

**Division of Public Health
Lifespan Health Services**

Colposcopy Training Available

*Nebraska Public or Private Non-Profit
And
Tribal Health Clinics*

Nebraska Department of Health and Human Services

January, 2017



Public or Private Non-profit and Tribal Health Clinic Services Summary

The information contained in this summary highlights items to all interested parties.

Organization: Nebraska Department of Health and Human Services

Program: Division of Public Health, Lifespan Health Services Unit

Funding Source: Nebraska State General Funds for Program No. 514 - Health Aid FY 2016-2017

Purpose:

To train mid-level practitioners to perform colposcopies in public or private non-profit clinics in Nebraska and clinics of Federally Recognized Native American Tribes headquartered in Nebraska, to assist in the diagnosis and/or treatment of cervical dysplasia and cervical cancer.

Eligibility: Public or private non-profit clinics in Nebraska or Federally Recognized Native American Tribes headquartered in Nebraska.

General Information: Complete and submit Applicant Cover Sheet, upon review and approval by the department, it is the responsibility of the applicant agency to register the trainee(s) and make travel arrangements.

The Department will make registration information available to applicant agency.

Reimbursement: Proof of successful completion from the American Society of Colposcopy and Cervical Pathology (ASCCP) colposcopy training, January 11-14, 2017 in Tampa, Florida with an invoice requesting reimbursement.

Reporting Requirements:

A copy of attendees' certificate of completion of training must accompany the request for reimbursement. Payment will be processed by Nebraska Department of Health and Human Services upon receipt of official documentation of course completion.

Proposal Due: November 7, 2016; 5 PM CST

Anticipated Date of Acceptance Notification: November 14, 2016

Description of Review Criteria: Each proposal will be reviewed for responsiveness and justification of need.

Purpose of Public or Private Non-profit and Tribal Health Clinic Colposcopy Training:

This training support by the Nebraska Department of Health and Human Services, Lifespan Health Services Unit (DHHS) seeks to increase capacity across the State of Nebraska for medical providers to perform colposcopy and to increase diagnostic and treatment resources for cervical cancer and cervical dysplasia especially for those populations in greatest need.

Through this support, DHHS will provide the applicant agency \$3500.00 per trainee, employed or under contract by the approved applicant agency. Documentation that the trainee successfully completed the course must be received by February 28, 2017.

Cover Sheet is to be submitted to:

Nebraska Department of Health and Human Services
Lifespan Health Services Unit
Attn: Julie Reno
P.O. Box 95026
301 Centennial Mall South
Lincoln, NE 68509-5026
Julie.reno@nebraska.gov

Review Process

Each non-competitive submission will be reviewed for the degree that it meets the purpose. Submission of Applicant Cover Sheet documentation can be accepted by mail, fax, or e-mail. In the case more responses are received than can be awarded, selection will be based on: the geographical service area; need for services in the area, number of clients to be served at the agency; and the number of colposcopists already providing services at the agency.

Notification of Acceptance

Notification of acceptance/denial will be made by e-mail to each request submitted on or before November 14, 2016.

Applicant Cover Sheet

*Division of Public Health – Lifespan Health Services Unit
Public or Private Non-profit and Tribal Health Clinics
Colposcopy Training Availability*

**Released October 13, 2016
Response Due November 7, 2016, 5 PM CST**

Agency Name: _____

Federal Tax ID Number: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Project Director: _____ Financial Officer: _____

Title: _____ Title: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Clinical Provider (Whom will be attending training): _____

State License Number: _____

Please provide a brief description of how this practitioner's participating will fulfill the purpose of Program 514 Health Aid. Please also note the estimated number of patients this will benefit and the needs of this population.

Signature of Authorized Agency Official: _____

Title: _____ Date: _____