

Rural Health Training and Education Initiative (RHTI) REQUEST FOR PROPOSALS

1. PURPOSE

The Rural Health Training and Education Initiative (RHTI) Request for Proposal (RFP) represents a collaborative effort between the Office of Academic Affiliations (OAA) and the Office of Rural Health (ORH) to fulfill VA's mission to serve rural and highly-rural Veteran populations. Funding under this RFP, which includes both stipend and non-stipend funding, will allow VA facilities to expand health professions (Associated Health, Dentist, Nursing, and Physician) training to additional rural or highly rural VA locations. The initiative is intended to develop a clinical education infrastructure at non-traditional training sites that serve predominantly rural and highly rural Veterans.

The goal of the RHTI is to establish three to five sustainable programs at VA healthcare sites, which are dedicated to education of health professions trainees in rural healthcare delivery. Using VA resources and infrastructure for the delivery of care to rural and highly rural Veterans, VA rural health care providers, in collaboration with health professions training programs at affiliated academic institutions, will have the opportunity to establish VA training and education experiences for students, residents, fellows, and other trainees.

This is a special opportunity RFP in support of rural health training. It provides information, policies, and application procedures for Department of Veterans Affairs (VA) facilities and Veterans Integrated Service Networks (VISNs) that wish to submit applications for this initiative. The RFP provides associated health (AH) positions, nursing trainee positions (to include NP trainees and post graduate NP's), physician resident positions (GME), and education infrastructure support funds. Whenever possible, applicant sites are strongly encouraged to establish linkages to and collaborate with nearby Area Health Education Centers (AHECs).¹

2. ELIGIBILITY CRITERIA FOR FACILITIES

(Applicant facilities must meet either criterion a. or b. and criterion c.)

- a. VA facilities in designated rural or highly-rural areas² that wish to expand or develop opportunities to engage in health professions training and education, or
- b. "Parent" VA facilities (which do not need to be in rural areas) that have Community-Based Outpatient Clinics (CBOCs) or Tele-health Clinics which serve Veterans residing in rural or highly-rural areas² wishing to become training sites or to expand their role in training

¹ See <http://www.nationalahec.org/home/index.asp> and <http://www.nationalahec.org/Directory/AHECDirectory.asp> for more information.

² Use the VAST link to determine if your site is considered rural or urban: [\[VAST Reports\]](#) If you have questions about your rural health status, please contact Sonya Starling in the Office of Rural Health at sonya.starling@va.gov.

- c. An eligible VA facility as defined above must have current or developing affiliations with accredited associated health programs or schools of dentistry, medicine, and/or nursing interested in expanding or starting VA rural health training and education programs.
- d. Only one application may be submitted per medical center.
- e. Collaborating facilities within a VISN may submit a joint proposal; that proposal will be considered the medical center application for each facility participating in the application.
- f. Community-Based Outpatient Clinics (CBOCs), outreach clinics, and telehealth clinics must apply through their parent facility.

3. ELIGIBILITY CRITERIA FOR PROPOSALS

(Proposals must meet these criteria in order to be considered eligible under this RFP.)

- a. Proposals must include interprofessional training, with participation of at least two professional disciplines. Training program groupings are listed below. If only Associated Health programs are included, then trainees from at least two disciplines (e.g., psychology and optometry) must be included in the proposal:
 - i. Associated Health (AH) training programs (such as occupational therapy, pharmacy, physical therapy, physician assistants, psychology, dental assistant, or social work) that are either established and accredited programs or new programs in the process of obtaining accreditation.
 - ii. Graduate Medical Education (GME) programs accredited by the Accreditation Council of Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) and medical students in Liaison Committee on Medical Education (LCME)-accredited affiliated institutions. Established VA-sponsored, accredited physician residencies are also eligible to apply.
 - iii. Dental residencies and dental students in affiliated programs and schools accredited by the Commission on Dental Accreditation (CODA). Established VA-sponsored, accredited dental residencies are also eligible to apply.
 - iv. Nursing Baccalaureate and Advance Practice programs (Nurse Practitioner trainees) accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).
- b. Each eligible training program included in the proposal (minimum 2) must demonstrate suitable program leadership, structure, and site characteristics in support of training and education. Program Directors and Co-Directors must be named in the proposal and must have the time to devote to leadership of the program. The Director and Co-Director act as the main point-of-contact for the RHTI and oversee RHTI staff/faculty and trainees.
- c. Interprofessional training programs require special preparation and ongoing interaction between the disciplines and schools) involved. Specific plans for collaboration and communication about program logistics (trainee schedules, curriculum, learning objectives, teaching methodology, etc.) should be developed in advance and specified in the proposal.

