinical instruction,
bedside teaching, case discussions, procedural
demonstrations, feedback sessions, and one-on-one
mentorship. It also encompasses structured educational
activities such as lectures, workshops, precepting
trainees in clinical decision-making, and evaluating
trainee performance. Indirect supervision or
administrative coordination of training programs,
without active instructional engagement, is not
considered direct teaching/mentorship.

On average, how many hours per week does Preceptor # 2, ([other_precept_name_2] [other_precept_last_name_2]), dedicate to direct patient care?

Direct patient care includes all activities directly related to evaluating, diagnosing, treating, and managing patient health. This encompasses face-to-face interactions with patients, performing procedures, consulting with other healthcare providers regarding patient care, and completing essential documentation such as charting and clinical notes. It also includes activities such as filling prescriptions, processing prior authorizations, and coordinating necessary medical services. In summary, direct patient care consists of all clinical services provided and activities in which a provider participates that have a direct influence on patient or client care, including examinations, treatments, counseling, patient education, self-care training, and the administration of medications.

_____

If applicable, on average, how many hours per week does Preceptor # 2, ([other_precept_name_2] [other_precept_last_name_2]), dedicate to other administrative (non-clinical) responsibilities (e.g., research, managerial tasks, administrative work, or other non-clinical, non-teaching duties)?

Administrative and other professional responsibilities include non-clinical, non-teaching duties that support healthcare operations and professional development. These activities may involve managerial tasks, supervision of staff, strategic planning, policy development, compliance, and quality improvement initiatives. It also includes administrative work such as scheduling, documentation unrelated to direct patient care, reporting, participation in organizational meetings, and handling insurance or regulatory requirements. Additionally, research, professional training, and other non-patient-facing activities fall under this category.

_____

Average number of Medical Students mentored by Preceptor # 2, ([other_precept_name_2] [other_precept_last_name_2]) per academic year

_____

Average number of Residents (MD/DO) mentored by Preceptor # 2, ([other_precept_name_2] [other_precept_last_name_2]) per academic year

_____

Average number of Nurse Practitioner Students mentored by Preceptor # 2, ([other_precept_name_2] [other_precept_last_name_2]) per academic year

_____

Average number of Physician Assistant Students mentored by Preceptor # 2, ([other_precept_name_2] [other_precept_last_name_2]) per academic year

_____

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Average number of Fellows mentored by Preceptor # 2, ([other_precept_name_2] [other_precept_last_name_2]) per academic year

_____

Fellows are health professionals who have completed their primary clinical training (e.g., residency for physicians, advanced practice training for nurse practitioners and physician assistants) and are undergoing additional specialized training in a subspecialty area.

Number of Other Trainees mentored by Preceptor # 2, ([other_precept_name_2] [other_precept_last_name_2]), per academic year (if applicable)

_____

If you provided a number for "Other Trainees," please specify each trainee type and the corresponding number for each.

_____

First Name of Preceptor # 3

_____

Last Name of Preceptor # 3

_____

What is the professional credential (degree/license) of Preceptor # 3?

○ MD (Doctor of Medicine)
○ DO (Doctor of Osteopathic Medicine)
○ NP (Nurse Practitioner)
○ PA (Physician Assistant)

What is the area of specialty for Preceptor # 3?

Example: Internal Medicine, Family Medicine, Pediatrics, etc.

_____

What is the 10-digit National Provider Identifier (NPI) number for Preceptor # 3?

Please note: This is a required field. You can look up a clinician by NPI type "Individual" here: https://npiregistry.cms.hhs.gov/

_____

If this provider TRULY has no NPI#, please enter '0000000000' in the box.

Please enter the RI License Number assigned to Preceptor # 3:

_____

On average, how many hours per week does Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), work in total, including all responsibilities (e.g., clinical care, teaching, administrative duties, research, etc.)?

_____

On average, how many hours per week does Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), dedicate to direct clinical training and mentorship of students and/or residents (teaching activities only)?

