Benchmark #1: Analyze State labor market information in order to create health care career pathways for students and adults, including dislocated workers.

1. Method (Include how you were able to access labor market information. What labor market information was used for analysis, how the analysis was performed.)

Supply: Future provider supply data was gathered from ACT test data, information from the North Dakota Department of Career and Technical Education and a survey of high school students by the North Dakota Nursing Needs Study funded by the North Dakota Board of Nursing. Data on current health occupation students will be provided by Follow-up Information on North Dakota Education and Training (FINDET) from the North Dakota University System. This information includes the number of students and graduates from all health professions programs in North Dakota as of fall, 2010.

Current provider supply data in this report was gathered from ND Licensure Boards, the US Census Bureau (2009 data) and existing survey information from studies examining nursing, medicine and dentistry. This information includes distribution, age, gender, race, employment setting and training program attended if available. The licensure board data was gathered in April-June of 2010. The licensure board data is restricted to what was available in an electronic database. Many licensure boards only have mailing lists available. Also, the data is self-reported, in many cases it is not possible to determine the exact location of providers as they might have provided either their home or work address. Also, many providers work in multiple locations and this is not reflected in the maps. For example, some dentists may work one day a week in a rural site even though their home location is in another county. In addition, providers at military and Indian Health Service facilities are not necessarily included in state licensure database, so may be undercounted in this report. Future studies should more closely examine these facilities.

Demand: Several measures of demand were used to characterize the labor market. The first measure was the ND Job Service website information that is located at ndjobs.com. This website is populated by employers posting job advertisements and by spider technology which lifts job information from individual employer websites. This data is limited by the accuracy of the job postings and in many cases it is impossible to determine how many employees each employer intends to hire for a particular posting. The spider also only collects information from businesses that include more than 25 employees and will miss many small health care facilities and sole-provider practices. In some cases, the posted jobs are also floating and flex positions; the number of FTE is not available. This data was gathered in May, 2010 when 706 jobs were posted across all health care fields.

The second data was industry information from the North Dakota Workforce Information Network which provides overall employment information. This data is collected on a three year rotating cycle, so estimates are not always current. Employment projections are conducted using standardized Bureau of Labor Statistics methodology and software and include many assumptions that are detailed in *North Dakota Employment Projections 2008-2018 Edition* produced by Job Service of North Dakota. This publication also includes descriptions of growth. This is based on the occupation’s long term growth outlook and how rapidly new jobs will be
created over the next 10 years as compared to the size of that particular occupation and the average growth rate for all occupations. Growth is rated from declining growth through exceptional growth. Occupations are also rated as high demand occupations when they have positive growth rates and are ranked in the top quartile for total openings in all occupations.

The third demand data is survey data gathered through a statewide health facility survey funded by the North Dakota Area Health Education Center and the North Dakota Nursing Needs Study. This survey was sent to all health care facilities (hospitals, clinics, nursing homes, basic care facilities, adult foster care facilities, skilled care facilities, home health organizations, hospice organizations, human services centers, pharmacies, public health agencies, chiropractor offices, dentist offices, ambulatory surgery facilities and ambulance service agencies) by the North Dakota Area Health Education Center. There were 663 surveys returned out of an estimated 1,500 distributed for an estimated response rate of 44%. A standardized formula was used to calculate vacancy rates (Reiner et al., 2005). According to economists, a full workforce in most industries exists when vacancy rates do not exceed five to six percent (Prescott, 2000). A shortage is considered to be present at a sustained vacancy rate above this level.

Labor market information was collected by Job Service ND, and the Bureau of Labor statistics. Market information included overall employment and salary information along with employment projections. In addition, current job advertisement postings were obtained across different health professions and by county. Quarterly reports are conducted by the ND Primary Care Office to determine vacancies in primary care, mental/behavioral health, nursing, and some allied health professions. Career pathway information is in process of being collected for high school, medical, mental/behavioral health students, and dislocated workers while information has been collected on the nursing students.

2. Findings: (Include health professions reviewed and how “shortage” was defined.)
Abundant data exists in North Dakota regarding workforce. Multiple state agencies collect workforce information including the Job Service ND, Department of Career and Technical Education and the Department of Commerce. However, ensuring an adequate health care workforce for North Dakota citizens requires creating a shared statewide agenda, something that is possible through the development of this planning grant and work that would continue beyond the grant program. In 2007, the North Dakota State Legislature in HB 1018 created the ND Workforce Intelligence Council to increase the effectiveness, credibility and responsiveness of workforce intelligence and to provide a mechanism for a coordinated workforce intelligence effort. In addition to the Workforce Intelligence Council, licensure boards collect information about health care providers, some health care associations also collect information about their members and long running studies such as the North Dakota Nursing Needs Study (mandated by the 2001 legislative session) have collected a vast array of health workforce data. The ND State Legislature provided funding to conduct a state-wide comprehensive report. The report includes information on 34 health professions and was used to inform the work of this project.

Using the federal designation methodology for shortage designations, it is determined that the primary care, dental, mental health professions have critical shortages. The federal designation defining primary care shortages was utilized for physicians; for other professions, national averages were used. For other disciplines, shortages were defined by the number of providers per 1,000 population as compared to national averages and when available, vacancy information.
This report focuses on physicians in family medicine, general internal medicine, obstetrics/gynecology, and general pediatrics, nurse practitioners, physician assistants, registered nurses, social workers, psychologists, and psychiatrists.

3. Implications/challenges:
Our findings indicate that while North Dakota may have greater than the national average supply of providers, there remains a mal-distribution of providers. This has resulted in many rural counties with inadequate access to health care services. Adjustments should be made to the state’s loan repayment program creating a sufficiently funded pool of resources that can be used to support providers needed in a rural/underserved community whether it be in the nursing, medical, dental, or mental health fields. From the data, some professions (chiropractors, optometrists, social workers, emergency medical technicians, for example) are not experiencing shortages. These professions could be examined more closely to determine what strategies have been utilized to ensure an adequate supply of providers. For professions with zero providers, future studies should examine the regionalization of services including the determination of secondary and outreach sites in order to find the gaps that exist at the community level. Once gaps are determined, efforts for networking among organizations to share providers or services could ensure access to these services. In addition, tele-health could be expanded to provide these services to very rural communities.

Gender issues also present challenges in the health care workforce. For example, the male dominated fields tend to be in anesthesiology, family and general practitioners, general internists, surgeons, other physicians/surgeons, dentists and chiropractors while females are most prevalent in areas of dental hygienist, physician assistant, advanced practice registered nurses, registered nurses, licensed practical nurses, social worker, physical therapy assistants, occupational therapists, occupational therapy assistants, respiratory therapists. To increase the potential workforce and greater provider diversity, efforts should be increased to encourage males and females into the wide array of health care occupations in North Dakota.

Little data exists on race at the state board level. Few boards collect this information and/or include this information in their electronic database. Due to this limitation, it is difficult to provide a recommendation regarding health care workforce cultural diversity.

The aging of the health care workforce has implications to sustaining North Dakota’s health care workforce. Several professions include many providers (over 20%) who will potentially retire within the next 10 years (anesthesiologists, family and general practitioners, general internists, obstetrics/gynecology, pediatricians, psychiatrists, surgeons, other physicians and surgeons, dentists, advanced practice registered nurses, registered nurses, licensed practical nurses and social workers). Efforts to encourage more providers into these fields, retain them in North Dakota, and provide support throughout their career, should be increased. In addition, providers nearing retirement age could become engaged in mentoring, teaching, planning and other alternative roles which may help retain them in the workforce longer.

Several professions have salaries which are below the national average (anesthesiologists, pediatricians, psychiatrists, dental hygienists, physician assistants, advanced practice registered nurses, registered nurses, licensed practical nurses, physical therapists, physical therapist assistants, occupational therapists/assistants, dieticians, respiratory therapists, emergency
medical technicians/paramedics, clinical laboratory technologists/technicians and pharmacists). In order to increase North Dakota’s ability to recruit and retain these providers, mechanisms to potentially increase salaries should be explored including reimbursement rates and tax incentives. Although supply data is available for all provider groups, a comprehensive assessment of service area for each provider has not been conducted. For example, although psychiatrists are regionally distributed, are they available for patients throughout each region? Are there barriers that patients encounter such as distance and availability of appointments? Are distance models of care such as telemedicine being used to reach patients from rural areas?

Several licensure boards only have mailing lists available electronically. Support is needed to include other information in databases including age, gender, race, practice sites, training program and annual salary.

Several professions were excluded from this report due to difficulty matching licensure data with Bureau of Labor Statistics Data. This included professional counselors and x-ray technicians. In addition, several providers were not included that did not have formal training programs through education institutions such as certified nursing assistants and medication assistants or that are newly emerging in North Dakota such as health information technologists and marriage and family therapists. Future studies should examine these professions in more detail including collecting primary data from providers.

Continued examination of workforce supply and demand indices is critical when planning for North Dakota future workforce. Traditional placement of physicians (based on geographic location) will not meet North Dakota’s future health care workforce needs. Our strategic plan will need to identify innovative methods of delivering high quality care to North Dakota’s communities, such as the use of mid-levels (with physician oversight) and telemedicine. The plan will also need to include strategies to engage public and private sector partners, including legislators, to frame out a pilot to demonstrate efficacy.

4. What professional roles are included as primary care providers?
This project has defined primary care as physicians in family medicine, general internal medicine, obstetrics/gynecology, general pediatrics, physician assistants, and nurse practitioners.

