



Medical Education & Research Cost (MERC) Funding

INSTRUCTIONS – Minnesota Sponsoring Institutions & Teaching Programs
Fiscal Year 2024 Clinical Training

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[MERC \(https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html)

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To obtain this information in a different format, call: 651-201-3838.

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MERC Application Instructions

Overview

General Information

Title: Medical Education and Research Cost (MERC) Funding

[Program Website \(https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html)

[Application Portal \(https://merc.web.health.state.mn.us\)](https://merc.web.health.state.mn.us)

MERC Program Description

The Medical Education and Research Cost (MERC) Program, authorized by [Minnesota Statute 62J.692](#), provides funding to support clinical medical education throughout Minnesota. Established in 1996 and first funded in 1997, MERC was created in response to a competitive health care environment in which payers became increasingly unwilling to reimburse the additional costs associated with services at teaching facilities.

Clinical education often involves substantial overhead costs that are not covered through standard reimbursement mechanisms. These financial pressures made it increasingly difficult for teaching facilities to maintain education programs without supplemental support.

Because teaching facilities compete directly with non-teaching counterparts, they face persistent challenges in sustaining medical education programs that were historically funded by patient care revenues.

Since 1998, the Commissioner of Health has administered the MERC program to address this funding gap and preserve Minnesota's capacity for high-quality clinical training.

Reporting Period

Applications must reflect clinical training activities that occurred during **fiscal year 2024**.

Eligible Applicants

MERC applications are divided into three organizational roles. Each play a distinct function in the medical education ecosystem:

Role	Definition Summary
Minnesota Clinical Training Site	The Minnesota Health Care Program (MHCP) enrolled practice site (location) where students/residents receive inpatient or outpatient (ambulatory) clinical training.

Role	Definition Summary
Minnesota Teaching Program	An accredited program at a Minnesota institution responsible for the trainee’s enrollment, overall education, and coordination of clinical training.
Minnesota Sponsoring Institution	A hospital, school, or consortium located in Minnesota that sponsors and maintains responsibility for the organizational and financial oversight of a clinical medical education program. Must be accountable to an accrediting body.

Minnesota Clinical Training Site

A clinical training site must meet the following requirements:

Location & Eligibility

- Site must be in Minnesota.
- Site must be actively enrolled in the Minnesota Health Care Program (MHCP) and have a valid National Provider Identifier (NPI).
- Clinical training must occur in, or under the scope of, an inpatient or ambulatory setting funded in part by patient care revenue.
 - Satellite clinics or other facilities are separate applicants.
 - Site must have Minnesota public program reimbursement revenue on record with the Minnesota Department of Human Services during CY2024 from Medical Assistance/Prepaid Medical Assistance (MA/PMAP).
 - Individual preceptors and departments within a facility should not apply; application must represent the entire facility.

⚠ Training that occurs in nursing facilities, hospital swing bed units, rural health clinics, or federally qualified health centers is not eligible.

Trainee Requirements

Eligible FTE is defined by Minnesota Statute 62J.692, Subd. 1 (h):

“Eligible trainee FTE's means the number of trainees, as measured by full-time equivalent counts, that are at training sites located in Minnesota with currently active medical assistance enrollment status and a National Provider Identification (NPI) number where training occurs as part of or under the scope of either an inpatient or ambulatory patient care setting and where the training is funded, in part, by patient care revenues. Training that occurs in nursing facility settings, rural health clinics, or federally qualified health centers is not eligible for funding under this section.”

- Site must host eligible trainees from an accredited Minnesota medical education program sponsored by a Minnesota sponsoring institution.
- Site must provide at least 0.10 FTE (208 hours) of eligible clinical training in fiscal year 2024.
 - FTE minimum is determined by combining FTEs from all eligible sponsoring institutions, teaching programs, and provider types.
- Trainees may receive clinical training in community, home, or school settings – if outside the hospital

or clinic, a separate application is required if the site can be or is enrolled in MHCP.

Financial Requirements

- Site must incur a minimum of \$5,000 in clinical training expenditures related to eligible trainees.
- The use of funds is limited to expenses related to clinical training program cost for eligible programs.

Minnesota Teaching Program

Defined by Minnesota Statute 62J.692, Subd. 1(d):

“Clinical medical education program means the accredited clinical training of physicians (medical students and residents), doctor of pharmacy practitioners (pharmacy students and residents), doctors of chiropractic, dentists (dental students and residents), advanced practice nurses (clinical nurse specialists, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives), physician assistants, dental therapists and advanced dental therapists, psychologists, clinical social workers, community paramedics, and community health workers.”*

Accreditation Requirements

- Program must be accredited by a body recognized by:
 - The U.S. Department of Education
 - The Centers for Medicare and Medicaid Services (CMS)
 - Other nationally approved accreditation entities reviewed and approved by the Commissioner of Health.
- Accreditation must be active at the time of training and ongoing.
- Program must be located in Minnesota.
- The program must have students/residents that received clinical training that was funded in part by patient care revenues and occurred in either an inpatient or ambulatory patient care training sites during fiscal year 2024.

⚠ Special Requirements for Advanced Practice Nurse Sponsorship

Under Minnesota Statute 62J.692 Subd. 3(b), training programs for *Advanced Practice Nursing must be sponsored by:

- University of Minnesota Academic Health Center
- Mayo Foundation
- Institutions part of the Minnesota State Colleges and Universities System
- Institutions that are members of the Minnesota Private College Council

Minnesota Sponsoring Institution

Defined by Minnesota Statute 62J.692, Subd. 1(e):

“A hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.”

Funding

Funding Summary

Funding for the MERC Program in state fiscal year 2026 is sourced from:

MERC Funding Source	Estimated Amount
Cigarette Tax/Match	\$7,627,010
General Fund	\$1,000,000
Health Care Access Fund	\$1,000,000
Estimated Number of Awards	Unknown (formula-based)
Estimated Award Maximum	Unknown (formula-based)
Estimated Award Minimum	\$5,000 (must meet eligibility formula)


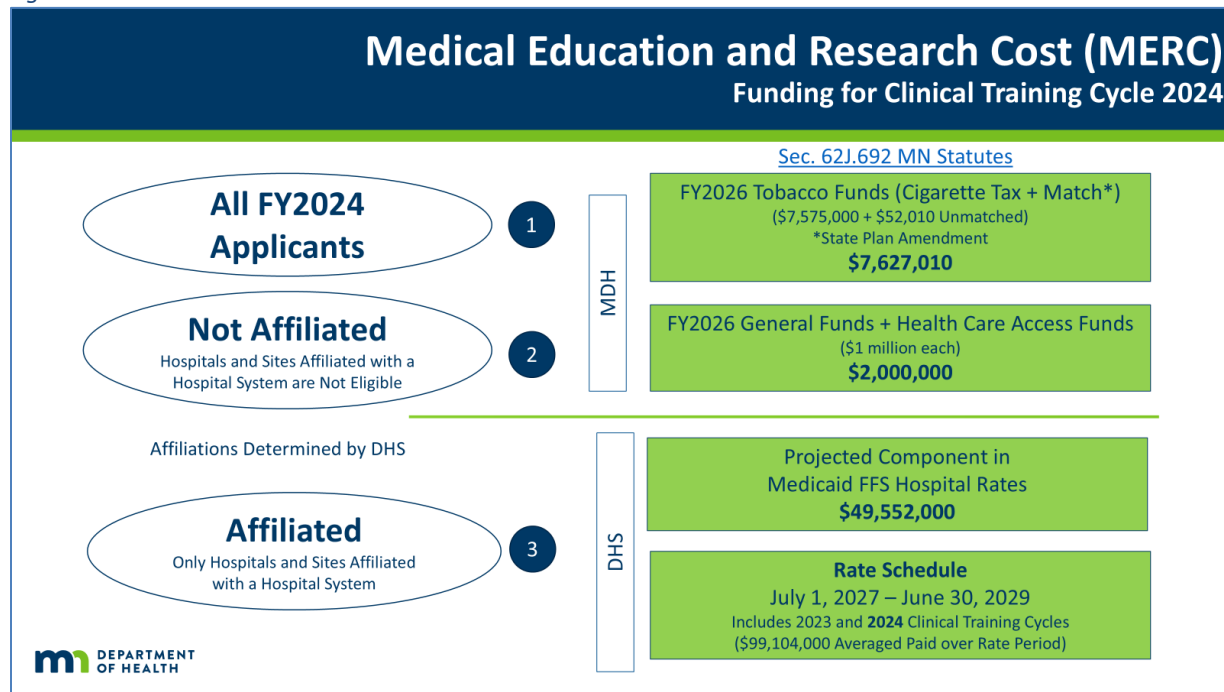
 Eligible hospitals and affiliated sites may also qualify for a medical education rate factor through the Department of Human Services (DHS) Fee-for-service (FFS) rates.

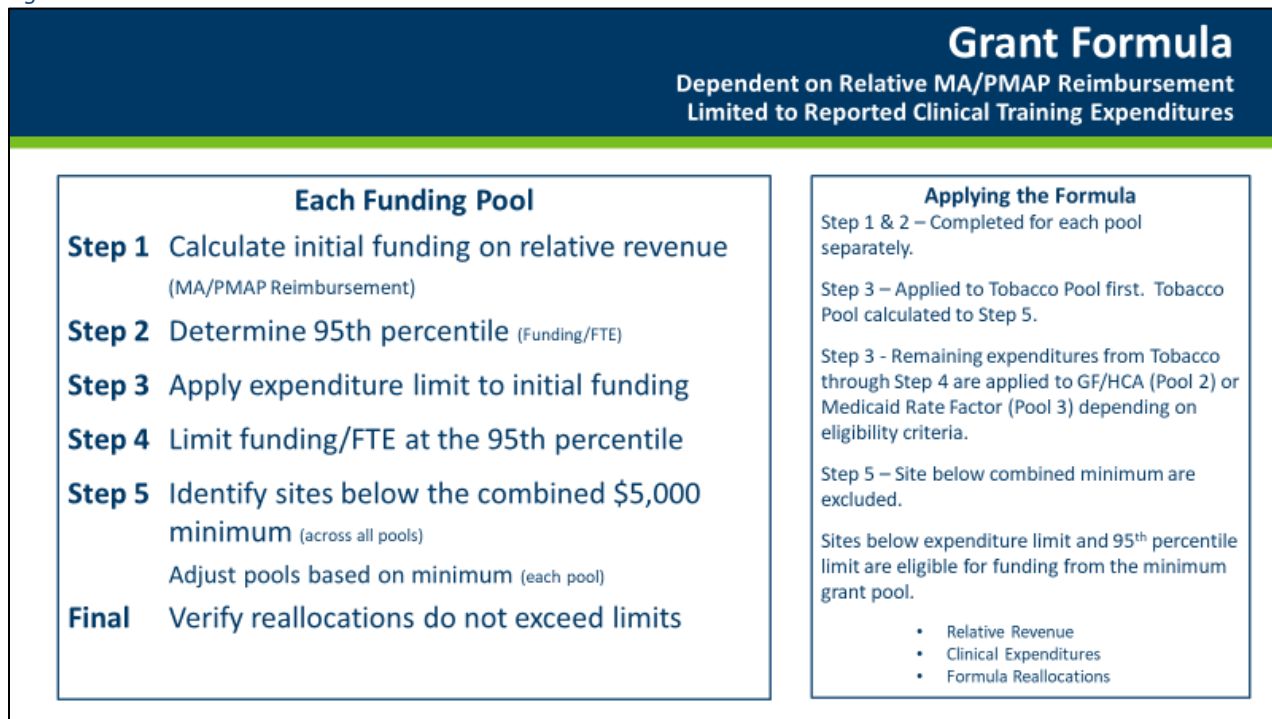
Figure 1



Formula Determination

Funding is determined using the [eligibility criteria and distribution formula](#) defined in [Minnesota Statute 62J.692](#), which accounts for Medical Assistance and Prepaid Medicaid Assistance (MA/PMAP) reimbursements on record with the Department of Human Services (DHS), clinical training expenditures and trainee FTEs at qualifying sites.

Figure 2



Grant Agreement

- The sponsor must formally enter into a grant agreement with MDH before any funds are distributed.
- The agreement will be sent via DocuSign to the representative listed in the sponsoring institution’s [Vendor Information \(page 35\)](#).
- DocuSign will deliver the agreement directly to this individual for electronic signature.
- To prevent delays during the agreement and payment process, ensure [Vendor Information \(page 35\)](#) is provided in the Sponsoring Institution Demographics section.
- Once all signatures are collected, DocuSign will send an executed copy to the named representative.
- This executed copy will also be uploaded to the [MERC Grant Verification Report \(GVR\) \(page 62\)](#) within the sponsoring institution’s application portal once payments are released.

Announcement & Distribution


MERC funding will be announced by April 30, 2026, via [GovDelivery](#) (see [Communication](#) regarding signup).

- MDH will award funding to the clinical training site through the sponsoring institution.
 - The sponsoring institution will have 60-days to submit the required [MERC Grant Verification Report \(GVR\) \(Page 62\)](#) to confirm payments to clinical training sites were made in accordance with the sponsor’s grant agreement.
- A summary of funding will be posted on the [MERC publications](#) webpage.
- Detailed funding reports will be available to applicants in the [Minnesota Clinical Training Site Grant Application application portal](#).
 - Sponsors, see [Sponsoring Institution Reports](#) and [MERC Grant Verification Report \(GVR\)](#).
 - Teaching Programs, see [Teaching Program Reports](#).

Application Deadlines & Timeline Overview

Submission Deadline

 All applications must be submitted by **4:30 p.m. Central Time** on their designated due dates.




 **Late applications will not be accepted.** Applicants are responsible for ensuring timely submission. MDH strongly recommends completing required steps **at least three calendar days in advance** to avoid unforeseen delays, including those due to technical issues or data coordination challenges between training sites, teaching programs and the sponsoring institutions.

