Training, Education and Clinicals in Health (TEACH) Funding Program Application and Quarterly Reporting Template

Statutory Information and Program Deadlines

- Before beginning this application you must review Florida Statute 409.91256[1], hyper-linked below.
- The quarterly data reports are to be submitted to AHCA as follows, unless notified otherwise by the Agency:

Q1 (7/1 - 9/30)	DUE 11/1
Q2 (10/1 - 12/31)	DUE 2/1
Q3 (1/1 - 3/31)	DUE 5/1
Q4 (4/1 - 6/30)	DUE 8/1

Instructions and Agency Contact Information

- Refer to the corresponding TEACH Instructions.docx[2] file, hyper-linked below, for individual directions regarding this application file.
- All correspondence regarding the TEACH program is to occur through the Supplemental Payments inbox.
  - All submissions and inquiries must be sent to SupplementalPayments@ahca.myflorida.com

[1] 409.91256 (F.S.)
[2] TEACH Instructions

Begin Here - Org. Information	
Parent Organization: (Full Legal Name)	
DBA:	
Medicaid ID:	
Type of Qualified Facility:	

Primary Organizational contact:	
Organizational contact e-mail:	
Organizational contact phone number:	

TEACH CORRESPONDENCE	
Name	e-mail address (CC)

	Number	Name	Medicaid ID	Residency Program
Parent Organization				
Facility	1			
Facility	2			
Facility	3			
Facility	4			
Facility	5			
Facility	6			
Facility	7			
Facility	8			
Facility	9			
Facility	10			

Site	Site #	Address	Phone	Email
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

Site	Site #	Address	ACGME or CODA ID (Leave blank if N/A)	Residency Program
0	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

1	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			
		Sum of Hours:			
2	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			
		Sum of Hours:			
3	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			

Q1 Estimated Reimbursement	Q2 Estimated Reimbursement	Q3 Estimated Reimbiursement	Q1-3 Estimated Disbursement Amount	
$ -	$ -	$ -	$ -	
$ -	$ -	$ -	$ -	
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$ -	**$ -**	**$ -**	**$ -**	**OK**
Q1 Estimated Reimbursement	**Q2 Estimated Reimbursement**	**Q3 Estimated Reimbiursement**	**Q1-3 Estimated Disbursement Amount**	
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$ -	**$ -**	**$ -**	**$ -**	**OK**
Q1 Estimated Reimbursement	**Q2 Estimated Reimbursement**	**Q3 Estimated Reimbiursement**	**Q1-3 Estimated Disbursement Amount**	
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		Sum of Hours:			
4	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			
		Sum of Hours:			
5	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			
		Sum of Hours:			
6	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			
		Sum of Hours:			

$ -	**$ -**	**$ -**	**$ -**	**OK**
Q1 Estimated Reimbursement	**Q2 Estimated Reimbursement**	**Q3 Estimated Reimbiursement**	**Q1-3 Estimated Disbursement Amount**	
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$ -	**$ -**	**$ -**	**$ -**	**OK**
Q1 Estimated Reimbursement	**Q2 Estimated Reimbursement**	**Q3 Estimated Reimbiursement**	**Q1-3 Estimated Disbursement Amount**	
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$ -	**$ -**	**$ -**	**$ -**	**OK**
Q1 Estimated Reimbursement	**Q2 Estimated Reimbursement**	**Q3 Estimated Reimbiursement**	**Q1-3 Estimated Disbursement Amount**	
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$ -	**$ -**	**$ -**	**$ -**	**OK**

7	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			
		Sum of Hours:			

8	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			
		Sum of Hours:			

Q1 Estimated Reimbursement	Q2 Estimated Reimbursement	Q3 Estimated Reimbiursement	Q1-3 Estimated Disbursement Amount	
$ -	$ -	$ -	$ -	
$ -	$ -	$ -	$ -	
$ -	$ -	$ -	$ -	
$ -	$ -	$ -	$ -	
$ -	$ -	$ -	$ -	
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$ -	**$ -**	**$ -**	**$ -**	**OK**

Q1 Estimated Reimbursement	Q2 Estimated Reimbursement	Q3 Estimated Reimbiursement	Q1-3 Estimated Disbursement Amount	
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$ -	**$ -**	**$ -**	**$ -**	**OK**

9	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			
		Sum of Hours:			

10	Student	Hourly Rate	Q1 Estimated Hours	Q2 Estimated Hours	Q3 Estimated Hours
0	Medical Resident	$ 50.00			
Medicaid ID:	Dental Resident	$ 50.00			
	First Year Medical Student	$ 27.00			
	Second Year Medical Student	$ 27.00			
	Third Year medical Student	$ 29.00			
	Fourth Year Medical Student	$ 29.00			
	Dental Student	$ 22.00			
	APRN Student	$ 22.00			
	Physician Assistant Student	$ 22.00			
	Behavioral Health Student	$ 15.00			
	Dental Hygiene Student	$ 15.00			
		Sum of Hours:			

