



OMB No.: 0915-0285. Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 2 – STAFFING PROFILE	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number

Note: Allocate staff time by function among the positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category, with the FTE percentage allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 FTE for any individual. Refer to the 2015 UDS manual (<http://bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf>) for position descriptions.

Key Management Staff/Administration

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Finance Director/Chief Financial Officer (CFO)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Operating Officer (COO)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Information Officer (CIO)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical Director/Chief Medical Officer (CMO)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Administrative Support Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility and Non-Clinical Support Staff

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Fiscal and Billing Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
IT Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Support Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No

Physicians

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Family Physicians		<input type="checkbox"/> Yes <input type="checkbox"/> No
General Practitioners		<input type="checkbox"/> Yes <input type="checkbox"/> No
Internists		<input type="checkbox"/> Yes <input type="checkbox"/> No

Obstetrician/Gynecologists		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatricians		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Specialty Physicians Please Specify: (maximum 40 characters) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Nurse Practitioners		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician Assistants		<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified Nurse Midwives		<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Nurses		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Personnel		<input type="checkbox"/> Yes <input type="checkbox"/> No
X-Ray Personnel		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Dentists		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Hygienists		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Therapists		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Dental Personnel Please Specify: (maximum 40 characters) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Health (Mental Health and Substance Abuse)		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Psychiatrists		<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Clinical Psychologists		<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Clinical Social Workers		<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Licensed Mental Health Providers Please Specify: (maximum 40 characters) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mental Health Staff Please Specify: (maximum 40 characters) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Abuse Providers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Other Professional Health Services Staff Please Specify: (maximum 40 characters) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Ophthalmologists		<input type="checkbox"/> Yes <input type="checkbox"/> No
Optometrists		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Vision Care Staff Please Specify: (maximum 40 characters) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Pharmacy Personnel		<input type="checkbox"/> Yes <input type="checkbox"/> No
Enabling Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Case Managers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient/Community Education Specialists		<input type="checkbox"/> Yes <input type="checkbox"/> No
Outreach Workers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility Assistance Workers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Interpretation Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Health Workers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Enabling Services Staff Please Specify: (maximum 40 characters) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Programs and Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
Quality Improvement Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Programs and Services Staff Please Specify: (maximum 40 characters) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total FTEs		
Totals	Direct Hire FTEs	Contract/ Agreement FTEs
Totals	will auto-calculate in EHB	N/A

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.