Key Dates & Milestones

Pre-Application

Activity	Date
Portal Opens	August 15, 2025
Teaching Programs - Share Clinical Trainee FTE Data with Training Site	August 15-31, 2025


Application

Activity	Deadline
Complete Sponsor Demographics	August 31, 2025
Complete Teaching Program Demographics	August 31, 2025
Training Site Application Due to Teaching Program	September 30, 2025 
Teaching Program - Review/Approve Site Application	October 1-15, 2025
Teaching Program - Submit Application to Sponsor	October 20, 2025 
Sponsor - Review/Approve Teaching Program Application	October 15-31, 2025
Sponsor - Submit Complete Application to MDH	October 31, 2025 

Post-Submission & Funding Milestones

Activity	Date
Sponsor – Execute Grant Agreement	Anticipated: March 15-April 1, 2026
MDH Releases Funding to Sponsors	April 30, 2026 (or before)
Sponsor Releases Funding to Eligible Sites	The early of 60-day of payment or June 30, 2026

Final Reporting

Activity	Date
Sponsor - Grant Verification Report (GVR) Deadline	June 30, 2026 (or sooner) 
MERC Portal/Cycle Closes	July 30, 2026

Application Details

The submission [Submission Timeline \(PDF\)](#) can also be found on the [MERC website](#).

August 15 – 31: Pre-Application Phase

Sponsors

- Register for the application portal (*new users only*).
- Existing representatives may assign secondary access to other registered users.
 - Set up new teaching programs and assign new representatives.
- Update Sponsoring Institution Demographics by August 31.

 Teaching programs and sites cannot begin applications until the sponsor's demographics are finalized.

Teaching Programs

- Email trainee data ([template information](#)) to the training site representatives with clinical trainee FTE data.
- Register in the application portal (*new users only*).
- New users receive access to teaching programs by the sponsor.
- Update Teaching Program Demographics by August 31 to indicate intent to apply.
 - Upload accreditation documents (*if applicable*).

 Sites cannot apply until teaching program steps are completed.

Training Sites

- Register in the application portal (*new users only*).
- Identify or claim training sites you represent (*if not previously claimed*).
- Review and verify trainee data received from the teaching programs.
 - Contact teaching programs to resolve any discrepancies.
- Complete Clinical Training Site Demographics and indicate intent to apply (*if applying*).

September 1 – 30: Coordination Phase

Sponsors

- Offer support to programs and sites as needed.

Teaching Programs

- Respond to site questions by **September 15**.

Training Sites

- Begin Step 1 of the site application.
- Confirm alignment with data provided by the teaching program.
 - Resolve any discrepancies by September 15.

- Submit application to teaching program by **September 30**.
 - If not applying, update demographics section to withdraw intent.

⚠ Do not apply for locations or trainees that differ from the data provided by the teaching program.

October 1 – 31: Teaching Program and Sponsor Application & Submission Phase

Sponsors

- Review and approve submitted teaching program applications.
- Submit completed sponsor application to MDH by **October 31**.

Teaching Programs

- Review and approve site application by **October 15**.
 - In rare cases, site data may require an amendment (disapprove/deny).
 - Notify sites of needed corrections by October 15.
- Final approvals due October 20.
 - Remove unapproved or unresolved site applications and notify site representatives.
 - Non-compliant sites may be reported to MDH.
- Submit full teaching program application to sponsor by **October 20**.

Training Sites

- Verify the teaching program approval of the site application.
 - The teaching program will notify the site representative if the application is denied or removed.
 - Non-compliant sites may be reported to MDH.
 - Denied applications must be corrected and approved by **October 20**.
 - Late applications or inconsistent data will not be approved.

Workflow

Figure 3

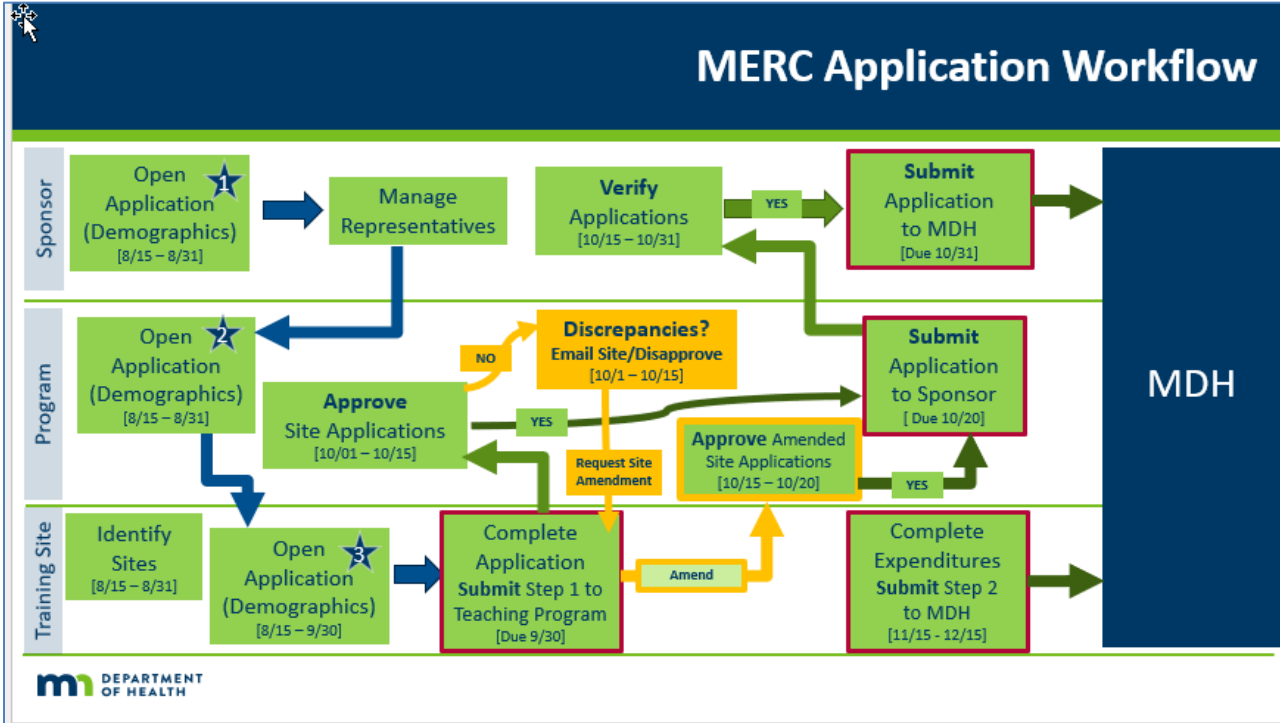
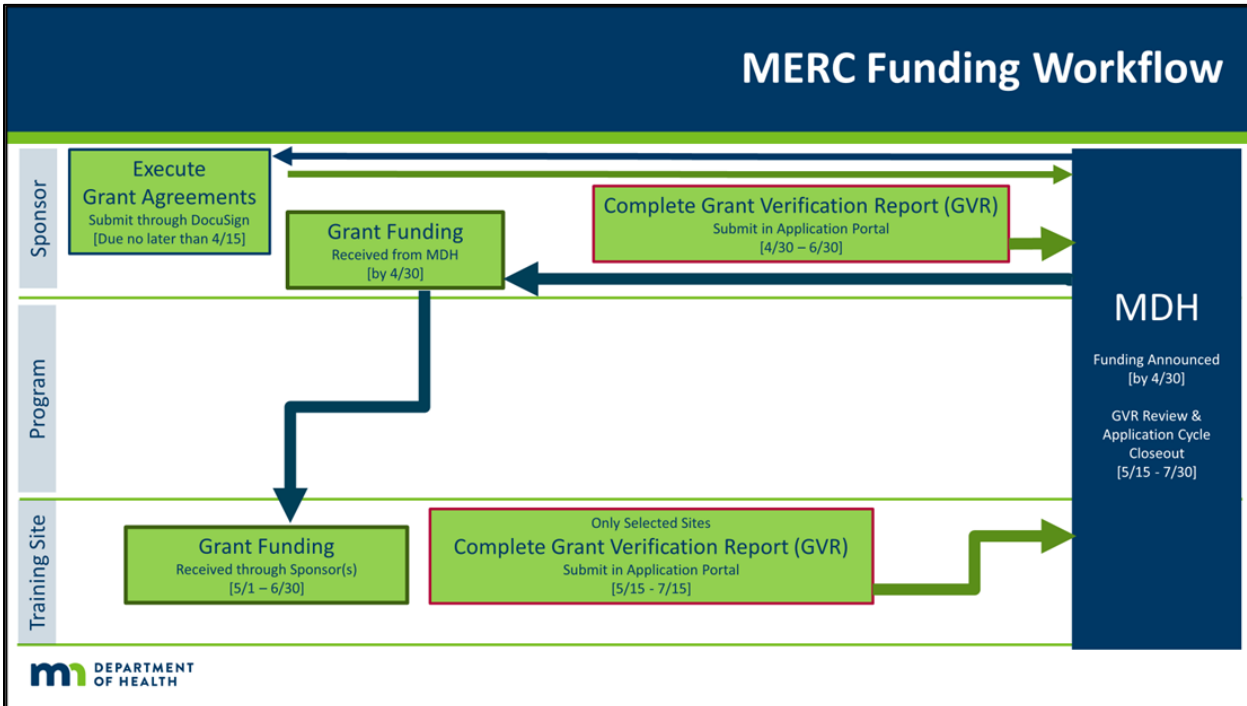


Figure 4



Questions & Communication

Please submit questions in writing by **4:30 p.m. Central Standard Time (CST), on October 28, 2025.**

Contact Information:

Program	Email
MERC Program	health.merc@state.mn.us
Site-Sited Clinical Training (SBCT) Program	ClinicalTraining.MDH@state.mn.us

⚠ Identify the sponsoring institution name and teaching program name in all correspondence. If site related, also include the Application ID number and clinical training site name.

Stay Informed

Subscribe to [GovDelivery](#) to receive MERC notifications and announcements.

Quick References

- [MERC Information](#)
- [MERC Committee](#)
- [MERC Definitions](#)
- [MERC History](#)
- [Legislation](#)
- [MERC Publications](#)

- New Representatives
 - [Register](#) for account in the portal.
 - Update [User Profile](#)
 - [Adding/changing](#) sponsoring institution representative (completed by Sponsor).
 - [Adding/changing](#) teaching program representatives (completed by Sponsor).
- Opening the Application
 - [Sponsoring Institution Demographics](#)
 - [Teaching Program Demographics](#)
- Reports
 - [Sponsors](#)
 - [Teaching Programs](#)

Application and Submission Instructions

This section outlines the roles of the Minnesota Sponsoring Institution and Teaching Program in the application process.

Key Portal Features – Dual Application

The MERC Application Portal supports submissions for both the [Medical Education and Research Cost \(MERC\) Grant Program](#) and the [Site-Based Clinical Training \(SBCT\) Grant Program](#). While this manual focuses on the MERC Program, the following integration details are important for sponsors and programs in proper coordination for their clinical training sites that may apply for both programs. Minnesota clinical training sites may apply for:

- MERC only
- SBCT only
- Both MERC and SBCT

⚠ Important: If training sites applies for both MERC and SBCT, the site must elect upfront to apply for both MERC and SBCT. This application is then submitted simultaneously through the portal.

Shared Portal Functions: Additional training site data collected during the MERC application process supports SBCT administration, without changing core MERC application steps for teaching programs or sponsoring institutions.

Separate Grant Verification Reports (GVRs): After funding is determined, the portal generates distinct GVRs to support accurate tracking and distribution of funds.

SBCT Program Eligibility: The SBCT program supports clinical training sites as defined in [Minnesota Statutes 144.1508](#). Visit the [ORHPC Grants and Funding webpage](#) for eligibility and program guidance.

SBCT Administration: The SBCT program is authorized and administered separately from MERC. Questions about SBCT eligibility or application assistance may be directed to ClinicalTraining.MDH@state.mn.us.

Application Process

Minnesota Sponsoring Institution

A Sponsoring Institution refers to a hospital, school, or consortium located in Minnesota that:

- Sponsors and maintains primary organizational and financial responsibility for a clinical medical education program.
- Is accountable to the accrediting body.

The sponsoring institution is designated as the official applicant due to several factors:

- Some programs may not be equipped to manage funding directly and rely on the sponsor or consortium for financial and administrative functions.
- For institutions with multiple programs receiving funding, this setup allows centralized coordination and simplifies application and reporting requirements.

Submission Requirements

Applications must be submitted to the Minnesota Department of Health (MDH) by the sponsoring

institution on behalf of:

- One or more teaching programs.
- Clinical training sites hosting clinical trainees.

Application Components

Each sponsoring institution must complete/submit:

- Sponsoring Institution Demographics
- Application
 - Details of each teaching program applying under the sponsor.
 - Clinical training sites affiliated with those teaching programs.
- [Applicant Conflict of Interest Disclosure](#)
- Grant Agreement
- Grant Verification Report

Teaching Program

A Teaching Program is an accredited Minnesota-based program that:

- Enrolls clinical trainees (students or residents).
- Oversees the educational experience of each trainee.
- Coordinates clinical training at approved sites.

Application Components

Each teaching program must submit:

- Teaching Program Demographics
 - Accreditation information.
- Application
 - Details on clinical trainees.
 - Clinical training sites seeking funding under the teaching program.

The teaching program must review and approve each training site's eligibility (including location and full-time equivalent [FTE] trainees) before submitting the materials to the sponsoring institution. The sponsor then reviews the full application and submits it to MDH.

Prior to the Application: Clinical Trainee Reporting

Between August 15 and August 31 (or earlier), the sponsoring institutions and teaching programs must provide fiscal year 2024 clinical trainee data to each training sites where their students/residents received clinical training.

Data Template Distribution

To ensure consistent format for training sites hosting trainees from multiple disciplines and sponsors, MERC staff distributed an Excel template on July 7 to all registered representatives of sponsoring institutions and teaching programs. Representatives are encouraged to complete the template and email the information directly to each applicable training site.