4. BACKGROUND

The Department of Veterans Affairs is committed to enhancing healthcare for Veterans who live in rural and highly rural areas. There is evidence that healthcare practitioners who have trained in rural areas are more likely to practice in rural sites. Barriers to placing trainees in rural sites include logistical challenges of funding travel and housing for trainees, administrative costs for

coordination of scheduling, ensuring the rural site has the necessary infrastructure to support a quality educational experience, and the reluctance of some in the academic community to alter curricula to incorporate rural-based training.

5. PROGRAM DESCRIPTION

The RHTI RFP provides a mechanism for funding both health professions training positions and other costs of locating these positions in rural and highly rural areas. VA facilities and, where appropriate, affiliated sponsoring institutions should jointly consider the adequacy of educational infrastructure (e.g., patient volume, teaching space, teaching or supervising faculty) as well as the costs involved in trainee travel and lodging during the rotation. Sites may apply for AH, GME, and Nursing positions for this 3-year demonstration project, as well as approximately \$250,000 per year for 3 years for program support. Up to five RHTI sites will be selected nationally.

It is expected that trainee positions awarded as part of this RFP will be made permanent at sites that are successful in implementing the RHTI and that plan to sustain the program beyond the funding period.

6. IMPLEMENTATION TIMELINES

a. Program Implementation:

- i. October 2012: Approved sites should expect to receive funding.
- ii. October and November of 2012: Sites will establish their programs, design curriculum, and designate program faculty and staff.
- iii. As early as the fall semester of calendar year 2012 but no later than the fall semester of calendar year 2013: AH and Nursing trainees may begin rotations. (This will be dependent on program development requirements.)
- iv. July 2013: All GME trainees will begin.
- v. FY 2013 – 2015: Funding for the RHTI will cover three consecutive fiscal years

b. **Post award follow-up and tracking:** Programs and positions allocated under the RHTI will be closely monitored to evaluate outcomes in rural health care *and* training. Information about program implementation, recruitment of trainees, and educational and patient care outcomes will be reported to OAA and ORH quarterly. OAA and ORH will work closely with the selected sites to establish evaluation criteria, and will provide ongoing consultation and monitoring. It is expected that sites will collaborate to share success stories and challenges, and thus learn from each other.

7. PROGRAM APPLICATIONS

Completed applications are due June 29, 2012, using an online submission process. See Attachment A for instructions.

8. POLICIES

a. **Governance.** The RHTI is a joint, collaborative effort of OAA and ORH. OAA maintains overall responsibility for VA's Rural Health Training Program and provides trainee stipends/benefits. ORH maintains overall responsibility for the location of programs in rural or highly-rural areas and provides facility infrastructure support.

b. **Accreditation Standards.** Training programs shall comply with all applicable accreditation standards, seeking waivers when necessary to support rural training rotations, and with all VA policy and provisions for health professions training.

c. **AH Program Sponsorship.** All positions requested through this RFP must be in programs accredited by the appropriate discipline or in programs that are in the process of seeking such accreditation. All positions must also be approved by the respective VHACO clinical program office as well as by OAA before they can be allocated and funded.