5. Have you established baselines for primary care? Have you established baselines for any other health professions?
A comprehensive report included baseline supply and demand measurements for 34 health professions in 2010 (Moulton, P., Johnson, S., Lang, T., “2010 Snapshot of North Dakota’s Health Care Workforce”). Findings from this report are cited throughout the document.

If yes, which ones? Please provide baselines and describe what each baseline means.
This project is focusing on primary care, mental health and nursing. Our baseline was calculated using the percentage of counties below the national per 1,000 population average in each of the disciplines which is shown below. Family Practice 46%; General Internist 83%; OB/GYN 87%; Pediatrician 83%; Physician Assistant 43%; Advanced Practice Nurse 35%; Registered Nurse 31%; Licensed Practical Nurse 9%; Psychiatrist 83%; Psychologist 74%; Social Worker 4%.
Benchmark #2: Identify current and projected high demand State or regional health care sectors for purposes of planning career pathways.

1. Method:
Job Service North Dakota (JSND) has current and projected high demand using (Job Service North Dakota Employment Projections 2008-2018 Edition {2010}). Using a sophisticated software program, JSND is able to provide projections using a variety of techniques. Job Service ND indicates that industry projections and state specific staffing patterns helps in the prediction of occupational projections. Growth descriptors are defined as “highlighting an occupations’ long-term job growth outlook and how rapidly new jobs will be created over the next ten years relative to an occupation’s size and the average growth rate for all occupations.” Job Service indicates the indicator is based on the percent change or growth rate of an occupation. Exceptional growth is defined as the growth rate at least 100% higher than the statewide average (18.34%+); very high growth is defined as growth rate at least 50% but less than 100% higher than the statewide average (13.76%-18.33%); high growth is at least 25% but less than 50% higher than the statewide average (11.46%-13.75%); average to above average growth is a growth rate equal to or less than 25% higher than the statewide average (9.17%-11.45%); below average growth means a growth rate is positive but less than the statewide average (0%-9.16%) and declining growth is a negative growth rate.

2. What is the current and projected demand State or regional health care sectors (occupations)?
North Dakota Job Service has provided the following rankings for high demand/high growth health care sectors.

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>High Demand (High Growth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice</td>
<td>Very high growth</td>
</tr>
<tr>
<td>General Internist</td>
<td>Very high growth</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Very high growth</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>Very high growth</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>No data available</td>
</tr>
<tr>
<td>Advanced Practice Nurse (Included with Registered Nurse)</td>
<td>No data available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nursing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>High demand with exceptional growth</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>High demand with very high growth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>Very high growth</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Below average growth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Worker</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child, family and school</td>
<td>Average to above average growth, high demand</td>
</tr>
<tr>
<td>Medical and public health</td>
<td>Very high growth, high demand</td>
</tr>
</tbody>
</table>
3. Implications/challenges:
Upon examination of the information, demand information is needed for physician assistants and advance practice nurses. The real demand for nurse practitioners is not available as data for advance practice nurses are collapsed within the registered nurse category. All the targeted occupations are listed as high demand or high growth reflecting the need to ensure an adequate supply. The federal designations for primary care and mental health show 89% and 96% of the State’s counties respectively in those fields have shortages. Due to the severe shortages, incentives to attract individuals to these areas of high need and/or high growth are critical.

Benchmark #3: Identify existing Federal, State and private resources to recruit, educate or train, and retain a skilled health care workforce and strengthen partnerships.

1. Method
A review has been conducted to identify resources to recruit, educate or train and retain a skilled health care workforce. Areas examined were state and federal loan repayment and scholarship programs, state government initiatives including the Talent Initiative within the Department of Commerce. The educational/training programs are fully discussed in Benchmark #4.

2. Findings (summary description):
Several opportunities exist to assist in the recruitment of some health care professionals. First, an examination of the federal resources through the National Health Service Corps (NHSC) Bureau of Clinician Recruitment and Services, U.S. Department of Health & Human Services is provided followed by state programs. Primary care clinicians (described below) are eligible for loan repayment assistance in exchange for working in underserved rural and urban communities (Health Professional Shortage Areas) throughout the United States. In return for their service, clinicians can receive tax-free loan repayment assistance in the amount of a $60,000 service award for 2-years or up to $170,000 for 5 years of full-time service. A part-time option is also available for up to $80,000 for 5 years of “2 year” part-time service (with an initial award of $30,000 for 2 years of part-time service). Up to $80,000 for 5 years of “4 year” part-time service (with an initial award of $60,000 for 4 years of part-time service) is also available. With continued service beyond 5 years, eligible clinicians may be able to pay off all their health professional student loans. Special criteria may apply to specific health care disciplines.

The following disciplines are eligible for the NHSC loan repayment program: Dentistry (DDS, DMD); Dental Hygienist; Medicine (MD/DO) in the disciplines of family medicine, obstetrics/gynecology, general internal medicine, geriatrics, general pediatrics, general psychiatry, mental and behavioral health, psychologist (health service), licensed clinical social worker, licensed professional counselor, marriage and family therapist, nursing (primary care nurse practitioner, adult, family, pediatric, psychiatric/mental health, geriatrics and women’s health), certified nurse-midwife, psychiatric nurse specialist, and physician’s assistants (primary care).

The Federal Nursing Education Loan Repayment Program provides opportunities for registered nurses and nurse faculty that work in health care facilities with defined shortages of nurses or Critical Shortage Facilities. This opportunity is open to nurse faculty at universities. Applicants must be a registered nurse with a nursing degree from a U.S. accredited school of nursing (diploma school of nursing, associate degree school of nursing or collegiate school of nursing (BSN, graduate degree). Participants must practice 32 hours per week with a minimal two-year
service commitment. Nurse faculty may work at accredited public or private nonprofit schools of nursing. Loan repayment assistance of 60 percent of nursing-education debt is available. A third year option is also available. Critical Shortage Facilities include: ambulatory surgical centers, Critical Access Hospitals, disproportionate share hospitals, federal hospitals, Federally Qualified Health Centers, home health agencies, hospice programs, Indian Health Service, Native Hawaiian health centers, non-federal hospitals, nursing homes, Rural Health Clinics, skilled nursing facilities and state or local public health/human services departments.

A new Federal program to assist medical students is currently being piloted. The Students to Service (S2S) program provides loan repayment for educational debt in the students’ last year of training in return for a commitment to provide primary care services in the nation’s underserved areas.

The Federal Nurse Scholarship Program is a selective program of the U.S. Government that helps address the critical shortage of registered nurses by helping disadvantaged students complete their registered nurse training. In exchange for the scholarship, upon graduation, nurses work at qualifying sites for at least two years. Nursing scholars fulfilling their service commitment receive a competitive salary and benefits package, which is negotiated directly with the employing facility.

Applications are accepted once each year. To be eligible for this program, applicants must:
- be U.S. citizens (born or naturalized), nationals or lawful permanent residents
- enroll or be accepted for enrollment in a professional registered nurse program (baccalaureate, graduate, associate degree, or diploma) at accredited school of nursing located in a U.S. state or territory;
- be able to begin classes no later than September 30;
- be free from any Federal judgment liens; and
- be free from existing service commitments.

Faculty Loan Repayment Program is a program for health professions faculty from disadvantaged backgrounds. Participants in this program can receive as much as $40,000 towards repayments of their student loans in exchange for educating tomorrow’s clinicians.

Individuals selected to participate in the program agree to serve on the faculty of an accredited health professions college or university for two years. The Government pays up to $40,000 of the participant’s student loans and provides funds to offset the tax burden. Participants should also receive matching funds from their employing educational institution.

To be eligible for this program, applicants must:
- be U.S. citizens or nationals (permanent residents are not eligible);
- have a degree or enrolled in an approved graduate training program in an eligible discipline:
  - Allopathic Medicine
  - Osteopathic Medicine
  - Podiatric Medicine
  - Veterinary Medicine
  - Dentistry
  - Pharmacy
-Optometry
-Nursing (RN or higher)
-Public Health
-Physician Assistants
-Behavioral and Mental Health (graduate level only)
  -Clinical Psychology
  -Clinical Social Work
  -Marriage and Family Therapy
  -Professional Counseling
-Schools of Allied Health (baccalaureate or graduate degree programs)
  -Dental Hygiene
  -Medical Laboratory Technology
  -Occupational Therapy
  -Physical Therapy
  -Radiologic Therapy
  -Speech Pathology
  -Audiology
  -Registered Dietitians

must have an employment commitment for a full-time or part-time faculty position for a minimum of two years, beginning on or before July 31, 2011, from one of the following types of eligible schools:
  -Allopathic Medicine
  -Osteopathic Medicine
  -Podiatric Medicine
  -Veterinary Medicine
  -Dentistry
  -Pharmacy
  -Nursing
  -Allied Health
  -Public Health
  -Schools offering graduate programs in behavioral and mental health

be from a disadvantaged background, based on environmental or economic factors.

Federal Scholarship Programs are available through the NHSC to full-time U.S. citizen or U.S. national students in medicine, dentistry, nurse practitioner and physician assistant and certified nurse-midwife programs. The scholarships provide payment for tuition and required fees to students that pursue careers in primary care as well as monthly stipend and assistance in finding a practice site. In return, students commit to serve for two to four years in an underserved area upon graduation and licensure.