_____

Direct teaching and mentorship of trainees include all activities in which a provider actively engages in the education, supervision, and skill development of students, residents, fellows, and other healthcare trainees. This includes hands-on clinical instruction, bedside teaching, case discussions, procedural demonstrations, feedback sessions, and one-on-one mentorship. It also encompasses structured educational activities such as lectures, workshops, precepting trainees in clinical decision-making, and evaluating trainee performance. Indirect supervision or administrative coordination of training programs, without active instructional engagement, is not considered direct teaching/mentorship.

On average, how many hours per week does Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), dedicate to direct patient care?

_____

Direct patient care includes all activities directly related to evaluating, diagnosing, treating, and managing patient health. This encompasses face-to-face interactions with patients, performing procedures, consulting with other healthcare providers regarding patient care, and completing essential documentation such as charting and clinical notes. It also includes activities such as filling prescriptions, processing prior authorizations, and coordinating necessary medical services. In summary, direct patient care consists of all clinical services provided and activities in which a provider participates that have a direct influence on patient or client care, including examinations, treatments, counseling, patient education, self-care training, and the administration of medications.

If applicable, on average, how many hours per week does Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), dedicate to other administrative (non-clinical) responsibilities (e.g., research, managerial tasks, administrative work, or other non-clinical, non-teaching duties)?

_____

Administrative and other professional responsibilities include non-clinical, non-teaching duties that support healthcare operations and professional development. These activities may involve managerial tasks, supervision of staff, strategic planning, policy development, compliance, and quality improvement initiatives. It also includes administrative work such as scheduling, documentation unrelated to direct patient care, reporting, participation in organizational meetings, and handling insurance or regulatory requirements. Additionally, research, professional training, and other non-patient-facing activities fall under this category.

Average number of Medical Students mentored by Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), per academic year

_____

Average number of Residents (MD/DO) mentored by Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), per academic year

_____

Average number of Nurse Practitioner Students mentored by Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), per academic year

_____

Average number of Physician Assistant Students mentored by Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), per academic year

_____

Average number of Fellows mentored by Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), per academic year

_____

Fellows are health professionals who have completed their primary clinical training (e.g., residency for physicians, advanced practice training for nurse practitioners and physician assistants) and are undergoing additional specialized training in a subspecialty area.

Number of Other Trainees mentored by Preceptor # 3, ([other_precept_name_3] [other_precept_last_name_3]), per academic year (if applicable)

_____

If you provided a number for "Other Trainees," please specify each trainee type and the corresponding number for each.

_____

First Name of Preceptor # 4

_____

Last Name of Preceptor # 4

_____

What is the professional credential (degree/license) of Preceptor # 4?

◯ MD (Doctor of Medicine)
◯ DO (Doctor of Osteopathic Medicine)
◯ NP (Nurse Practitioner)
◯ PA (Physician Assistant)

What is the area of specialty for Preceptor # 4?

Example: Internal Medicine, Family Medicine, Pediatrics, etc.

_____

What is the 10-digit National Provider Identifier (NPI) number for Preceptor # 4?

Please note: This is a required field. You can look up a clinician by NPI type "Individual" here: https://npiregistry.cms.hhs.gov/

If this provider TRULY has no NPI#, please enter '0000000000' in the box.

_____

Please enter the RI License Number assigned to Preceptor # 4:

_____

On average, how many hours per week does Preceptor # 4, ([other_precept_name_4] [other_precept_last_name_4]), work in total, including all responsibilities (e.g., clinical care, teaching, administrative duties, research, etc.)?

_____

On average, how many hours per week does Preceptor # 4, ([other_precept_name_4] [other_precept_last_name_4]), dedicate to direct clinical training and mentorship of students and/or residents (teaching activities only)?

_____

Direct teaching and mentorship of trainees include all activities in which a provider actively engages in the education, supervision, and skill development of students, residents, fellows, and other healthcare trainees. This includes hands-on clinical instruction, bedside teaching, case discussions, procedural demonstrations, feedback sessions, and one-on-one mentorship. It also encompasses structured educational activities such as lectures, workshops, precepting trainees in clinical decision-making, and evaluating trainee performance. Indirect supervision or administrative coordination of training programs, without active instructional engagement, is not considered direct teaching/mentorship.

On average, how many hours per week does Preceptor # 4, ([other_precept_name_4] [other_precept_last_name_4]), dedicate to direct patient care?