d. **GME and GDE Program Sponsorship.** All positions requested through this RFP must be in GME residency programs sponsored in the name of an affiliate. No new residency programs sponsored in the name of a VA facility may be initiated. Likewise, no expansion of existing VA-sponsored GME programs may be requested under this RFP. Graduate dental education (GDE) programs may be sponsored by a VA facility.

e. **Nursing Program Sponsorship.** All positions requested through this RFP must be in accredited programs.

f. **Appointment and Compensation of Associated Health Trainees.**

- i. Appointment authority: Appointments will be made under 38 U.S.C. 7405(a) (1) (D).
- ii. Stipend determination: The stipends of AH trainees may be requested as full-time or part-time assignments in accordance with standards of the profession and VA practice. Please check online at OAA Support Center (<http://vawww.oaa.med.va.gov/DBAHealth/RptBaseStipend.aspx>) or with OAA (Dr. Robert Zeiss) regarding stipend rates for specific professions.

g. **Appointment and Compensation of Physician Residents.**

- i. Appointment authority: Appointments will be made under 38 U.S.C. 7406.
- ii. Stipend determination: The stipends of individual physician resident positions or fractions of positions will be based on PGY levels (or equivalent per OAA policy) and on VA stipend rates based on the local indexed hospital. Resident positions can be paid directly or reimbursed under a disbursement agreement **only for the time spent in educational activities at the VA facility** with excused absences as defined by VA policy (e.g., didactic sessions, continuity clinics). [See VHA Handbook, 1400.05, Disbursement Agreement Procedures; available at <http://www.va.gov/OAA/policies.asp> .]

h. **Appointment and Compensation of Nursing Trainees**

- i. Appointment authority: Appointments will be made under 38 U.S.C. 7405.
- ii. Stipend determination: The stipends of individual positions or fractions of positions will be based on educational level and geographically adjusted VA stipend rates.

i. **ORH Infrastructure Support.** Sites may apply for **approximately \$250,000 per year** in program support for **up to three years**. These funds may be used for:

- i. Minor construction (such as remodeling existing space): this category of funding is limited to \$100,000 of NON-recurring funding in the first year of the proposal;
- ii. Medical Care (e.g. faculty support/clinical time, nurses, associated health staff, not to include fee base services) and Medical Care Support funding (e.g. technicians, health administration clerks)
- iii. Administrative support (e.g., scheduling of trainees or trainee clinics, seeking waivers from ACGME, arranging travel or lodging support for trainees);
- iv. Equipment that is directly related to training at the remote sites. Please note that **no IT equipment** will be funded. IT equipment includes most telecommunications equipment.

- v. Travel, lodging, and subsistence support for trainees, provided the rural training site is outside of the normal commuting distance to and from the parent VA facility (per VA regulations).

j. **Liability.** All duly-appointed trainees will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).

9. EVALUATION CRITERIA FOR SELECTION OF SITES AND PROGRAMS

Applications will be evaluated by an interprofessional panel of reviewers with expertise in AH, GME, Nursing, and Rural Health. The following criteria will be used to evaluate proposals.

a. **Accreditation and Affiliations.** If requesting physician trainees, the VA facility must be affiliated with an accredited medical school or sponsoring institution providing accredited physician residency training in the specialties requested in this proposal. AH positions may be affiliated with professional schools or in programs accredited in the name of the VA. For nursing, facility affiliation agreements with either CCNE or NLNAC accredited nursing programs are required. Reviewers will assess the “strength” and duration of the affiliation relationships and the commitment of the affiliate to the proposed RHTI.

b. **Site Characteristics.** The VA healthcare site(s) must be located in a designated “rural” or “highly rural” area or delivering care in venues that serve Veterans residing in these areas. While some experience with health professions education is desirable, some parent facilities may not have an established track record. In such circumstances, a commitment to excellence by facility leadership and the affiliate will be especially important. Rural VA training sites must demonstrate:

