

## Instructions: Outreach Activity Database

To access: <https://staff.nnlm.gov/extra/>

Enter username & password

You will be taken to the main screen. Click the **NN/LM Outreach Forms** button to begin.



## NN/LM Extranet

**Hello Michelle Malizia, welcome to the NN/LM Extranet.**

The Extranet is for recipients of NN/LM funding and other NN/LM capabilities that require authorized access. Please do not publish the Intranet pages, or link to the Extranet from public web pages. If you have any questions, contact your RML's technology or outreach coordinator. Thank you.



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. The two projects that are of relevance to the subcontractors are: **Resource Library Subcontract** and **Access Library Subcontract**. Select the appropriate project.

Outreach Activity Reporting

[Outreach Activity De](#)

Welcome Michelle Malizia, what project would you like to work on?

Please Select

- Please Select
- Access Library Subcontract
- Access to Electronic Consumer Health Information
- Ariel Project
- Closing the Gap
- DOCLINE Internet Connectivity Project
- Information Access for Public Health Professionals
- Internet Connectivity Project
- Library Improvement Project
- Resource Library Subcontract

[Instructions](#)

The project Web page will appear. 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 or other activity), select **Add an Activity**.

Outreach Activity Reporting

[Outreach Ac](#)

**Resource Library Subcontract**

Logged in as Michelle Malizia

**Author Menu**

- [Add an Activity](#)
- [Incomplete Activities\(o\)](#)
- [Pending Approval\(o\)](#)
- [Approved Activities\(o\)](#)
- [Denied Activities\(o\)](#)
- [Search For Activities](#)

Welcome Michelle Malizia,

You have Author privileges to the

(Complete list of links under the Author Menu)

- <a href="#">Add an Activity</a>	Enter new Outreach Activity Data
- <a href="#">Incomplete Activities</a>	View a list of previously saved but incomplete or not submitted Outreach Activity Forms. Allows the Author to resume entering data; submit a saved, completed form; or delete a form.
- <a href="#">Pending Approval</a>	View a list of submitted Outreach Activity Forms that have not been reviewed. View only.
- <a href="#">Approved Activities</a>	View a list of submitted Outreach Activity Forms that have been approved. View only
- <a href="#">Denied Activities</a>	View a list of submitted Outreach Activity Forms that have been denied. One may chose to <a href="#">Edit</a> and resubmit or <a href="#">Delete</a> the form.
- <a href="#">Search for Activities</a>	Keyword search for Incomplete, Pending, Approved and Denied Outreach Activity Forms.

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

### Outreach Activity Data Entry Form

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**ACTIVITY NAME:**

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**1. NLM PROJECT TITLE:(if applicable)** Resource Library Subcontract

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**2. DATE OF ACTIVITY:**

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**3. ORGANIZATION CONDUCTING ACTIVITY:**

[Other Organizations](#)

## Entering Data:

<b>ACTIVITY NAME:</b>	<input style="width: 95%;" type="text" value="Resource Library Subcontract- PubMed -UNM"/>
<hr/>	
<b>1. NLM PROJECT TITLE:(if applicable)</b>	Resource Library Subcontract
<hr/>	
<b>2. DATE OF ACTIVITY:</b>	<input style="width: 25%;" type="text" value="January"/> <input style="width: 25%;" type="text" value="28"/> <input style="width: 25%;" type="text" value="2003"/>
<hr/>	
<b>3. ORGANIZATION CONDUCTING ACTIVITY:</b>	
	<a href="#">Other Organizations</a>
	<input style="width: 95%;" type="text" value="Houston Academy of Medicine-Texas Medical Center Library, Photocopy/InterLibrary Loan Services"/>

**Activity Name:** Name the activity. The format will be project name – Activity name – location of training – date of training. For example, a PubMed class taught by the University of New Mexico on January 28, 2003 will be listed as: **Resource Library Subcontract – PubMed- UNM- 1/28/03** (please note: each activity name must be unique; if you teach two PubMed classes on the same day, add additional information such as: **Resource Library Subcontract – PubMed- UNM- 1/28/03 a.m.**

**NLM Project Title (1):** Project Name. This will be automatically recorded on the form.

**Date of Activity (2):** Record date the activity took place.

**Organization Conducting Activity (3):** Name the organization conducting the activity. The link [Other Organizations](#) lists all organizations from which you may select. The default organization name will be that of the individual entering data into the web form.