Q1 Estimated Reimbursement	Q2 Estimated Reimbursement	Q3 Estimated Reimbiursement	Q1-3 Estimated Disbursement Amount	
$ -	$ -	$ -	$ -	
$ -	$ -	$ -	$ -	
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$ -	**$ -**	**$ -**	**$ -**	**OK**

Q1 Estimated Reimbursement	Q2 Estimated Reimbursement	Q3 Estimated Reimbiursement	Q1-3 Estimated Disbursement Amount	
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$ -	$ -	$ -	$ -	
$ -	$ -	$ -	$ -	
$ -	**$ -**	**$ -**	**$ -**	**OK**

Parent Organization	Site Name (drop-down)	Medicaid ID
0		
0		
0		

Site Mailing Address	Site Phone Number	Site Email Address	Student Last Name

Student First Name	Student Middle Name	Student School Email	Student Personal Email	Student Type	Program Type
				Medical Resident	
				Medical Resident	
				Medical Resident	

Clinical Rotation Type	Student School	School State	Online Student	State of Legal Residence	Birthdate	Age

Gender	Race	Ethnicity	In which type of community did the student grow up?	City, State & Zip Code where student grew up	Rotation Start Date

Rotation End Date	Clinical Hours Earned in July	Clinical Hours Earned in August	Clinical Hours Earned in September

Total Quarterly Clinical Hours Earned	Hourly Rate	Quarterly Payment	Preceptor Last Name	Preceptor First Name	Preceptor Credentials	Preceptor Email
0	$ 50.00	$ -				
0	$ 50.00	$ -				
0	$ 50.00	$ -				

Parent Organization	Site Name (drop-down)	Medicaid ID
0		
0		
0		

Site Mailing Address	Site Phone Number	Site Email Address	Student Last Name	Student First Name	Student Middle Name

Student School Email	Student Personal Email	Student Type-Discipline or Program	Program Type	Clinical Rotation Type	Student School	School State	Online Student
		Behavioral Health Student					
		Dental Hygiene Student					
		Physician Assistant Student					

State of Legal Residence (permanent address)	Birthdate	Age	Gender	Race	Ethnicity	In which type of community did the student grow up?

City, State & Zip Code where student grew up	Rotation Start Date	Rotation End Date	Clinical Hours Earned in October

Clinical Hours Earned in November	Clinical Hours Earned in December	Total Quarterly Clinical Hours Earned	Hourly Rate
		0	$ 15.00
		0	$ 15.00
		0	$ 22.00

Quarterly Payment	Preceptor Last Name	Preceptor First Name	Preceptor Credentials	Preceptor Email
$ -				
$ -				
$ -				

Parent Organization	Site Name (drop-down)	Medicaid ID	Site Mailing Address
0			
0			
0			

Site Phone Number	Site Email Address	Student Last Name	Student First Name	Student Middle Name	Student School Email	Student Personal Email

Student Type-Discipline or Program	Program Type	Clinical Rotation Type	Student School	School State	Online Student	State of Legal Residence (permanent address)	Birthdate
Medical Resident							
First Year Medical Student							
Physician Assistant Student							

Age	Gender	Race	Ethnicity	In which type of community did the student grow up?	City, State & Zip Code where student grew up

Rotation Start Date	Rotation End Date	Clinical Hours Earned in January	Clinical Hours Earned in February	Clinical Hours Earned in March

Total Quarterly Clinical Hours Earned	Hourly Rate	Quarterly Payment	Preceptor Last Name	Preceptor First Name	Preceptor Credentials	Preceptor Email
0	$ 50.00	$ -				
0	$ 27.00	$ -				
0	$ 22.00	$ -				

Parent Organization	Site Name (drop-down)	Medicaid ID	Site Mailing Address
0			
0			
0			

Site Phone Number	Site Email Address	Student Last Name	Student First Name	Student Middle Name	Student School Email	Student Personal Email	Student Type-Discipline or Program
							Medical Resident
							Behavioral Health Student
							Dental Resident

Program Type	Clinical Rotation Type	Student School	School State	Online Student	State of Legal Residence (permanent address)	Birthdate	Age	Gender

Race	Ethnicity	In which type of community did the student grow up?	City, State & Zip Code where student grew up	Rotation Start Date	Rotation End Date	Clinical Hours Earned in April	Clinical Hours Earned in May

Clinical Hours Earned in June	Total Quarterly Clinical Hours Earned	Hourly Rate	Quarterly Payment	Preceptor Last Name	Preceptor First Name	Preceptor Credentials	Preceptor Email
	0	$ 50.00	$ -				
	0	$ 15.00	$ -				
	0	$ 50.00	$ -				