- i. VISN, facility, and clinical leadership commitment to build and **sustain** an outstanding learning environment in a rural or highly rural setting. Strong leadership from a qualified and experienced Designated Education Officer (DEO) is especially important.
- ii. Space, equipment, and clinical personnel with appropriate qualifications to supervise the health profession trainees requested. Resources provided by this initiative may be used to defray the cost of educational infrastructure development (for example; faculty development, curriculum development, and/or teaching space renovations). *Note: VA trainee supervision requirements specify that there must be on-site supervision, i.e., faculty in same clinical location as the trainee.*
- iii. Clinical activities and workload to support expanded training programs.
- iv. Where appropriate, existing or potential partnerships between the VA facility and its academic affiliates. Strong leadership from qualified and experienced academic program directors is especially important.
- v. Collaboration with the nearest AHEC program is highly desirable.
- vi. Past experience with or commitment to interprofessional training and care models, to include Home Based Primary Care, Patient Aligned Care Teams, and telehealth.
- vii. Administrative infrastructure to support a new or expanded training program. Program Directors and Co-Directors must have the time to devote to leadership of the program, with the specific amount of time being dependent upon the complexity and size of the program. The Director/Co-Director act as the main point-of-contact and provide oversight to the RHTI faculty and staff.
- viii. Evidence of sound strategies for programmatic and learner evaluation. **Evaluation plans will be reviewed for the presence of:**
 - (a) Correspondence to educational objectives

- (b) Educational outcomes (both subjective and objective)
- (c) Clinical performance outcomes (e.g., wait times, hospitalization rates, adverse events, and VA Performance Measure tracking vis-à-vis trainees)
- (d) Tracking of trainees longitudinally (for career choices)
- (e) Trainee, faculty and staff satisfaction with the program
- (f) Tracking of CBOC or rural facility staff turnover for impact on recruitment and retention

- c. **Justifications for training positions by GME and/or GDE specialty programs or AH/Nursing disciplines.** Evaluation by reviewers will focus on:
- i. The strength and clarity of the educational objectives
 - ii. How well the rural training program is integrated with care delivery at the training site
 - iii. The interprofessional nature of the planned rotations
 - iv. Commitment to sustaining successful programs beyond the 3 years of funding for non-stipend related expenses
 - v. Plans for effectively recruiting trainees to rural training venues.
- d. **Funding Justifications.** *Please justify all funds requested.*
- i. Fill out the table regarding funding in **ATTACHMENT B**.
 - ii. Funding for trainee stipends and benefits should *NOT* be entered on this form.
 - iii. Reviewers will evaluate the appropriateness of all proposed expenditures.
 - iv. Facilities should note that not all funding requests may be approved.
 - v. Any matching funding or support from the facility, VISN, or affiliate should be noted on a separate sheet. Matching funds for non-stipend-related expenses (e.g., to enhance the educational infrastructure, such as providing for faculty development) are strongly encouraged.
 - vi. Use of funds must conform to all applicable VA policies and procedures.

10. REVIEW PROCESS

a. **Review Committee:** Applications will be reviewed by an ad hoc, interprofessional review committee appointed by OAA and ORH. Reviewers will have demonstrated expertise and leadership in graduate medical education, associated health education, nursing education, clinical care, or rural health.

b. **Scoring of Applications:** Applications will be scored according to the selection criteria for sites and the justifications provided for each discipline requested.

11. SCHEDULE

April 2012 OAA/ORH distributes request for proposals to eligible facilities, VISNs, and Central Office Officials. RFP will be published on OAA/ORH websites.

June 29, 2012 Applications due to OAA via an online process

July/Aug 2012 Interprofessional panel reviews proposals and makes recommendations for awards

Late August 2012 Finalist interviews

September 2012 OAA/ORH notifies facilities about the approval or disapproval of proposals.

