

IHS

# DENTAL POSITION REPORT

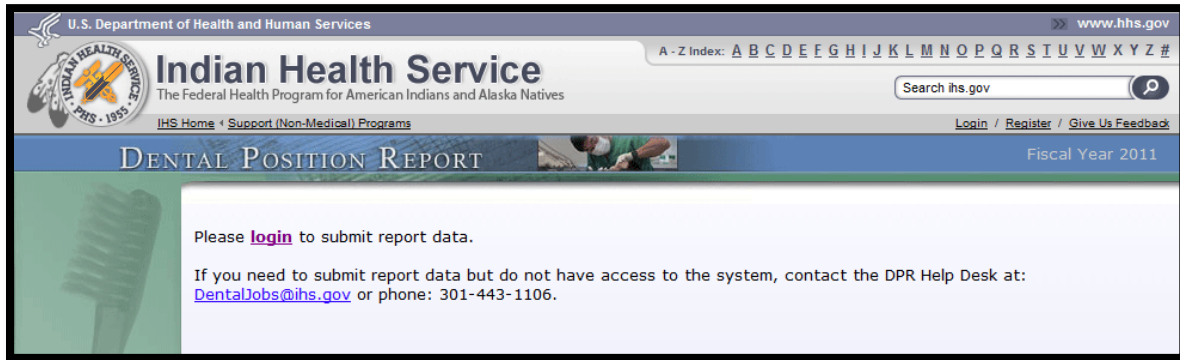
REGULAR USER GUIDE

9/16/2011

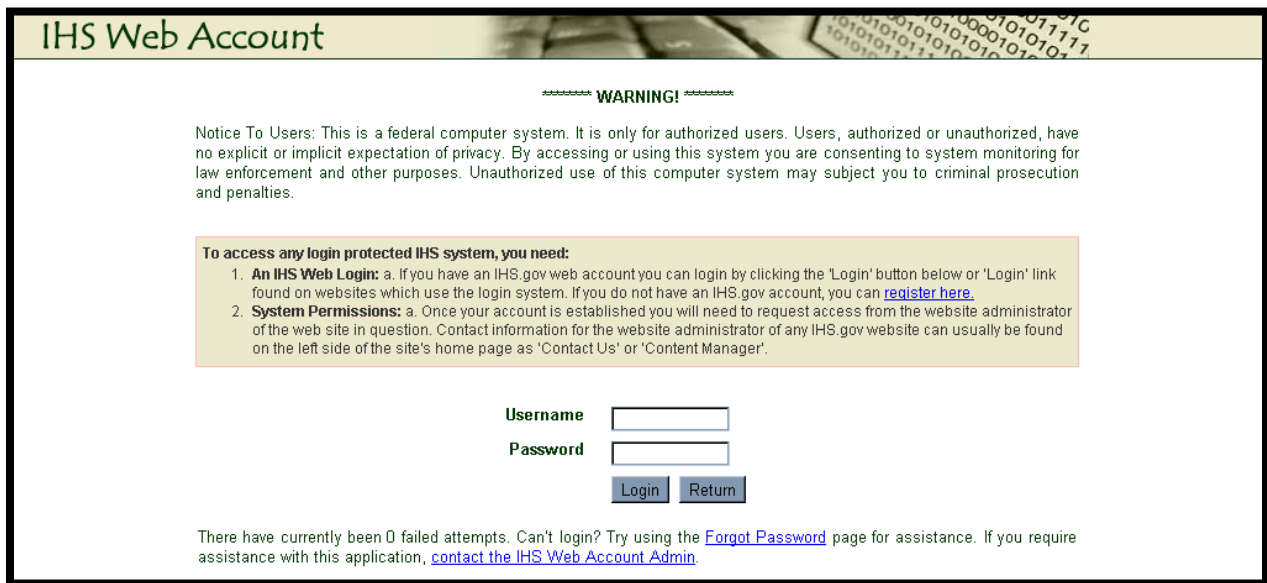
## Dental Position Report Login

### Home Page

The Dental Position Report (DPR) can be accessed by typing [www.ihs.gov/MedicalPrograms/DPR/](http://www.ihs.gov/MedicalPrograms/DPR/) 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 [DentalJobs@ihs.gov](mailto:DentalJobs@ihs.gov) or call 301-443-1106 for assistance.)



## 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 16<sup>th</sup> and the 30<sup>th</sup> of the month you will see the following screen indicating that no reports are due:



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

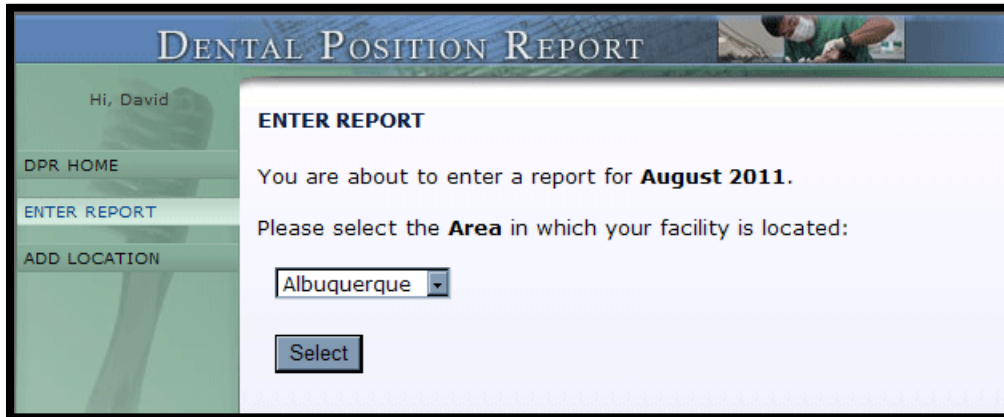


...And you will be able to proceed, entering a report.

## Site Usage

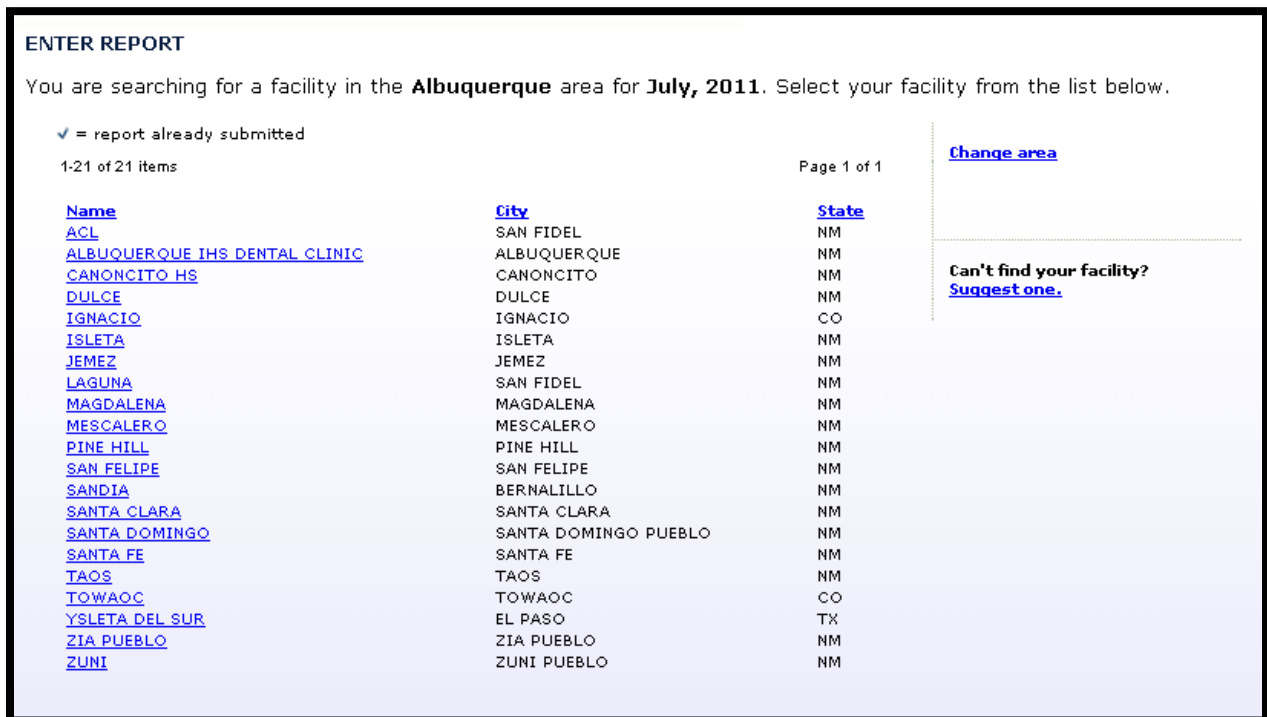
### Entering a Report

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



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:



Fill in the information requested on the form:

**ENTER REPORT** [Wrong location? Start over.](#)

Enter your report data below. When you're finished, click on the Calculate button.  
 \* Indicates Required Field

Facility: DULCE, DULCE, NM      Report Period: Jul 2011      Date: 08/31/2011  
 \*ITU Type:       IHS Area: Albuquerque

\*First Name:       Middle Init:       \*Last Name:   
 \*Phone: ()- ext:       Notes:   
 \*Email:

*\*All fields in this table are required.*

Category	Allocated Positions	Filled Positions	Accessions	Separations
General	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Endo	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pedo	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OMFS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Perio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ortho	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prostho	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DentalPubHealth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Accessions = staff who were hired during this quarter.*  
*Separations = staff who resigned, terminated, retired, or otherwise left during the quarter.*

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 over.](#)

**Error** You must fill in all required fields. All fields in the table and all fields marked with an asterisk (\*) are required.

\* Indicates Required Field

Facility: DULCE, DULCE, NM      Report Period: Aug 2011      Date: 09/13/2011  
 \*ITU Type:  IHS      IHS Area: Albuquerque

\*First Name:  Test      Middle Init:       \*Last Name:  Person  
 \*Phone: ()555-1212 ext:       Notes:   
 \*Email:

*\*All fields in this table are required.*

Category	Allocated Positions	Filled Positions	Accessions	Separations
General	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0
Endo	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0
Pedo	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0
OMFS	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0
Perio	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0
Ortho	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0
Prostho	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0
DentalPubHealth	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0

*Accessions = staff who were hired during this quarter.*  
*Separations = staff who resigned, terminated, retired, or otherwise left during the quarter.*

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:

**ENTER REPORT** [Wrong location? Start over.](#)

Please verify your data and enter any accessions and separations, if applicable.  
When you are finished, submit your report.  
\* Indicates Required Field

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Facility: DULCE, DULCE, NM      Report Period: Aug 2011      Date: 09/13/2011  
 ITU Type: IHS      Area: Albuquerque

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First Name: Test      Last Name: Person  
 Phone: (505)555-1212  
 \*Email: Test.Person@ihs.gov

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A	B	C	D	E	F	G	H
Category	Allocated Positions	Filled Positions	Vacant Positions	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
Prosthodontics	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

Change Data Above      Submit Report

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

**ENTER REPORT**

**Your report has been entered.** Thank you for using the DPR system.  
 [Printer Friendly](#)

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Facility: DULCE, DULCE, NM      Report Period: Aug 2011      Date: 09/13/2011  
 ITU Type: IHS      Area: Albuquerque

---

First Name: Test      Last Name: Person  
 Phone: 505-555-1212  
 Email: [Test.Person@ihs.gov](mailto:Test.Person@ihs.gov)

---

A	B	C	D	E	F	G	H
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
Prosthodontics	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 **Albuquerque** area for **August, 2011**. Select you

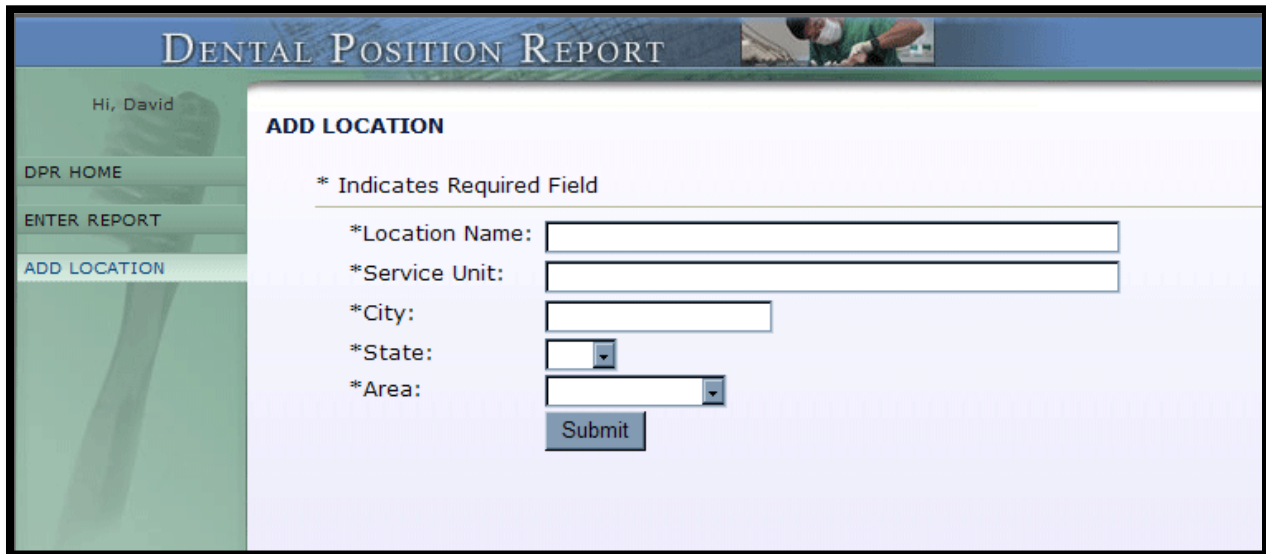
✓ = report already submitted

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<u>Name</u>	<u>City</u>	<u>State</u>
<a href="#">ACL</a>	SAN FIDEL	NM
<a href="#">ALBUQUERQUE IHS DENTAL CLINIC</a>	ALBUQUERQUE	NM
<a href="#">CANONCITO HS</a>	CANONCITO	NM
✓ DULCE	DULCE	NM
✓ IGNACIO	IGNACIO	CO
<a href="#">ISLETA</a>	ISLETA	NM
<a href="#">JEMEZ</a>	JEMEZ	NM
<a href="#">LAGUNA</a>	SAN FIDEL	NM

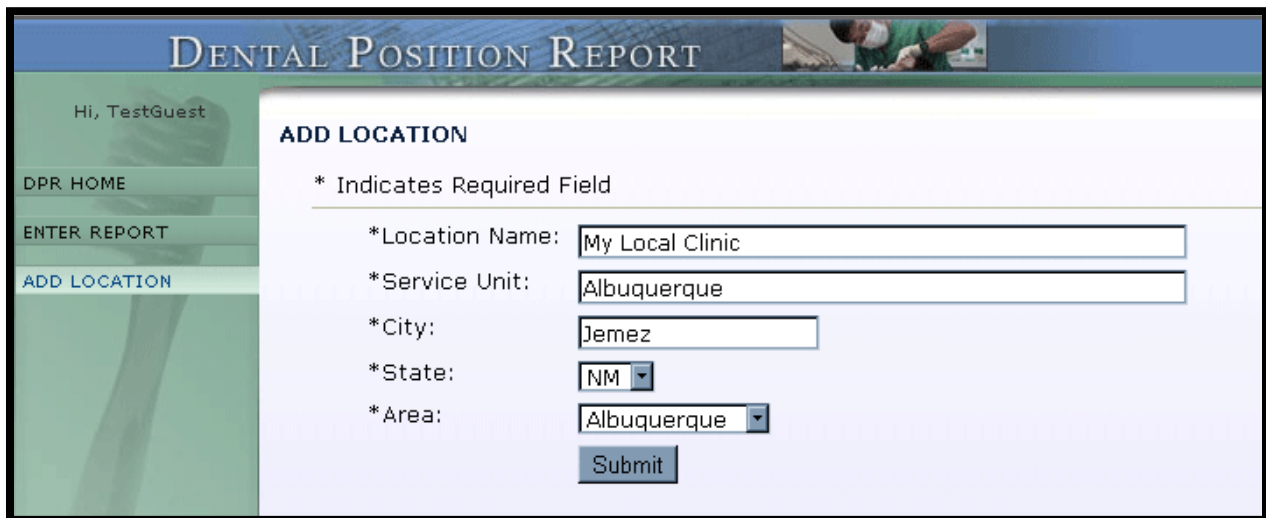
## Adding a Location

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:



The screenshot shows the 'DENTAL POSITION REPORT' header. On the left, a navigation menu includes 'DPR HOME', 'ENTER REPORT', and 'ADD LOCATION'. The main content area is titled 'ADD LOCATION' and includes a note: '\* Indicates Required Field'. Below this, there are five input fields: '\*Location Name:', '\*Service Unit:', '\*City:', '\*State:', and '\*Area:'. Each field is currently empty. A 'Submit' button is located at the bottom of the form.

...And fill in the information:



The screenshot shows the 'DENTAL POSITION REPORT' header. On the left, a navigation menu includes 'DPR HOME', 'ENTER REPORT', and 'ADD LOCATION'. The main content area is titled 'ADD LOCATION' and includes a note: '\* Indicates Required Field'. Below this, the form fields are filled with the following information: '\*Location Name:' is 'My Local Clinic', '\*Service Unit:' is 'Albuquerque', '\*City:' is 'Jemez', '\*State:' is 'NM', and '\*Area:' is 'Albuquerque'. A 'Submit' button is located at the bottom of the form.

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



The screenshot shows a confirmation message box with the following text: **LOCATION ADDED**  
The new location has been submitted and will be reviewed for approval. Please allow 48 hours for location approval.  
Contact the Dental Help Desk at [DentalJobs@ihs.gov](mailto:DentalJobs@ihs.gov), 301-443-1106 if you have questions or concerns. [Return to home page.](#)