If your organization is not the default, click on the [Other Organizations](#) link

If your organization is already listed, **SKIP to question #4**

If your organization is NOT already listed in question #3. **Organization Conducting Activity** box:

- a. Click the beginning letter of the library to make your selection. If your library cannot be located, check with the Michelle at the RML (1-800-338-7657)

**Outreach Activity Reporting**

**Resource Library Subcontract** (*Resource Library Subcontract- PubMed -UNM*) [Outreach](#)  
[Feedback](#)

[Return to The Outreach Activity Form](#)

**NN/LM Libraries & Organizations**

**If you can't find an organization please contact your RML.**  
(Click on the name of the organization or library to make a selection.)

[a](#) [b](#) [c](#) [d](#) [e](#) [f](#) [g](#) [h](#) [i](#) [j](#) [k](#) [l](#) [m](#) [n](#) [o](#) [p](#) [q](#) [r](#) [s](#) [t](#) [u](#)

- b. Scroll until you locate your library and select it.

[UNIVERSITY OF NEW HAMPSHIRE AT MANCHESTER, UNHM LIBRARY](#)  
[UNIVERSITY OF NEW MEXICO, HEALTH SCIENCES LIBRARY AND INFOR](#)  
[UNIVERSITY OF NEW MEXICO, NATIVE AMERICAN PROJECT MEDICAL C](#)  
[UNIVERSITY OF NEW MEXICO, SCHOOL OF LAW LIBRARY](#)

- c. After your organization is selected, click on “To return to the form [click here](#)”

**NN/LM Libraries & Organizations**

**If you can't find an organization please contact your RML.**  
*(Click on the name of the organization or library to make a selection.)*

You have chosen **University of New Mexico, Health Sciences Library and Info**

To return to the form [click here](#).

To use another organization or library [click here](#)

Question 4: **Type(s) of Organization(s) Involved in Activity**

Question 5: **Session Content** (question 5): Check all that apply.

**3. ORGANIZATION CONDUCTING ACTMITY:**

[Other Organizations](#)

University of New Mexico, Health Sciences Library and Informatics Center

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**4. TYPE(S) OF ORGANIZATION(S) INVOLVED IN ACTMITY:** *(check all that apply - e.g., if you are an academic health sciences library, check both Health Sciences Library as well as Academic Institution)*

<input checked="" type="checkbox"/> Health Sciences Library	<input type="checkbox"/> Hospital	<input type="checkbox"/> Community-Based
<input type="checkbox"/> Public Library	<input type="checkbox"/> Clinic/Health Care	<input type="checkbox"/> Faith-Based
<input type="checkbox"/> Government Agency	<input checked="" type="checkbox"/> Academic Institution	<input type="checkbox"/> Other

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**5. SESSION CONTENT:** *(check ALL that apply)*

<input checked="" type="checkbox"/> PubMed ⓘ	<input type="checkbox"/> NCBI ⓘ	<input type="checkbox"/> Other technology content ⓘ
<input type="checkbox"/> MEDLINEplus ⓘ	<input type="checkbox"/> NLM Gateway ⓘ	<input type="checkbox"/> Other, non-technology Please specify:
<input type="checkbox"/> ClinicalTrials.gov ⓘ	<input type="checkbox"/> TOXNET ⓘ	<input type="text"/>

Question 6: Complete box 6a for zip code then hit enter.

**6. ZIP CODE AND COUNTY WHERE ACTIVITY OCCURRED:** (e.g. 46202-4525, Marion County)

6a. ZIP Code (5-digit, e.g. 46202):  6b. ZIP+4:(optional) (4-digit, e.g. -4525)  6c. County:

**7. LENGTH OF ACTIVITY:**   
(as percentage of an hour, e.g. .5, 1.5, 2.25)

**8. HANDS-ON PRACTICE:** (access to computers provided during or after session.)  Yes  No

The following box will appear on the screen: Click OK



Question 6c: The county information for the activity will automatically appear in 6c.