October 2012 Sites are funded for Fiscal Year 2013

Oct – Dec 2012 Facility and VISN planning for FY2013

November 2012 OAA makes final trainee position allocations for AH/GME/Nursing (positions to be filled early fall for AH/Nursing, July for GME)

October 2013 First annual progress reports due to OAA and ORH (Quarterly reporting and calls will be held December, March, June, September)

12. ORH/OAA CONTACT PERSONS

General information: Please contact Sonya Starling, Rural Health Care Training Education Initiative Project Manager (ORH) at Sonya.Starling@va.gov (352) 745-8401 or Christy Howard (OAA) Project Manager, at Christy.Howard@va.gov (804) 675-5062 or Dr. Judy Brannen (OAA) Judy.Brannen@va.gov (804) 675-5481.

Technical Information regarding the online submission process: Email OAAHelp@va.gov or contact David Bennett at (804) 695-7935 or David.Bennett@va.gov.

13. SUBMISSION INSTRUCTIONS

a. Preparation of applications: Considerable thought and dialogue with affiliates should precede the drafting of an application. VA and affiliate needs should be reconciled and questions of institutional support for programs, positions, and educational infrastructure should be addressed. Affiliate program directors, the sponsoring institution's Associate Chief of Staff for Education (ACOS/E) or VA Designated Educational Officer (DEO), and involved clinical leaders (VA program site directors, service chiefs, or the VA Chief of Staff) should be involved in these discussions.

Rural VA sites in proximity to an AHEC are strongly encouraged to consider collaboration with the nearest AHEC to define potential program synergies in advance. Collaboration with a rural Federally Qualified Health Center (FQHC) that sponsors accredited education programs may also be possible. Collaboration with non-profits, private facilities and other community resources are also encouraged.

The VA ACOS/E or DEO should be the focal point for coordination of the proposal.

Questions regarding accreditation status and GME Residency Review Committee (RRC) approval of training positions should be addressed in the proposal. Waivers of RRC requirements, if applicable, should be obtained or applied for as soon as possible. OAA can assist in this process.

b. Online submission instructions: Applicant sites will submit proposals through their local DEO, using an OAA Support Center password-protected web portal, similar to the submission of other OAA reports. A special application entry point has been set up under "Databases" for submission of applications in response to the Rural Health Training Initiative RFP. The same password used to access the OAA Support Center may be used. If you have new DEO office staff that require passwords, go to <http://vaww.oaa.med.va.gov/Login.aspx>, then select "I need to register." Online submission of the requested numbers of positions by specialty and other

specialty-specific information will be entered directly into the RFP database; other portions of the application will be submitted via uploading files. See ATTACHMENT A for full instructions.

c. Faxed or mailed applications will NOT be accepted.

ATTACHMENT A

APPLICATION INSTRUCTIONS

1. GENERAL INSTRUCTIONS

- a. **General.** See the **Checklist** for submission of items in **ATTACHMENT D**. Word documents or pdf files may be used. **Letters must include a signature** (i.e., they must be scanned copies of original, signed documents).

- b. **Font and margin sizes.** Font size must be 10-point or larger, with 12 point preferred for narrative portions, Arial font. Margins must be at least one inch all around (excluding headers and footers).

- c. **Online submission.**
An authorized user (in the ACOS/E or DEO office) will find the online database for submission of this RFP located on the OAA Support Center at:
<http://vawww.oaa.med.va.gov/Login.aspx>. From “Databases,” select the “Rural Health Training Initiative RFP”.

The OAA database will be opened and ready to accept applications **from April 18, through June 29, 2012. Applications may be changed or modified until COB June 29.**

We encourage you to begin to collect the necessary files as early as possible. Only authorized individuals from the ACOS/E or DEO office may upload files into the application database.

2. FACILITY APPLICATION INSTRUCTIONS

The following information must be submitted to the Rural Health Training Initiative Application database as an online submission:

- a. **CORE NARRATIVE:** The core institutional proposal narrative or “core narrative” **must not exceed 5 pages** in a pdf or Word file. The core narrative is intended to give reviewers an overview of the educational environment at the proposed rural training sites.

