

Choose Ohio First Annual Report

Intro.



Annual Report for 2019-2020

Completion of this online form fulfills the Choose Ohio First Annual Report required by [Ohio Administrative Code 3333-1-61](#). Please complete separate online forms for PCMH Medical and PCMH Nursing.

1. Please respond to each item as it relates to academic year 2019-2020 and the implementation of the indicated Choose Ohio First PCMH award at your college or university.
2. Please complete the form by 11:59 p.m. on Monday, August 10, 2020.
3. Please contact Corey Dixon (CDixon@highered.ohio.gov) or Drew Sevel (DSevel@highered.ohio.gov) if you have questions.

IMPORTANT: Things to note about Qualtrics and this survey:

-To see a template of this data collection tool and preview the questions asked, reference the email attachments that accompanied this survey link. The Ohio Department of Higher Education (ODHE) suggests using a hard copy of this survey and working on your data there. Once you have completed all of the fields, input into the form. Please save a PDF with your data written or typed in as a back up- ODHE may need it for confirmation at a later date.

-Once the last arrow on the survey is clicked, you cannot go back and edit your work. A warning page has been inserted for your convenience.

Q1. Is this online submission for PCMH medical or nursing?

Medical

Nursing

Q2. Please provide the following information:

	Responses
Institution	<input type="text"/>
Primary Contact for Choose Ohio First PCMH Award	<input type="text"/>
Primary Contact Title	<input type="text"/>
Primary Contact Phone Number	<input type="text"/>

Responses

Primary Contact Email
Address

Choose Ohio First
Program Name, if
applicable

Q3. Please describe how the 2019-2020 Choose Ohio First PCMH program aligns with your institution's strategic plan and goals.

Q4. Please provide data on activities and characteristics of all the Choose Ohio First PCMH Scholars **enrolled** in this program during the 2019-2020 academic year:

Number of Students

Total number of Scholars

Female Students under age 25 (at time of admission)

Male Students under age 25 (at time of admission)

Female Students age 25 or older (at time of admission)

Male Students age 25 or older (at time of admission)

	Number of Students
Low-income (max. Pell grant eligible EFC by year)	<input type="text"/>
First-generation (High school or less for both parents)	<input type="text"/>
Completed a research project	<input type="text"/>
Presented at a Research Conference or Symposium	<input type="text"/>
Attended a Research Conference or Symposium	<input type="text"/>
Entered a residency program in Ohio	<input type="text"/>
Entered the military	<input type="text"/>

Q5. List events or activities your Choose Ohio First PCMH program hosted.

Q6. Please upload any Choose Ohio First PCMH student success stories or scholar testimonies (please note, the attachment option can accept only one document, therefore if you have multiple documents to include scan into one attachment).

Q7.

Please click on the downloadable template link to complete the information for Choose Ohio First PCMH scholars who have **graduated**.

[COF_PCMH_GRADUATE_INFORMATION_TEMPLATE](#)

After completing the saved information, please upload your file below.

Q8. Financial Report:

	Maximum Award Amount	Total Disbursement
Amounts	<input type="text"/>	<input type="text"/>

Q9. While cost share is not a requirement of the Choose Ohio First PCMH program, ODHE recognizes that institutions use internal resources to help support the COF mission. Please list any costs associated with the program that facilitate Choose Ohio First.

	Cost Share/ Institutional Match	Notes- Optional
Salaries- Key Personnel* (includes the project direct/coordinator, faculty, mentors, and others who work with COF)	<input type="text"/>	<input type="text"/>

	Cost Share/ Institutional Match	Notes- Optional
Benefits- Key Personnel	<input type="text"/>	<input type="text"/>
Salaries- Support Personnel** (includes the staff from financial aid, accounting, and other areas that support COF but do not have programmatic oversight)	<input type="text"/>	<input type="text"/>
Benefits- Support Personnel	<input type="text"/>	<input type="text"/>
Contractual Services	<input type="text"/>	<input type="text"/>
Equipment/Rental, Lease, Purchase	<input type="text"/>	<input type="text"/>
Supplies and Materials	<input type="text"/>	<input type="text"/>
Employee Travel	<input type="text"/>	<input type="text"/>
Student Travel	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Total Costs	<input type="text"/>	<input type="text"/>

Conclusion. Please click the button below if you are ready to submit the annual report. After submitting, it is recommended that you export/print a copy of the completed form for your records. To print/export, select the red Adobe icon in the right corner of the generated summary after submission.