

Nursing Graduate Guarantee (NGG) Online Portal

Guide

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What is the NGG Online Portal?

The NGG online portal, also known as the Nurses' Career Start Gateway, is a system that supports the management of the NGG.

The NGG portal enables:

- Nurses to search and apply for job opportunities
- Employers to review nurses' applications
- Employers to extend job offers
- Employer to request funding from the Ministry of Health (the ministry) and
- Employers to submit financial reports to the ministry

NGG Online Portal Accounts

Participating NGG employers will be required to register various users on the site to fulfill NGG-related activities (e.g., posting positions, submitting budget requests, etc.).

The user descriptions are specified in the table below.

Access Rights	Function	Suggested User
Organization/Employer (OE) Signatory	User has final signing authority for the NGG final reporting (Financial report, Program Report, ARRC Repot)	Chief Executive Officer (CEO) or equivalent
Senior Nursing Leader (SNL) Signatory	User has signing authority for budget requests and final reporting	Chief Financial Officer (CFO) or equivalent
Finance Signatory	User has signing authority for final reporting	Chief Financial Officer (CFO) or equivalent
Registered Nurse (RN) and Registered Practical Nurse (RPN) Union Signatory	User reviews and signs off on budget requests and has signing authority for final reporting (if applicable).	RN or RPN union representative.
Organization/ Employer (OE) Administrator	User can post jobs, create budget requests and final and program reports and has authority to modify the organization profile (e.g., edit legal name, manage registered users).	Human Resources or Program Manager.

OE User	User can only post jobs, create budget request and final reports.	Signatories who do not need access to other NGG online portal functions.
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Overview of Program Components

Program Component	Description
Budget Request Form	The Budget Request includes: • Section to demonstrate that the organization has the capacity and a plan to transition the new nurse to full-time employment or the equivalent of full-time hours for a minimum of 6 months (26 weeks). • Section for union review (if applicable) • Section for SNL approval • The Submitted Budget request form must have a Pending Approval Status to be considered submitted prior to the application submission deadline.
NGG Reporting	The NGG agreement will provide details of reporting requirements and deadlines. Required reports include: • Financial report • Program Report • Annual Reconciliation Report Certificate

How to Register OE Admins, OE Signatories, Union Signatories, Finance Signatories and SNL Signatories on the NGG portal.

1. Fill out form to register an as Employer on the [NGG online portal](#).
2. **OE Signatories, SNL Signatories and Finance Signatories** must choose either OE Admin or OE User rights in addition to their signatory rights.

Welcome to the Nursing Graduate Guarantee Portal

The Nursing Graduate Guarantee Portal links eligible nurses with health care employers across the province interested in hiring through the Nursing Graduate Guarantee initiative. As part of the health human resources strategy of the Ministry of Health, this initiative provides eligible nurses with up to three (3) months in a comprehensive orientation and the opportunity to be bridged to full-time employment

Email *
Password *
[Login](#)

[Forgot Password?](#)

Nursing Users

Enter the Nursing Graduate Guarantee Portal here and start your career off on the right foot! Gain a valuable full-time employment opportunity and connect with health care organizations/employers across all sectors and areas of the province through the Nursing Graduate Guarantee initiative.

Not yet registered?

[Register Now!](#)

Health Care Organizations and Employers

Enter the Nursing Graduate Guarantee Portal here to connect with thousands of Ontario's newest health care professionals through the Nursing Graduate Guarantee initiative. Build a stronger workforce today!

Not yet registered?

[Register as Employer](#)

[MOHLTC Users](#)

Non Signatory Role (Select one if union roles are not selected)

Organization/Employer (OE) Administrator Rights ☐

OE User ☐

Signatory Role (Max of one rights)

Organization/Employer (OE) Signatory Rights ☐

Senior Nursing Leader (SNL) Signatory Rights ☐

Chief Finance Officer ☐

[Next](#)

One non-signatory
access right

AND

One signatory
access right

Union Signatory

1. After filling out the register as an employer form, **DO NOT** select any access rights and click on the "Next button". Union signatory rights will be available to select on the next page.

