

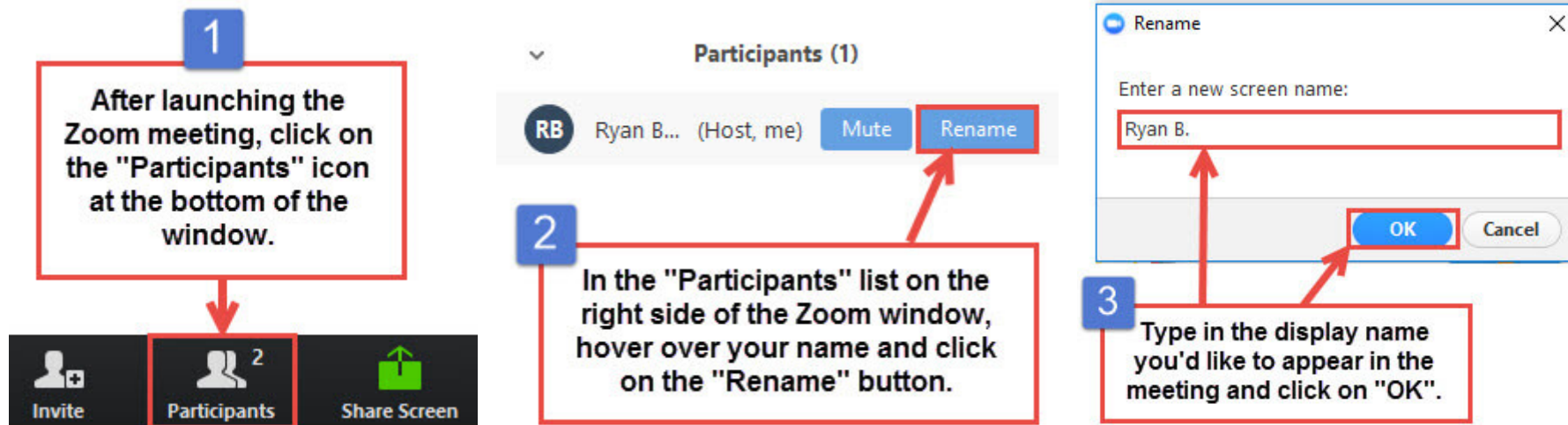
Postgraduate NP and/or PA Training Programs Community of Practice (CoP)

Session Two: Tuesday November 4th, 2025

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Get the Most Out of Your Zoom Experience

- Please keep yourself on MUTE to avoid background/distracting sounds
- Use the CHAT function or UNMUTE to ask questions or make comments
- Please change your participant name to your full name and organization
 - Example: Meaghan Angers, CHCI



Session 2 Agenda

- 1:00-1:05pm Introduction
- 1:05-1:30pm Overview of Program Structure & Key Program Staff and Responsibilities
- 1:30-2:15pm Finances, ROI, and Sustainability of Postgraduate APP Training Programs
- 2:15-2:20pm Program Policies and Procedures
- 2:20-2:25pm Using the Progress Checklist
- 2:25-2:30pm Q/A, Wrap-Up, Evaluation

Community of Practice (CoP) Faculty

Margaret Flinter, APRN, PhD, FAAN

- Co-PI, NTTAP
- CHCI's Senior Vice President/Clinical Director
- Founder of America's first nurse practitioner residency program

Kerry Bamrick, MBA

- Executive Director, Consortium for Advanced Practice Providers
- Community of Practice Faculty and Mentor

Charise Corsino, MA

- Program Director, CHCI Postgraduate NP Residency Program
- Community of Practice Faculty and Mentor

Amanda Schiessl, MPP

- Chief of Staff, MWHS
- Co-PI & Project Director, NTTAP

Meaghan Angers

- Senior Program Manager, NTTAP

Bianca Flowers

- Program Manager, NTTAP

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DO IT FOR.**



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Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



THREE FOUNDATIONAL PILLARS

1 Clinical Excellence	2 Research and Development	3 Training the Next Generation
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Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225