_____

Direct patient care includes all activities directly related to evaluating, diagnosing, treating, and managing patient health. This encompasses face-to-face interactions with patients, performing procedures, consulting with other healthcare providers regarding patient care, and completing essential documentation such as charting and clinical notes. It also includes activities such as filling prescriptions, processing prior authorizations, and coordinating necessary medical services. In summary, direct patient care consists of all clinical services provided and activities in which a provider participates that have a direct influence on patient or client care, including examinations, treatments, counseling, patient education, self-care training, and the administration of medications.

If applicable, on average, how many hours per week does Preceptor # 4, ([other_precept_name_4] [other_precept_last_name_4]), dedicate to other administrative (non-clinical) responsibilities (e.g., research, managerial tasks, administrative work, or other non-clinical, non-teaching duties)?

_____

Administrative and other professional responsibilities include non-clinical, non-teaching duties that support healthcare operations and professional development. These activities may involve managerial tasks, supervision of staff, strategic planning, policy development, compliance, and quality improvement initiatives. It also includes administrative work such as scheduling, documentation unrelated to direct patient care, reporting, participation in organizational meetings, and handling insurance or regulatory requirements. Additionally, research, professional training, and other non-patient-facing activities fall under this category.

Average number of Medical Students mentored by Preceptor # 4, ([other_precept_name_4] [other_precept_last_name_4]), per academic year

_____

Average number of Residents (MD/DO) mentored by Preceptor # 4, ([other_precept_name_4] [other_precept_last_name_4]), per academic year

_____

Average number of Nurse Practitioner Students mentored by Preceptor # 4, ([other_precept_name_4] [other_precept_last_name_4]), per academic year

_____

Average number of Physician Assistant Students mentored by Preceptor # 4 ([other_precept_name_4] [other_precept_last_name_4]) per academic year

_____

Average number of Fellows mentored by Preceptor # 4 ([other_precept_name_4] [other_precept_last_name_4]), per academic year

Fellows are health professionals who have completed their primary clinical training (e.g., residency for physicians, advanced practice training for nurse practitioners and physician assistants) and are undergoing additional specialized training in a subspecialty area.

_____

Number of Other Trainees mentored by Preceptor # 4 ([other_precept_name_4] [other_precept_last_name_4]), per academic year (if applicable)

_____

If you provided a number for "Other Trainees," please specify each trainee type and the corresponding number for each.

_____

Since your site has five or more additional preceptors (in addition to the Lead Preceptor), we are requesting that you upload a document with their information instead of entering it field by field. This is to reduce survey fatigue and make data entry easier.

Why We Are Asking for This Information

The information you provide will help us assess the capacity of your training site and ensure we have accurate records of all preceptors involved in training students and residents.

Instructions:

󰀀󰀀 Please use the provided template here: PCTSP APP: 3C Preceptor Details - Template

In the template, you will be asked to enter the following details for each additional preceptor:

1󰀀 Full Name (First and Last)2󰀀 Professional Credential (Degree/License)3󰀀 Specialty Area (e.g., Family Medicine, Internal Medicine, Pediatrics)4󰀀 National Provider Identifier (NPI) Number

If the preceptor does not have an NPI, enter "0000000000" You can look up NPI numbers here 5󰀀 Rhode Island (RI) License Number (if applicable)

6󰀀 Workload Information

Total Weekly Hours (including clinical, teaching, and administrative work) Hours Spent on Teaching/Mentorship (direct clinical training of students/residents) Hours Dedicated to Direct Patient Care Hours Spent on Other Administrative or Research Duties 7󰀀 Trainee Supervision (Per Academic Year)

Number of Medical Students (MD/DO) Mentored Number of Residents Mentored Number of Nurse Practitioner Students Mentored Number of Physician Assistant Students Mentored Number of Fellows Mentored Number of Other Trainees Mentored (please specify type and number) 󰀀󰀀 Download the template here: PCTSP APP: 3C Preceptor Details - Template

󰀀󰀀Upload Instructions:

1󰀀 Download and complete the template using the provided format.2󰀀 Ensure accuracy by filling in all required fields.3󰀀 Upload the completed file in the designated upload field.4󰀀 Retain a copy for your records

🔹 Section 4: Funding Request Section 🔹

Funding Request Instructions

Each training site may request up to $90,000 per calendar year to support preceptors and enhance training capacity. Awards are subject to funding availability on a first-come, first-served basis and are determined using the following formula:

Funding Formula & Per-Pupil Rates

(Anticipated enrollment × Per-pupil rate) = Grant amount per discipline

Medical Students & Residents: $4,500 per trainee Nurse Practitioners & Physician Assistant Students: $4,000 per trainee The total grant amount requested (up to $90,000 per year) will be based on the number of training slots reported in this application.