1

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	-	$ -	-	$ -	0	$ -
							Q4 Recon	$ -

2

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	0	$ -	0	$ -	0	$ -
							Q4 Recon	$ -

Reconciliation						
Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Final Payment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	**$ -**	-	**$ -**	**$ -**	**$ -**	**$ -**

Apply 4th Q Reconciliation

Reconciliation						
Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Q4 Adjustment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
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0	**$ -**	-	**$ -**	**$ -**	**$ -**	**$ -**
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Apply 4th Q Reconciliation

3

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	0	$ -	0	$ -	0	$ -
							Q4 Recon	**$ -**

4

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	0	$ -	0	$ -	0	$ -
							Q4 Recon	**$ -**

5

Reconciliation						
Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Q4 Adjustment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	**$ -**	**-**	**$ -**	**$ -**	**$ -**	**$ -**

Apply 4th Q Reconciliation

Reconciliation						
Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Q4 Adjustment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	**$ -**	**-**	**$ -**	**$ -**	**$ -**	**$ -**

Apply 4th Q Reconciliation

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	0	$ -	0	$ -	0	$ -
							Q4 Recon	**$ -**

6

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	0	$ -	0	$ -	0	$ -
							Q4 Recon	**$ -**

7

Reconciliation						
Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Q4 Adjustment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	**$ -**	-	**$ -**	**$ -**	**$ -**	**$ -**

Apply 4th Q Reconciliation

Reconciliation						
Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Q4 Adjustment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	**$ -**	-	**$ -**	**$ -**	**$ -**	**$ -**

Apply 4th Q Reconciliation

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	0	$ -	0	$ -	0	$ -
							Q4 Recon	$ -

8

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	0	$ -	0	$ -	0	$ -
							Q4 Recon	$ -

9

Reconciliation

Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Q4 Adjustment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	**$ -**	-	**$ -**	**$ -**	**$ -**	**$ -**

Apply 4th Q Reconciliation

Reconciliation

Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Q4 Adjustment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	**$ -**	-	**$ -**	**$ -**	**$ -**	**$ -**

Apply 4th Q Reconciliation

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	0	$ -	0	$ -	0	$ -
							Q4 Recon	$ -

10

Parent Organization	0	ACGME/CODA Residency	Max	Check
Facility Name	0	No	$ 75,000.00	
Facility ID	0			

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Student	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount	Hours	Payment Amount
Medical Resident	0	$ -	0	$ -	0	$ -	0	$ -
Dental Resident	0	$ -	0	$ -	0	$ -	0	$ -
First Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Second Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Third Year medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Fourth Year Medical Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Student	0	$ -	0	$ -	0	$ -	0	$ -
APRN Student	0	$ -	0	$ -	0	$ -	0	$ -
Physician Assistant Student	0	$ -	0	$ -	0	$ -	0	$ -
Behavioral Health Student	0	$ -	0	$ -	0	$ -	0	$ -
Dental Hygiene Student	0	$ -	0	$ -	0	$ -	0	$ -
Total Payment	-	$ -	0	$ -	0	$ -	0	$ -
							Q4 Recon	$ -

Reconciliation

Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Q4 Adjustment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	**$ -**	-	**$ -**	**$ -**	**$ -**	**$ -**

Apply 4th Q Reconciliation

Reconciliation

Total Estimated Hours (Q1-3)	Q1-3 Paid Amount	Total Actual Hours (Q1-3)	Q1-3 Eligible Amount	Q4 Eligible Amount	Annual Eligible Amount	Q4 Adjustment
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	$ -	0	$ -	$ -	$ -	$ -
0	**$ -**	-	**$ -**	**$ -**	**$ -**	**$ -**

Apply 4th Q Reconciliation

Parent Organization	0
Medicaid ID	0

Facility Number	Facility Name	ACGME/CODA Program	Max Annual Payment Amount	Medicaid ID	Q1 Paid Amount	Q1 Eligible Payment Amount	Q2 Paid Amount
1		N/A	$ 75,000.00		$ -	$ -	$ -
2		N/A	$ 75,000.00		$ -	$ -	$ -
3		N/A	$ 75,000.00		$ -	$ -	$ -
4		N/A	$ 75,000.00		$ -	$ -	$ -
5		N/A	$ 75,000.00		$ -	$ -	$ -
6		N/A	$ 75,000.00		$ -	$ -	$ -
7		N/A	$ 75,000.00		$ -	$ -	$ -
8		N/A	$ 75,000.00		$ -	$ -	$ -
9		N/A	$ 75,000.00		$ -	$ -	$ -
10		N/A	$ 75,000.00		$ -	$ -	$ -
					$ -	$ -	$ -

Q2 Eligible Payment Amount	Q3 Paid Amount	Q3 Eligible Payment Amount	Q4 Recon Adjustment Amount	Q4 Eligible Payment Amount	Annual Payment Amount
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -