IHS DENTAL POSITION REPORT

REGULAR USER GUIDE

9/16/2011

Dental Position Report Login

Home Page

The Dental Position Report (DPR) can be accessed by typing <u>www.ihs.gov/MedicalPrograms/DPR/</u> into your browser. You will then be taken to a page that looks similar to this:



You will need to login using an IHS Web Login account in order to gain access to the web site. (If you don't already have a Web Login email the DPR Helpdesk at <u>DentalJobs@ihs.gov</u> or call 301-443-1106 for assistance.)

IHS Web Account	
WARNING!	
Notice To Users: This is a federal computer system. It is only for authorized users. Users, authorized or unauthorized, have no explicit or implicit expectation of privacy. By accessing or using this system you are consenting to system monitoring for law enforcement and other purposes. Unauthorized use of this computer system may subject you to criminal prosecution and penalties.	
 To access any login protected IHS system, you need: An IHS Web Login: a. If you have an IHS.gov web account you can login by clicking the 'Login' button below or 'Login' link found on websites which use the login system. If you do not have an IHS gov account, you can register here. System Permissions: a. Once your account is established you will need to request access from the website administrator of the web site in question. Contact information for the website administrator of any IHS.gov website can usually be found on the left side of the site's home page as 'Contact Us' or 'Content Manager'. 	
Username Password	
There have currently been 0 failed attempts. Can't login? Try using the <u>Forgot Password</u> page for assistance. If you require assistance with this application, <u>contact the IHS Web Account Admin</u> .	

Login

Regular User Access

Once you have logged, if your intent is to be a Regular User of the site (not an administrator), you will be returned to the DPR home page and see one of the screens below.

If the calendar date is between the 16th and the 30th of the month you will see the following screen indicating that no reports are due:

Den	TAL POSITION REPORT	Fiscal Year 2011
Hi, David	DPR REPORTING SCHEDULE Reports are accepted on days 1-15 of the month following the report period. For example, January's data is due on Febuary 1-15. Today's date is August 31, 2011. No reports are due at this time.	
Questions? Contact Timothy Lozon, DDS <u>EMAL</u> 301-443-0029		

...And you will be able to go no further. If however, the calendar date is between the 1st and the 15th you will see the following screen:



...And you will be able to proceed, entering a report.

Site Usage

Entering a Report

Click the Enter Report link at the left side of the home page:

Den	TAL POSITION REPORT
Hi, David	ENTER REPORT
DPR HOME	You are about to enter a report for August 2011.
ENTER REPORT	Please select the Area in which your facility is located:
ADD LOCATION	Albuquerque
	Select

and select the area in which you will be reporting.

Next, select the facility you will be reporting for by clicking the link that matches your facility:

ENTER REPORT			
You are searching for a facility in the Alb u	querque area for July, 2013	1. Select your fa	acility from the list below.
✓ = report already submitted			ch
1-21 of 21 items		Page 1 of 1	<u>unange area</u>
Name	City	State	
ACL	SAN FIDEL	NM	
ALBUQUERQUE IHS DENTAL CLINIC	ALBUQUERQUE	NM	
CANONCITO HS	CANONCITO	NM	Can't find your facility?
DULCE	DULCE	NM	Suggest one.
IGNACIO	IGNACIO	со	
ISLETA	ISLETA	NM	
JEMEZ	JEMEZ	NM	
LAGUNA	SAN FIDEL	NM	
MAGDALENA	MAGDALENA	NM	
MESCALERO	MESCALERO	NM	
PINE HILL	PINE HILL	NM	
SAN FELIPE	SAN FELIPE	NM	
SANDIA	BERNALILLO	NM	
SANTA CLARA	SANTA CLARA	NM	
SANTA DOMINGO	SANTA DOMINGO PUEBLO	NM	
SANTA FE	SANTA FE	NM	
TAOS	TAOS	NM	
TOWAOC	TOWAOC	CO	
YSLETA DEL SUR	FL PASO	TX	
ZTA DUEBLO	ZTA PLIEBLO	NM	
211NT	ZUNT PLIEBLO	NM	
<u>2011</u>	Loni · ololo		