**6. ZIP CODE AND COUNTY WHERE ACTIVITY OCCURRED:** (e.g. 46202-4525, Marion County)

6a. ZIP Code (5-digit, e.g. 46202):  6b. ZIP+4:(optional) (4-digit, e.g. -4525)  6c. County:

**7. LENGTH OF ACTIVITY:**   
(as percentage of an hour, e.g. .5, 1.5, 2.25)

**8. HANDS-ON PRACTICE:** (access to computers provided during or after session.)  Yes  No

**9. ACTIVITY CONDUCTED REMOTELY:** (from remote site, e.g. videoconference, teleconference, web-based class, etc.)  Yes  No

**10. CONTINUING EDUCATION CREDIT OFFERED:** (CME, CEU, etc.)  Yes  No

Question 7: Length of Activity

Question 8: Hands-on Practice

Question 9: Activity Conducted Remotely

Question 10: Continuing Education Credit Offered.

Question 11a. 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 12a.

**11a. SIGNIFICANT NUMBER OF MINORITIES PRESENT:( $\geq$ 50%)**

Yes  No

If **YES**, fill out 11b.

**11b. MINORITY POPULATIONS PRESENT:** (Report only when  $\geq$ 50% of participants are minorities. Check ALL that apply)

African American

Asian and Pacific Islander

Native American

Alaska Native

Hispanic

If there were greater than 50% of the individuals who attended are from a minority population, check Yes. The following box will appear. Click OK.



Question 11b: If 50% of attendees are of a particular minority group, check all the minority populations that were present.

**11a. SIGNIFICANT NUMBER OF MINORITIES PRESENT:( $\geq$ 50%)**

Yes  No

If **YES**, fill out 11b.

**11b. MINORITY POPULATIONS PRESENT:** (Report only when  $\geq$ 50% of participants are minorities. Check ALL that apply)

African American

Asian and Pacific Islander

Native American

Alaska Native

Hispanic

**12a. ESTIMATED NUMBER OF PARTICIPANTS:**

5

**12b. WAS A PARTICIPANT INFORMATION SHEET DISTRIBUTED?**

Yes  No

If **NO**, fill out 12c, if **YES**, fill out the [Participant Information Sheet](#)

Question 12a: Enter Number of Participants

Question 12b: Was a Participant Information Sheet Distributed? If yes, select the **Participant Information Sheet** link

12b. Continued: After selecting the Participant Information sheet link, you will receive a message informing you that you must first save the form.

<p>12a. ESTIMATED NUMBER OF PARTICIPANTS:</p> <input type="text" value="5"/>	<p>12b. WAS A PARTICIPANT INFORMATION SHEET DISTRIBUTED?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If <b>NO</b>, fill out 12c, if <b>YES</b>, fill out the <a href="#">Participant Information Sheet</a> <b>You must save this form before entering the participant information sheet.</b></p>
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Scroll to the top of the form and select the Save box.

**Outreach Activity Data Entry Form**

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- You must save this form before entering the participant information sheet.**

The following message will appear:

**Outreach Activity Data Entry Form**

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**The activity WAS SAVED! Below are warnings that will stop you from submitting this activity for approval:**

- 12b. You have indicated that you have distributed a participant information sheet, but have not entered the participants' information.**

Scroll back down to 12b and again click on the **Participant Information Sheet** link:

12b. WAS A PARTICIPANT INFORMATION SHEET DISTRIBUTED?

Yes  No

If **NO**, fill out 12c, if **YES**, fill out the [Participant Information Sheet](#)

You will be taken to the Participant Information Sheet form.

Question 1: Category

Question 2: Zip Code + County. Type in 5 digit zip code and hit ENTER.

## Participant Information Sheet

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[Back to the Activity Data Form](#)Add Record

**Edit contents of record # 1 below**

**1. CATEGORY** *(Check one of the options below)*

- Health care or service provider (including health profession students)
- Health sciences library staff member
- Public/other library staff member
- Member of general public

**2. ZIP CODE + COUNTY** *(ZIP code of work or school, e.g. 46202. General public: Enter HOME zipcode if applicable)*

ZIP code:  +4 (optional):

County:

This box will again appear. Click OK:



The form will automatically fill out the information regarding the county.

