

**NORTH DAKOTA FAMILY PLANNING PROGRAM
Delegate Report Schedule**

REPORT	January	February	March	April	May	June	July	August	September	October	November	December
1. Midlevel clinician/physician peer review – chart review for practitioners not being reviewed at time of triennial site review								X				
2. Annual Client Survey (Summary) * Triennial Review years must provide hard copies with summary *												X
3. Ahlers CVR Transmission (15th day of month)	X	X	X	X	X	X	X	X	X	X	X	X
4. Superbill/fees for service report							X					
5. Monthly expenditure Report	X	X	X	X	X	X	X	X	X	X	X	X
6. Fee Schedule Changes	Submitted for approval as they occur and annually by August 15 th .											
7. Cost analysis	Submitted to state office for review upon completion.											
8. Independent financial audit report	Submit copy of report upon completion every two years.											
9. Competitive Grant (includes assurances, work plan, budget and budget justification)	Due every 4 years and/or as directed by state office.											
10. Continuation Grant (includes budget and budget justification.)	Due on non-competitive grant years as directed by state office. Revisions to work plan must be approved by the state office as they occur.											
11. Revised budget.	Due date as directed by state office.											
12. Human Subjects Research Proposals	Submitted for approval as they occur; must be approved prior to implementation.											
13. Internal Medical Audit				X						X		
14. Physician/Midlevel Practitioner Staffing Profile	X											
15. Quarterly Chart Review	X			X			X			X		
16. Pap cytology summary reports	X	X	X	X	X	X	X	X	X	X	X	X
17. Sterilization Report	X											
18. Progress Report, Services Provided and Service Site Information form	X											

Reports are due by the 15th of the month unless otherwise indicated.