CHCI NP Residency Program Today

Family NP Residency



Alicia Thompson, FNP

Kelsi King, FNP

Brenna Keogh, FNP

Shenell Johnson, FNP

Pediatric NP Residency

inspiring primary care innovation



Becky Jenschke, PNP

Seren Carpenter, PNP

Psychiatric MH NP Residency



Kelly Ho, AGNP

Karen Li, FNP



Becca Collings, FNP



Steve Li, PMHNP

Gabriela Disla Suarez, PMHNP

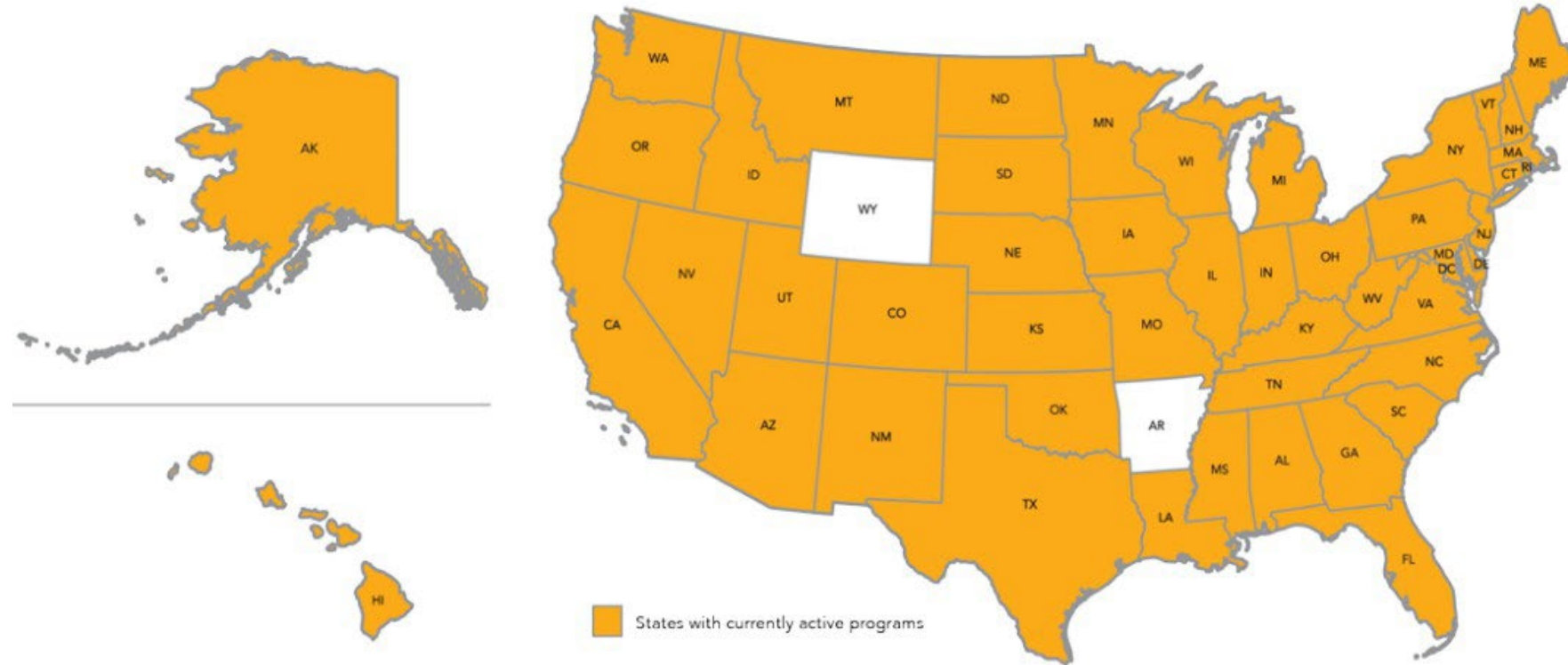
Country's first program (est. 2007)
Operating for 19 years
Graduated 178 alumni

Recipient of three competitive HRSA grants for
Advanced Nursing Education

NP Residency Tracks:

- Family NPs (est. 2007)
- Psych MH NPs (est. 2015)
- Pediatric NPs (est. 2019)
- Adult-Gero NPs (est. 2019) - *discontinued*
- Post-residency Fellowship (est. 2017)