State Loan Repayment Programs are available for physicians, nurse practitioners, and physician assistants (dentists also have state loan repayment opportunities but are not included in this report).

Physicians: The State Community Matching Physician Loan Repayment Program is a state financed and administered program designed to attract physicians to North Dakota to practice in areas of need. The focus of the program is to encourage new medical school graduates to practice
in North Dakota. Each physician selected may receive more than $90,000 to repay educational loans from community and state funds. The community (usually a community hospital or clinic) must match the state payment of up to $45,000 but may pay more and may negotiate with the physician for a period of service longer than two years. Each physician must practice two years in a selected community. Preference is given to physicians who will practice in rural underserved areas.

Physicians who have graduated from an accredited four year allopathic or osteopathic medical school in the United States, its possessions, territories or Canada and approved by the State Board of Medical Examiners or by an accrediting body approved by the Board are eligible to apply. .

Physician Selection Criteria:
- applicant must be a U.S. citizen;
- the extent to which the physician’s medical specialty training is needed in a selected community;
- the physician’s commitment to serve;
- the physician’s availability to begin providing services;
- the physician’s professional competence and conduct;
- the physician’s willingness to accept Medicare and Medicaid assignment;
- must be licensed in North Dakota; and
- must have entered into an agreement with a community to provide two years of full-time service.

Preference is given to graduates of the University of North Dakota School of Medicine and Health Sciences and to physicians enrolled in or completed a University of North Dakota School of Medicine and Health Sciences graduate residency program. Preference is also given to physicians who have graduated from the University of North Dakota School of Medicine and Health Sciences and are enrolled in or graduated from an accredited out-of-state medical residency program for specialty training not offered in North Dakota.

Community Selection Criteria:
- the physician to population ratio;
- the access of area residents to medical care;
- the mix of physician specialties in the community;
- indicators of community support for the physician; and

Preference is also given to communities that demonstrate a need for primary care physicians (Family/General Practice, General Internal Medicine, Pediatrics, Obstetrics/Gynecology, General Surgery, and General Psychiatry) and to communities with less than 15,000 people.

*Nurse Practitioners, Physicians Assistants, Certified Nurse Midwives program* is a state financed and administered program designed to attract providers to North Dakota to practice in areas of need. Preference is given to providers who will practice in rural underserved areas.

Nurse Practitioners, Physician Assistants and Certified Nurse Midwives must be:
• enrolled in or graduated from an accredited training program in this state or may be a North Dakota resident enrolled in or graduated from an accredited program in another state or Canada;
• licensed to practice in North Dakota; and
• agrees to practice two years in a selected area.

Providers must agree to provide primary care services in eligible communities for a minimum of two years. Participants will receive up to $30,000 to help repay educational loans. The community (usually a community hospital or clinic) must match the state payment of up to $15,000 but may pay more and may negotiate with the provider for a period of service longer than two years.

A newly funded Federal/State Loan Repayment Program has just been awarded to North Dakota. This program provides loan repayment for primary care physicians, dentists, nurse practitioners, physician assistants, and certified nurse-midwives. Though 1:1 matching program physicians and dentists may receive up to $50,000/year for 2 years and nurse practitioners, physician assistants and certified nurse midwives may receive up to $30,000/year for 2 years in loan repayment.

A state scholarship (RuralMed Program) is available for University of North Dakota medical students. This is a tuition waiver program that is designed to encourage medical students to select careers in family medicine and select practices in rural North Dakota. Applicants must agree to practice full-time in the state for five years.

The Conrad 30 J-1 Visa Waiver Program. This program is a partnership between the departments of health in each state and the United States Department of State and the Homeland Security Bureau of Citizenship and Immigration Services (formerly INS). A foreign medical school graduate may receive advanced training and complete a residency program in the United States as an exchange visitor. The student is granted J-1 visa status. Following the completion of his/her studies or residency, the student agrees to return to his/her home country for a period of two years before seeking employment in the United States. However, the two year home residency requirement may be waived if an interested United States government agency or a State Department of Health requests a waiver in the public interest. The North Dakota Department of Health acts as an interested government agency and sponsors J-1 status physicians who will work in underserved areas where an American physician cannot be recruited. Thirty J-1 physicians per year may receive J-1 residency waivers in each state. Of the thirty waivers, 10 physicians may practice outside of federally designated shortage areas.

North Dakota Department of Commerce’s Talent Initiative has indicated that the State has developed a strategic plan with a number of performance goals established for the North Dakota workforce system to respond to the identification of critical sectors, the development of quality workforce intelligence, the development of talent to meet the demand of the sectors, the expansion of the talent pool (including the tapping of underutilized populations), and the realignment of the workforce systems to accomplish these performance goals. General outcomes of health care workforce would be to increase the quantity and quality of North Dakota’s workforce; transition from a workforce to a talent force through a workforce improvement focus; and reduce unemployment in areas with unemployment above the state average. Priorities
include: expanding talent in North Dakota’s P-16 and life-long areas, apprenticeship programs, and attracting new talent. This initiative also seeks to retain talent in North Dakota through various strategies including incumbent workforce, harnessing baby boomers experiences, and talent management for business to retain best talent. Continuous improvement will focus on ensuring leadership in the Council and Commission, developing a dynamic workforce intelligence system, dissemination of workforce intelligence to stakeholders, focus on workforce improvement, preparation, and lifelong learning, increase the labor force participation rate and expand the available talent pool, focus on young people by improving connections between school and work, promoting demand careers, encouraging youth to stay in North Dakota, build stronger workforce partnerships, improve the workforce system interface with employers, targeted industry trade associations and organized labor, promote North Dakota as a great place to live and work, and promote inclusion of soft skills, cultural diversity and work readiness in training and educational offerings.

Student rotation programs provide health professional students with opportunities to explore first-hand practice opportunities in rural and underserved locations. Three programs discussed in this report are the Student/resident Experiences and Rotations in Community Health (SEARCH) program, Project CRISTAL (Collaborative Rural Interdisciplinary Service Teaching and Learning) project and the Don BREEN externship program. The first two programs were funded through the Health Resources and Services Administration while the Don BREEN program is supported through the North Dakota Academy of Family Practice. Project CRISTAL was a project planned for the Turtle Mountain Indian Reservation in Belcourt which extended to the Three Affiliated Tribes in New Town and provided a structured interdisciplinary experience that included 46 students from the fields of medicine, nursing, dietetics, physical therapy, occupational therapy, medical laboratory science, social work, psychology, and radiology technology. The program was designed to immerse students in rural and reservation communities, expose students to the opportunities and need, encourage students to practice in underserved locations, understand the importance of working as a health care team, and address present and future health care workforce shortages.

The SEARCH program is similar to Project CRISTAL but involved 60 different communities and 402 students from medicine, nurse practitioner and physician assistant studies, social work, psychology, counseling psychology, and dentistry. This was a community-based, clinical student rotation.

The Don BREEN program was established in 1991 named after a prominent rural physician who embraced family medicine and rural practice. Through this program 277 medical students have been provided opportunities to experience medical practices in North Dakota with an emphasis on rural areas.

### 3. Implications/challenges:

As indicated, the State has begun strategic planning for workforce but the health care sector has not been specifically addressed. The challenge before us is to continue to collect data on the health care workforce, highlighting the critical shortage areas and provide that information to the Governor’s office, Council, and state legislators.

While opportunities exist to assist in the recruitment of health care professionals, there continues to be gaps to assist some professions, i.e., pharmacy, physical therapy, clinical laboratory
science, occupational therapy, optometry, etc. These professions are also vital to providing adequate health care services in rural and underserved areas across the state and nation.

Other challenges include those communities that struggle to recruit the health care providers that often do not qualify for federal loan repayment/scholarship programs. Many of these communities serve low income and Medicare/elderly populations yet the federal shortage area designation methodology does not account for these factors. These same communities may be adjacent to Indian Reservations, serving the needs of American Indians, yet this too, is not a factor in the designation methodology. Challenges also include finding all the resources that are attempting to recruit, educate and train health care workforce and document their programs.

While an excellent program has existed for many years that provides medical students opportunities to experience North Dakota medical practices, limited opportunities are available for other health profession students to have interprofessional training opportunities. In 2011, the American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health published the Core Competencies of Interprofessional Collaborate Practice. This publication stresses the importance of promoting team-based education in the health professions to produce a quality, cost efficient health care workforce to meet the needs of the nation.

**Benchmark #4: Describe the academic and health care industry skill standards for high school graduation, for entry into postsecondary education, and for various credentials and licensure.**

1. **Method:**

   Information was obtained from the Department of Career and Technical Education (CTE) on skill standards for high school graduates and the North Dakota University System regarding entry into postsecondary education which is also discussed in detail in the Findings section. Credentials and licensure information obtained from the various licensing boards is also included for the targeted disciplines.

2. **Findings: (Summary description):**

   North Dakota has adopted the National Health Sciences Standard for all programs. Additionally, the programs administer the national Health Science “Skills Assessment” as an end of course assessment. The Health Careers Competency Categories are divided into 1) introductory, where learners expand their awareness and build comprehension of knowledge, 2) core, where learners apply knowledge to situations and self, and 3) advanced, where learners think in complex ways and apply the knowledge to real-life situations. The National Association of State CTE Directors plans to conduct a gap analysis of each state’s standards compared to the Common Career Technical Core (CCTC) and explore adopting the CCTC into all program areas.

   The North Dakota University System (NDUS) has recently established policies for students entering postsecondary education specific to English and Mathematics (NDUS 402.1.2 Admission Policies – student Placement into College Courses).

   Students are now required to take the ACT Comprehensive Objective exam, and effective Fall of 2012, students with ACT English sub-test scores of 18 or higher or an equivalent assessment approved by the chancellor are ready for college and may enroll in English 110 or any other non-
developmental English courses. Students with ACT English subtest scores of 14-17 or approved equivalents may take English 110 if co-enrolled in a developmental English course when a co-enrollment option is available in the student’s home campus. Students with English subtest scores less than 14 must complete a developmental course prior to taking English 110.

Also effective by fall 2012, ACT Mathematics sub-test scores of 22 or higher, or an equivalent assessment approved by the chancellor, is required for a student to enroll in Mathematics 103 (College Algebra) or any other non-developmental mathematics course. A developmental mathematics course must be completed before students can enroll in a non-developmental mathematics course.

Admission requirements have been included in this report for the studies of medicine (family medicine, general pediatrics, general internal medicine, and obstetrics/gynecology), physician assistant, advanced practice nurse, nursing (registered nurse, licensed practical nurse), psychiatrist, psychologist, social worker including child/family, school social worker.

A degree in Medicine is only offered at the University of North Dakota School of Medicine and Health Sciences, Grand Forks, ND. Prior to admission, a minimum of 90 semester hours of credit from an approved college or university is required. Preference is given to students who will have completed an undergraduate degree and who are broadly educated in the sciences and humanities which include an understanding of literature, art, history, ethics and philosophy. Students should have computer literacy. The following courses and specified credits must be taken as a minimum prerequisite to applying for medical school:

- Chemistry (with lab) 16
- Inorganic and qualitative 8
- Organic 8*
- Biology (with lab) 8
- Physics (with lab) 8
- Psychology/Sociology 3
- Language Arts (English, Speech, etc.) 6
- College Algebra 3

* A student may substitute a semester or quarter of biochemistry for the final semester/quarter of organic chemistry.

North Dakota has three family medicine residency programs, one internal medicine program, and no pediatric residency program. The medical school is working on developing an OB/GYN residency.

Requirements for entry into the primary care specialties of family medicine, general internal medicine, obstetrics/gynecology, and pediatrics are as follows:

North Dakota Center for Family Medicine Program – Minot (2011-12) selection criteria includes the following:
- graduate of medical school;
• US clinical experience;
• USMLE Step 2 CK Score 195 or greater by second attempt; two attempts maximum on each board exam; and
• if applicable, J1 Visa or H1B Visas.

Application Process includes the following:
• Complete applications are accepted through ERAS only.
  o Submit a biographical sketch providing information about yourself and your spouse (family) if applicable (birthplace, education, other personal information pertinent to post doctorate education in family medicine).
  o Submit a personal statement indicating your major reason for choosing a Family Medicine residency program-what you are looking for in a training program and what your career goals are.
• Submit a letter of recommendation from the Dean of your medical school.
• Submit current letters of reference from three (3) or more faculty members (at least one letter from a US clinical supervisor is required).
• Submit official transcripts from all medical schools attended (a copy of your undergraduate transcript is desirable but not required).
• Arrange for a personal interview.

Interview Procedure
Personal interviews for selected candidates are granted once initial required materials have been received and reviewed. A personal interview is required for all applicants being considered for acceptance into the program. Interviews are conducted October 17 through January 31 on Mondays. You will be contacted by the residency coordinator if you are invited for an interview and arrangements will be made at that time. First year applicants are accepted through the National Resident Match Program.

Bismarck Family Medicine Program selection criteria include the following:
• legislated preference for UND SMHS graduates;
• requirements by the ND Board of Medical Examiners;
• accreditation requirements by the ACGME;
• the rules of the Match as dictated by the NRMP;
• the interests of our two sponsoring hospitals;
• an ethical duty to treat candidates fairly; and
• a duty to our patients and the people of ND to choose candidates who will provide excellent and safe patient care.

For those still enrolled in medical school, the following criteria are applied:
• Only applications through ERAS are accepted (all applications are screened using preset criteria, and interviews are offered based on this vetting process).
• Interviews with faculty, staff and residents are conducted.
• Faculty and residents as well as selected staff all develop the rank order list which is entered with the NRMP.
Rarely, pre-Match positions are offered to appropriate candidates, but only under circumstances where all faculty members have worked extensively with the candidate and all faculty members agree that the candidate is so outstanding that they would be everyone’s first choice in the Match (this only applies to graduates of DO programs and IMG’s).

We will not rank any candidate who has not successfully completed USMLE Step I and Step II including the Clinical Skills portion.

For those not currently enrolled in medical school the following criteria are applied:

- Only applications through ERAS are accepted.
- Applications go through the same screening process as above.
- If the candidate has been out of medical school for more than five years, or has USMLE scores less than 80 on either Step I or Step II, they must do an observership to be eligible for an interview.
- All other rules apply as above.

Observership opportunities are available and stipulate that no more than five observerships can be offered per academic year; they occur between the months of September and December; they are 1-2 weeks in length depending on faculty preference; all observers must pass the background checks and other approval processes of the UND and both sponsoring hospitals; observerships are given on a first-come first-served basis; all expenses are the responsibility of the observer; and observers will be offered an interview at the end of the observership.

To be eligible for the observership, the applicant must:

- have a significant connection to a North Dakota community;
- have already applied through ERAS; and
- be eligible for a state of North Dakota medical license.

Instructions for obtaining an Observership

- Applicants can contact the Program Coordinator to voice interest no sooner than August 1st.
- All applicants must complete their ERAS application prior to submitting a formal request for an observership.
- After the ERAS application is complete, a letter requesting an observership should be sent to the Program Coordinator accompanied by a phone call. The Program Coordinator will send the necessary paperwork to the candidate at that time if there is an opening available.

Altru Health System’s Grand Forks Residency Program selection criteria include the following:

- Applications to the Family Medicine Residency Program will be accepted without regard to race, gender, country of origin, religion or age.
- Applicants must be eligible for full unrestricted licensure by the State Board of Medical Examiners of North Dakota on completion of training in the Program and should confirm with the Board that their medical school meets Board of Medical Examiners standards for licensure before initiating an application.
• The Residency Program participates in the National Resident Match Program (NRMP) and applications will only be accepted electronically through ERAS from September 1 through December 31 each year.
• All applicants must have passed USMLE Steps 1, 2 and Clinical Skills Assessment (CSA) prior to the submission of the program NRMP rank list.
• A maximum of four total attempts is permitted to pass all three parts.

In addition, the following are required to be present by the application deadline for each application to be considered complete:
• Medical school transcript
• Medical school dean's letter or equivalent
• Curriculum vitae
• Copy of medical school diploma (if graduated)
• Date of graduation--required--within the past three years and must be accompanied by documentation of all activities since date of graduation
• Three letters of recommendation
• Copies of USMLE scores
• Personal statement

In addition to the above criteria, International Medical Graduates (IMGs) should forward a copy of their ECFMG certificate, and proof of eligibility to undertake training and employment in the US, together with verification of at least six months clinical experience in a US medical facility. All IMG applicants are expected to be proficient and conversant in English. Our program accepts ECFMG sponsored J1 visas.

Applicants currently in residency training should include a letter from their current program director and an explanation of the reasons for seeking an alternative training program.

The granting of interviews is based on criteria which include medical school performance, USMLE scores, recommendation letters, Dean's letters, and personal statement.

**Fargo Internal Medicine Residency Training Program** admission criteria are as follows:
• All applications to the Internal Medicine residency program must be submitted through ERAS. (Application deadline for each year is November 1st).
• Applicants must pass USMLE Step 1 and Step 2 (CK) on the first attempt.
• Clinical experience or formal professional/graduate education in the US is strongly preferred but not required.
• The Selection Committee reviews the full ERAS application - focusing on the Curriculum Vitae (CV), four reference letters, personal statement, USMLE scores and Medical School Performance Evaluation. To be accepted, applications must be complete by November 1st.
• Although there are no minimum scores required candidates with higher scores will be more competitive for the residency.
You must have been enrolled in medical school, a relevant graduate degree program, a post-graduate residency-training program or have been active in medical practice within the past three years. Graduates of medical schools disapproved by the North Dakota
Board of Medical Examiners will not be considered. Please go to the NDBME website for a complete listing of disapproved schools. [http://www.ndbomex.com/DisapprovedMedSchools.pdf](http://www.ndbomex.com/DisapprovedMedSchools.pdf)

- ECFMG certification is required no later than January 15, 2011.
- We sponsor J-1 and H1B visas. If you are interested in an H1B, you must have passed all three USMLE Step exams prior to January 15, 2011.
- All applicants must be fluent in written and spoken English.

Selected candidates will be notified by e-mail with an invitation to interview. Interviews are scheduled between October 15th and January 18th. The residency will pay for one night’s lodging expenses (if needed). Candidates will tour Sanford Health, meet with the Program Director and other interviewing faculty, and attend Morning Report with the current residents.

Each of the University of North Dakota School of Medicine & Health Sciences residency programs will abide by the general guidelines for residency selection listed below:

- Screening of applicants to determine those qualified by aptitude, academic credentials, personal characteristics, abilities to communicate will be the responsibility of the program director together with the resident selection committee composed of the teaching faculty and residents in the program.
- Those qualified applicants identified through the screening process identified by each program.
- The program director will rank qualified interviewed candidates in rank order based on all the data including critical applicant review by that program selection committee.
- The program director on NRMP announcement dates and within NRMP rules and regulations may select qualified unmatched candidates for unfilled positions without program selection committee review.

**Physician Assistant Studies** are only offered at The University of North Dakota’s School of Medicine and Health Sciences.

**Admission Emphasis:** The program seeks applicants with extensive clinical experience including:

- background and potential for a career as a clinical PA serving the mission of the UND Program
- understanding of the Physician Assistant role
- levels of previous clinical healthcare experience that involves critical thinking and decision making
- evidence of effective health care team effectiveness
- strong references from physicians and other clinical supervisors

**Strong academic preparation including:**

- solid achievement in undergraduate coursework
- strong performance in prerequisite coursework
- ability to learn in an adult learner model, accelerated environment

**Dedication and experience with rural (<25,000 population) and underserved populations including:**
• prior clinical healthcare experience with rural and underserved populations
• residence in rural and/or underserved geographic areas
• potential to work as a PA with rural and/or underserved populations

Clinical healthcare experiences involving direct patient care are evaluated on an individual bases. Past disciplines within the UND PA Program have been, but are not limited to:

registered nurse    respiratory therapist
chiropractor     physical therapist
radiologic technologist    paramedic

Areas of clinical healthcare experiences which are not acceptable would include, but not limited to the following:

administrative assistant    hospital/clinic receptionist
phlebotomist     personal trainer
medical assistant     social work
CAN     emergency medical technician
licensed practical nurse    dental hygienist
massage therapist     hospital chaplain

Admission Requirements (all of the above requirements must be completed by the application deadline of October 1, 2012).

• Clinical Preparation (see details in previous admission information section).
• Current professional licensure, registration, or certification in a clinical healthcare field with evidence of continued medical education throughout professional employment.
• A minimum of three years of full-time clinical healthcare experience in one’s field of certification/licensure. Hours accrued in a training program are not eligible. This ensures foundational knowledge and skills needed for successful completion of this program. Not all health care positions will provide the appropriate required experience. In addition to previous requirements, any student graduating from a professional health care program outside of the US must have a minimum of three years of clinical healthcare experience within the US to ensure understanding and insight into the US health care system.

Academic Preparation

• BA or BS degree, preferably in a health related area. (This four-year bachelor's degree (equivalent of 125 semester credits) must be from a recognized college or university. For U.S. degrees, the institution must be accredited by one of the following six regional accrediting associations: MSA; NASC; NCA; NEASC-CIHE; SACS-CC; or WASC-Sr. Applicants with a three-year bachelor's degree must complete the equivalent of one year of post-baccalaureate work).
• GPA of 2.75 or higher (on a 4.0 scale) in undergraduate work, or more recent transcripts showing improvement. If GPA is lower, an applicant may be accepted, but would be admitted under Provisional Status within the Graduate School.
• Eligible prerequisite coursework each must be at a 200 level (sophomore) or higher with achievement of a “B” as minimum grade and be completed within the United States.
• Must have taken Human Anatomy and also Human Physiology within 10 years of the application deadline. Note: If a combined course such as Human Anatomy and Physiology, 2 full semesters are required (preferably with lab)
• Comprehensive (must cover all body systems) Pharmacology within 5 years of the application deadline
• Minimum of one science course within 5 years of the application deadline; recommended courses include general microbiology, pathophysiology, genetics or biochemistry. (This prerequisite could be met if one of the courses listed above is within 5 years of the application deadline.)
  Note: Additional coursework beyond the minimum academic preparation requirements will strengthen an application, especially if the additional courses are highly correlated with medicine. Assistive supplementary coursework would also include basic statistics and technical writing.

Additional Requirements

• Completion of a successful interview and written personal statement.
• Three professional letters of reference ideally from health care professionals such as physicians and other clinical supervisors.
• An arrangement with a licensed physician (MD or DO) who is willing to serve as the primary clinical preceptor to the student during the clinical portion of the program. Clinical medical practice must be in primary care/family medicine or general internal medicine. If internal medicine, a pediatric co-preceptor will be required. Preference is given to clinical sites in rural (<25,000 population) and/or underserved populations. More information regarding preceptor requirement noted below.
• Test of English as a Foreign Language (TOEFL) score submission required of all non-native speakers of English as indicated by the UND Graduate School. For additional information on international student requirements, access the graduate school website: The Graduate School | The University of North Dakota
• Personal and non-cognitive criteria including willingness to assume responsibility for own education and a willingness to accomplish a successful role transition from experienced clinician to physician assistant student.
• Evidence of professional role development in clinical decision making, communication and leadership, sensitivity, enthusiasm, confidence, motivation and sincerity/honesty
• Diversity of life experience, success in overcoming adversity and aptitude for continued learning

As a student of the University of North Dakota and prior to matriculation into the Physician Assistant Program at the School of Medicine and Health Sciences, students will be required to complete a health screening and a criminal background check (CBC). The health screening process is conducted by Student Health Services. Information can be found on their website: Forms | Student Health | Health & Wellness | The University of North Dakota Information regarding the criminal background check requirements can be found on a link on the PA Program website: Physician Assistant Program | UND School of Medicine & Health Sciences Cost of the CBC and health screening are the responsibility of the student.
North Dakota residents as well as residents from the surrounding states of Montana, Minnesota and South Dakota are given admissions preference, although well-qualified out of state applicants are also readily accepted. International applicants are encouraged to apply as long as the coursework and health care experience requirements are met as written above. Additional information for admission to the Graduate School at the University of North Dakota is located on their website: Admissions-International | New | Graduate Students | The Graduate School | The University of North Dakota

_Criminal Background Check_ is required of each student after acceptance into the program. Most hospitals, nursing homes, and medical practices require this of anyone working with patients. The UND School of Medicine and Health Sciences has an agreement with Verified Credentials, Inc. to perform this check. The student is responsible for the cost of this service. Upon acceptance into the program, the student will be given information on completing this requirement.

**Three institutions offer programs for Advanced Practice Nursing:** North Dakota State University, Fargo, The University of North Dakota, Grand Forks, and the University of Mary in Bismarck. The admission requirements are listed below by institution.

**North Dakota State University’s Nurse Practitioner Program** requirements include:
- a baccalaureate degree in nursing from a nationally accredited nursing program with undergraduate and other transcripts sent directly from the institution (undergraduate course work must contain research and health assessment);
- GPA of 3.0; and
- a current unencumbered registered nurse license.

Completed applications to the Graduate School must contain three references (two of which must be from professional colleagues that address clinical competence and potential for graduate education); a written narrative of professional experience and future goals along with a non-refundable application fee.

**Doctorate of Nurse Practitioner** requirements include:
- a baccalaureate degree in nursing from a nationally accredited nursing program;
- a minimum GPA of 3.0; and
- an unencumbered license as a registered nurse.

_Advanced practice nurses with a master’s in nursing, to earn the doctorate of nurse practitioner degree_ they must:
- have earned a master’s degree in nursing with a major in advanced practice nursing;
- a GPA of at least 3.3;
- have an unencumbered licensure as a registered nurse;
- current certification and board of nursing approval (if required) for advanced practice nursing;
- printed copies of registered nurse license/s from the appropriate Board of Nursing website and advanced practice license verification from each state where licensed;
- a copy of the most recent certification/re-certification for advanced practice specialty;
• evidence of practice hours in degree program;
• approximate cumulative hours of advanced practice;
• a narrative description of current and past clinical practice; and
• a paper of 10-15 pages in length identifying a practice improvement issue, clinical management problem or research area the applicant plans to address while in the program along with a portfolio fee submitted to the NDSU Nursing Department.

**University of Mary Nurse Practitioner Program** must have:
- a bachelor degree in nursing from an accredited institution;
- evidence of current, unencumbered registered nurse licensure;
- and undergraduate GPA of 2.75 or higher on a 4.0 scale;
- have completed graduate application (including application fee) which also includes
  - a professional goals essay;
  - submission of official transcripts (including degree granting institution and transcripts of any graduate courses completed);
  - current resume; two letters of professional reference;
  - evidence of required immunizations;
  - background check through Certified Background®; and
  - Release of Information of Criminal Background Report.

Admissions interviews are conducted along with a complete physical assessment demonstration.

**The University of North Dakota Nurse Practitioner Program** requires the following:
- a baccalaureate degree in nursing from an NLN or CCNE accredited nursing program;
- graduates from non-accredited or foreign schools are evaluated individually and entry to this track is also available through the RN to MS track - see website: [distance.und.edu/degree/?id=rn2msnursing](http://distance.und.edu/degree/?id=rn2msnursing);
- undergraduate or graduate statistics course;
- minimum GPA of at least 3.00 for the last two years of baccalaureate study;
- current RN licensure; and
- one year experience as a registered nurse preferred - broad, community-based experience across the lifespan desirable.

**Nursing – Admission and Licensure Requirements**
There are 13 programs across the state offering education to become registered nurses, 10 programs focused on licensed practical nursing education and 12 graduate nursing programs. **Admission requirements** for the following programs for a registered nurse are displayed in the following table. *One example of multi-campus nursing education is the Dakota Nurse Program. This is a nursing education consortium among five of the state’s colleges working together to education more than 200 future practice nurses and associate degree nurses. The five colleges collaborate to deliver one nursing education program with a common curriculum.