Funding Periods

Since the academic year spans two calendar periods, sites may request funding for each period:

Period 1 (Semester 1): July 1, 2025 - December 31, 2025 Period 2 (Semester 2): January 1, 2026 - June 30, 2026 What to Expect if Awarded

Successful applicants must submit invoices with supporting documentation to access awarded funds. Documentation must confirm that students have been enrolled (i.e., committed to train) from an accredited institution of higher education for primary care clinical training.

Enrollment refers to the number of training slots a site has committed to reserving for an accredited institution of higher education. These slots are designated for the clinical training of medical students, residents, nurse practitioners, physician assistants, and fellows completing their primary care clinical rotation.

Since specific students may not be assigned at the time of application, sites may not know individual trainee names. To ensure funding stability, sites will not be penalized if a school is unable to fill all reserved slots due to unforeseen circumstances (e.g., student withdrawal).

🔹 Sites are encouraged to maximize the use of these funds to expand training opportunities, particularly for trainees from programs that may have limited financial resources to support clinical rotations.

For more details, visit: Primary Care Training Sites Program

In the following questions, you will be asked to provide:

 ▢ Whether you are requesting grant funding for Period 1 and/or Period 2.▢ The anticipated number of trainees per period, categorized by discipline.▢ The typical duration of clinical rotations for medical students, residents, nurse practitioners, and physician assistant students at your site. We understand that rotation lengths may vary by school and program, but this information will help us get a general understanding of the average time trainees spend at your site▢ The point of contact responsible for coordinating clinical rotations at your site.

 ▢▢ Please ensure all responses are accurate and complete.

Which funding period(s) are you requesting support for? (Select all that apply)

The typical academic year is split into two calendar year periods. Applicants should select both periods 1 and 2 if requesting funding for the two periods of the academic year.

☐ Period 1 (Semester 1): July 1, 2025 - December 31, 2025
☐ Period 2 (Semester 2): January 1, 2026 - June 30, 2026

▢▢ Anticipated Enrollment Per Training Period - Instructions

 Please report the total number of trainees you anticipate hosting during each funding period.

 ▢▢ Think Big - Expand Your Training Capacity

 If your site typically takes 5 trainees but could reasonably expand to 7 (i.e., you have the space and preceptors to take on additional students), please consider the grant as an opportunity to grow your capacity. The goal of this program is to increase primary care training opportunities - we want to support sites in expanding their ability to train more students.

 ▢ No Penalty for Unfilled Slots

  You will not be penalized if a school cannot assign the full number of students you planned for due to unforeseen circumstances (e.g., student withdrawal). Your grant request represents the maximum amount your site can request for reimbursement. To access these funds, successful applicants must submit invoices with supporting documentation confirming their actual enrollment. ▢▢ Include Student Training During the Period of Performance

  If a trainee starts in June and their rotation extends into August, they should be counted in Period 1 because they are actively training during the funding period. Similarly, if a trainee starts in December and finishes in January, they should also be included in Period 1 since that is when their training began. ▢▢ No Double-Counting

  A single trainee cannot be counted in both funding periods, even if their rotation spans across both. Assign trainees based on when their slot is anticipated to be filled by the school (e.g., when the training occurs within the period of performance). Training that takes place outside the funding period should not be included (e.g. a student that starts their training in April 2025 and finishes their clinical rotation in June 2025 - before the official start of the program). ▢▢ Maximize Your Funding - Expand Access

 Sites are strongly encouraged to use this funding opportunity to expand training capacity, particularly for trainees from programs that may have limited financial resources to support clinical rotations.