APP Postgraduate Training Programs Nationally



- 565 APP Postgraduate Training Programs
- 259 Primary Care APP Postgraduate Training Programs
- 120 APP Postgraduate Training Programs in FQHCs
- 108 Health Centers participated in HRSA's National Training and Technical Assistance Program (NTTAP)

National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

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CoP Structure

- Six 90-minute learning sessions
- Bi-weekly 60-minute calls between mentors and health center team leader(s)
- Internal team workgroup meetings
- Access resources via the [Weitzman Education Platform](#)
- Use [Google Drive](#) to share your work

Learning Session Dates	
Learning Session 1	Tuesday October 14 th
Learning Session 2	Tuesday November 4 th
Learning Session 3	Tuesday December 9 th
Learning Session 4	Tuesday January 13 th
Learning Session 5	Tuesday February 10 th
Learning Session 6	Tuesday March 10 th

2025-2026 Cohort

Aviva Health DBA Umpqua Community Health Center	Roseburg, Oregon
Brockton Neighborhood Health Center, Inc.	Brockton, Massachusetts
Community Health Center of Cape Cod	Mashpee, Massachusetts
Community Health Centers of Lane County	Eugene, Oregon
DotHouse Health Center	Dorchester, Massachusetts
HealthFirst Family Care Center	Fall River, Massachusetts
Mattapan Community Health Center	Boston, Massachusetts
Morris Heights Health Center	Bronx, New York
Mosaic Community Health	Prineville, Oregon
Neighborcare Health	Seattle, Washington
One Health	Hardin, Montana
River Valley Family Health Centers DBA Olathe Community Clinic, Inc.	Olathe, Colorado
Solano County Family Health Services	Fairfield, California
Trenton Medical Center, Inc. DBA Palms Medical Group	High Springs, Florida
University of California, Irvine	San Juan Capistrano, California
Upham's Corner Health Center	Dorchester, Massachusetts

Overview of the APP Training Program Structure & Key Program Staff and Responsibilities

Core Elements of Postgraduate NP and PA Residency Program

12 Months Full-time Employment	Training to Clinical Complexity and High Performance Model of Care Team-based care Integrated care Inter-professional collaboration Data driven QI Expert use of technology Primary care innovations	Full Integration at Organization
Clinical Based Training Experiences (80% of time)	Education (20% of time)	
<ul style="list-style-type: none"> • Precepted Continuity Clinics (40%): Develop and manage a <i>panel of patients</i> with the <i>exclusive and dedicated</i> attention of an expert preceptor. • Mentored Clinics (20%): Working alongside a primary care provider, seeing patients for/with them with a focus on chief complaints, practice efficiency, and mastery of skills. • Specialty Rotations (20%): Experience in core specialty areas most commonly encountered in primary care focused on building critical skills and knowledge for primary care practice. 	<ul style="list-style-type: none"> • Didactic Education: High volume and burden topics most commonly seen in primary care. • Project ECHO: Case-based distance learning in high complexity issues like chronic pain, treating HIV, Hepatitis C, and MOUD • Quality Improvement Training: Training to a high performance QI model, including frontline process improvement, and the clinical microsystem approach to identifying areas that need improvement and designing approach to implement and test improvement strategies. 	

Putting it Together – The Weekly Schedule

	Specialty/Mentored	Specialty/Mentored	Precepted Clinic	Didactic/Admin	Precepted Clinic
	Monday	Tuesday	Wednesday	Thursday	Friday
	3	4	5	6	7
AM	Mentored Clinic	Ortho	Precepted Clinic	9-11:30 Admin/11:30-1 Pain ECHO	Precepted Clinic
PM	Mentored Clinic	Ortho	Precepted Clinic	2-5 Didactic	Precepted Clinic
	10	11	12	13	14
AM	Mentored Clinic	Ortho	Precepted Clinic	8:30- 10am Monthly Cohort Meeting/ 10am - 11:30am Admin	Precepted Clinic
PM	Mentored Clinic	Ortho	Precepted Clinic	12-1:30 QI/2-5 Didactic	Precepted Clinic