**Registered Nursing Programs**

<table>
<thead>
<tr>
<th>Program</th>
<th>Required GPA</th>
<th>Other Program Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bismarck State College*</td>
<td>Successful completion of the first year with a minimum GPA of 2.75 in</td>
<td>Maintain overall cumulative GPA of 2.5&lt;br&gt;Pass pre-admission examination; for external applications (not continuing from the Dakota Nursing</td>
</tr>
<tr>
<td>College</td>
<td>Requirements and Additional Notes</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Dakota College at Bottineau*</td>
<td>Successful completion of the first year of the Dakota Nursing program with a minimum GPA of 2.75 in all prerequisite and a minimum GPA of 2.75 in the 40 credit course requirements&lt;br&gt;Pass a pre-admission examination&lt;br&gt;LPN program) must have unencumbered license to practice as a LPN in the USA</td>
<td></td>
</tr>
<tr>
<td>Dickinson State University - LPN to BSN</td>
<td>Minimum 2.5 cumulative college/university GPA, minimum 2.5 cumulative nursing GPA&lt;br&gt;Unencumbered license to practice as a LPN in the USA&lt;br&gt;Annual criminal background check</td>
<td></td>
</tr>
<tr>
<td>Fort Berthold community College - Associate*</td>
<td>No perquisite or required course may have a grade lower than 2.0&lt;br&gt;Unencumbered license to practice as a LPN in the USA</td>
<td></td>
</tr>
<tr>
<td>Jamestown College - bachelors</td>
<td>Cumulative GPA of 3.0 or higher&lt;br&gt;Unrestricted LPN licensure (US) or a current student in the Dakota Nursing Program PN Program&lt;br&gt;There also is a freshman admission process. To quality for this early admission requirements are: 3.25 HS GPA, ACT score 24 or higher, HS biology &amp; chemistry, essay, interview and references</td>
<td></td>
</tr>
<tr>
<td>Lake Region State College – Associate*</td>
<td>Cumulative GPA of 2.75 with a C or better in required courses for individuals not in the LRSC LPN program&lt;br&gt;Applications are accepted on a rolling basis, with the earliest receiving priority consideration, for students currently enrolled in the LPN program at LRSC submit a letter of intent stating you desire to continue in the ADN program</td>
<td></td>
</tr>
<tr>
<td>MedCenter One College of Nursing – bachelors</td>
<td>Cumulative GPA of 2.50 in prerequisite courses (2 out of 5 prerequisite courses must be completed at time of application, and all 5 must be completed prior to enrollment in the junior year of the nursing program)&lt;br&gt;Criminal background check, admission is contingent upon negative results on a pre-admission drug test</td>
<td></td>
</tr>
<tr>
<td>Minot State University - bachelors</td>
<td>Cumulative GPA of 2.75 or higher, minimum grade of a &quot;C&quot; in reach required support courses and achieved a GPA of 2.8 in required support courses&lt;br&gt;Scored a &quot;proficient&quot; level score on the TEAS V test</td>
<td></td>
</tr>
<tr>
<td>North Dakota State College of Science transfer</td>
<td>N/A&lt;br&gt;Applicant must be a HG graduate or equivalent. And may be required to complete a basic skills evaluation during the admission process</td>
<td></td>
</tr>
<tr>
<td>Institution</td>
<td>Required GPA</td>
<td>Other Program Requirements</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Bismarck State College*</td>
<td>Minimum GPA 2.75 for all completed college courses that are requirements of the Dakota Nursing Program. An overall minimum cumulative GPA of 2.5 for all college courses taken. &quot;C&quot; or better in all program required courses previously completed</td>
<td>Proof of completing CNA class or current ND certification; current CRP certification for health care provider</td>
</tr>
<tr>
<td>Dakota College at Bottineau*</td>
<td>Grade must be 2.0 or higher in prerequisite courses and nursing GPA for all pre-requisite including completed required nurses courses must be 2.75 or higher</td>
<td>High school diploma or GED; current CNA certification in ND; current CPR for Health Care Providers Must pass a criminal background check prior to registering for classes; must be 18 years of age by Dec 31 of the year they start program</td>
</tr>
<tr>
<td>Dickinson State University - LPN to BSN</td>
<td>Minimum 2.25 cumulative HS or college/university GPA, minimum of a &quot;C&quot; (2.0) in high school/college algebra and chemistry</td>
<td>Annual criminal background check</td>
</tr>
<tr>
<td>Fort Berthold community College-Associate*</td>
<td>CNA class and current CNA licensure in ND, CPR for healthcare provider</td>
<td></td>
</tr>
<tr>
<td>Lake Region</td>
<td>Cumulative GPA of 2.50</td>
<td>Current CNA licensure in ND; current CPR for health care provider</td>
</tr>
</tbody>
</table>
| State College – Associate* | healthcare provider certification  
| | ACT score 19 or higher  
| | Applications are accepted on a rolling basis, with the earliest receiving priority consideration  
| North Dakota State College of Science | High school Transcript or equivalent with a minimum "C" average  
| | ACT score 15 or higher  
| Sitting Bull Community College | Overall 2.0 GPA with a "C" in each course that applies to the nursing curriculum  
| | Proof of first aid and CPR certification  
| | Criminal background check  
| United Tribes Technical College | Cumulative GPA of at least 2.5  
| | Criminal background check  
| Williston State college-associate* | 2.50 or higher, minimum grade of "C" in all program courses  

Upon applying for licensure examination, the North Dakota State Board of Nursing (NDBON) will require the applicant to complete and pay for another background check. All offenses must be reported to the NDBON when applying for licensure.

**Mandatory Drug Testing and Screenings**
The Dakota Nursing Program maintains a no tolerance policy regarding substance abuse. Students must undergo drug screens if requested by the Dakota Nursing Program, a clinical agency or if suspected to be under the influence of alcohol, narcotic prescription drugs or illegal drugs while on a clinical rotation. Failure of the student to either take the drug test or show a clear drug screen will result in termination from the nursing program and all nursing courses. The estimated cost for the drug testing varies from $35.00 to $60.00 depending on location and sites. The student is responsible for any costs associated with drug test or screening.

**Licensing Information for Licensed Practical Nurses/ Registered Nurses**
There are two ways to obtain licensure in North Dakota as a licensed practical nurse (LPN) or registered nurse (RN). They are license by exam or license by endorsement.
To qualify for licensure by examination in the state of ND, you must have completed:
- a board approved in-state nursing education program; or
- an out-of-state nursing education program that is approved by another board of nursing; and
- includes supervised clinical experience across the life span as part of the curriculum and is equivalent in amount and time to the ND Board of Nursing approved programs.

As of 1/1/04, ND joined the Nurse Licensure Compact. You are not eligible for licensure by exam in ND if your primary state of residence is AZ, AR, CO, DE, ID, IA, KY, ME, MD, MS, NE, NH, NM, NC, RI, SC, SD, TN, TX, UT, VA or WI. Primary state of residence is where you hold a driver's license, pay taxes and/or vote. This state is referred to as your "home state" under the Nurse Licensure Compact and means that it is your "declared fixed permanent and principal
home for legal purposes”. If no RN/LPN licensing examination has been taken, an on-line exam may be completed.

To qualify for license by endorsement in the state of ND, you must have completed

- a program that prepared you for the level of licensure sought and includes supervised clinical experience across the life span as part of the curriculum;
- four hundred hours of licensed nursing practice in the last four years for the level of licensure sought, or completed your nursing program in the past four years, or completed a board approved refresher course within the past four years; and
- you must have written and passed the NCLEX-RN or NCLEX-PN or State Board Test Pool Examination (S.B.T.P.E.).

Admission and Licensing Requirements for Psychiatry, Psychology, and Social Work Professions.

Fargo Psychiatry Residency Training Program application criteria are as follows:

It is the policy of the University of North Dakota School of Medicine & Health Science that no person shall be discriminated against because of race, color, religion, age, sex, handicap, or national origin and that equal opportunity and access to all residencies and teaching facilities shall be made available to all. Those individuals who are deemed adequately trained academically and clinically, through the residency selection process shall be considered equally.

All rules and regulations established by the National Residency Match Program (NRMP) will be respected by the residency programs of the University of North Dakota School of Medicine & Health Science.

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or,
  2) Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training.
- Graduates of medical schools outside the United States who have completed a Fifth Pathway** program provided by an LCME-accredited medical school.

Psychology: Graduate psychology degrees can be obtained at the University of North Dakota in Grand Forks, North Dakota State University in Fargo, Minot State University.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Grades/GRE Scores/ Degrees</th>
<th>Other Criteria</th>
<th>Master’s Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of North Dakota</td>
<td>3.2 Baccalaureate</td>
<td>All admissions material must be submitted through the Graduate</td>
<td>x</td>
</tr>
</tbody>
</table>
Students are admitted to the graduate program with the expectation that they plan to obtain the Ph.D. degree; successfully completed 18 hours of psychology courses which include Introductory Psychology, Developmental Psychology, Abnormal Psychology, Statistics, and Research Methods; submit three letters of recommendation.

North Dakota State University

Grades – 3.0 on a 4 point scale; GRE scores; Research experience; letters of recommendation; personal statement; strong background in psychology, including coursework in statistics, research methods, abnormal psychology

Additional information for the University of North Dakota program indicates that applicants can apply to one or both of our graduate programs in clinical or experimental psychology. Applicants who have earned, or will earn, a graduate degree in psychology, counseling, social work, sociology, any related behavioral science field will be assigned to a separate pool for consideration of admission to either the clinical (MAC) or experimental (MAE) programs.