Fill in the information requested on the form:

	rioqanoa	i iciu						
Fa	acility: DUI	.CE, DULCE,	NM	F	Report Perio	d: Jul 201	11	Date: 08/31/2011
*ITU	Туре: [×			IHS Are	a: Albuqu	ierque	
*First M	Name:		r	Middle Init:		*Last Na	ame:	
*P	hone: 🔽		ext:]		No	tes:	
*	Email: 📃							
							Accessions =	staff who were hired during this
		*/	All fields in ·	this table a	re required.		quarter.	
Category	Allocated	Positions F	illed Position	s Accessions	Separations		Separations terminated.	= staff who resigned, retired, or otherwise left during
General	0		0	0	0		the quarter.	
Endo	0		0	0	0			
Pedo	0		0	0	0			
OMFS	0		0	0	0			
Perio	0		0	0	0			
Ortho	0		0	0	0			
Prostho	0		0	0	0			
	-h	_						

Note that if not all of the required information is entered in to the form you will receive an error message from the page:

ENTER REPORT						
					Wrong location? Start c	over.
	Erro	You must marked w	fill in all required ith an asterisk (*	fields. All fields i) are required.	in the table and all fields	
* Indicates	Required Field					
Fa	cility: DULCE, DULC	CE, NM	Repo	ort Period: Aug	g 2011 Date: 09/13/2011	
*ITU	Туре: 🛯 нь 💌			IHS Area: Albu	puquerque	
*First N	ame: Test	M	iddle Init: 📃	*Last I	Name: Person	
*Ph *E	ione: (<u> 505) 555</u> - mail:	1212 ext:		r I	Notes:	
					Accessions = staff who were hired during this	
		*All fie	lds in this tabl	e are required.	duarter.	
Category	Allocated Positions	Filled Positions	Accessions	Separations	Separations = staff who resigned, terminated retired, or otherwise left during the quarter.	,
General	1	0	0	0		
Endo	o	o	0	0		
Pedo	1	0	0	0		
OMFS	0	0	0	0		
Perio	0	0	0	0		
Ortho	0	o	0	0		
Prostho	0	0	0	0		
DentalPubHealth	0	0	0	0		
				Calculate		

Once you have entered your report you will have the opportunity to review and change the information if needed, or you can simply submit the report:

NTER REPORT							
						Wrong loca	ation? Start ove
Please verify y When you are * Indicates	our data and ente finished, submit y Required Field	er any accessio our report.	ns and separatio	ons, if applicable			
Fac	ility: DULCE, DULCE	, NM	Report	Period: Aug 2011		Date: 09/13	3/2011
ITU T	vpe: ^{IHS}			Area: Albuquer	que		
	First Name:	Test			1	ast Name: P	erson
	Phone	(505)555-1212			2	ase Name.	
	*Empile	Test.Person@ibs	- aov				
	Email.	, reserversonguns					
				-		6	
A	B Allocated Desitions	C Filled Desitions	D Vacant Desitions	E Total Accessions	F Total Consustions	G Vacancy Pate	H Turneyer Patr
General	Anocated Positions		1			100 %	
Endo	0	0	0	0	0	N/A	N/A
						19775	
Pedo	1	0	1	0	0	100 %	0.%
Pedo OMFS	1	0	1	0	0	100 %	0 %
Pedo OMFS Perio	1 0 0	0	0	0 0 0	0	100 % N/A N/A	0 % N/A N/A
Pedo OMFS Perio Ortho	1 0 0	0 0 0	1 0 0	0 0 0	0 0 0	100 % N/A N/A N/A	0 % N/A N/A N/A
Pedo OMFS Perio Ortho Prostho	1 0 0 0	0 0 0 0	1 0 0 0	0 0 0 0	0 0 0 0	100 % N/A N/A N/A N/A	0 % N/A N/A N/A
Pedo OMFS Perio Ortho Prostho DentalPubHealth	1 0 0 0 0	0 0 0 0 0	1 0 0 0 0	0 0 0 0 0	0 0 0 0 0	100 % N/A N/A N/A N/A N/A	0 % N/A N/A N/A N/A
Pedo OMFS Perio Ortho Prostho DentalPubHealth	1 0 0 0 0 0	0 0 0 0 0	1 0 0 0 0 8-C=D	0 0 0 0 0	0 0 0 0 0	100 % N/A N/A N/A N/A N/A D/B*100	0 % N/A N/A N/A N/A N/A F/B*100