- **Precepted Clinic** – typically 4 different preceptors; each for one half day
- **Mentored Clinic** – done at a variety of sites; opportunity to include non-preceptor providers
- **Specialty Rotation** – 1 day per week for 4 weeks. Rotations are on Monday or Tuesday alternating with mentored clinic
- **Education Day** – includes alternating educational components – Project ECHO, QI Seminar, Cohort Meeting, Office hours

Putting it Together – The Monthly Schedule

October					
	Specialty/Mentored	Specialty/Mentored	Precepted Clinic	Didactic/Admin	Precepted Clinic
	Monday	Tuesday	Wednesday	Thursday	Friday
	3	4	5	6	7
AM	Mentored Clinic	Specialty Rotation Dermatology	Precepted Clinic (Preceptor #1)	9-11 Evaluations 11-1 Pain ECHO	Precepted Clinic (Preceptor #3)
PM	Mentored Clinic	Dermatology	Precepted Clinic (Preceptor #2)	2-5 Didactic Pre-op Physical	Precepted Clinic (Preceptor #4)
	10	11	12	13	14
AM	Mentored Clinic	Specialty Rotation Dermatology	Precepted Clinic (Preceptor #1)	9-11 Evaluations	Precepted Clinic (Preceptor #3)
PM	Mentored Clinic	Dermatology	Precepted Clinic (Preceptor #2)	12-1:30 QI Seminar 2-5 Didactic Ped Growth and Development	Precepted Clinic (Preceptor #4)
	17	18	19	20	21
AM	Mentored Clinic	Specialty Rotation Dermatology	Precepted Clinic (Preceptor #1)	9-10:30 Program Meeting 11-1 Pain ECHO	Precepted Clinic (Preceptor #3)
PM	Mentored Clinic	Dermatology	Precepted Clinic (Preceptor #2)	2-5 Didactic Suturing	Precepted Clinic (Preceptor #4)
	24	25	26	27	28
AM	Mentored Clinic	Specialty Rotation Dermatology	Precepted Clinic (Chief Preceptor)	9-11 Evaluations	Precepted Clinic (Preceptor #3)
PM	Mentored Clinic	Dermatology	Precepted Clinic (Chief Preceptor)	12-1:30 QI Seminar 2-5 Didactic Diabetes	Precepted Clinic (Preceptor #4)

Specialty Rotations

- Identify your rotations
 - Start with internal resources
 - External “wish list” – tap into your community contacts
- Create outlines and learning objectives
- Plan out rotations for the year
 - Start with 1 quarter at a time

Adult Psychiatry	Healthcare for the Homeless
Children and Adolescent Psychiatry	Dermatology
Women’s Health	Urgent Care
Pediatrics	School Based Health Center
Orthopedics	Newborn Nursey
Center for Key Populations (HIV, OUD, Farmworkers and Agricultural Workers)	

Specialty Rotation Schedule

	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY
Resident 1	CKP	OBGYN	WYA.	PSYCH	NEW-BORN	PEDS	SBHC	ORTHO	URGENT CARE	CHIRO
Resident 2	ORTHO	CKP	OBGYN	WYA	PSYCH	NEW-BORN	PEDS	SBHC	CHIRO	URGENT CARE

Key Program Staff and Responsibilities

Administrative – Program Coordinator/Manager

Responsibilities

Responsible for the oversight of the administration of the program. Manage day to day implementation and logistics of the program, as well as troubleshoot issues.

Skills

Organized and detail oriented

Knows organization

Experience and/or training in program management

Suggested Time Commitment

Dependent on size of the program – could be combined with other job role

Starting out –
2 to 3 trainees-
.4 to .5 FTE

Key Program Staff and Responsibilities

Clinical – Clinical Program Director or NP or PA Lead

Responsibilities

Responsible for the clinical oversight of the program including curriculum development and delivery

Skills

Trained in clinical discipline of the program

Commitment to training

Understanding of clinical delivery of care in area of training

Suggested Time Commitment

Dependent on size of the program

On average: 2 to 3 trainees
- .2 to .4 FTE

Key Program Staff and Responsibilities

Clinical – Preceptors

Responsibilities

Responsible for
direct training
and supervision
of trainees

Skills

Expert provider
in their discipline

Commitment to
training

Suggested Time Commitment

Postgraduate
Training
Program
– 4 to 8 hours
per week

Specific Roles and Responsibilities (timing)