The clinical psychology program also offers two federally funded positions for qualified Native American applicants in the Indians into Psychology Doctoral Education (INPSYDE) program.

Social Work programs in North Dakota admission criteria: (all applicants must be will to abide by the National Association of Social Worker’s Code of Ethics and institutions Code of Student Life and potential for licensure.

Although there is not a social program at North Dakota State University, the Human Development Family Science department and Minot State University’s Social Work Program have teamed up for a new collaborative degree program. Students can earn an HDFS degree from NDSU, Family Science option, and a B.S.W. in Social Work from Minot State University at the same time. All courses are taught on the NDSU campus, and the total degree credits required are only 133. Only Minot’s social work program is included in this report.
<table>
<thead>
<tr>
<th>University</th>
<th>Degree</th>
<th>GPA/Requirements</th>
<th>Application Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minot State University</td>
<td>BSSW</td>
<td>2.5 in social work courses.; overall 2.0 GPA.</td>
<td>Social work 256, 255, &amp; 250; ENGL 110 College Composition I; ENGL 120; College Composition II; BIOL 111 Concepts of Biology; PSY 111 Introduction to Psychology; SOC 101 Introduction to Sociology; ECON 201 Principles of Microeconomics OR ECON 202 Principles of Macroeconomics; POLS 115 American Government. Second semester sophomore standing or higher (minimum 32 credits)</td>
</tr>
<tr>
<td>University of Mary</td>
<td>BSW</td>
<td>2.0 overall</td>
<td>Students need to have taken or currently be enrolled in Introduction to Social Work</td>
</tr>
<tr>
<td>University of North Dakota</td>
<td>MSW</td>
<td>3.0 overall or GPA of 3.0 in last 2 years of undergraduate program; grade C or higher in Statistics</td>
<td>Course with human biology content.</td>
</tr>
</tbody>
</table>
Admission and Licensing Requirements for Public Health. Funding was provided by the State Legislature in 2010 to develop two new programs in Public Health, one located at North Dakota State University with specializations in health promotion, pharmacy and public health, infectious disease management, disaster and emergency preparedness, the other located on the University of North Dakota campus with specializations in rural health management and policy, rural environmental health, cultural aspects and healthy rural communities and population health research and evaluation. The Program is a 42 credit cooperative program between the two Universities.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Required GPA</th>
<th>Other Program Requirements</th>
</tr>
</thead>
</table>
| Dual Program NDSU and UND | 3.00; Undergraduate coursework in fields related to public health should generally exceed a GPA of 3.00. | • Completion of the online application and payment of the application fee.  
• A baccalaureate degree or equivalent from an accredited college or university (for U.S. degrees, accreditation by one of the six regional accrediting associations: MSA, NASC, NCA, NEASC-CIHE, SACS-CC or WACS-Sr.).  
Graduate Record Examination (GRE) General Test scores must be submitted*. While there is no minimum GRE score required for admission, performance on the GRE is evaluated as an indicator of an applicant's verbal and quantitative skills.  
• Graduate applicants must demonstrate academic-level proficiency in English before they will be considered for admission.  
• Applicants must submit other required documents found online at |
LICENSING

General Medicine, Internal Medicine, OB/GYN, Pediatric physicians and Psychiatrists:

The applicant seeking permanent licensure must have met the following criteria:

- graduated from an approved medical school in the United States or Canada; or from a foreign medical school whose education is deemed acceptable to the Board;
- had successful completion of one year post graduate training in the US or Canada in a program approved by the Board or by an accrediting body approved by the Board if graduated from an approved medical school in the United States or Canada; or had successful completion of three years of postgraduate training in the U.S. or Canada in a program approved by the Board or by an accrediting body approved by the Board if graduated from a foreign medical school;
- completed and passed a state-constructed written examination in North Dakota or in another state; or successful completion of one of the following licensing examinations or acceptable combinations thereof: FLEX (Federation Licensing Examination), NBME (National Board of Medical Examiners), LMCC (Licentiate of the Medical Council of Canada), USMLE (United States Medical Licensing Examination), NBOME (National Board of Osteopathic Medical Examiners), or COMLEX (Comprehensive Osteopathic Medical Licensing Examination). An applicant is permitted a maximum of three attempts to pass each step or part or component of a licensing examination. The examination requirements must be successfully completed within a seven (7) year period;
- obtained a standard ECFMG certificate if graduated from a foreign medical school except schools located in Canada, England, Scotland, Ireland, Australia and New Zealand. This requirement may be waived for applicants who possess a 5th Pathway certificate or, by unanimous vote of the Board, for applicants who are American board certified;
- a physical, mental, and professional capability for the practice of medicine in a manner acceptable to the board; and
- a history free of any finding by the board, any other state medical licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under North Dakota law; the board may modify this restriction for cause.

Physician Assistant:

To become eligible to practice as a physician assistant in North Dakota, the PA:

- must have passed the certifying examination of the National Commission on Certification of Physician Assistants;
- Must provide evidence of current "good standing" with the National Commission on Certification of Physician Assistants, and;
- Must secure a contract to provide patient services under the supervision of a doctor of medicine or osteopathy who practices medicine in North Dakota and who is responsible for the performance of the physician assistant.
Nurse Practitioner

Applicants for advanced practice registered nurse licensure must:

- possess a current license to practice as a registered nurse in North Dakota or provide a copy of current RN licensure in another compact state (view the following website for information on compact states – [http://www.ncsbn.org/](http://www.ncsbn.org/));
- submit evidence of completion of an advanced practice track within the nursing education program accredited by a national accrediting body;
- submit evidence of current certification by a national nursing certifying body in the specialty appropriate to educational preparation (copy of certification card or letter notifying passed examination);
- submit a completed notarized application and pay the fee of one hundred dollars; and
- submit a scope of practice statement according to established board guidelines for review and approval by the board of nursing.

Licensed Practical Nurse/Registered Nurse

There are two ways to obtain licensure in North Dakota as a licensed practical nurse (LPN) or registered nurse (RN). They are license by exam or license by endorsement. To qualify for licensure by examination in the state of ND, you must have completed the following:

- a board approved in-state nursing education program; or
- an out-of-state nursing education program that is approved by another board of nursing; and includes supervised clinical experience across the life span as part of the curriculum and is equivalent in amount and time to the ND Board of Nursing approved programs.

As of 1/1/04, ND joined the Nurse Licensure Compact. You are not eligible for licensure by exam in ND if your primary state of residence is AZ, AR, CO, DE, ID, IA, KY, ME, MD, MS, NE, NH, NM, NC, RI, SC, SD, TN, TX, UT, VA or WI. Primary state of residence is where you hold a driver's license, pay taxes and/or vote. This state is referred to as your "home state" under the Nurse Licensure Compact and means that it is your "declared fixed permanent and principal home for legal purposes". If no RN/LPN licensing examination has been taken, an on-line exam may be completed.

To qualify for license by endorsement in the state of ND, you must have completed the following:

- a program that prepared you for the level of licensure sought and includes supervised clinical experience across the life span as part of the curriculum;
- four hundred hours of licensed nursing practice in the last four years for the level of licensure sought, or completed your nursing program in the past four years, or completed a board approved refresher course within the past four years, and;
- You must have written and passed the NCLEX-RN or NCLEX-PN or State Board Test Pool Examination (S.B.T.P.E.).
Licensure Requirements for Psychologists
In North Dakota, to be licensed as a psychologist you must have:
- doctoral degree in psychology;
- year of supervised post-doctoral work
- written and passed the Examination for Professional Practice of Psychology (EPPP)
- passed an oral exam as determined by the Board.

North Dakota law permits reciprocity provided standards of the state issuing the license are not lower than those of North Dakota.

Licensing Requirements for Social Workers
Three levels of social work practice are licensed in North Dakota and social workers at all levels of licensure must complete thirty contact hours of continuing education each two-year licensing period. In addition to the requirements listed below, all social workers must be employed by an agency or organization, have state and federal criminal history record and child abuse information index checks.

<table>
<thead>
<tr>
<th>Licensed Social Worker (LSW)</th>
<th>Licensed Certified Social Worker (LCSW)</th>
<th>Licensed Independent Clinical Social Worker (LICSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s degree in social work from an accredited social work program.</td>
<td>Master’s or doctorate degree in social work from an accredited social work program.</td>
<td>Master’s or doctorate degree in social work from an accredited social work program.</td>
</tr>
<tr>
<td>Written and passed the ASWB Bachelor’s level exam with a score of 70 or better.</td>
<td>Written and passed the ASWB Master’s level exam with a score of 70 or better.</td>
<td>Written and passed the ASWB Clinical level exam.</td>
</tr>
<tr>
<td>3000 hours, post-master’s supervised clinical experience earned within four years; supervised clinical experience must be obtained through LICSW; submit a plan for supervision to Board office prior to beginning process of working toward LICSW status plan must include a minimum of 150 hours face-to-face clinic supervision with supervisor approved by Board and not more than 50 hours may be group supervision.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Licensing Requirements for public health. There are no licensing requirements for students that have completed the masters of public health program. Upon completion of the course, students are eligible to sit for the Certified Public Health exam but it is not required at this time for employment.
3. **Implications/challenges**: Pertaining to the health care industry skill standards for high school graduation, some of the literature has indicated that a predictor of a student’s success in college courses is how well they do on their ACT scores. For example, for Reading, an ACT sub-test score of 21 or higher and an ACT Science score of 24 or higher indicates a 50% chance that a student will earn introductory college course grades of “B” or higher and a 75% chance they will earn grades of “C” or higher. However, our experts in North Dakota don’t feel the ACT “cut” scores will have much, if any, impact on Health Careers students transitioning into postsecondary. It is felt the competency categories that are the framework for which all standards apply in multiple program areas should build a better opportunity for linkages between postsecondary programs and secondary programs.