Purpose of the Data

Training sites will use the submitted data to:

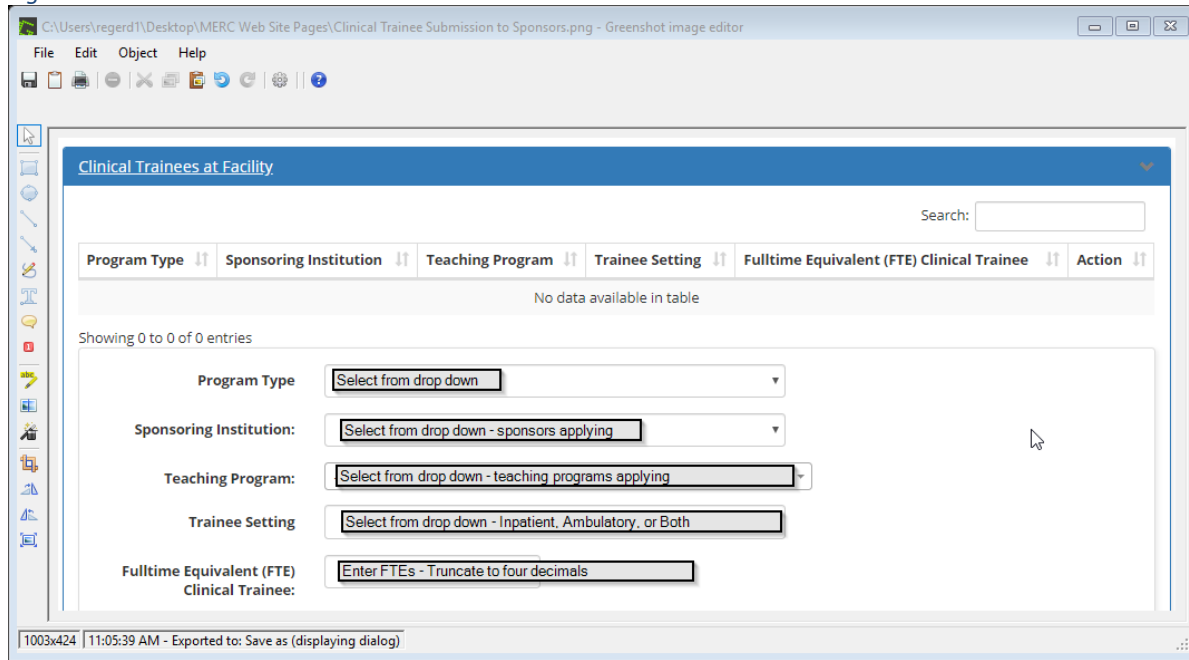
- Complete their application
- Report clinical training expenditures

Each site's application will be incorporated into the broader application of the site's corresponding sponsoring institution and teaching program for submission to MDH.

Required Data Elements

The figure below illustrates the data entry screen used by training sites. Items #2 - #6 are entered into the electronic form, while #1 is required to initiate the application.

Figure 5



Item	Description
1.	Name and Address of Site where training occurred
2.	Trainee/Program Type: Advanced Dental Therapists, Advanced Practice Nurses, Chiropractic Students, Clinical Social Workers, Community Health Workers, Community Paramedics, Dental Residents, Dental Students, Dental Therapists, Medical Residents, Medical Students, PharmD Residents, PharmD Students, Physician Assistants, or Psychologists.
3.	Sponsoring Institution Name
4.	Teaching Program Name and Contact Information
5.	Patient Care Setting (Inpatient, Ambulatory, or Both)
6.	Fulltime Equivalent (FTE) Clinical Trainee Count

Item	Description
	<p>FTE = Clinical Training Hours ÷ 2,080 (maximum of 1.0 FTE per individual)</p> <ul style="list-style-type: none"> ▪ Clinical Training Hours = ((Student/Resident x Weeks in Rotation) x Hours per Week) ▪ 1.0 FTE = 2,080 hours, 52 weeks, or 260 days. ▪ One person cannot exceed 1.0 FTE. ▪ FTEs must be truncated at four decimal places (do not round).

Additional Data (Not Collected in the Application)

Although not required in the application, providing the following information will support training sites in determine eligible expenditures:

- Dates of clinical training
- Name of primary preceptor(s) and student(s)/resident(s).

Communication and Clarifications

Training sites should contact the appropriate sponsoring institution or teaching program representative with any questions about their trainee data before submitting their application. Proactive resolution of trainee data will minimize disapprovals. Teaching programs have the ability to remove a site application deemed noncompliant if discrepancies remain unresolved prior to final submission.

Accessing the Application Portal

All applications must be submitted electronically via the official [MERC portal](https://merc.web.health.state.mn.us) (<https://merc.web.health.state.mn.us>)

Figure 6



Portal Navigation

- Top black menu bar: Quick links for navigation.
- Breadcrumb links below the black menu bar: Navigate to previous pages.
- The Home screen contains links to instructions/materials and general MERC program details.
- **Start the application by clicking Sign in the top menu (Figure 6).**

🔔 MDH may post system alerts/notices below the top menu bar. Always refer to these messages when using the portal.

⚠️ Important Usage Notes:

- Do not use browser autocomplete for names and addresses.
- Only submit data relevant to fiscal year 2024 clinical training.
- Step-by-step screens and examples are provided for reference only (Figure 6).

Applicant Registration & Sign In

Figure 7

DEPARTMENT OF HEALTH

Log in to merc-realm

Returning Users

Email
diane.reger@state.mn.us

Password
.....

Remember me [Forgot Password?](#)

Log in

New Users
New user? [Register](#)

Once you click Sign in on the top menu bar, you'll be asked to log in or register.

Registration Guidelines

- Usernames are email-based and must belong to your organization.
- Each user must register separately.
- Emails must be verified promptly to activate your account.
- Passwords are case sensitive.
- The application will time out after 15 minutes of inactivity. Unsaved data will be lost.

(See Figure 8 for a registration example.)

New Users

If you're accessing the portal for the first time:

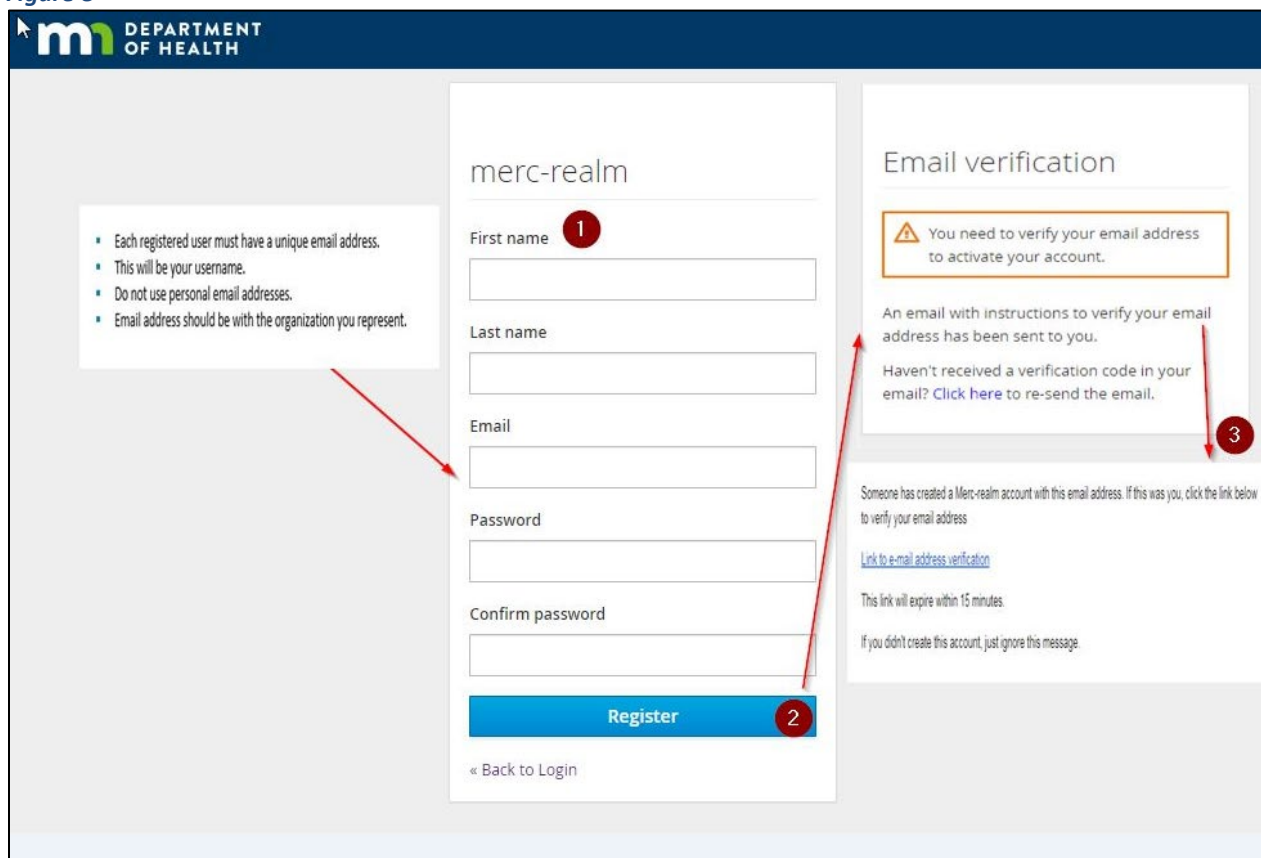
- Click Register (Figure 7).
- Complete all registration fields (Figure 8).
 1. Your username must be a unique organizational email address (no personal emails).
 2. Click Register to submit.
 3. Verify your email address within 15 minutes by following the instructions in the email.
 - If you do not receive an email to verify registration, check your junk mail/spam folder (add health.merc@state.mn.us to your email safe senders).

Returning Users

If you've previously registered:

- Enter your username (email address) and password.
- Click Log In to access your account.
- Proceed to User Profile (see Figure 9).
 - 🔒 **Forgot your password?** Click on [Forgot Password](#) and follow the prompts.

Figure 8



Profile Setup

Your user profile is tied to your email (username). Each applicant must complete:

- Full name
- Job title
- Work phone number
- Employer name
- Organizational address

Figure 9

The screenshot shows a web application interface for managing a user profile. At the top, there is a navigation bar with the Minnesota Department of Health logo and the text '2018 Minnesota Clinical Training Site Grant Application'. Below the navigation bar, there is a breadcrumb trail: 'Home / Manage User Profile'. The main heading is 'Manage User Profile'. The form is titled 'User Profile' and contains the following fields:

- Login Name: * diane.reger@state.mn.us
- First Name: * Diane
- Last Name: * Reger
- Title: * State Program Administrator - Coordinator
- Email: * diane.reger@state.mn.us
- Phone: * (651) 201-3566

The 'Employer Information' section includes the following fields:

- Name: * State of Minnesota
- Address 1: * PO BOX 64882
- Address 2: Enter employer address line 2
- City: * St. Paul
- Select State: * MINNESOTA
- Zip Code: * 55164
- Postal Code: 0882

An 'Update' button is located at the bottom of the form.

Profile Management

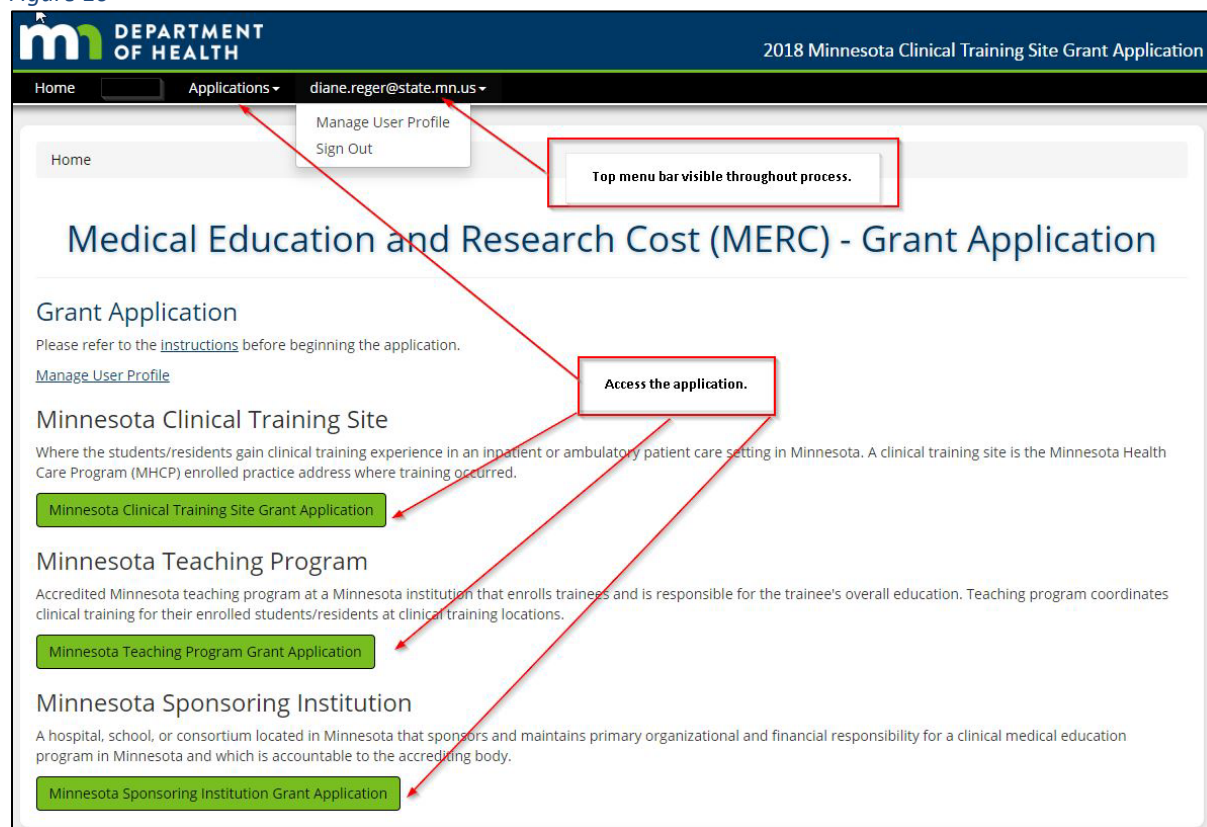
- After logging in, click Continue or Update to verify your information.
- You must review your profile each time you access the portal.
 - Changes will be reflected throughout the portal.
 - If no changes are needed, scroll to the bottom and confirm.
- **Email addresses cannot be changed.**
 - If your email is no longer valid, you'll need to create a new account (see New Users).