Early Months (September through January)
(or at Stage of 1-2 patients per hour):

The preceptor should see all patients with the postgraduate trainees initially, for the first few weeks (3-4 weeks)

- After the first few weeks, the preceptor should see the patient at some point during the visit, observing and repeating physical exams and relevant history taking, as needed.
- Provide guidance and instructions on all aspects of the patient visit, including charting, the verbal presentation and the written note.
- Create an addendum in the patient's progress notes or co-sign the note after the postgraduate trainee has completed the note.

Specific Roles and Responsibilities (timing)

Later Months (February through August)

- Reassess the postgraduate trainees' comfort and mastery with clinical decision-making, physical exams, concise history taking and develop a precepting plan that meets the needs of the trainee.
- Help with time management and efficient practice skills in an ongoing fashion.
- Review all cases and repeat/observe history and physical exams, as needed.
- Provide guidance and instruction on all aspects of the patient visit (review entire written note and provide feedback as indicated).
- Create an addendum or co-sign the patient's progress note after the postgraduate trainees have completed the note.
- As the postgraduate trainees become more skilled, the preceptor should become more focused on guidance with time management, practice, and panel management.

Questions?

Finance, ROI, Sustainability of Postgraduate APP Training Programs

“Thoughts on How to Make This Thing Work”

Presented By:

Daniel Santi
Chief Financial Officer
Shasta Community Health Center

Robert Gamboe, PA-C
NP/PA Fellowship Program Director
Shasta Community Health Center

Learning Objectives

- Participants will understand the financial resources required to support a postgraduate training program.
- Participants will gain knowledge about leveraging a relationship with the CFO and the accounting/billing departments to help in creating a successful program.



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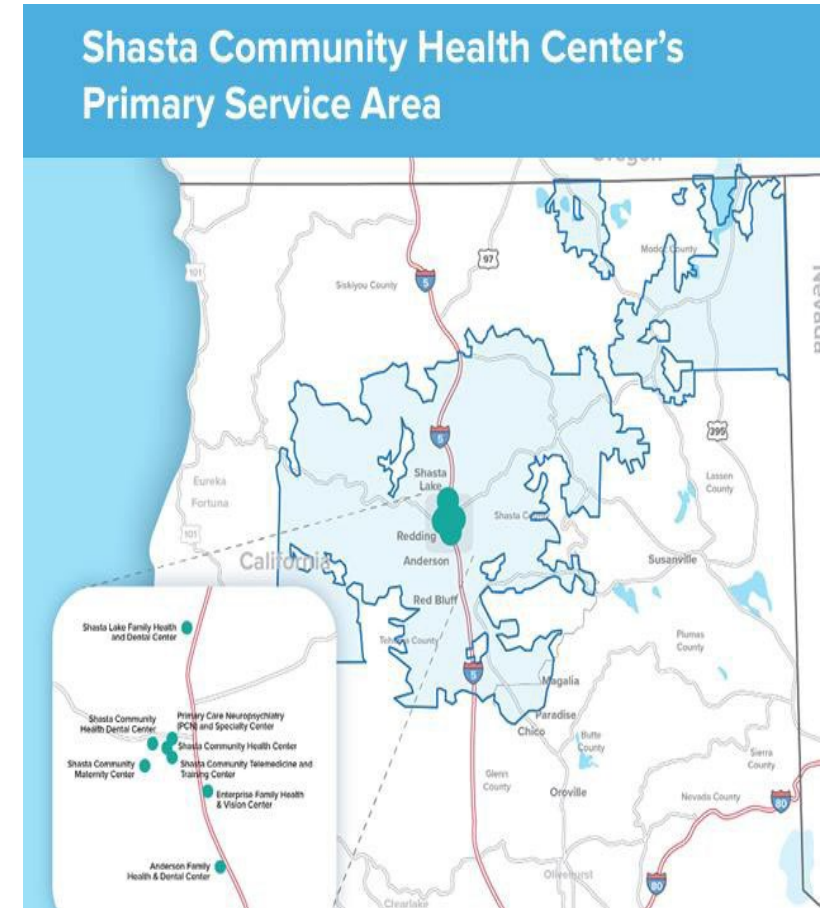
Shasta Community Health Center