The **core narrative** should follow this outline:

- i. An overview of the rural and highly rural sites and the populations served
- ii. A brief history of facility affiliations
- iii. Describe the extent of participation and support from affiliated academic institutions; include information on the accreditation status of sponsoring affiliated programs. For VA sponsored programs, describe longevity of program and accreditation status.
- iv. Plans for recruitment of trainees to rural training venues. **Note:** if the rural education and training experience is an “elective”, assurance that the elective rotation will be filled should be presented in the application. [e.g., some programs may offer “selectives” – i.e., trainees choose from a limited number of options and all electives are filled.]
- v. A general description of the educational environment and goals at the proposed rural training sites:
 - (a) Describe the scope and the degree of integration of the rural rotation with the training programs offered at the parent VA (include the number and type of

programs and number of AH, nursing, and physician trainees represented at the VA).

- (b) Clinical resources available to support training objectives at the rural sites (e.g. Health Administration Service support staff, nursing, supplies, tele-health equipment; V-TEL capability, office space, etc).
- (c) Highlight any unique educational or clinical strengths or opportunities in the rural as well as any interaction or collaboration with an AHEC site or FQHC. For example, describe any experience with interprofessional, team-based care models and indicate the extent to which trainees are included as members of interprofessional teams. An outline of educational/learning objectives.
- (d) If your site was the recipient of a Rural Health Planning Grant in FY12, outline the process and results from the grant.
- vi. **Evaluation:** Delineate the proposed methods to evaluate the success of the RHTI positions and other requested funding **from both the program and the institutional perspective** (as contrasted to a purely educational, program-specific perspective).
- vii. **Proposed Expenditures/Budget:** Complete the table in **ATTACHMENT B**. This table does **not** count in the page limitations for the core narrative. Please pay particular attention to the justification of the requested funding. Describe by category, how the requested funds will be used and provide a justification for each category.

b. SPECIALTY or DISCIPLINE PROGRAM REQUEST TABLE:

For each AH or Nursing discipline request or GME specialty training program for which positions are requested, complete a Specialty/Discipline Program Request form on the OAA database.

- i. Accrediting body [ACGME vs. AOA vs. CODA vs. Selected Associated Health and Nursing disciplines] Note: only ACGME or AOA-accredited programs may apply for physician resident positions under the RH RFP. Only accredited AH and Nursing programs or those working toward accreditation may apply for additional positions under this RFP.
- ii. GME Specialty/Subspecialty or Nursing or AH Discipline - Name of program [list]
- iii. # of positions requested [number, decimal fraction or whole, NTE 3 digits]
- iv. Affiliated sponsoring institution [list] (if appropriate)
- v. Institutional Accreditation status [list; or N/A for AH positions]
- vi. Program Accreditation Status [list of options]
- vii. ACGME/AOA/CODA Approved total # of positions in the specialty in which positions are requested [number, whole, NTE 3 digits; N/A for AH]
- viii. AY 2013-2014 total # of filled positions at all sites for specialty program or AH discipline (includes VA and non-VA positions) [number, whole, NTE 3 digits]
- ix. If the requested VA positions are approved, would the program require an increase in the # of approved positions from the Accrediting body? [yes/no (for GME) or N/A for AH]
- x. AY 2013-2014 total # base allocation of VA positions in the program for which positions are requested [number, decimals allowed]
- xi. AY 2013-2014 total # of temporary VA positions in the program in the specialty or discipline in which positions are requested [number, decimal fraction or whole, NTE 3 digits]

- xii. AY 2013-2014 total # of filled VA positions in the program in the specialty or discipline in which positions are requested [sum of the 2 numbers above, decimal fraction or whole, NTE 3 digits]
- xiii. Program Director (sponsoring institution) [free text, 1 line]
- xiv. Please indicate if the program director is also the VA Site Director [yes/no]
- xv. VA Site Director [free text, 1 line]

c. **SPECIALTY/DISCIPLINE UPLOADS Section – enter (upload) the following documents for each AH, GME, or Nursing discipline request** (this must be completed in addition to **ATTACHMENT C**).