Anticipated Number of Medical Students - Period 1 (Semester 1): July 1, 2025 - December 31, 2025

_____

Anticipated Number of Medical Residents - Period 1 (Semester 1): July 1, 2025 - December 31, 2025

_____

Anticipated Number of Physician Fellows - Period 1 (Semester 1): July 1, 2025 - December 31, 2025

_____

Anticipated Number of Nurse Practitioner Students - Period 1 (Semester 1): July 1, 2025 - December 31, 2025	_____
Anticipated Number of Nurse Practitioner Fellows - Period 1 (Semester 1): July 1, 2025 - December 31, 2025	_____
Anticipated Number of Physician Assistant Students - Period 1 (Semester 1): July 1, 2025 - December 31, 2025	_____
Anticipated Number of Physician Assistant Fellows - Period 1 (Semester 1): July 1, 2025 - December 31, 2025	_____

Of the students you anticipate hosting for Period 1 (July 1, 2025 - December 31, 2025), do you currently have students enrolled who are scheduled to start training at your site as of July 1, 2025?

⬜ For successful eligible applicants who indicate "Yes," we will request additional details about the students scheduled to start after the application has been reviewed and a contract has been established

◯ Yes
◯ No

Anticipated Number of Medical Students - Period 2 (Semester 2): January 1, 2026 - June 30, 2026	_____
Anticipated Number of Medical Residents - Period 2 (Semester 2): January 1, 2026 - June 30, 2026	_____
Anticipated Number of Physician Fellows - Period 2 (Semester 2): January 1, 2026 - June 30, 2026	_____
Anticipated Number of Nurse Practitioner Students - Period 2 (Semester 2): January 1, 2026 - June 30, 2026	_____
Anticipated Number of Nurse Practitioner Fellows - Period 2 (Semester 2): January 1, 2026 - June 30, 2026	_____
Anticipated Number of Physician Assistant Students - Period 2 (Semester 2): January 1, 2026 - June 30, 2026	_____
Anticipated Number of Physician Assistant Fellows - Period 2 (Semester 2): January 1, 2026 - June 30, 2026	_____

Of the students you anticipate hosting for Period 2 (January 1, 2026 - June 30, 2026), do you currently have students enrolled who are scheduled to start training at your site as of January 1, 2026?

⬜ For successful eligible applicants who indicate "Yes," we will request additional details about the students scheduled to start after the application has been reviewed and a contract has been established

◯ Yes
◯ No

Do you anticipate any challenges in meeting your projected enrollment?

◯ Yes
◯ No

Understanding potential barriers -such as preceptor availability, space constraints, or institutional agreements - can support program design for future years. Please note that sites will not be penalized if a school cannot assign all the students you have reserved a training slot for due to unforeseen circumstances (e.g., student withdrawal).

Successful applicants will access grant funds by providing documentation confirming their enrollment. 'Enrollment' is defined as the number of training slots a site has committed to reserving for an accredited institution of higher education for students that will complete their primary care clinical training rotation during the period of performance of the program.

If "Yes", please specify the challenges and your plans to meet projected enrollment:

_____

Average Clinical Rotation Length

 Understanding how long different types of trainees spend in outpatient primary care settings helps us assess training capacity and improve program planning for future years. Since rotation lengths can vary by program and institution, please provide the average number of weeks trainees in each category typically spend at your site.

 ⬜⬜ Please provide the average number of weeks that trainees in each category spend at your site.⬜⬜ If rotation lengths vary, estimate the most common or typical duration.⬜⬜ Enter a whole number (e.g., 4, 8, 12).

Average clinical rotation length for Medical Students (weeks)

_____

Average clinical rotation length for Residents (weeks)

_____

Average clinical rotation length for Physician Fellows (weeks)

_____

Average clinical rotation length for Nurse Practitioner Students (weeks)

_____

Average clinical rotation length for Nurse Practitioner Fellows (weeks)

_____

Average clinical rotation length for Physician Assistant students (weeks)

_____

Average clinical rotation length for Physician Assistant Fellows (weeks)

_____

Primary Contact for Clinical Rotations

We need to identify the person responsible for coordinating clinical rotations at your site. If this is the lead preceptor, no further information is needed. Otherwise, please provide the contact details for the appropriate individual.