Shasta Community Health Center Profile:

- Established in 1988
- 8 Patient Care Delivery Sites Providing Medical, Dental, Behavioral Health, Substance Abuse, HIV, Mobile Clinic, Street Medicine, Telemedicine, and Maternity Services.
- 500 Employees
- Unduplicated Patient Count: 36,000
- Patient Visits Per Year: 160,000

Shasta Community Health Center NP/PA Fellowship Program History

- Established in 2016
- Transitioned to a two-year program in 2019
- More than 25 Fellows have completed the program since inception.
- About 1/3 of Fellows have stayed with SCHC after program completion.
- Clinical rotations in Pediatrics, Urgent Care, Women's Health, Telemedicine.



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SELLING CLINIC LEADERSHIP ON FINANCIAL AND NON-FINANCIAL BENEFITS OF APP TRAINING

Non-Financial Benefits

- NP/PA Staff trained to the needs of your population.
- “Homegrown” recruitment source that gives you the opportunity to evaluate a person for at least a year before deciding to hire long term.
- Retention Opportunity for Current Staff
 - Providers Want to Teach
 - Position Variation
 - Feeling of Giving Back

Financial Benefits

- Labor cost is significantly less than a highly qualified NP/PA
- Possible long-term decrease in recruiting costs



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Financial Considerations Prior to Launching

Possible Expenses to Consider (This may vary depending on clinic)

- Physical Location
 - Are you going to use space which is already generating revenue?
 - Do you have a space for Fellow's didactic activities?
- Staff Salary (Don't Forget to Include Taxes and Benefits)
 - Preceptors and Program Director
 - Support Staff (Nurses, Medical Assistants, Scribes, Front Office, Administrative)
 - Fellows/Residents
- Recruitment/Advertising Costs
- Software/Electronic Health Record Costs
- Cost of Supplies, Drugs, Vaccines
- Fellowship Curriculum Materials
- Administrative Overhead



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Financial Considerations Prior to Launching (Part 2)

Possible Revenue Issues to Consider

- Payer Mix and Reimbursement Rates
- Grant Revenue Opportunities
- Expected Productivity Rate and Expected Visit Count for Fellows
- Are non-financial goals enough to offset potential revenue reduction and administrative burden???



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So...You've Decided To Move Forward

COLLABORATION IS ABSOLUTELY ESSENTIAL

- Develop a committee to meet and discuss the program's development, and ongoing operations

- It should contain a wide range of expertise and areas of influence:

Program Director

Medical Director

Human Resources

Chief Executive Officer

Chief Financial Officer

Chief Operations Officer

Department Manager

Chief Medical Officer

Make sure to include key decision makers in your organization

- Ask your accounting department to track program results separately
- Meet with Accounting staff to gain an understanding of financial results and what to look for
- Set a recurring meeting to discuss financial results
- Speak with Billing/Coding staff to incorporate proper billing and coding practices into your training



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QUESTIONS & DISCUSSION



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Finances, Sustainability, and Return on Investment Resources

- [Bob Block, Former CHCI Chief Financial Officer, Presentation](#)
- [Danielle Potter, APRN Residency Program Director at El Rio Health, Presentation](#)
- [Alan Wengrofsky, Community Health Care Network CFO, presentation at the 2023 Consortium for Advanced Practice Providers Conference](#)
- [CHAS Health – Lesson Learned in Finances and Operations](#)
- [Training the Next Generation Book – Chapter 5](#)
- [Pro Forma Analysis template download link](#)