You can also manage your user profile via the top menu bar or Home Screen (see Figure 10).

Home Screen Overview

Once you've signed in and confirmed your user profile, you'll be directed to the Home Screen (Figure 10). This screen is your central hub for accessing applications and user management tools.

Figure 10



Accessing the Application

You can start your application using either of the following methods:

Option 1: Mid-Screen

- Each applicant type is listed mid-screen with a short definition.
- By clicking on the green box to open:
 - Minnesota Sponsoring Institution Application (or)
 - Minnesota Teaching Program Application

Option 2: Top Menu Navigation

- Use the top menu bar and select Applications.
- Choose:
 - Minnesota Sponsoring Institution, (or)
 - Minnesota Teaching Program

Additional Home Screen Links

- Link to this instruction manual.
- Access and manage your User Profile.
- Sign Out of the portal.

Signing Out

To sign out of the application portal:

- Click your email address in the top menu bar (See Figure 10).
- Select Sign Out from the dropdown menu.

Minnesota Sponsoring Institution Instructions

A Sponsoring Institution is a hospital, school, or consortium located in Minnesota that:

- Sponsors a clinical medical education program.
- Maintains primary organizational and financial responsibility for a clinical medical education program.
- Is accountable to the accrediting body overseeing the program.

✦ Refer to Figures in your manual for visual aids and system screenshots.

Figure 11



Task Overview


The following tasks must be completed in order. Each task has its own detailed instructions on subsequent pages.

Order	Task	Timing	Key Actions
1	Manage Sponsoring Institutions & Teaching Programs	August	<ul style="list-style-type: none">▪ Setup user access.▪ Add accredited teaching programs to the sponsor's application.▪ Assign additional representatives, if needed.
2	Sponsoring Institution Demographics	August	<ul style="list-style-type: none">▪ Complete demographic details.▪ Open the application process.
3	Sponsoring Institution Applications	October	<ul style="list-style-type: none">▪ Review and approve submitted teaching program applications.▪ Submitted approved applications to MDH.

Order	Task	Timing	Key Actions
4	Reports	As Needed	<ul style="list-style-type: none"> Export application content to Excel format for review and records.


Task 1: [Manage Sponsoring Institutions & Teaching Programs](#)

- Setup user access.
- Add accredited teaching programs to the sponsor’s application.
- Assign additional representatives, if needed.

 Action Recommended: Complete Step 1 immediately to enable access and setup for affiliated programs.


Task 2: [Sponsoring Institution Demographics](#)

- Complete demographic details.
- Open the application process.

 Action Recommended: Step 2 should be completed immediately to enable access and setup for affiliated programs.

Task 3: [Sponsoring Institution Applications](#)

- Review and approve submitted teaching program applications.
- Submit approved applications to MDH.

 Timing: Step 3 should be completed after October 20, 2025, once teaching programs submit their materials.

Task 4: [Reports](#)

- Generate Excel reports to review submitted application content in a structured format.

Manage Sponsoring Institutions & Teaching Programs

This section explains how a sponsoring institution representative gains access, manages affiliated teaching programs, and completes the institutional demographics.

- The first representative for the sponsoring institution must be granted access by MERC program administrator.
- After initial access is approved, the representative can:
 - Manage access for additional users.
 - Add and oversee accredited teaching programs.
 - Control permissions for teaching program representatives.
- Additional representatives do not seek access from MDH. They must be added by a current representative.

⚠ Access remains active until revoked by MDH or a representative of the sponsoring institution.

Figure 12

The screenshot shows the user interface for managing sponsoring institutions. At the top, there is a navigation bar with the Minnesota Department of Health logo and the text '2018 Minnesota Clinical Training Site Grant Application'. Below the navigation bar, there is a breadcrumb trail: 'Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs'. The main heading is 'Manage Sponsoring Institutions & Teaching Programs'. Below this, there is a section titled 'List of Authorized Sponsoring Institutions' with a search bar and a 'Show 10 entries' dropdown. The table below has columns for 'Grant Cycle Year', 'Sponsoring Institution', and 'Action'. The table is empty, displaying 'No data available in table'. Below the table, it says 'Showing 0 to 0 of 0 entries' and 'No Sponsoring Institutions Identified.' There are 'Previous' and 'Next' buttons. At the bottom left, there is a link 'Request Access to Sponsoring Institution' with a red notification icon.

Requesting Initial Access to Sponsoring Institution (First Time Sponsors Only)

If the sponsoring institution **did not apply** in a previous cycle, send an email to health.merc@state.mn.us and provide:

- Subject line: [Sponsoring Institution Name] – FY2024 Training MERC Application
- Body:
 - Sponsoring Institution's name
 - Representative's name
 - Brief paragraph stating the sponsors eligibility for FY2024 clinical training.

Figure 13

The screenshot shows the 'Request Access to Sponsoring Institution' form. At the top, the Department of Health logo and '2018 Minnesota Clinical Training Site Grant Application' are visible. The breadcrumb navigation path is: Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Request Access to Sponsoring Institution. The form contains three input fields: 'Grant Cycle Year' with a dropdown menu showing '2018', 'Sponsoring Institution' with a dropdown menu showing '---Select--', and 'Comment' with a text input field containing 'Enter comment...'. A green 'Submit Request' button is located below the fields. Red circles with numbers 1 through 5 are overlaid on the form to indicate key elements: 1 on the year dropdown, 2 on the institution dropdown, 3 on the comment field, 4 on the submit button, and 5 on the breadcrumb navigation.

Once the portal has the new sponsoring institution as an option, the MERC administrator will notify the representative to return to the **Manage Sponsoring Institution & Teaching Programs** section to begin the steps below:

1. Application Cycle Year: Select 2024.
2. Sponsoring Institution: Select the sponsoring institution.
 - New sponsors meeting the application criteria, contact health.merc@state.mn.us as noted in the last section.
3. Comment: Provide a brief comment attesting to your authority to represent the sponsor.
4. Press Submit Request.
 - MDH will approve the first representative's access or respond within 24 business hours of receiving the email.
 - After initial access is granted, only the existing sponsoring institution representatives may designate additional representatives. (See [Grant/Revoke Access.](#))
5. Return to Manage Sponsoring Institutions & Teaching Programs after access is granted.

Manage Sponsoring Institution Portal

Figure 14

Home / [Minnesota Sponsoring Institution](#) / Manage Sponsoring Institutions & Teaching Programs

Manage Sponsoring Institutions & Teaching Programs

Sponsoring Institutions

Show 10 entries Search:

Grant Cycle Year	Sponsoring Institution	Action
2018	TEST Sponsoring Institution	Add/Remove Teaching Programs Grant/Revoke Access

Showing 1 to 1 of 1 entries

[Request Access to Sponsoring Institution](#)

Previous 1 Next

After initial access is granted, representatives have the ability to:

6. [Add/Remove/Edit](#) teaching programs.
7. [Grant/Revoke Access](#) to representatives.
8. Navigate back to other sections.

Add/Edit Teaching Programs

Representatives can manage their institution's teaching programs.

Figure 15

2018 Minnesota Clinical Training Site Grant Application

Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Add/Remove Teaching Programs

Add/Remove Teaching Programs

Sponsoring Institution

Grant Cycle Year * 2018

Name: * Test Sponsor Diane1

Teaching Programs

Show 10 entries Search:

Grant Cycle Year	Sponsor Institution	Program Type	Program Name	Action
2018	Test Sponsor Diane1	ADVANCED PRACTICE NURSES	State of Minnesota	Edit
2018	Test Sponsor Diane1	MEDICAL RESIDENTS	State of Minnesota	Edit

Showing 1 to 2 of 2 entries Previous 1 Next

Add Teaching Program

Program Type * --- Select ---

Name: * Enter name of teaching program

Add

Add New Teaching Programs

4. Program Type: Select the program type.
5. Name: Enter the teaching program name.
6. Click Add.
7. Repeat 1 – 3 as needed. When finished, return to the previous screen.

Edit/Remove Teaching Programs

8. Click Edit next to the teaching program name.

Edit Teaching Programs

- If the program name has changed or has a typo, edit the program name.
- If a new teaching program was mistakenly added, the sponsor may remove the newly added program.

⊘ Do not delete historical programs. (see below or contact health.merc@state.mn.us for clarification).

Figure 16

DEPARTMENT OF HEALTH | 2018 Minnesota Clinical Training Site Grant Application

Home | Admin | Applications | diane.reger@state.mn.us

Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs / Add/Remove Teaching Programs / Edit Teaching Program

Edit Teaching Program

Edit Teaching Program

Grant Cycle Year * 2018

Sponsoring Institution: * Test Sponsor Diane1

Program Type * ADVANCED PRACTICE NURSES

Name: * State of Minnesota

Save | Delete | Cancel

1. Program Type: Edit program type if incorrect.
2. Name: Edit program name if incorrect.
3. Click save, delete, or cancel.
 - Save – If edits were made.
 - Delete – Only for newly added programs with no history.
 - Programs with history should not be deleted.
 - Cancel – To exit without changes.
 - Contact health.merc@state.mn.us if clarification is needed.
4. Return to the previous screen for additional edits.
 - Click Manage Sponsoring Institutions & Teaching Programs to Grant/Revoke Access to additional sponsoring institution representatives or teaching program representatives.

Grant/Revoke Access

Sponsoring Institution Representatives

Sponsoring institution representatives can grant or revoke access to other representative at their organization.

Figure 17

Home / Minnesota Sponsoring Institution / Manage Sponsoring Institutions & Teaching Programs
/ Grant/Revoke Access to Sponsoring Institution & Teaching Programs

Grant/Revoke Access to Sponsoring Institution & Teaching Programs

Sponsoring Institution

Grant Cycle Year * 2018

Name: * Test Sponsor Diane1

Sponsoring Institution Authorized Users

Show 10 entries Search:

username	Action
diane.reger@state.mn.us	Revoke Access 3

Showing 1 to 1 of 1 entries Previous 1 Next

Grant User Access to Sponsoring Institution

Username: * Enter username... 1

User must have an account before access can be granted.

Grant Access 2

1. Enter the registered user's email/username.
 - User must be registered.
2. Click: Grant Access – Immediate authority granted.
3. Revoke Access: Removes access to sponsor and program tasks (system access remains).

Teaching Program Representatives (Optional)

- Sponsoring institution representative(s) oversee the entire application.
- The sponsoring institution representative can complete the entire teaching program application or assign additional access to program representatives.
- Additional access can be granted to one or more teaching program representative(s).
- The teaching program representative will be granted access to only the teaching program specified by the sponsoring institution representative.

Figure 18

Grant Cycle Year	Sponsor Institution	Program Type	Program Name	Action
2018	Test Sponsor Diane1	ADVANCED PRACTICE NURSES	State of Minnesota	Grant/Revoke Access 1
2018	Test Sponsor Diane1	MEDICAL RESIDENTS	State of Minnesota	Grant/Revoke Access

1. Select the teaching program.
2. Grant/Revoke access by selecting the teaching program.

Figure 19

2018 Minnesota Clinical Training Site Grant Application

Grant/Revoke Access to Teaching Program

Teaching Program

Grant Cycle Year * 2018

Sponsoring Institution: * Test Sponsor Diane1

Program Type * ADVANCED PRACTICE NURSES

Name: * State of Minnesota

Teaching Program Authorized Users

username	Action
diane.reger@state.mn.us	Revoke Access 3

Showing 1 to 1 of 1 entries

Grant User Access to Teaching Program

Username: * Enter username... 1

User must have an account before access can be granted.

[Grant Access](#) 2

1. Enter the username of the program representative to approve/grant access to.
 - User must be registered.
2. Click Grant Access.
 - User has access to the teaching program specified.
3. Click Revoke Access.
 - The representative will no longer have access to the teaching program specified.
4. Return to previous screen using links on top of the page.

Sponsoring Institution Demographics

The sponsor must complete this section before teaching programs and sites can submit applications.

Sponsor Information

Figure 20

DEPARTMENT OF HEALTH

2018 Minnesota Clinical Training Site Grant Application

Home Admin - Applications - diane.reger@state.mn.us -

Home / Minnesota Sponsoring Institution / Sponsoring Institution Demographics

Sponsoring Institution Demographics

Items with an * are required.

Sponsoring Institution(s)

Sponsoring Institution: * Test Sponsor Diane1 **1**

Sponsoring Institution Information

Name: Test Sponsor Diane1

Address Line 1: * 121 E 7th Place

Address Line 2: Enter address line 2.

City: * St. Paul

Select State: * MINNESOTA

Zip Code: * 54321

Postal Code: 1234

Use arrows to expand or decrease section.

1. Select the sponsoring institution.
 - If returning, previous details auto-populate.
2. Enter/Edit sponsor information.
 - Scroll to complete all required fields.

Authorized Representatives

- The sponsoring institution representatives listed in Manage Sponsoring Institutions & Teaching Programs are named in the application.

Figure 21

Authorized Representatives 1

Search:

First Name	Last Name	Title	Email	Type	Address
MERC	Staff	MERC Grant Program Staff	health.merc@state.mn.us		Line 1: 85 East 7th Place, Suite 220 City: St. Paul State: MN Zip: 55101 Phone: (651) 201-3566

Showing 1 to 1 of 1 entries

1. No entry takes place.
 - The information is pulled automatically from the representative's [user profile](#).
 - To add more representatives, use [Grant/Revoke Access – Sponsoring Institution Representative](#).