Is the Lead Preceptor, ([precept_first_name] [precept_last_name]), the primary point of contact responsible for coordinating the clinical rotation schedule of students at this practice site?	○ Yes ○ No

Title of person responsible for coordinating clinical rotations at your site

_____

First Name of person responsible for coordinating clinical rotations at your site

_____

Last Name of person responsible for coordinating clinical rotations at your site

_____

Email Address of person responsible for coordinating clinical rotations at your site

_____

Phone Number of person responsible for coordinating clinical rotations at your site

_____

Section 5: Use of Funds

Instructions for Applicants:

The Primary Care Training Sites Program (PCTSP) aims to enhance and expand Rhode Island's capacity to train the next generation of healthcare professionals. By supporting community-based primary care practices and preceptors, the program creates high-quality training opportunities for medical students, residents, nurse practitioners, and physician assistants.

This section is a critical component of your application, as it captures how your site will utilize PCTSP grant funds. Please provide thorough responses to all questions and upload the required Project & Budget Narrative, detailing your funding request and how funds will be used.

Project & Budget Narrative Submission:

As part of your application, you must submit a Project & Budget Narrative, which serves as the key part of this application. Please use the required template to clearly outline:

Your grant request The compensation model you will implement How funding will:✓ Compensate preceptors✓ Enhance clinical training capacity✓ Support required training activities This Project & Budget Narrative is not only intended to gather details about your practice and training program, but also to understand why the compensation model you have chosen works best for your site and how you envision these resources enhancing your training capacity.

Compensation Models - Use of Grant Funds

Training sites must select one or more of the following models to use PCTSP grant funds:

✓ **Stipend Model** - Preceptors receive a stipend for mentoring trainees without reducing clinical workload.

✓ **Reduced Clinical Time Model** - Preceptors receive dedicated time blocks for training, with funds used to offset reduced clinical workload.

✓ **Innovative Model** - Training sites may utilize alternative strategies for compensating preceptors or enhancing training capacity, tailored to their specific needs and environment. These strategies must align with program objectives and be detailed in the Project & Budget Narrative.

The PCTSP provides grants to primary care practices in Rhode Island to support preceptors and enhance training capacity in alignment with program goals.

Allowable Costs Categories:
✔ Preceptor Support - Compensation for preceptors through stipends or time allocation adjustments based on the selected model.
✔ Training Session Participation - Stipends for preceptors attending required RIDOH training sessions. Each site must ensure at least one preceptor is trained.
✔ Learning Collaboratives - Stipends for participating in quarterly collaborative sessions to enhance mentoring skills.
✔ Program Implementation Costs (if applicable) - Justification for administrative costs necessary for program implementation, including reporting and compliance.

Project & Budget Narrative Submission

As part of the application process, sites must submit a project and budget narrative detailing how grant funds will be used to support preceptors and enhance training capacity.

How to submit Project & Budget Narrative

⬜ Download the required template: Link to Project & Budget Narrative Template

⬜ Upload Instructions:

 1⬜ Complete the document using your anticipated enrollment data

 2⬜ Upload the completed document.

 3⬜ Retain a copy for your records.

Which compensation model will your site implement?	◯ Stipend Model - Preceptors receive a stipend for mentoring trainees without reducing their clinical workload. ◯ Reduced Clinical Time Model - Preceptors receive dedicated time blocks for training, with funds used to offset reduced clinical workload. ◯ Innovative Model - Alternative strategies tailored to your site's needs.

Briefly describe why the selected compensation model(s) work best for the unique circumstances of your practice. Additionally, explain how you envision that the grant funds will support and enhance your site's training capacity.

_____

Tracking Trainee Completion & Reporting

While grant funds are allocated based on anticipated enrollment, training sites must track and report details about the trainees who attend and complete their clinical rotations. The following questions assess your current tracking systems and help us understand how your site ensures compliance with reporting requirements.

Does your site have a system to track and verify when trainees complete their clinical rotations?

◯ Yes
◯ No

Describe how your site tracks and verifies student
rotation completion. As part of the program, sites
must ensure timely reporting on all student slots
supported by grant funds. Please include details on
any digital systems, manual processes, or
administrative workflows used. These reports will help
measure how many students were expected versus how
many actually completed their training.

_____

What system(s) will your site implement to track and
verify student rotation completion for participation
in PCTSP?