Program Policies & Procedures

Program Policies & Procedures

1. Stepwise Increase of APRN Resident Clinical Scheduling Policy
2. NP Residency Program Precepting Policy
3. NP Residency Program Assessment of Training Sites
4. CHCI Clinical Guidelines for Medical Providers
5. CHCI Formal Residency Agreement
6. CHCI HR Personnel Records Policy
7. CHCI Disciplinary Action Process Policy
8. CHCI Grievance and Due Process Policy
9. Applicant Process for CHCI's Nurse Practitioner Residency Training Program
10. CHCI Benefits Overview
11. CHCI Employment Health Documentation Requirements
12. Employee Infection Control Levels Policy
13. Universal Flu Prevention Policy
14. IC HR Employee Tuberculosis Screening Policy
15. Non Discrimination Policy

*Items highlighted are policies that come from your organization and can be used in full or modified to meet the program needs

Precepting Policy

**Policy Name: Nurse Practitioner Residency Precepting
Community Health Center, Inc.**

Department: Medical

Effective Date: July 30, 2008

Revised: September 9, 2008

Updated: July 20, 2010, Reviewed and updated September 13, 2011, August 16, 2012, August 30, 2013, September 2014, September 2015, September 2016, November 2018, September 2019, December 2023

OBJECTIVE

Community Health Center's residency program is an intensive, full time, one-year training program for newly graduated and certified Advanced Practice Registered Nurses committed to developing practice careers in federally qualified health centers and other safety net settings. It provides intensive, precepted clinical training, specialty rotations, procedures-based training, and formal didactic training in high volume/high complexity issues. It does this in the context of training new nurse practitioners to the model of community oriented primary care and the delivery of planned care to vulnerable populations.

During the course of the one-year residency program, residents will gradually increase their productivity and gain skills needed to function fully and independently in a primary care practice environment. To accomplish this, Community Health Center will utilize the skills and expertise of CHC medical staff providers in Meriden, New Britain, New London, Middletown, Stamford, Hartford and other sites through continuity clinics/precepted clinical sessions, mentored clinics, and specialty rotations.

The purpose of the policy is to facilitate an efficient, effective, comprehensive, evidence-based, community-oriented and patient-centered primary care precepting experience for Advanced Practice Registered Nurses in their one-year residency program.

Formal Agreement

6.1 - Once an applicant is successfully accepted by the Program they will be provided with a formal agreement outlining the terms, conditions, and benefits, either in writing or by electronic means. The agreement should include:

- a. Postgraduate trainee requirements and responsibilities**
- b. Length of agreement**
- c. All program requirements**
- d. Financial compensation and other included benefits**
- e. Professional liability insurance coverage or FTCA (federal tort claim act) coverage**
- f. Policies and procedures for postgraduate trainee withdrawal or dismissal**
- g. Other policies and procedures in accordance with the sponsoring organization**

Assessment of Training Sites

NP RESIDENCY SITE PLACEMENT

INITIAL ASSESSEMENT

All new sites that residents will be placed at should have a formal review by the NP Residency program staff. The initial assessment is to ensure that the site placement meets the necessary requirements to provide the residents with a quality experience in physical space, resources and overall training experience. The following checklist will be used to ensure all appropriate items of site placement are met prior to residents starting their training experience.

Site Name:

Residency Program Year:

Focus Area	Yes or No?	Comments
There is a designated point person to coordinate the experience with		
There is a designated clinical faculty to support the experience		
The clinical space is adequate to meet the needs of the clinical experience		
There are enough patients to meet the goals of the experience		
The appropriate resources are provided to support the experience – MA, nurse, etc.		

Sharing Policies and Procedures with your Trainees

Program Overview | **Orientation** | **Policies** | Evaluation Requirements | Clinical Resources | Search (Ctrl+E)

Complaint Policy and Procedure

Wednesday, August 10, 2016 11:56 AM

As an accredited NP Residency program, CHCI adheres to the complaint policy set forth by the Consortium for Advanced Practice Providers (CAPP). All residents are provided with the policy and procedure for filing a complaint with the Consortium regarding CHCI's program.

To file a complaint directly with CAPP please [click here](#).

CHCI's program and its participants have the right to file a complaint directly to CAPP regarding the program's adherence to the set forth accreditation standards.