Vendor Information

Provide contact information (name, title, email, and phone) for the individual responsible for funding administration. Once funding is determined, this individual will be named in the grant agreement.

Also submit the sponsor's Minnesota Supplier information.

Visit [SWIFT \(State of Minnesota Supplier Portal\)](#) to determine the correct Vendor Number and Location Code and the corresponding vendor name, DBA name and remit to address for these codes. This information will be used by accounts payable if a grant is issued. The address provided must match the vendor's current remit to address for the vendor number and location provided.

🔔 MDH will use DocuSign for agreement signature. If two signatures are required on the grant agreement, provide the second individual's information to the MERC administrator by October 31, 2025.

Figure 22

The screenshot shows a web form titled "Vendor Information" with a blue header. The form contains the following fields and values:

Authorized Representative: *	Diane Reger
Title: *	Testing 10072019
Email: *	health.merc@state.mn.us
Phone: *	(651) 201-3566
Vendor Name: *	State of Minnesota
DBA (when applicable):	Minnesota Department of Health
Vendor Number: *	1111111111
Vendor Location Code: *	011
Federal Employer ID: *	11-1111111
Minnesota Tax ID: *	1111111
Address Line 1: *	111 MERC Circle
Address Line 2:	222 Line 2
City: *	St. Cloud
Select State: *	MINNESOTA
Zip Code: *	54321
Postal Code:	1234

I have verified that the information above is correct and complete.

Opening the Sponsoring Institution Application

Before any teaching program or site can apply:

- The sponsoring institution must confirm participation.
- Indicate “YES” for FY2024 program applications (see Figure 23).

Figure 23

Open Fiscal Year [2018] Application

Applying: YES NO

Applicant Trainees

- As programs/sites submit application:
 - A summary table auto-populates with trainee counts.
 - No data entry is needed here.

Figure 24

Trainee Types	Teaching Programs	Clinical Training Sites	Eligible Clinical Trainee FTEs	Outside MN Clinical Trainee FTEs	Other Non-Eligible Clinical Trainee FTEs	Didactic / Classroom FTEs	Total Non-Eligible FTEs	Overall Program FTEs
ADVANCED PRACTICE NURSES	1	0	0.0	0.0	0.0	0.0	0.0	0.0
MEDICAL RESIDENTS	1	0	0.0	0.0	0.0	0.0	0.0	0.0
Total	2	0	0.0	0.0	0.0	0.0	0.0	0.0

Showing 1 to 2 of 2 entries

Update

Save Your Work

- Once demographics are complete, click Update.
- Use the top navigation links to return to the Minnesota Sponsoring Institution page.

Sponsoring Institution Applications

Approving & Submitting Teaching Program Applications

This step can only begin **after teaching programs have submitted their applications for final approval**. Sponsors are responsible for verifying and submitting these applications to the Minnesota Department of Health (MDH).

Key Deadlines

Tasks	Deadline 4:30 pm CT
Training Sites submit to Teaching Programs	By September 30, 2025
Teaching Programs submit to Sponsor	By October 20, 2025
Sponsor submits to MDH	By October 31, 2025

Steps to Approve & Submit

- 1. Review Applications (Figure 25):** Once teaching programs submit their applications, the sponsor may begin the review process.
 - Select the sponsoring institution to start approval (Ex.1).
 - Use the available navigation links at the top of the screen to return to the Sponsoring Institution main page (as needed).

Figure 25

2. Approve or Disapprove Applications (Figure 26)

- View teaching program application details before proceeding (Ex: 1).
- Select programs to approve individually or choose 'select all' (Ex. 2).

- Enter comments only when disapproving (Ex. 3).
- Choose to approve or disapprove (Ex. 4):
 - Disapprove if edits are required prior to submission to MDH (rare).
 - After disapproval, programs may revise and resubmit for approval.
- Use navigation links at the top of the screen to return to the Sponsoring Institution page as needed.

Figure 26

Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications / Submit Grant Application

Submit Grant Application

Selected (Test Sponsor 1)

Sponsoring Institution Fiscal Year (2018) Clinical Training

Teaching Programs

Select all or select line by line to approve or disapprove.

Search:

<input type="checkbox"/>	Teaching Program (Type)	Status	Comment	Approved Date	Finalized Date	Action
<input type="checkbox"/>	Test Program A (Medical Residents) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234	NEW				<input type="button" value="View"/>
<input type="checkbox"/>	Test Program B (Advanced Practice Nurses) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234	NEW				<input type="button" value="View"/>
<input type="checkbox"/>	Test Program C (Physician Assistants) Status: TP-SUBMITTED Address: 123 Street City: St. Paul State: MN Zip: 54321 Zip4: 5321	NEW				<input type="button" value="View"/>

Showing 1 to 3 of 3 entries

3. Submit to MDH (Figure 27)

- Once programs are approved:
 - System checks for missing information prior to submission (Ex.1).
 - Proceed to finalize the submission process. (See Figures 28 – 30).

Figure 27

Teaching Program (Type)	Status	Comment	Approved Date	Finalized Date	Action
Test Program A (Medical Residents) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234	SP-APPROVED		10/10/2019		View
Test Program B (Advanced Practice Nurses) Status: TP-SUBMITTED Address: 123 Main Street City: St. Paul State: MN Zip: 54321 Zip4: 1234	SP-APPROVED		10/10/2019		View
Test Program C (Physician Assistants) Status: TP-SUBMITTED Address: 123 Street City: St. Paul State: MN Zip: 54321 Zip4: 5321	SP-APPROVED		10/10/2019		View

Showing 1 to 3 of 3 entries

[Submit Application to MDH](#)

Figure 28

[Home](#) / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / [Submit Grant Application](#) / [Finalize Application](#)

Finalize Application

[Submit Grant Application](#)

Items with an * are required.

Grant Application Summary Fiscal Year [2018] Clinical Training

Sponsoring Institution

Sponsoring Institution:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Figure 29

Teaching Program		
Teaching Program	Type	Address
Test Program A	Medical Residents	123 Main Street City: St. Paul State: MN Zip: 54321 Facility Type: Medical Residents
Test Program B	Advanced Practice Nurses	123 Main Street City: St. Paul State: MN Zip: 54321 Facility Type: Advanced Practice Nurses
Test Program C	Physician Assistants	123 Street City: St. Paul State: MN Zip: 54321 Facility Type: Physician Assistants

Showing 1 to 3 of 3 entries

Figure 30

Validation Summary

Application is complete. Confirm approval below.

Teaching Programs Approved: COMPLETED

Demographic Information: COMPLETED

Final Approval and Submission

I affirm that the grant application submitted is accurate to the best of my knowledge. The application reflects the sponsoring institution's accredited Minnesota teaching programs and clinical training sites during the application training period. I am aware of my responsibilities as a sponsoring institution representative under Minnesota Statute 62J.692.

1

Name: Diane Reger

Title: MERC Grant Program - TEST ACCOUNT

Email: health.merc@state.mn.us

Date Signed: 10/10/2019

Comment: Enter comment

Option box for notes to MDH.

Submit **2**

4. Finalize & Print Submission (Figure 30)

- Confirm approval using checkbox (Ex. 1).
 - Signature auto-populates based on representative profile.
 - Optional: Add comment to MDH.
- Select Submit to MDH (Ex. 2).
- Print a copy of the final application (Figure 31).
 - Scroll to top of screen to print or save a PDF version.

- This document is part of the submission and must be retained in sponsor’s internal records.

Figure 31

Home / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / Submit Grant Application

Submit Grant Application

Selected:

Items with an * are required.

3 Print Application

Sponsoring Institution Fiscal Year [2019] Clinical Training

Figure 32

Grant application submitted to MDH successfully!

Home / [Minnesota Sponsoring Institution](#) / [Sponsoring Institution Applications](#) / Submission Summary

Submission Summary

Grant Application Submission Summary [2018]

Sponsoring Institution Demographic

Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Postal Code:

Figure 33

Teaching Programs		
Search: <input type="text"/>		
Teaching Program Applications	TP Status	SP Status
Test Program A (Medical Residents) Address: 123 Main Street City: St. Paul State: MN Zip: 54321	TP-SUBMITTED TP Finalized Date: 10/08/2019	SP-SUBMITTED SP Finalized Date: 10/10/2019
Test Program B (Advanced Practice Nurses) Address: 123 Main Street City: St. Paul State: MN Zip: 54321	TP-SUBMITTED TP Finalized Date: 10/08/2019	SP-SUBMITTED SP Finalized Date: 10/10/2019
Test Program C (Physician Assistants) Address: 123 Street City: St. Paul State: MN Zip: 54321	TP-SUBMITTED TP Finalized Date: 10/08/2019	SP-SUBMITTED SP Finalized Date: 10/10/2019

Showing 1 to 3 of 3 entries

Application Status

The status of each application is tracked and displayed throughout the process, depending on the applicant type.

- SP = Sponsoring Institution
- TP = Teaching Program
- TS = Training Site

Status	Definition
NEW	Application opened.
PENDING	Awaiting action.
DISAPPROVED	Disapproved due to needed corrections.
APPROVED	Approved, awaiting submission by Program/Sponsor to MDH.
SUBMITTED	Submitted.

Figure 34

Home / [Minnesota Sponsoring Institution](#) / Sponsoring Institution Applications

Sponsoring Institution Applications

Sponsoring Institution Demographics must be completed before your application is started.

Show 10 entries Search:

Cycle Year	Sponsoring Institution	Teaching Program (Type) and Status	Action
2018	Test Sponsor 1 SP Status: SP-SUBMITTED Finalized Date: 10/10/2019	Teaching Program (Type) Test Program A (Medical Residents) Test Program B (Advanced Practice Nurses) Test Program C (Physician Assistants)	TP Status TP-SUBMITTED TP-SUBMITTED TP-SUBMITTED

Conflict of Interest

The sponsoring institution must email the [Applicant Conflict of Interest Disclosure](#) form to health.merc@state.mn.us upon submitting the application.

Reports

Excel reports summarize data from the sponsoring institution's application.

Figure 35

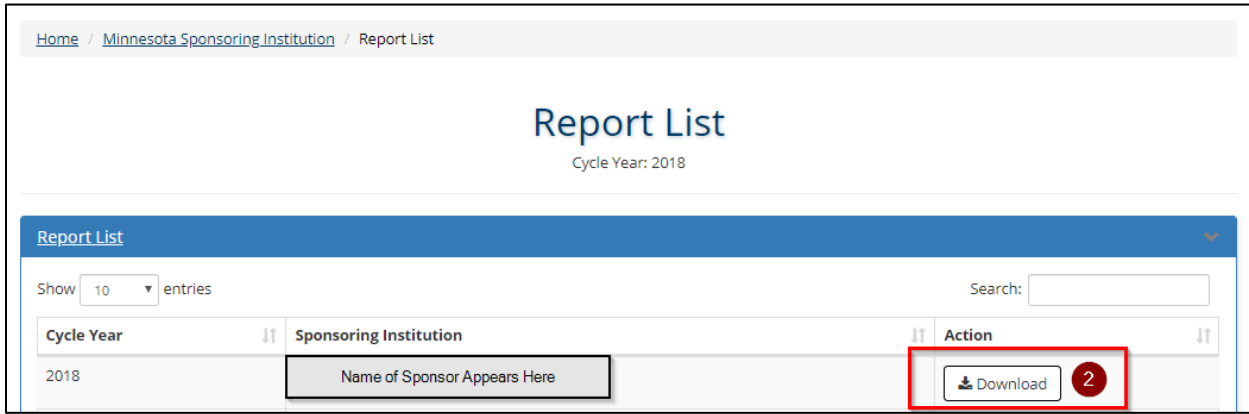
Home / [Minnesota Sponsoring Institution](#)

Minnesota Sponsoring Institution

Sponsoring Institutions Tasks

- [Manage Sponsoring Institutions & Teaching Programs](#)
- [Sponsoring Institution Demographics](#)
- [Sponsoring Institution Applications](#)
- [Reports](#) 1

Figure 36



To Download Reports:

1. Click Reports.
2. Select Download.

Once funding is finalized, the comments will indicate the site’s overall funding status.

Comment	Description
Eligible	Site qualified for funding
Ineligible - Below Minimum Funding Requirements	Formula < \$5,000 minimum threshold
Ineligible – Below Expenditures Requirements	Training expenditures < \$5,000
Ineligible - Below FTE Requirements	FTEs < 0.10 threshold
Ineligible - Withdrew Initial Application/Step 2 Incomplete	Application withdrawn or expenditure reporting incomplete
Ineligible - Did Not Meet Medicaid Requirements	Revenue criteria not met for MA/PMAP
Ineligible – Site Closed or MHCP Enrollment Terminated	Site closed or Minnesota Health Care Program (MCHP) provider enrollment terminated

Minnesota Teaching Program Instructions

Definition

Per [Minnesota Statute 62J.692](#), Subd. 1(d), a clinical medical education program includes accredited clinical training of:

- Physicians (medical students and residents)
- Doctor of Pharmacy Practitioners (pharmacy students and residents)
- Doctors of Chiropractic
- Dentists (dental students and residents)
- Advanced Practice Nurses* (clinical nurse specialists, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives)
- Physician Assistants
- Dental Therapists and Advanced Dental Therapists
- Psychologists
- Clinical Social Workers
- Community Paramedics
- Community Health Workers

Accreditation Requirements

- Program must be accredited by a body recognized by:
 - The U.S. Department of Education
 - The Centers for Medicare and Medicaid Services (CMS)
 - Other nationally approved accreditation entities reviewed and approved by the Commissioner of Health.
- Accreditation must be:
 - Active at the time of training
 - Ongoing throughout the funding process.
- Program must be located in Minnesota.

