Instructions: Completing an OARF

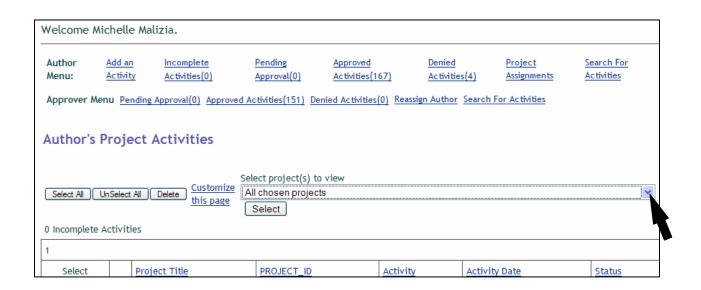
To access: https://staff.nnlm.gov/outreach/activity_reporting/

Enter username & password

You will be taken to the main screen. Click the **Outreach Activity Reporting Forms** button to begin.



The project selection web page will appear. Click the drop down arrow to select the project you will work on.



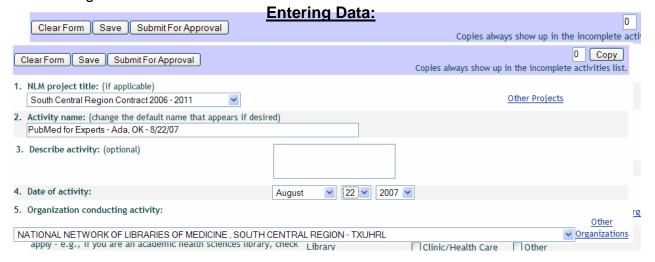
You will only be given permission to access projects that you are working on. Select the appropriate project.

Author's P	roject Activities				
Select All UnSelect All Delete Customize this page			Select project(s) to view All chosen projects		
			All chosen projects		
0 Incomplete Activities			Reaching Out to South Texas (RL - UTHSCSA) RL Outreach: University of Arkansas Medical Library 2006 - 2007		
1			RL Outreach: UT Southwestern Library 2007 - 2008 South Central Region Contract 2001 - 2006		
Select	Project Title	PROJECT_ID	South Central Region Contract 2006 - 2011		
1					

The links along the left side of the Web page are the actions available to the user for the selected project. To enter a new activity (e.g. class, site visit, etc.) click on **Add an Activity**.



After you select **Add an Activity**, the Outreach Activity Data Entry Form will appear. Some information will already be entered in the form. You will have the opportunity to change all the information listed.



- Question 1: **NLM Project**: Choose the correct project from the drop down box.
- Question 2: **Activity Name**: Name the activity. Include the name of the activity and location of training. In the above example, the PubMed for Experts class taught in Ada, OK on August 22, 2007 is listed as:

PubMed for Experts - Ada, OK - 8/22/07

- Question 3: **Describe activity**: An optional field that can be used to provide notable information about the activity.
- Question 4: **Date of activity**: Date the activity took place (note: you cannot enter a record for an activity that has not yet occurred).
- Question 5: **Organization Conducting Activity**: The name the organization conducting the activity, usually your institution or the institution you are working on behalf of. (If your organization is not the default, click on the <u>Other Organizations</u> link)
- Question 6: **Type(s)** of organization(s) involved in activity: Include every organization that played an important role in the activity. In the below example, the PubMed for Experts class was taught at in a hospital and was attended by many employees of an area health clinic. <u>All</u> activities conducted by the NN/LM SCR should have the *Health Sciences Library* and the *Academic Institution* boxes checked.

6. Type(s) of organization(s) involved in activity: (check all that apply - e.g., if you are an academic health sciences library, check both Health Sciences Library as well as Academic Institution)	✓ Health Sciences Library ☐ Public Library ☐ Government Agency ☐ Public Health	✓ Hospital✓ Clinic/Health Care✓ Academic Institution☐ Community-Based	Faith-Other	
7. Session content: (check ALL that apply)	✓ PubMed ☐ MedlinePlus ☐ ClinicalTrials.gov ☐ NCBI ☐ NCBI	NLM Gateway (1) TOXNET (1) Other technology con Please specify:	_	Other, non-technology. 1
8. Length of activity: (as fraction of an hour, e.g5, 1.5, 2.25)	3.00			
9. Hands-on practice:	⊙Yes ○No			
10. Activity conducted remotely: (from remote site, e.g. videoconference, teleconference, web-based class, etc.)	○Yes			
11. Continuing education credit offered: (CME, CEU, etc.)	Yes ONo			

- Question 7: **Session content**: Select every database that was covered in the activity. If other content was included, complete the appropriate boxes.
- Question 8: Length of activity: Enter activity length as a fraction of an hour

Question 9: **Hands-on practice**: Yes/No. This only refers to hands-on computer practice. If the activity included non-computer hands on activities (e.g. proposal writing, program planning) the "No" box should be selected

Question 10: Activity Conducted Remotely: Yes/No

Question 11: Continuing Education Credit Offered: Yes/No

Question 12: Significant Number of Minorities Present

Check Yes only if 50% or more of the individuals who attended the activity are from minority populations. If there were no significant number of minorities, skip to question 14.

Participant Information

12. Significant number of minorities present:(>=50%)	Yes (if Yes, please fill in question 13) No			
13. Minority populations present: (Please report only when >=50% of participants are minorities. Check ALL that apply)	✓ African American ☐ Alaska Native	☐ Asian and Pacific Islander ☐ Hispanic	✓ Native American	

Question 13: Minority Populations Present: Check all that apply

Question 14: Estimated Number of Participants

14. Estimated number of participants:	10
15. ZIP Code and county where activity occurred.(e.g. 46202, Marion County):	International: (check if activity not held in the U.S.). ZIP (5 digit, required only for U.S.): 74820 Find County (This will cause the page to refresh - thank you for your patience) U.S. County: PONTOTOC. OKLAHOMA To confirm a ZIP code, go to: USPS ZIP Lookup Note: If the county and ZIP code do not match your records, please contact The Polis Center for help.

Question 15: **ZIP Code and county where activity occurred**: After entering the zip code, click on the "Find County" button. The page will refresh and the correct county will appear in the box.

Question 16: Was a participant information sheet distributed: Yes/No

16. Was a participant information sheet distributed?	⊙ Yes ○ No	If yes, please fill out:	Participant Information Sheet 0 Participants Entered
Clear Form Save Submit For Approval			

The participant information sheet provides demographic information about activity attendees. If the sheet was distributed at the activity, click on the "Participant Information Sheet" to enter the data.