The CAPP accreditation standards can be reviewed below.
[CAPP Accreditation Standards](#)

- + Add Page
- Complaint Policy and Procedure
- NP Residency PTO Guidelines
 - PTO and Attendance for Precepted Clinic Day
- + DIDACTIC - CME Credit
- Ramp Up Policy - FNP, PNP
- Ramp up Policy - PMHNP
- Employee Policies
- On Call Policy and Expectations
- CHC Electronic Health Record System Site Down
- Preceptor Policy - FNP
- Facility Closing Policy
- Exception Hours
- COVID Exposure and Positive Test
- Bubble Coverage for Co-Resident
- Residency Administration Time

Using the Progress Checklist

Purpose of the Progress Checklist

- 1) To help you track your progress
- 2) To help us identify where you need more help
- 3) To help your team leader identify areas in which you need more encouragement and reminders

Team name:	Date:				
What is your team's progress on implementing the following?					
	Have not started	Started working on it	Working on it	Making progress	Completed
	1	2	3	4	5
GENERAL					
Define goals and develop a shared aim. Example: Improvement of workforce development.					
Define specific, measurable outcomes and objectives.					
Ensure that each team member is competent to perform their defined and delegated functions and tasks. Example: Provide education and support for staff providing involved in didactic, clinical, and supervision activities for residents.					

What To Do

- ❖ Can be completed during a team meeting or the team leader can complete it separately based on conversations with the team members
- ❖ Just check the box or color it in
- ❖ Complete this throughout the CoP to help you understand remaining steps post-CoP!

Questions?

Wrap-Up

Deliverables

- ✓ Continue to develop a draft presentation for leadership/board and present if possible
- ✓ List core program elements
- ✓ Begin Progress Checklist

**Access the Google Drive to
upload deliverables:**



Next Steps

- **Team Leader Check-In Calls:**
 - Tuesday November 11th 1:00pm Eastern / 10:00am Pacific
 - Tuesday November 25th 1:00pm Eastern/10:00am Pacific
- **Session 3:** Tuesday December 9th 1:00pm Eastern / 10:00am Pacific
 - Value of Academic Clinical Partnerships
 - Marketing, Recruitment, Reviewing Applications, and Interviewing
 - Contracts/Agreements
- Register for the [Weitzman Education Platform](#) to receive CME, resources, and more!



Weitzman Education Platform

Weitzman Education Platform – this will serve as the platform to receive CE credits for each learning session and access recordings/slide decks/resources:

- Register for the course here: <https://education.weitzmaninstitute.org/content/nttap-postgraduate-nurse-practitioner-np-andor-physician-associate-pa-training-programs-5>
 - Access Code: PGR2025
- If you do not have an account, follow these instructions:
<https://education.weitzmaninstitute.org/user/register>
 - Choose a username, password (save it somewhere safe so you can continue to use it!), and fill out some basic user information.
 - Click Create New Account.
 - If you encounter any technical difficulties, please reach out to myself or [submit a ticket](#).

Webinar - Models for Integrating Quality Improvement into Your Postgraduate NP and/or PA Training Program

Join Community Health Center, Inc.'s (CHCI) NTTAP on Clinical Workforce Development for a 60-minute webinar on integrating quality improvement (QI) into Postgraduate Nurse Practitioner (NP) and/or Physician Associate (PA) Training Programs. Participants will explore practical models, hear a former resident's perspective and real project examples, gain accreditation guidance, and best practices to strengthen their programs.

When: Thursday, December 4, 2025

Time: 1:00 - 2:00pm Eastern / 10:00 - 11:00am Pacific

[Register](#)
[Here!](#)

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)

CLINICAL WORKFORCE DEVELOPMENT Transforming Teams, Training the Next Generation

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

<https://www.weitzmaninstitute.org/ncaresources>

Health Center Resource Clearinghouse

HEALTH CENTER RESOURCE CLEARINGHOUSE

 **HEALTH CENTER RESOURCE
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NTTAP National Health Center Training and Technical Assistance (TTA) Needs Assessment

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↓ Quick Finds: ↓
Use the links below to find resources on key topics

[Clinical Issues](#)

[Operations](#)

[Special & Vulnerable Populations](#)

[Emerging Issues: COVID-19, More...](#)

[Patient Materials](#)

[Telehealth](#)

<https://www.healthcenterinfo.org/>

Contact Us!

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REMINDER: Complete evaluation in the poll!

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