Special Requirements for Advanced Practice Nurse Sponsorship

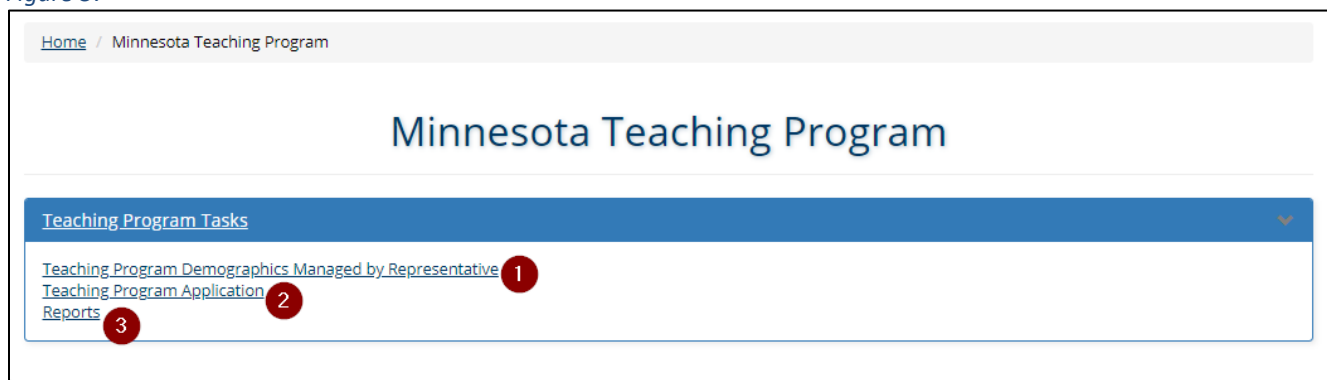
Under [Minnesota Statute 62J.692](#) Subd. 3(b), training programs for *Advanced Practice Nursing must be sponsored by:

- University of Minnesota Academic Health Center
- Mayo Foundation
- Institutions part of the Minnesota State Colleges and Universities System
- Institutions that are members of the Minnesota Private College Council

Task Overview

Tasks are completed by a sponsoring institution representative or a designated teaching program representative. Refer to [Manage Sponsoring Institutions & Teaching Programs](#) for user access and program additions.

Figure 37



Step	Task	Timing	Key Action
1	Teaching Program Demographics Managed by Representative	August 15-31	<ul style="list-style-type: none"> Complete demographic details. Upload accreditation documents. Open the application process.
2	Teaching Program Application	October 1-15, October 15-20	<ul style="list-style-type: none"> Review/approve site applications. Submit approved applications to sponsor.
3	Reports	As Needed	<ul style="list-style-type: none"> Export application content to Excel for review and records.


Step 1: [Teaching Program Demographics Managed by Representative](#)


- Complete program demographic.
- Upload accreditation documentation.
- Open application to training sites by August 31.

 Once completed, sites may begin applying.

Step 2: [Teaching Program Application](#)

- Review and approve submitted site applications by October 15, 2025.
- Submit approved applications to the sponsor by October 20, 2025.

 Timing: Step 2 should be completed beginning October 1, 2025, once all sites submit their applications.

 Sites applications are due to the teaching program by 4:30 pm on September 30, 2025.

Step 3: [Reports](#)

- Generate Excel reports to review the application content in a structured format.

Teaching Program Demographics Managed by Representative

The teaching program must complete the demographics and indicate the program is applying before the clinical training sites can submit applications to the program for approval.

- The table will reflect programs assigned to the user by the sponsoring institution representative.
- Contact the sponsoring institution representative for authorization questions or requests.

Figure 38

Home / [Minnesota Teaching Program](#) / Teaching Program Demographics Managed by Representative

Teaching Program Demographics Managed by Representative

Teaching Program Demographic Information

Demographics must be completed before application is started.

Show 10 entries

Search:

Yes, indicates program intends to apply and must finalize the application process.

Cycle Year	Sponsoring Institution	Teaching Program	Program Type	Intends to Apply
2018	Sponsor name will appear here.	Program name will appear here.	Trainee type will appear here.	YES Complete Demographics
2018	Sponsor name will appear here.	Program name will appear here.	Trainee type will appear here.	NO Complete Demographics

1. Select the teaching program to complete the demographics for.
 - Representatives that manage multiple programs must complete demographics for each program.

Sponsoring Institution Information

- General information about the sponsoring institution is prefilled at the top of the program's demographics.

Figure 39

The screenshot shows the 'Teaching Program Demographics' form. At the top, there is a section for 'Teaching Program Demographic Information' with a text input field containing 'Program name will appear here.' Below this is a blue header for 'Sponsoring Institution Information'. A red box highlights the input fields for 'Sponsoring Institution', 'Address Line 1', 'Address Line 2', 'City', 'State' (pre-filled with 'MN'), 'Zip Code', and 'Postal Code'. A red box also highlights a dropdown arrow in the top right corner of the 'Sponsoring Institution Information' section, with a callout box stating 'Use arrows to expand or decrease sections.' Another red box highlights the pre-filled text in the 'Sponsoring Institution' field, with a callout box stating 'Information pre-populated based on sponsoring institution's demographics.' A note at the top left says 'Items with an * are required.'

Opening the Teaching Program Application

Figure 40

The screenshot shows the 'Teaching Program Application' form. The top section is 'Open Fiscal Year [2018] Application' with a red circle '2' next to the 'Applying:' label. There are radio buttons for 'YES' (selected) and 'NO'. A callout box next to this section contains the text: 'DO NOT select 'yes' unless accreditation was in place during the fiscal year and continues to be in place. Clinical training sites will be allowed to apply through the program if 'yes' is selected.' Below this is the 'Program's [2018] Fiscal Year' section with a red circle '3' next to the 'Start Date:' label. The 'Start Date' is pre-filled with '01/01/2018' and the 'End Date' is pre-filled with '12/31/2018'.

- Indicate if the program is applying.
 - This opens the application to training sites.
- Enter the dates of the program's fiscal year 2024.
 - Previous applicants (prefilled dates).
 - Ensure dates do not overlap prior periods.
 - New programs may apply for a full or partial year, based on accreditation.
 - FTEs must reflect partial year, if initial accreditation began mid-year.

Teaching Program Information

Figure 41

Teaching Program Information

Name: Test Program 2

Address Line 1: 111 MERC Circle

Address Line 2: 222 Line 2

City: St. Cloud

Select State: MINNESOTA

Zip Code: 54321

Postal Code: 1234

Year program was established and began teaching activities (yyyy): 1950

Program Type: Dental Residents

Select One: Primary Care - General Practice Dentistry/Pediatric Dentistry
 Specialist - Endodontics, Oral and Maxillofacial Surgery, Orthodontics, Periodontics, Prosthodontics, etc.

Specialty: General Practice Dentistry

4. Enter:

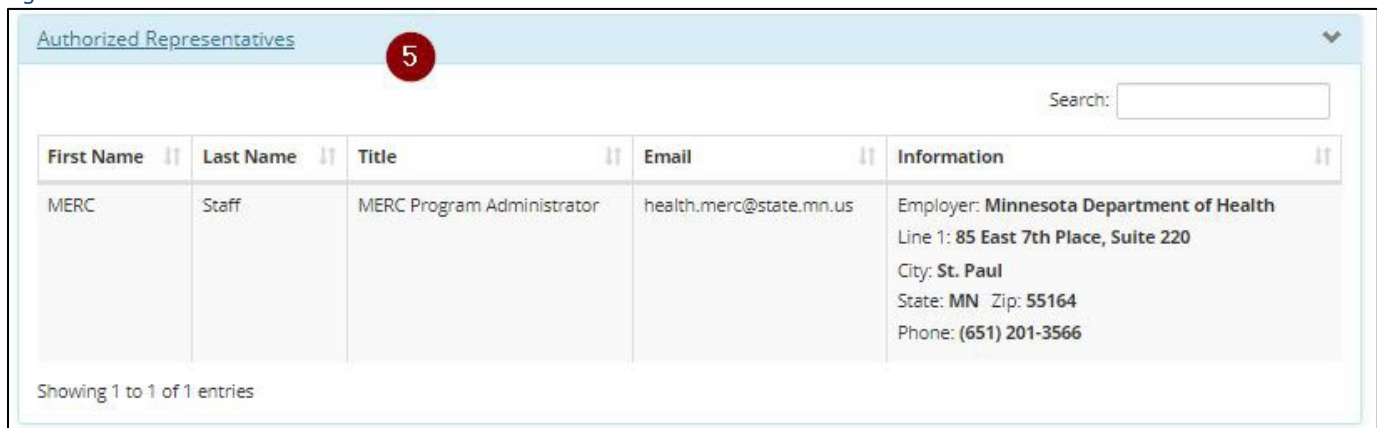
- Name (prefilled based on [Add/Edit Teaching Programs](#))
- Address
- Year established and began teaching activities
- Program type (prefilled based on [Add/Edit Teaching Programs](#))
- Primary Care or Specialist (select based on program type)
 - Advanced Practice Nurses, Dental Residents, Medical Residents – Select Primary Care or Specialist (see screen for help).
 - All other program types are pre-set as Primary Care.
- Specialty –
 - Choose from dropdown (e.g., clinical nurse specialist, pediatric dentistry, internal medicine).
 - If not listed, select “OTHER” and enter using uppercase.

i Information from previous application cycle will prefill – review/edit as needed.

Authorized Representatives – Teaching Program

- The user profile of the sponsoring institution and teaching program representative(s) named in Managed Sponsoring Institutions & Teaching Programs are included in the application.

Figure 42



The screenshot shows a web interface titled "Authorized Representatives" with a red notification bubble containing the number "5". A search bar is located in the top right corner. Below the search bar is a table with the following columns: "First Name", "Last Name", "Title", "Email", and "Information". The table contains one entry for "MERC".

First Name	Last Name	Title	Email	Information
MERC	Staff	MERC Program Administrator	health.merc@state.mn.us	Employer: Minnesota Department of Health Line 1: 85 East 7th Place, Suite 220 City: St. Paul State: MN Zip: 55164 Phone: (651) 201-3566

Showing 1 to 1 of 1 entries

5. No action required; representatives listed based on [user profile](#).
 - Updates made through [Grant/Revoke Access – Teaching Program Representative](#) section.

Accreditation

Teaching programs must be accredited through an organization recognized by the U.S. Department of Education (“Current List of Nationally Recognized Accrediting Agencies and the Criteria for Recognition by the U.S. Secretary of Education.” U.S. Department of Education Office of Postsecondary Education, September 1998), the **Centers for Medicare and Medicaid Services** (42 C.F.R. §§ 413.85, 413.86) or another national body who reviews the accrediting organizations for multiple disciplines and whose standards for recognizing accrediting organizations are reviewed and approved by the Commissioner of Health.

⚠ Refer to [Accreditation Requirements](#) for additional details.

Figure 43

The screenshot displays two forms: "Accreditation" and "Upload Accreditation Document".

Accreditation Form:

- 6** Select the accrediting body. (Callout pointing to the dropdown menu for "Name")
- 7** Status: Initial Accreditation, Continued Accreditation, Other. (Callout pointing to the "Continued Accreditation" radio button)
- 8** Date accreditation was originally granted. (Callout pointing to the "Initial Accreditation Granted" date field)
- 9** Date of expected renewal/site visit. (Callout pointing to the "Accreditation Continues Through" date field)
- 10** I understand that programs must be accredited to meet qualifications. I attest the program is accredited both currently and during the training period in which I am applying. If accreditation status changes, I will notify the MERC program administrator. (Callout pointing to the checkbox)

Upload Accreditation Document Form:


- 11** Submit supporting documentation from the accrediting body naming the sponsor/program along with accreditation dates. (Callout pointing to the "Select file to upload" button)
- 12** I have verified that the attached accreditation document(s) cover the training period. The accreditation dates above reflect when the program was first accredited, and when the next approval is scheduled take place according to the accreditation documents (Callout pointing to the checkbox)
- 13** Save Draft (Callout pointing to the "Save Draft" button)
- 14** Finalize to Validate (Callout pointing to the "Finalize to Validate" button)
- All information must be completed to Finalize. (Callout pointing to the "Finalize to Validate" button)

6. Accrediting body (select from dropdown).

- Not listed? Email PDF of accreditation to health.merc@state.mn.us and await confirmation.

7. Accreditation Status (select):
 - Initial: Programs in their initial accreditation period.
 - Continued: Programs who have ongoing accreditation (beyond initial accreditation).
 - Other: Include description & notify health.merc@state.mn.us (may impact eligibility).
 - *Accreditation must be active both at the time training took place and ongoing throughout the MERC funding cycle.*
8. Initial Accreditation Granted: Enter date of initial (original) accreditation.
9. Accreditation continues through: Enter date accreditation is up for review/renewal/site visit/expires.
10. Attest to the accreditation.
11. Upload verification document (such as a letter from the accrediting body, verifying the program’s accreditation status and effective dates.
 - Ensure current and complete
 - Add updates as received.
 - Do not delete previous documentation.
12. Attest documentation matches entered information.
 - Notify health.merc@state.mn.us if status changes.
 - Eligibility may be affected by any accreditation status change.
13. Save draft (if not complete).
14. Finalize demographics section once all documents are complete. Return to Minnesota Teaching Program homepage.

Teaching Program Application

 Demographics must be finalized before the portal will [open](#) the application cycle.

- Once demographics are complete, the application will show the teaching program.
- As clinical training sites begin applying through the teaching program, their application will be visual.
- Begin review/approval of site applications after the application deadline.

Key Deadlines

Tasks	Deadline 4:30 pm CT
Sites Applications Due	September 30, 2025
Teaching Program Deadline to Approve Site Applications	October 15, 2025
Teaching Program Deadline to Resolve/Approve Discrepancies	October 20, 2025
Teaching Program Submits to Sponsor	October 20, 2025
Sponsor Submits to MDH	October 31, 2025

Figure 44

Home / Minnesota Teaching Program / Teaching Program Application

Teaching Program Application

Teaching Program Applications

Teaching Program Demographics must be completed before your application is started.

Sort or Search.