**Implications/challenges for Medicine**
The medical school is working to establish an OB/GYN residency program. It is documented that twice as many of our students as the national rate enter into the field of obstetrics and there are no training program for this specialty in the state. There are also discussions towards the development of a geriatrics training program to meet the growing needs of an elderly population.

**Implications/challenges for social work**
Affecting the educational and licensure process are time and money. The amount of debt students must incur to go to school is extremely high. This, in addition to the fact that most students have to work one or two jobs while going to school just to make ends meet, impacts their time available to take courses. The average length of time required for bachelor’s degree use to be four years; now it is five years for some programs. The licensing process is also burdensome. Students are charged to even apply to take the licensing exams, and once they pass, more fees are incurred to apply for licensure.

**Implications/challenges for Public Health**
While there are 12 core competencies in the public health curriculum, most public health programs teach primarily to the five traditional core competencies in public health. Although these competencies are essential for academic public health and meeting accreditation requirements, they do not adequately meet the skill and competency needs for those in practice. The seven cross-cutting domains/competencies are more closely aligned with the practice environment but are not consistently addressed in traditional public health curricula course work. With new programs at the State’s two largest Universities and a goal to train people in public health practice, there is an opportunity to ensure that the non-traditional competencies and skills are taught in conjunction with the core competencies.

**Benchmark #5**: Describe State secondary and postsecondary education and training policies, models, or practices for health care sector, including career information and guidance counseling.

1. **Method**: Discussions were held with the Department of Career and Technical Education to obtain information on career information and guidance counseling. The North Dakota University System was contacted to obtain postsecondary information.
2. Findings (summary description):
The ND Department of Career and Technical Education has developed a program for certifying career advisors for individuals with a baccalaureate degree, a five-year employment history and has completed program requirements for in-depth career development facilitation training of up to 120+ class/instructional hours. Although it is not required that a career advisor be a licensed teacher, if they are not, then they must have a licensed teacher present. A career advisor provides sequential career development activities, current career information, and related career exploration opportunities to students in grades seven through twelve. Specifically, career advisors:

1. Provide career information to students, staff and parents.
2. Compiles resource lists for students, staff and parents.
3. Facilitates classroom career exploration activities.
4. Maintains student career portfolios.
5. Coordinates job shadows, career fairs, college visits, job interviews, etc.
6. Prepares students with employment-seeking skills.
7. Administers and interprets interest assessments.
8. Utilizes working knowledge of RUReadyND (internet-based career information system).

The ND Legislature required that beginning in 2010-2011 each school district must have one FTE counselor for every three hundred students in 7-12 grade and that up to one-third of this could be met by career advisors.

The Department of Career and Technical Education developed a series of Career clusters designed to provide more guidance for students desiring to go into specific fields post-graduation. The department also provides a scholarship of $1,500/year to those students that have taken at least 2 classes included in their career cluster. There are 16 career clusters which includes a human services career cluster and a health science careers. At the time of the writing of the final report last year, our career advisor program was just being implemented. The state has 20 career advisors with some recent additions to some very rural schools across the state (Grafton, Langdon, Minnewaukan, Surry, Hebron, Elgin, Flasher, Carson, Stanley, Thompson, Fordville-Lankin, Solen, as well as more added in urban schools.

A 31-member statewide task force was formed in 1998 to develop ideas for a workforce training program for North Dakota. The charge of the task force was to: make recommendations concerning priorities of the workforce training region; assist in identifying skill shortages and workforce training needs; provide input for preparation of the business plan; make recommendations for funding the business plan; provide connections between institutions and business, labor and industry associations; assist with establishing strong and effective partnerships with other NDUS institutions and all other related colleges, organizations, and agencies; provide fund-raising support, when necessary, to achieve the goals set forth in the business plan for the workforce training region; assist the College and Technical Education Council with the development of performance measurements for workforce training; serve as an advocate for workforce training; and assist with preparation or review of annual workforce training reports. The TrainND “provides training for North Dakota business and industry enhancing their ability to compete globally” and has representation from the four
distinct regions of the state where appropriate training is identified to serve the needs of each region.

The Dakota Nursing Program is a model used to bring high quality, innovative nursing programs at five locations throughout the state which include: Bismarck State College (BSC), Fort Berthold Community College (FBCC), Lake Region State College (LRSC), Dakota College at Bottineau (DCB), and Williston State College (WSC). In addition to the five campus locations, additional sites can receive education training utilizing the Interactive Video Network system. This collaborative delivers nursing programs with a common curriculum and provides a career path for future leaders in nursing practice and prepares lifelong learners in the field. Students in this program are equipped to continue their education to a four-year BSN degree and beyond.

3. Implications/challenges:
The career development counseling program is a new North Dakota program and the effectiveness has not been determined. Making sure all students have the proper guidance for career planning is essential if North Dakota is going to have a workforce to meet the health care needs of the future. A map of the career development programs provided below, indicates a gap in secondary career development counselors and shows only two postsecondary counselors for the entire state. Based on the map below, students in the Northwest quadrant of the state may not be receiving adequate career guidance. Unfortunately, there still is a shortage of career advisors in the northwest quadrant of the state. Where there are career counselors, the schools at this time feel they are meeting the students’ needs.

The State has received funding to develop an initiative to improve education and workforce development systems in order to increase students’ achievement in school both at the secondary and postsecondary levels as well as in preparation for their careers. Although the Governor budgeted for 50 career counselors, with the new funding many more counselors could be added across the state to meet the goals set forth in the Succeed 2020 initiative. This may also provide an opportunity for the counselors at the secondary and postsecondary levels to work together to bridge the gap in career planning for students.

With the implementation of higher standards for entry into the NDUS, students will be better prepared for college courses and ultimately successful in completing higher education and in securing meaningful employment.

At the postsecondary level for nursing, the Dakota Nursing Program will have a positive impact on the future workforce for nursing. Many of the colleges are located in rural areas, including one Indian Reservation and as research shows, if you are educated in rural system, the student is more likely to practice in rural areas.
Benchmark #6: Identify Federal or State Policies or rules that act as barriers to developing a coherent and comprehensive health care workforce development strategy and plan to resolve these barriers.

1. Method:
Discussions have been held with individuals from state government, legislators and the Workforce Development Council.

2. Findings (summary description):
The state’s primary care workforce loan repayment program included language indicating practitioners could not have practiced in the state for a period of time, eliminating some providers from applying for the loan repayment program.

The Federal National Health Service Corp loan repayment program prevented individuals practicing part time from accessing the loan repayment program. Additionally the Federal program funding levels had not been increased for several years, making this program no longer competitive due the high cost of education today.

Another issue was providing an opportunity to assist medical students with loan repayment while still in training – to capture their service commitment earlier. Also, the Federal Conrad J-1 Visa Waiver program is a program that has to be re-authorized every two to three years.
3. Provide a summary of your plan to resolve the above mentioned barriers.

Discussions were held with state legislatures explaining barriers to the loan repayment program. Language in the legislation was eliminated that prevented practicing practitioners from applying for the state loan repayment program.

At the Federal level, the applicant served as a member of the National Health Service Corps’ National Advisory Council where discussions of the implementation of the part time program were held. These discussions have led to the implementation of a part time loan repayment program. Additionally, the National Health Service Corp has increased the amount of loan repayment and offered an updated website making it easier to find information. Another new program Students to Service is now being piloted to medical students in their last year of training. Under this program, students will begin receiving loan repayment in return to their service in communities of greatest need. The J-1 waiver program is currently being considered for permanent legislation although will face some tough challenges to get this accomplished as it is considered part of immigration reform.

PART II: This part of the final report is designed to capture information about the matching funds and any additional accomplishments that you would like to highlight. Please answer all questions in narrative form but feel free to use charts and/or graphs where necessary. Be concise in your answers but please ensure that you have provided a comprehensive answer to each question.

1. How were the matching funds for your grant used?

The matching funds have included effort from the Chair of the Department of Family and Community Medicine. In the no cost extension year, efforts will continue to include leadership on developing a state resource plan, assistance in defining roles and responsibilities of newly created health board and provide assistance in identifying strategies and barriers for developing the workforce development plan.

2. How do you plan to use the information and resources you have discovered under this grant?

The information and resources discovered during this project will be instrumental in moving towards a statewide plan for the state’s health care workforce. This plan could contain a provision for expanding the state loan repayment program to include mental health professionals and others in high demand/high growth sectors. Awareness has been raised among members of the North Dakota Workforce Development Council related to the critical need for health care providers. Further work with this council is essential to move the health care workforce issues forward with the state’s legislature and Governor’s office as well as organizing another state-wide health care workforce summit.

3. Other Accomplishments: Please describe any other activities, accomplishments and challenges that were not captured above. Please feel free to upload plans, articles or other documents that may complement your final report submission. Please list all attachments here.
1) 2010 Snapshot of North Dakota’s Health Care Workforce: Moulton, P., Johnson, S., Lang, T.