- i. **Program Narrative Description** must follow the outline provided: [file upload, pdf or Word – **not to exceed 2 pages each (separate from core narrative)**].
 - (a) Present as concisely as possible your educational rationale and objectives for the rural training experience
 - (b) Describe the planned educational activities (clinical, didactic, research) for the requested positions at the rural training sites
 - (c) Explain how the additional positions for the rural rotation will enhance the educational experience for AH trainees, Nursing trainees, and physician residents or will otherwise impact training programs
 - (d) For rural/highly rural facilities: describe your educational infrastructure (e.g., supervisors, remote access to video-conferences, library access or other educational resources available online, conference and break rooms) – and any proposed improvements to the infrastructure
 - (e) For CBOCs and their parent facilities: describe how the rural CBOC sites will provide the necessary educational infrastructure in remote locations
 - (f) Describe how the AH, GME, or Nursing trainees may be integrated into collaborative, interprofessional models of care delivery.
 - (g) Discuss any ongoing or potential collaboration with your nearest AHEC or FQHC.
- ii. **Program Director’s Letter of Support** [file upload – 1 for each discipline for which positions are requested] Letters must be signed and can be in pdf or Word doc file formats.
 - (a) State your current ACGME (or AOA or CODA), AH, or nursing accreditation status, citations, and their resolution
 - (b) Attest to your current accreditation cycle length [or in some AH disciplines, as to how long before you are eligible to apply for full accreditation]
 - (c) Provide evidence of affiliate support for the expanding training to rural VA sites of care or other outreach efforts, such as tele-health
 - (d) Comment on the quality and availability of VA-based faculty in the rural sites to supervise residents, Nursing, and/or AH trainees
 - (e) Outline the specific time commitment by the Director and Co-Director.

iii. **VA Site Director's Letter of Support** [file upload – 1 for each discipline for which positions are requested] Letters must be signed and can be in pdf or Word doc file formats.

- (a) Describe the Service or Section support available for the requested positions
- (b) Provide a list of VA-based supervisors in the rural sites who can supervise AH, Nursing or physician trainees (as applicable) in the specific training programs; indicate whether or not they have faculty appointments with affiliated sponsoring institutions
- (c) Describe any unique aspects of your proposed rural training site program (e.g., interprofessional venues) incorporated into your VA-based training for the specialty requested

d. **SUPPORT UPLOADS Section: Support letters**

Support letters in the following categories may be entered (**uploaded**) as pdf, image files, or Word files. At a minimum, each support letter should contain the specific information outlined below and must be signed. Limit each letter to two pages. Letters should be addressed to the ***Office of Academic Affiliations/Office of Rural Health.***

i. **Medical Center Director, Chief of Staff, Associate Director for Patient Care Services and Designated Education Officer (DEO) Letter (only one letter is required, but each should sign)**

- (a) Indicate support for the Rural Health Training Initiative and the requested additional positions.
- (b) Describe any matching or additional resource support that would be provided to enhance the educational infrastructure in order to facilitate the use of the rural sites as training venues for requested trainees.
- (c) Provide an assessment of the relationship with affiliates.
- (d) Briefly describe your achievements and initiatives in rural health outreach at facility and VISN levels in care delivery and education (for example; healthcare education fairs, caregiver education, etc.)
- (e) Describe your staff's specific roles and responsibilities at the affiliates (e.g., faculty status, member of the GME Committee, member of the Affiliations Partnership Council)
- (f) Provide contact information for the three signees: title, business address, telephone and fax numbers, and e-mail address

ii. **Network Support Letter** (FROM the Network Director, THROUGH the VISN Chief Medical Officer AND the Network Academic Affiliations Officer– only 1 letter from the VISN for each applicant facility is required)