Cycle Year	Sponsoring Institution	Teaching Program (Type)	Training Site and Status	Action						
2018	Test Sponsor 1 Status: NEW	Test Program C (Physician Assistants)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Training Site</th> <th style="width: 50%;">TP Status</th> </tr> <tr> <td>TEST Site A MERC ID: 111111111</td> <td>PENDING</td> </tr> </table>	Training Site	TP Status	TEST Site A MERC ID: 111111111	PENDING	<input type="button" value="Select"/>		
Training Site	TP Status									
TEST Site A MERC ID: 111111111	PENDING									
2018	Test Sponsor 1 Status: NEW	Test Program B (Advanced Practice Nurses)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Training Site</th> <th style="width: 50%;">TP Status</th> </tr> <tr> <td>TEST Site B MERC ID: 222222222</td> <td>PENDING</td> </tr> <tr> <td>TEST SITE F MERC ID: 666666666</td> <td>PENDING</td> </tr> </table>	Training Site	TP Status	TEST Site B MERC ID: 222222222	PENDING	TEST SITE F MERC ID: 666666666	PENDING	<input type="button" value="Select"/>
Training Site	TP Status									
TEST Site B MERC ID: 222222222	PENDING									
TEST SITE F MERC ID: 666666666	PENDING									
2018	Test Sponsor 1 Status: NEW	Test Program A (Medical Residents)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Training Site</th> <th style="width: 50%;">TP Status</th> </tr> <tr> <td>TEST Site A MERC ID: 111111111</td> <td>TP-APPROVED</td> </tr> <tr> <td>TEST Site D MERC ID: 444444444</td> <td>PENDING</td> </tr> </table>	Training Site	TP Status	TEST Site A MERC ID: 111111111	TP-APPROVED	TEST Site D MERC ID: 444444444	PENDING	<input type="button" value="Select"/>
Training Site	TP Status									
TEST Site A MERC ID: 111111111	TP-APPROVED									
TEST Site D MERC ID: 444444444	PENDING									

1. Select the teaching program application to begin approving clinical training locations and trainee counts.

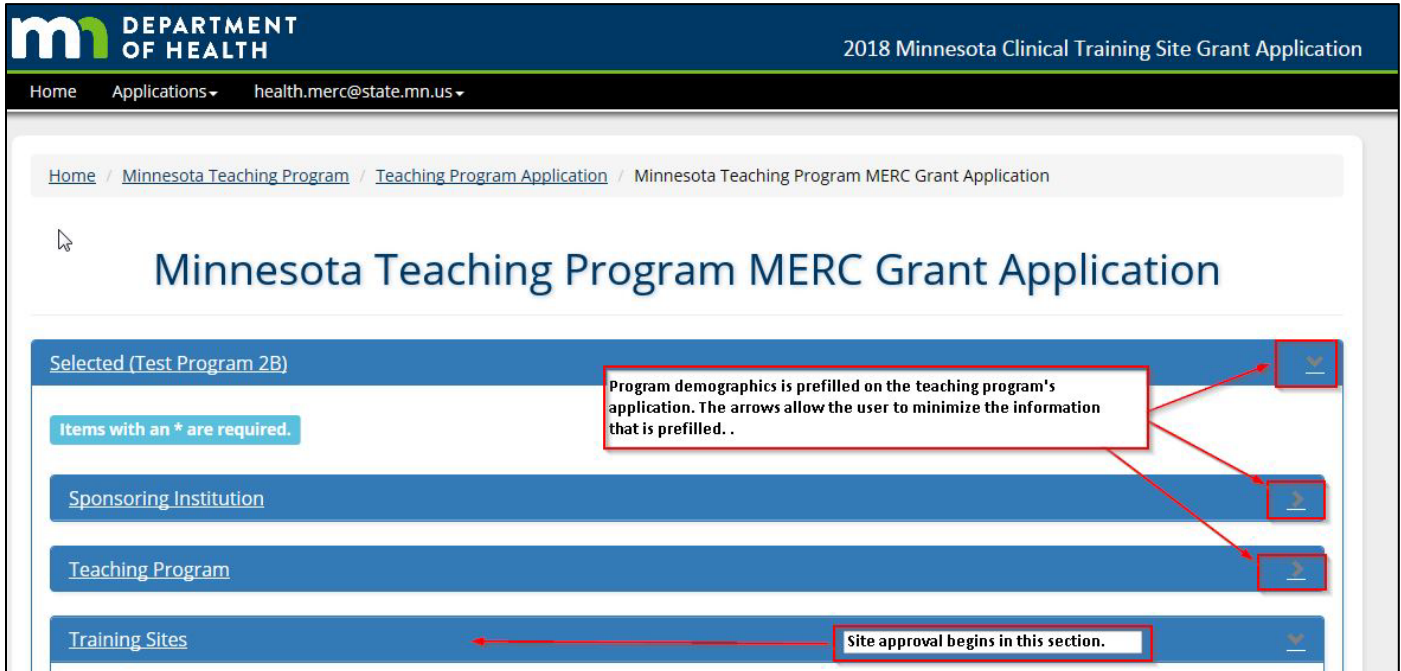
Application Status

The status of each application is tracked and displayed throughout the process, depending on the applicant type.

- SP = Sponsoring Institution
- TP = Teaching Program
- TS = Training Site

Status	Definition
NEW	Application opened.
PENDING	Awaiting action.
DISAPPROVED	Disapproved due to needed corrections.
APPROVED	Approved, awaiting submission by Program/Sponsor to MDH.
SUBMITTED	Submitted.

Figure 45



- The top section of the application will automatically prefill based on Teaching Program Demographics.
- Review for accuracy.
 - To edit, return to [Teaching Program Demographics](#) section before continuing.

Training Sites of the Teaching Program

Training sites that apply through the teaching program are added automatically.

- Review each site's location and FTE details in the summary table or individual site application.
 - Programs must approve clinical training site applications **before** submission to the sponsor.
 - Key details to validate:
 - Location of training.
 - Accurate FTEs (do not round – truncate to four decimals).
 - Complete all approvals by October 15, 2025.
 - Program may disapprove site applications that conflict with internal records.


- See FTE definition below.
- Enter “0” for categories with no FTEs in fiscal year 2024.
- FTE = Full-Time Equivalent
 - Defined as 2,080 hours annually.
 - One person cannot exceed one FTE.
 - Truncate FTE count at four decimals (no rounding).
 - $((\text{Student/Resident} * \text{Weeks in Rotation}) * \text{Hours per Week}) = \text{Clinical Training Hours} / 2,080 = \text{FTE Count}$

Figure 47


The screenshot shows the 'Trainee Summary' application form. It is divided into three main sections: 'Non-Eligible FTEs', 'Eligible FTEs', and 'Clinical Training Sites'. Each section has input fields and a 'Save' button. Red circles with numbers 4 through 8 point to specific elements: 4 points to the 'Enter FTEs Outside MN' field; 5 points to the 'Enter other FTEs' field; 6 points to the 'Enter Didactic/Classroom FT' field; 7 points to the 'Save' button; 8 points to the 'Submit Application to Sponsoring Institution for Approval' button. Red boxes highlight instructions: 'Enter the program's non-eligible trainees and Save.' in the Non-Eligible FTEs section, 'Fields are calculated based on training sites. No data entry.' in the Eligible FTEs section, and 'After the sites that are expected to apply are approved, submit the application to the Sponsor for final approval and submission to MDH.' in the Clinical Training Sites section. The 'Total Eligible FTEs' field shows the value 1.2339 and the 'Total Eligible Clinical Training Sites' field shows the value 1.

Additional Reporting:

4. Report FTEs at sites outside of Minnesota.
5. Report all other non-eligible trainee FTEs.
 - FTEs at Minnesota sites that did not apply (examples below)
 - Sites who are not enrolled in the Minnesota Health Care Program (MHCP) as Medicaid providers.
 - Nursing Homes or VA/federal facilities.
 - Sites without patient care revenue.
6. Report didactic/classroom FTEs (non-patient care).
 - Example: if trainees are half didactic/classroom, report half a non-patient care.

 Non-eligible total is automatically calculated by the system.

7. Save information entered.

 Eligible FTE total and clinical training site total is automatically calculated based on the training site section.

8a. Save progress if you are not ready to submit the application (pending site applications).

8b. Submit application to sponsoring institution for approval.

- System will check for missing information before final signoff/signature.
- Submission is not final until signed.

A program can be defined to exclude students who do not participate in clinical training, (for example, year one medical students whose time is all spent in didactic training). The definition of the teaching program should be consistent throughout the application.

Finalize Training Site Application

Before submitting to the sponsor:

- Review the summary for missing information.
- Edit application or demographics if needed.
- Sign/Validated the application to complete.

Figure 48

Finalize Training Site Application

Finalize Training Site Application

Items with an * are required.

My Sponsoring Institution

Name: Abbott Northwestern Hospital

My Teaching Program

Name: Clinical Pharmacy

Address line1: Abbott Northwestern Hospital

Address line2: 800 East 28th Street

City: Minneapolis

State: MN

Zip Code: 55407

Training Site Application Summary

Search:

Site Name (Status)	Address	FTE	Status	Approved Date
Test Site C (TS-SUBMITTED)	111 Street St. Paul, MN 54321	2.0	TP-APPROVED	08/31/2019

Showing 1 to 1 of 1 entries

Figure 49

The screenshot shows a 'Validation Summary' form with a blue header. At the top is a search bar. Below it are three rows of checkboxes, each with a 'YES' button: 'Approved All:', 'Upload Accreditation:', and 'Demographic Information:'. A red box highlights these three 'YES' buttons, with three red arrows pointing to a callout box that reads: 'If all the boxes = YES, the program can submit the application to the Sponsor.' Below this is a paragraph of text with a checkbox and a red circle containing the number '1'. A red arrow points from the '1' to the 'Name:' field in the sign-off section. The sign-off section has four fields: 'Name:', 'Title:', 'Email:', and 'Sign Date:'. A red box highlights these four fields, with a red arrow pointing to a callout box that reads: 'After the box is checked, the Name, Title, Email and Date will prefill based on the user's profile.'

Figure 50

The screenshot shows the same 'Validation Summary' form. The three 'YES' buttons are now checked. The sign-off section fields are pre-filled: 'Name:' is 'MERC Staff', 'Title:' is 'MERC Grant Program Staff', 'Email:' is 'health.merc@state.mn.us', and 'Sign Date:' is '08/28/2019'. A red arrow points from the '1' in the previous figure to the 'Name:' field. A red arrow points from the 'Finalize' button to a red circle containing the number '2'. The 'Finalize' button is located at the bottom right of the form.

1. Verify application information.
 - Name and address of the representative submitting the application will auto-populate.
2. Finalize submission
 - Application sent to the sponsoring institution for approval.

Figure 51

DEPARTMENT OF HEALTH

2018 Minnesota Clinical Training Site Grant Application

Home Applications health.merc@state.mn.us

Submission Successful!

Home / Minnesota Teaching Program / Submission Summary

Submission Summary

Submission Summary

My Sponsoring Institution
TEST Sponsoring Institution

My Teaching Program
Test Program 2B

Training Site Application Submission Summary

Search:

Site Name	Address	FTE	Status	Finalized Date
XXXXXXXXXXXX	XXXXXXXXXX	5.4321	TP-SUBMITTED	08/28/2019

Showing 1 to 1 of 1 entries

Summary showing the application has been submitted to the Sponsoring Institution.

The application has been submitted to the sponsoring institution.

Sponsor Review

- Sponsoring institution must approve and submit to MDH.
- If disapproved:
 - Teaching Program application is reopened.
 - Sponsor will inform teaching program of required edits.
 - Status updates to reflect disapproval.
 - Teaching program must revise and resubmit for sponsoring institution approval.

Reports

Excel reports summarize data from the teaching program's application.

Figure 52

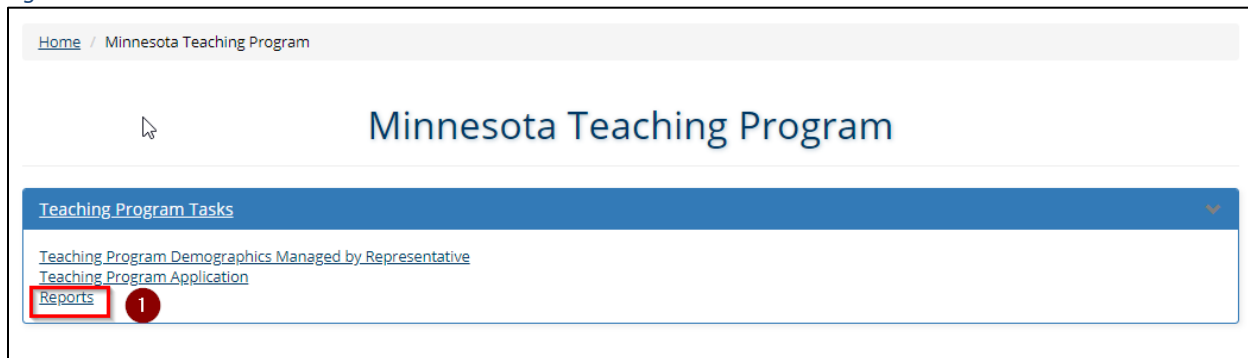
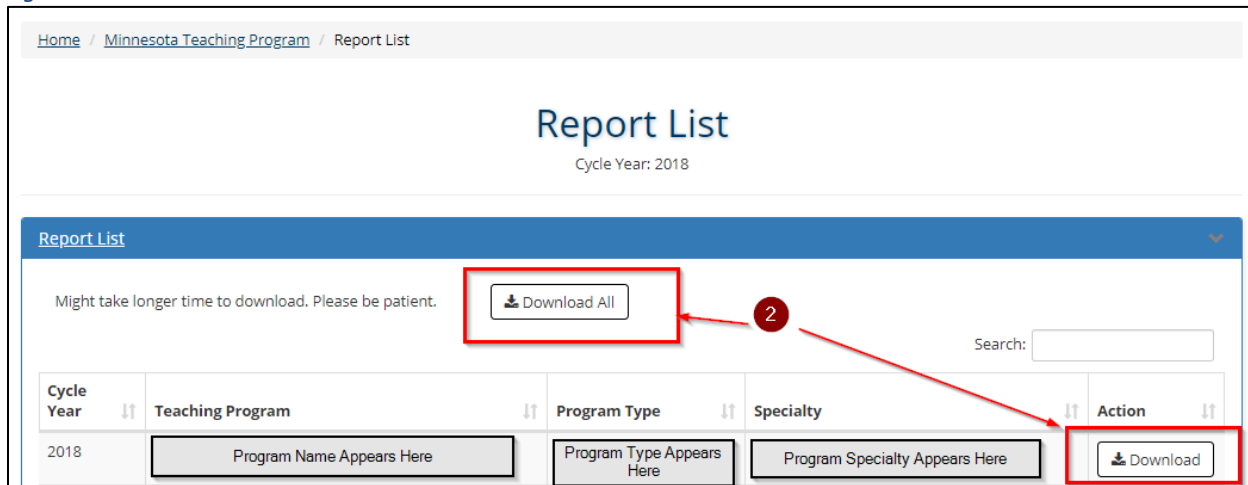


Figure 53



To Download Reports:

1. Click Reports
2. Select Download.
 - a. Download all – Representatives who manage more than one teaching program have the option to pull information into one Excel report.
 - b. Download – Download each program individually.