After your report is submitted you will see the following page:

ENTER REPORT							
Your report has be <u>Printer Friendly</u>	een entered.	Thank you for usir	ng the DPR system.				
Eacility	. DULCE, DULCE	, NM	Report Period	• Aug 2011	D	ate: 09/13/	2011
ITU Type	IHS		Area	Albuquerque			
	First Name Phone Email	Test 505-555-1212 <u>Test.Person@ihs.qo</u>	<u>v</u>		Last	:Name: ^{Per}	son
А	в	с	D	E	F	G	н
Category	Allocated Positions	Total Positions Filled	Total Positions Vacant	Total Accessions	Total Separations	Vacancy Rate	Turnover Rate
General	1	0	1	0	0	100 %	0 %
Endo	0	0	0	0	0	N/A	N/A
Pedo	1	0	1	0	0	100 %	0 %
OMFS	0	0	0	0	0	N/A	N/A
Perio	0	0	0	0	0	N/A	N/A
Ortho	0	0	0	0	0	N/A	N/A
Prostho	0	0	0	0	0	N/A	N/A
DentalPubHealth	0	0	0	0	0	N/A	N/A
			B-C=D			D/B*100	F/B*100

Once a report for a particular month has been entered, the report is marked as submitted and cannot be edited by the Regular User. (Note that the checkmark and the fact that the facility no longer has a link associated with it.)

ENTER REPORT		
You are searching for a facility in the All	ouquerque area for Augus	i t, 2011 . Select you
✓ = report already submitted		
1-21 of 21 items		Page 1 of 1
Name	City	State
ACL	SAN FIDEL	NM
ALBUQUERQUE IHS DENTAL CLINIC	ALBUQUERQUE	NM
CANONCITO HS	CANONCITO	NM
✓ DULCE	DULCE	NM
🗸 IGNACIO	IGNACIO	co
ISLETA	ISLETA	NM
JEMEZ	JEMEZ	NM
LAGLINA	SAN FIDE	NM

Adding a Location

If your facility does not appear on the list shown for your area, then you will be able to submit a request to have the facility added. To do this, click the Add Location link at the left side of the home page:

Den	TAL POSITION REPORT
Hi, David	ADD LOCATION
DPR HOME	* Indicates Required Field
ENTER REPORT	*Location Name:
ADD LOCATION	*Service Unit:
	*City:
	*State:
	*Area:
	Submit
and the second	

...And fill in the information:

Den	TAL POSITION F	Report State
Hi, TestGuest	ADD LOCATION	
DPR HOME	* Indicates Required F	Field
ENTER REPORT	*Location Name:	My Local Clinic
ADD LOCATION	*Service Unit:	Albuquerque
	*City:	Jemez
	*State:	NM 💌
· · ·	*Area:	Albuquerque
		Submit
. English - American		

After successfully submitting your request you will see the following screen:

LOCATION ADDED The new location has been submitted and will be reviewed for approv approval.	al. Please allow 48 hours for location
Contact the Dental Help Desk at DentalJobs@ihs.gov, 301-443-1106 if you have questions or concerns. Return to home page.	