Describe any planned tracking mechanisms, including
new administrative procedures or technology solutions
that will ensure accurate and timely reporting.

_____

Section 6: Current Operational Challenges & Needs for Expansion

This section aims to identify the operational challenges your site faces in maintaining or expanding its clinical training program and the resources needed to address them. Please answer all questions thoroughly to help us understand your site's unique needs.

What are the primary operational challenges your site faces in maintaining or expanding its clinical training program? (Select all that apply and elaborate below.)	☐ Space constraints ☐ Preceptor shortages ☐ Administrative barriers (e.g., paperwork, scheduling) ☐ Lack of training resources or infrastructure ☐ Other (please specify in the field below)
If you selected "Other," please describe the challenge(s) your site faces	_____
What strategies has your site implemented to address these challenges? How effective have they been?	_____
What additional resources or support does your site require to expand the number of trainees it can accommodate annually? (Select all that apply and provide details below.)	☐ Additional preceptors ☐ Additional clinical staff (to allow preceptors more time for teaching) ☐ Increased patient care capacity (e.g., more exam rooms, scheduling flexibility) ☐ Enhanced training facilities or equipment ☐ Administrative support (e.g., scheduling, onboarding, coordination) ☐ Funding for trainee stipends or incentives ☐ EHR system improvements or integration (to streamline documentation and supervision) ☐ Faculty development or preceptor training ☐ Access to telehealth resources (for remote training opportunities) ☐ Expanded clinical rotation opportunities (within the practice or partner sites) ☐ Housing or transportation support for trainees (if applicable) ☐ Other (please specify)
If you selected "Other," please specify and describe any additional resources or support your site needs to increase its annual trainee capacity:	_____
How would these additional resources help your site train more students or improve training quality? Provide specific examples of how they would be used.	_____

Section 7: Readiness Assessment for Implementation

As part of the Primary Care Training Sites Program (PCTSP), participating sites must demonstrate readiness to:✔ Support preceptors in attending required training sessions.✔ Integrate the enhanced Patient-Centered Medical Home (PCMH) curriculum into training programs.✔ Engage in learning collaboratives to enhance professional development and peer support.

This section assesses your site's preparedness and identifies areas that need additional support.

How would you describe your site's readiness to comply with PCTSP requirements? (Select one)

◯ Fully Ready - Our site can support preceptors, integrate the PCMH curriculum, participate in learning collaboratives, and expand training capacity.
◯ Partially Ready - We can meet some requirements but need additional support.
◯ Not Ready - We require significant support to meet program expectations.

If you selected "Partially Ready" or "Not Ready," what specific challenges does your site face, and what types of support would help address them?

_____

Does your site have the capacity to support preceptors in attending required PCMH training sessions?

◯ Yes - We can provide the necessary time, resources, and support.
◯ No - We currently lack the resources but plan to seek additional support.

If you selected "No," what barriers prevent your site from supporting preceptor participation in training? What steps will you take to address them?

_____

How will your site ensure preceptors can attend training sessions and effectively deliver the PCMH curriculum? (Select all that apply)

☐ Adjusting schedules to allow training time without disrupting patient care.
☐ Compensating preceptors for training participation using grant funds.
☐ Covering travel or associated expenses for training using grant funds.
☐ Other (please specify below).

What specific strategies will your site implement to ensure preceptor participation in training and effective PCMH curriculum delivery?

_____

Does your site have the capacity to support preceptors in attending required learning collaboratives facilitated by RIDOH and CTC-RI?

◯ Yes - We can provide the necessary time and resources.
◯ No - We need additional support to participate fully.

If you selected "No," what barriers prevent your site's participation in learning collaboratives? What support is needed to overcome them?

_____

Section 8: Certification and Signature

By submitting this application, I certify that the information provided is accurate and complete to the best of my knowledge. I understand that providing incomplete or inaccurate information may affect my site's eligibility for the Primary Care Training Sites Program.

I further acknowledge that I am an authorized representative of this site and have the authority to submit this application on its behalf.

First Name of individual submitting this application

_____

Last Name of individual submitting this application

_____

Title / Role of individual submitting this application

_____

Signature (Use your mouse or touchpad to sign below)

_____