Once funding is finalized, the comments will indicate the site's overall funding status.

Comment	Description
Eligible	Site qualified for funding
Ineligible - Below Minimum Funding Requirements	Formula < \$5,000 minimum threshold
Ineligible – Below Expenditures Requirements	Training expenditures < \$5,000
Ineligible - Below FTE Requirements	FTEs < 0.10 threshold
Ineligible - Withdrew Initial Application/Step 2 Incomplete	Application withdrawn or expenditure reporting incomplete
Ineligible - Did Not Meet Medicaid Requirements	Revenue criteria not met for MA/PMAP
Ineligible – Site Closed or MHCP Enrollment Terminated	Site closed or Minnesota Health Care Program (MCHP) provider enrollment terminated

MERC Grant Verification Reporting (GVR)

The Grant Verification Report (GVR) shows funding awarded to Minnesota clinical training sites that hosted trainees. As outlined in statute governing the MERC program:

- Institution must forward all funds to the clinical training sites.
- Institutions must submit a GVR to MDH documenting these payments.

Submission Deadline:

- Submit within **60 days of receiving funding or by June 30, 2026**, whichever comes first.

Notes:

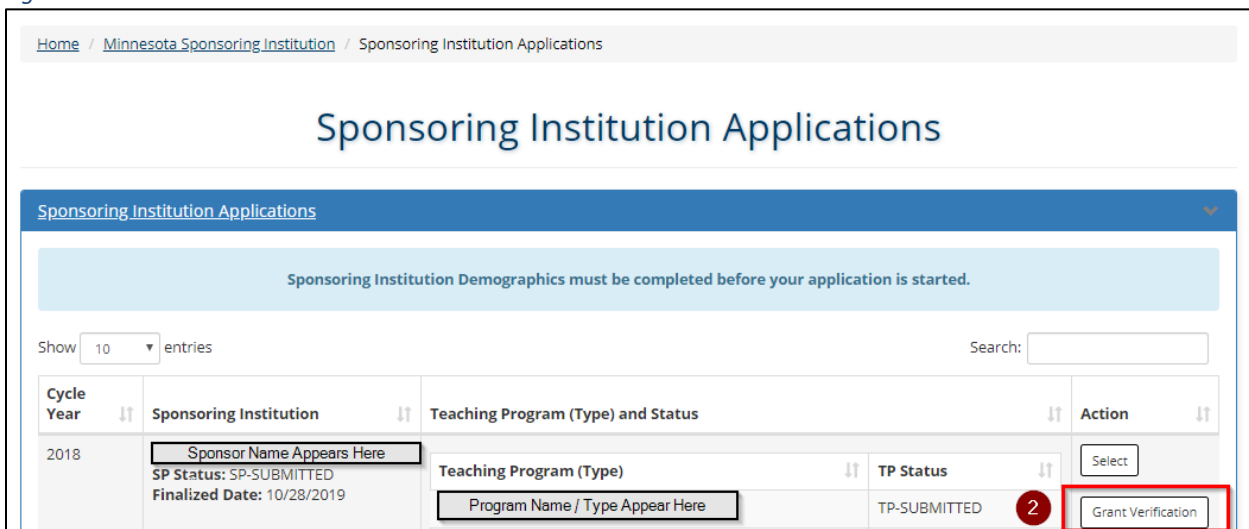
- GVR becomes visible in the portal once MDH releases funding.
- Teaching Programs do not submit GVRs – only sponsoring institutions.
- A separate GVR section is provided for [Site-Based Clinical Training \(SBCT\)](#) recipients.
 - Similar timeline and instructions apply; however, the SBCT program is under separate legislation and administration.

Figure 54



Accessing the GVR

Figure 55



1. Select, Sponsoring Institution Application.
2. Click MERC Funding & Verification.
 - Displays payments the sponsor must forward to the sites.
 - Print and retain the GVR after submission (see Figure 56).

Figure 56



Figure 57

Grant Payments Verified by Sponsor Institution

Notice will appear after GVR is submitted to MDH.

Sponsoring Institution

Sponsoring Institution: [Redacted]
 Address: [Redacted]
 Overall Clinical Training FTEs: [Redacted]
 Overall Total Grant Amount: \$ [Redacted]

A summary will be available in this section.

Grant Agreement

The Grant Verification Report (GVR) details the grants awarded to clinical training sites in Minnesota that hosted trainees from the sponsoring institution. As required by the statute governing the MERC grant, the sponsoring institution must forward payments to the clinical training sites and complete the GVR within 60-days.

Download the executed grant agreement for the Sponsoring Institution's records.

Cycle Year	Filename	Download
2018	MERC Staff will load an executed copy of the grant agreement after payments are processed.	Download

Sponsors can download a copy of the grant agreement for their records.

Executed Grant Agreement

1. A signed grant agreement will be uploaded in the portal when funding is released.
 - Download and retain in the sponsoring institution’s MERC records.

Making Payments to Training Sites

Each line item in the GVR includes:

- Location of training.
- Mailing address for payment.
- Qualification comment (see below)
 - Funding allocation (based on trainee type/expenditures from site)
 - While a site may qualify for funding, the allocation to the sponsor/teaching program is dependent on the site’s reported clinical training expenditures by trainee type and the percent of trainees within that trainee type from the teaching program.
- Associated teaching programs
 - Site may qualify for funding through one or multiple sponsors.
- Total funding payable from the sponsor to the clinical training site.

Comment	Description
Eligible	Site qualified for funding
Ineligible - Below Minimum Funding Requirements	Formula < \$5,000 minimum threshold
Ineligible – Below Expenditures Requirements	Training expenditures < \$5,000
Ineligible - Below FTE Requirements	FTEs < 0.10 threshold
Ineligible - Withdrew Initial Application/Step 2 Incomplete	Application withdrawn or expenditure reporting incomplete

Comment	Description
Ineligible - Did Not Meet Medicaid Requirements	Revenue criteria not met for MA/PMAP
Ineligible – Site Closed or MHCP Enrollment Terminated	Site closed or Minnesota Health Care Program (MCHP) provider enrollment terminated

Note: A site may qualify, but actual funding depends on specific trainee data and reported expenditures.

Figure 58

The screenshot shows a grant application form with several sections and callouts:

- Training site name will appear here.** (Callout: Training site name will appear here.)
- MERC Application ID:** [Field]
- Training Facility:** [Field]
- Type:** [Field]
- Location:** [Field]
- Address:** [Field]
- Grant Mailing Address:** [Field]
- Billing Type:** [Field]
- Authorized User:** [Field]
- Training Facility:** [Field]
- Address:** [Field]
- Grant Comment:** [Field: Qualified for Grant]
- Teaching Programs:**

Teaching Program	Program Type	FTEs	Grant
[Field]	[Field]	[Field]	\$ [Field]
[Field]	[Field]	[Field]	\$ [Field]
- Total FTEs:** [Field]
- Total Grant:** \$ [Field]
- Discrepancy Reporting (if applicable):** [Field]
- Report Discrepancy:**
- Comment:** [Field]

Callouts provide additional context:

- 1:** The address where the grant should be mailed.
- 2:** The total grant amount the sponsor must forward to the clinical training site at the grant mailing address above.
- 3:** Discrepancies are not expected! See warning and instructions above. Any comment in this section will appear on the training sites grant report. Do not use this section UNLESS there is a discrepancy that must be reported.

Warning text in the Discrepancy Reporting section:

⊗ Any discrepancy between the clinical training site grant details stated above and the sponsoring institution's payment to the grantee must be reported.

- Contact the MERC grant administrator immediately for instructions. Funding may be affected.
- Click the box to report a discrepancy between the award materials and the records uploaded from the sponsoring institution's accounting system.
- Explain the discrepancy and provide the date reported to the MERC grant administrator.

Payment Guidance

Payment should be made payable to the training site.

1. Use the Grant Mailing Address shown in the GVR.
2. Funding that must be paid to the clinical training site.
3. Discrepancy Reporting
 - If a site forfeits funding or is closed, return the funds to: Minnesota Department of Health.

- Contact health.merc@state.mn.us before processing any return.

● Only open the discrepancy section if reporting a concern/discrepancy. The comment is visible to both MDH and the training site.

Verification of Payments

Figure 59

Verification of Grant Funding

Upload an official report from the accounting system showing the incoming grant deposited and the outgoing grants paid to the clinical training sites. Grants must be consistent with the amounts above.

+ Select file to upload

Cycle Year	Filename	Download	Remove
2018	After the file is uploaded, the name of the file will appear here. Once the GVR is submitted, the file cannot be removed.	Download	Remove

4. Upload an **official accounting report from your accounting system** showing:
 - Incoming MDH funds
 - Payments sent to the training site
 - Payee names and payment amounts
- Notify MDH if any documentation changes after submission.

GVR Signature and Submission

Figure 60

The screenshot shows the 'Signature of Authorized Representative' form. It includes a checkbox for authorization, two verification statements, and input fields for Name, Title, Email, and Date Signed. A green 'Save' button is highlighted with a red box. A callout box points to the 'Save' button with the text: 'Optional SAVE button. If user signs, SAVE button will disappear and SUBMIT button will appear.' The breadcrumb trail at the bottom reads: Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications / Sponsoring Institution Grant Verification Report (GVR).

Figure 61

The screenshot shows the 'Signature of Authorized Representative' form with pre-filled information. A red circle with the number '5' is next to the checkbox, and a red arrow points from it to the checkbox. The form fields are: Name (Prefills with representative's information), Title, Email, and Date Signed (04/10/2020). A green 'Submit Grant Verification' button is highlighted with a red box and a red circle with the number '6'. A callout box points to the button with the text: 'When box is checked, user can submit grant verification.' The breadcrumb trail at the bottom reads: Home / Minnesota Sponsoring Institution / Sponsoring Institution Applications / Sponsoring Institution Grant Verification Report (GVR).

5. Sign the GVR.
 - Click checkbox to populate fields.
 - Only sign when ready to submit.
6. Submit the GVR to MDH.
 - Return to the top to print and save for sponsor records (See Figure 56).
 - Return to the main sponsor page to:
 - Run reports.
 - Print/save the entire application.

Funding Cycle Completed

The funding cycle is complete.

References

- [Minnesota Statute 62J.692 \(https://www.revisor.mn.gov/statutes/cite/62J.692\)](https://www.revisor.mn.gov/statutes/cite/62J.692)
- [Funding eligibility and criteria distribution formula \(https://www.health.state.mn.us/facilities/ruralhealth/merc/publications.html#form\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/publications.html#form)
- [GovDelivery \(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_303\)](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_303)
- [Publications page \(https://www.health.state.mn.us/facilities/ruralhealth/merc/publications.html\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/publications.html)
- [Minnesota Clinical Training Site Grant Application portal \(https://merc.web.health.state.mn.us/index.xhtml\)](https://merc.web.health.state.mn.us/index.xhtml)
- [Submission Timeline \(PDF\) \(https://www.health.state.mn.us/facilities/ruralhealth/merc/docs/pdf/merc timeline.pdf\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/docs/pdf/merc timeline.pdf)
- [MERC website \(https://www.health.state.mn.us/facilities/ruralhealth/merc/mcapinfo.html\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/mcapinfo.html)
- [MERC Information \(https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html)
- [MERC Committee \(https://www.health.state.mn.us/facilities/ruralhealth/merc/committee/index.html\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/committee/index.html)
- [MERC Definitions \(https://www.health.state.mn.us/facilities/ruralhealth/merc/mercdefs.html\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/mercdefs.html)
- [MERC History \(https://www.health.state.mn.us/facilities/ruralhealth/merc/history.html\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/history.html)
- [Legislation \(https://www.revisor.mn.gov/statutes/cite/62J.692\)](https://www.revisor.mn.gov/statutes/cite/62J.692)
- [Medical Education and Research Cost \(MERC\) Grant Program \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#merc\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#merc)
- [Site-Based Clinical Training \(SBCT\) Grant Program \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#sbct\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#sbct)
- [Minnesota Statutes 144.1508 \(https://www.revisor.mn.gov/statutes/cite/144.1508\)](https://www.revisor.mn.gov/statutes/cite/144.1508)
- [ORHPC Grants and Funding \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#sbct\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#sbct)
- [Expenditure Reporting \(https://www.health.state.mn.us/facilities/ruralhealth/merc/mcapinfo.html\)](https://www.health.state.mn.us/facilities/ruralhealth/merc/mcapinfo.html)
- [Applicant Conflict of Interest Disclosure \(https://www.health.state.mn.us/about/grants/coiapplicant.pdf\)](https://www.health.state.mn.us/about/grants/coiapplicant.pdf)
- [State of Minnesota Supplier Portal \(SWIFT\) \(https://mn.gov/supplier\)](https://mn.gov/supplier)