- (a) Describe the relevance of the facility's Rural Health Training Initiative proposal to the VISN's educational and clinical missions.
- (b) Specify your rationale for wanting to expand training to rural or highly rural care delivery sites within the VISN (VISN perspective)

- (c) Assess the specific facility's ability to add trainees to the proposed rural or highly rural site of VA care delivery.
 - (d) Indicate the VISN-level support for non-stipend related expenses of training, if any (e.g., support for faculty development at the rural sites, expansion of equipment for remote learning in rural CBOCs, etc.)
 - (e) Describe the unique contributions the facility and VISN can make to the in the area Rural Health Training.
 - (f) Elucidate the perceived merits of the facility Rural Health Training Initiative proposal from the VISN and national perspective, if applicable.
 - (g) Identify the Network POC and the Network Academic Affiliations Officer
- iii. **Designated Institutional Official (DIO), sponsoring affiliated institution³, letter [NOTE: ACGME/AOA programs only; "Director of Medical Education" is the preferred titled for DIOs at AOA accredited institutions.]**
- (a) Indicate your institutional affiliation support for the VA Rural Health Training Initiative application
 - (b) Discuss any accreditation issues involving the institution or the programs in which positions and additional funding are requested
 - (c) Provide assurance of institutional approval of requested additional positions, including GME Committee approval if applicable
 - (d) Describe any matching of institutional support (e.g., additional positions in the same specialty program to ensure appropriately balanced training opportunities)

³ If you have more than one affiliate, scan the support letters into a single file for uploading on the OAA online application system.

ATTACHMENT B

PROPOSED BUDGET
[Expand the table as appropriate.]

Personnel	Center Role	VA Grade	% Effort (FTEE)	Funding Requested	Justification
John Smith	Program Director	VD – 15	30%	\$XX,XXX	
Amy Jones	Program Coordinator	GS - 11	50%	\$XX,XXX	
Contracts					
IPAs					
Consultants					
Total Personnel Cost					
Non-Personnel	Description			Funding Requested	Justification
Equipment	X2 Ultrasounds			\$80,000	
Supplies					
Learning Materials					
Training					
Travel					
Other					
Total Non-Personnel					
TOTAL EXPENDITURES YEAR ONE				\$XX, XXX	

ATTACHMENT C

APPLICATION SUBMISSION CHECK LIST

INSTRUCTIONS: Incomplete applications will not be considered by the review committee. The following list is to assist your planning and represents the required sections for this application. See [ATTACHMENT A](#) for detailed instructions and outlines.

- CORE UPLOAD:** Core narrative (not to exceed 5 pages):
- ATTACHMENT B:** Proposed Budget and any matching resource support
 - Save in the same file as the core narrative (does not count in the page limitation)
- Specialty or Discipline-Specific Program Position Request information:** (must complete for AH, GME, GDE, and Nursing)
- SPECIALTY/DISCIPLINE LETTER UPLOADS:** Specialty/Discipline Program Request: (must submit one for each discipline or medical specialty program requested) – includes:
 - Program Narrative Description (not to exceed 2 pages)
 - Program Director's letter (one for each program requested; limit 2 pages)
 - VA Site Program Director letter (one for each program requested; limit 2 pages)
- SUPPORT UPLOADS:** Letters of Support: limit 2 pages each; address to Chief Academic Affiliations Officer):
 - Medical Center Director, Chief of Staff, Associate Director for Patient Care Services and VA Designated Education Officer (DEO)
 - Network Director (through VISN Chief Medical Officer and Network Academic Affiliations Officer)
 - Academic Affiliate (sponsoring institution) Designated Institutional Official (DIO) [If AH/nursing positions are requested, please include a letter from the Dean of Nursing and/or Associated Health]