Question 3: Special Populations Served: (This question is often confusing to class participants. It refers to the population that is served by the participant NOT the participant's personal ethnicity or demographics)

2. ZIP CODE + COUNTY (ZIP code of work or school, e.g. 46202. General public: Enter HOME zipcode inste

ZIP code:  +4 (optional):

County:

3. SPECIAL POPULATIONS SERVED:

(Check a population below if it corresponds to 50% or more of the total population served. Check ALL that

- African American
- Alaska Native
- Asian and Pacific Islanders
- Hispanic
- Native American
- Other  (Limited to 50 characters)
- Rural
- Senior (age 65 and over)
- Youth/Teen (ages 13-17)
- Low Income
- Inner City

[Back to the Activity Data Form](#)

Add Record

Click **Add Record** box

The following information will appear at the bottom of the form. The activity highlighted in green is the activity you have just entered.

[Back to the Activity Data Form](#)

Add Record

Prev Next

	ID	Category	ZIP Code	ZIP Ext	County	African American	Alaska Native	Asian Pacific	Hispanic	Native American	Rural	Se
<a href="#">Edit</a>	1	Health care or service provider	87131		BERNALILLO, NEW MEXICO				X		X	
<a href="#">Edit*</a>	2	Health care or service provider	87131		BERNALILLO, NEW MEXICO				X		X	

Enter information relating to each participant, clicking on the **Add Record** button for each person. Note if you have any changes to make, you may click on the Edit link.

Prev Next											
	ID	Category	ZIP Code	ZIP Ext	County	African American	Alaska Native	Asian Pacific	Hispanic	Native American	Rural
<u>Edit</u>	1	Health care or service provider	87131		BERNALILLO, NEW MEXICO				X		X
<u>Edit</u>	2	Health sciences library staff member	87501		SANTA FE, NEW MEXICO				X		
<b>Edit*</b>	<b>3</b>	<b>Health sciences library staff member</b>	<b>87501</b>		<b>SANTA FE, NEW MEXICO</b>				<b>X</b>		

After you have entered information on all participants, click on Back to the Activity Data Form

[Back to the Activity Data Form](#)
Add Record

Prev Next											
	ID	Category	ZIP Code	ZIP Ext	County	African American	Alaska Native	Asian Pacific	Hispanic	Native American	Rural
<u>Edit</u>	1	Health care or service provider	87131		BERNALILLO, NEW MEXICO				X		X

Next, you will be asked to save your changes:

### Participant Information Sheet

Would you like to save your changes to the Participant Information Sheet?

After selecting Yes, you will be returned to the form. Click on the **Submit for Approval** button located on the top and bottom of the form:



You will be given an opportunity to enter in comments. If you have no comments, click on the appropriate button.

You will receive a message informing you that the form has been submitted for approval. If you'd like to keep a copy of the form, select the Printer Friendly link.

A screenshot of a web page titled 'Resource Library Subcontract' with a sub-header 'Outreach Activity Data Collection & Feedback'. It shows the user is logged in as 'Michelle Malizia'. There is an 'Author Menu' with links for 'Add an Activity', 'Incomplete Activities( )', 'Pending Approval(1)', 'Approved Activities(o)', 'Denied Activities(o)', and 'Search For Activities'. A 'Printer Friendly' link is also visible. The main content area displays 'Outreach Activity Data Entry F' and a confirmation message: 'This form has been submitted for approval.'

Michelle Malizia will receive a notice informing her that the form has been submitted. She will then review the form and either approve it (if she has no questions on the form) or deny it.

NOTE: If there are questions on the form, it will be denied and a notice will be sent to you. You will then need to look at the comments to read why the form was denied so that you can resubmit.

If you have any questions on this form, contact:

Michelle Malizia  
Outreach Coordinator  
[mmalizia@library.tmc.edu](mailto:mmalizia@library.tmc.edu)  
713-799-7880  
1-800-338-7657 (AR, LA, NM, OK, TX)