

TEXAS HIGHER EDUCATION COORDINATING BOARD
STATEWIDE PRECEPTORSHIP PROGRAM
Grant Application for FY 2020 – FY 2021

APPLICANT:

CERTIFICATION PAGE

1. Certification of Information Contained in this Application (RFA Section 8.1)

The submitted Application is binding and valid at the discretion of the Texas Higher Education Coordinating Board. Any terms and conditions attached to an Application will not be considered unless specifically referred to in this Request for Applications and Applicant's attachment of such terms and conditions to an Application may disqualify the Application.

By submitting this document I certify to the following:

- (1) I am legally authorized to submit this application on behalf of the program and the sponsoring institution.
- (2) The statements herein are true, complete, and accurate to the best of my knowledge.
- (3) If funds are awarded, this organization fully accepts the terms and conditions described in this Request for Applications and accepts the obligation to comply with terms and conditions set by the Texas Higher Education Coordinating Board.

Name of Program:

Name of Person Authorized to Submit Application:

Position/Title of Individual Authorized by the Sponsoring Institution to Submit Application:

Date:

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STATEWIDE PRECEPTORSHIP PROGRAM
Grant Application for FY 2020 – FY 2021
Funding Period: September 1, 2019– August 31, 2020

Application Deadline: March 31, 2020, 5 PM CT
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Programs submitting applications after this date will not be considered for funding.
The information provided in this application will serve as the basis for selection of Statewide
Preceptorship Program recipients for Fiscal Years (FY) 2020 - 2021.
Sections 1 through 6 of this Application must be completed.

Submit completed form and required attachments to:
Med-Ed@theccb.state.tx.us

Contact for questions: Med-Ed@theccb.state.tx.us or 512-427-6200

2. Contact Information (RFA Section 8.2.1)

Name of Applicant as listed below will appear as the Contracting Party in the Fiscal Year (FY) 2020-2021 THECB Notice of Grant Award:

- (a) Name of the Program Applicant:
- (b) Contact information of the program director, who will serve as point of contact for all THECB FY 2020 – FY 2021 communication:

Program Director	
Phone	
Email	
Mailing Address	
Other Contact Person:	
Position/Title:	
Phone	
Email	

(c) Name of Program Partner(s), if applicable:

(d) Grant Funding Requested:

Sept 1, 2019 – Aug 31, 2020	Sept 1, 2020 – Aug 31, 2021	Total Grant Period

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3. Project Summary (RFA Section 8.2.2; 8.3; 8.4)

Project Goal Statement (Section 8.3.1.). (Do not exceed ½ page in length)

(a) Provide a concise description of the preceptorship program, including its organization, partners, and goals. (Do not exceed ½ page in length)

(b) Provide information on the preceptorships, including curriculum and length. Describe the circumstances under which the program would allow a preceptorship of less than four weeks in length. (Do not exceed ½ page in length)

(c) Provide a description of program promotion and student recruitment activities for the program. (Do not exceed ½ page in length)

(d) Provide information on how the program addresses, or will address, each Selection Criteria listed below. (RFA Section 7.3) (Under each numbered item, provide information to specifically and concisely address the individual criterion)

1. Clearly documents the number of medical school students projected to participate in each year of the grant period.

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2. Matches and coordinates preceptorships in its medical specialty for all eligible Texas medical students, including allopathic and osteopathic medical students, from all Texas medical schools as defined in Section 61.501(1), Texas Education Code, with eligible preceptors in its medical specialty statewide.

3. Coordinates the preceptorship program timeline for application opening and submission deadline with other statewide preceptorship programs in primary care medical specialties.

4. Develops and maintains a faculty to serve as preceptors, provides faculty development for physicians who serve as preceptors, and provides basic guidelines for the preceptorship curriculum with the input of representatives from all medical schools, as defined in RFA Definitions, Appendix A.

5. Maximizes use of award funds to support medical students participating in, and only for activities related to, the preceptorship program.

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6. Provides participating medical students funds upon the completion of a four-week preceptorship experience according to the following schedule:

a. Urban area:	\$3,000.00
b. Rural, health professional shortage area, or medically underserved area:	\$5,000.00

The medical student stipend may be prorated for a rotation having a duration shorter than four weeks. The four-week maximum preceptorship experience may be divided into non-consecutive weeks.

7. Has a process to verify that students complete the rotation and are paid in a timely fashion.

8. Has a plan to actively seek local and other support funds for the program and shall use these funds to supplement state funds allocated to the program.

9. Has a plan to track the number of program preceptor matches, including data from participating medical schools, the number of participating medical students, intended specialty training of preceptorship participants, and the number of participating preceptors.

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10. Has a plan to track the intended choice of graduate medical education specialty by preceptorship program participants after their graduation from medical school.

11. Collaborates and coordinates with local communities to publicize participation of local-area students.

Description of Applicant (and Partners, if applicable, Section. 8.2.3)

Assessment of Need (Section 8.2.4) (Do not exceed ½ page in length)

Application continues on the following page.

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4. Project Timeline (RFA Section 8.3)

NOTE: *Provide the Timeline as a separate attachment (Section 8.8)*

Program Activity Timeline should include the major objectives and activities that support the operation of the program over the grant period, the target/completion date, and the responsible individual. The Timeline should not exceed one page for each year of the grant funding period.

5. Program Budget (RFA Section 8.5)

NOTE: *Provide the proposed Budget information as a separate attachment*

Submit a proposed program budget as an attachment in Microsoft Excel file format. The budget must include a reasonable estimate of Statewide Preceptorship Program funds expenditures by fiscal year and total for the Grant Period. The budget must detail and justify amounts of allowable funds expenditures within each of the following Budget Categories:

- Personnel Compensation: salaries, wages, and benefits
- Maintenance, Operations and Equipment
- Student Stipends: not less than 40 percent of total annual budget
- Travel: consistent with State of Texas guidelines
- Other Direct Costs: as justified in the Application

THECB shall negotiate a final budget with each Awarded Applicant.

6. Prior Year Program Outcomes (RFA Section 8.8)

NOTE: *Provide the information as a separate attachment.*

Provide information in (a) – (e) below for FY 2018- FY 2019. If Applicant did not operate a statewide preceptorship program in FY 2018- FY 2019, provide the information specified above for the most recent fiscal year Applicant operated such a program.

- (a) The total number of volunteer preceptor faculty available to students, and requirements for faculty participation;
- (b) The number of program preceptor matches, the number of participating medical students, and the number of participating preceptors;
- (c) Student participation by medical school and historical student participation by medical school;
- (d) Student and preceptor participation by preceptor location; and
- (e) The intended specialty training of preceptorship participants.