Non Signatory Role (Select one if union roles are not selected)

Organization/Employer (OE) Administrator Rights ☐

OE User ☐

Signatory Role (Max of one rights)

Organization/Employer (OE) Signatory Rights ☐

Senior Nursing Leader (SNL) Signatory Rights ☐

Chief Finance Officer ☐

1.) DO NOT select any these access rights.

2.) Click on the Next button. Union signatory rights are on the next page.

2. Select your organization.

Company Details

Select an Existing Organization

Organization Name *

Organization Legal Name *

Organization Mailing Address *

Organization Community *

Organization Postal Code *

Organization E-Mail Address

Facility/IFIS Number *

Local Health Integration Network (LHIN) *

Organization Sector *

Organization/Employer Type *

This Organization has an RPN Union * ☐ Yes ☒ No

This Organization has an RN Union * ☐ Yes ☒ No

Posting Administrator Name

Finance Administrator Name

Chair of the Board

Riding *

Language Preference * ☒ English ☐ Français

3. After organization is selected, RPN and RN Union signatory access rights will appear, please select one.

Non Signatory Role (Select one if union roles are not selected)

Organization/Employer (OE) Administrator Rights ☐

OE User ☐

Signatory Role (Max of one rights)

Organization/Employer (OE) Signatory Rights ☐

Senior Nursing Leader (SNL) Signatory Rights ☐

Chief Finance Officer ☐

Union Role (Check one after selecting the organization with union roles - none of the above are to be selected)

Registered Practical Nurse (RPN) Union Signatory Rights ☐

Registered Nurse (RN) Union Signatory Rights ☐

Next Steps for OE Administrators, OE Signatories, SNL Signatories, Union Signatories and Finance Signatories.

1. Once you are registered, will get an activation email to the email address that you entered when registering on the NGG portal.
2. Follow the instructions in the activation email to activate your account. Please be sure to check your Junk and Spam folders. Please ensure you **active your account within 24 hours of registering**.
3. Once your account is activated, please contact your organizations OE Administrator who will now need to approve your access rights (i.e., OE user, SNL signatory etc.)

How can OE Administrators approve user access rights?

1. OE Administrator login to NGG portal
2. Find the user under "Manage Users" -> "OE Users" and enter in the users full name
3. Click on "details" button next to the user.

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MINISTRY OF HEALTH AND LONG-TERM CARE

Dashboard

Profile

OE Profile

Jobs

Manage Users

Budget Requests

NGG Historical Requests

Financial Reports

Program Report

Data Centre

Resources

Logout

Manage OE User

User List						
Organization Name	Job Title	Full Name	User Status	Access Rights Granted	Pending Access Rights	

User List						
Organization	Title	Name	Status	Access Rights	Pending Access Rights	
	Deputy Director	S	Inactive	RPN Union Signatory		Details
	Collaborative Practice Leader	A	Active	OE Administrator Rights		Details
	People & Culture Business Partner	E	Inactive			Details
	Business Representative	J	Inactive			Details
	Union Rep/Regional Coordinator	A	Active	RPN Union Signatory		Details
	Human Resources Advisor	V	Locked			Details
	People & Culture Assistant	J	Inactive			Details
	People & Culture Assistant	V	Active	OE Administrator Rights OE Signatory		Details
	Sr. Talent Acquisition Specialist	L	Active	OE User	OE Signatory	Details
Page 2 of 2 (19 items) 1 [2] >						

Click Details

4. Scroll down to the “Modify User” section, near the bottom of the page, there is a Approve/Deny access rights table. OE Administrators can approve or deny the rights by clicking on respective buttons.

Modify User

User Profile

First Name
Last Name
Email Address
Organization Name
Title
Mailing Address
Postal Code
Telephone (Work)
Extension
Mobile Phone
Fax Number
Status
Current Access
Pending Access: **OE Administrator Rights**

Approve / Deny Access Rights

Pending Access Rights	
Access Rights Pending	
OE Administrator Rights	Approve Deny

Click on
Approve or
Deny.

Remove Access Rights

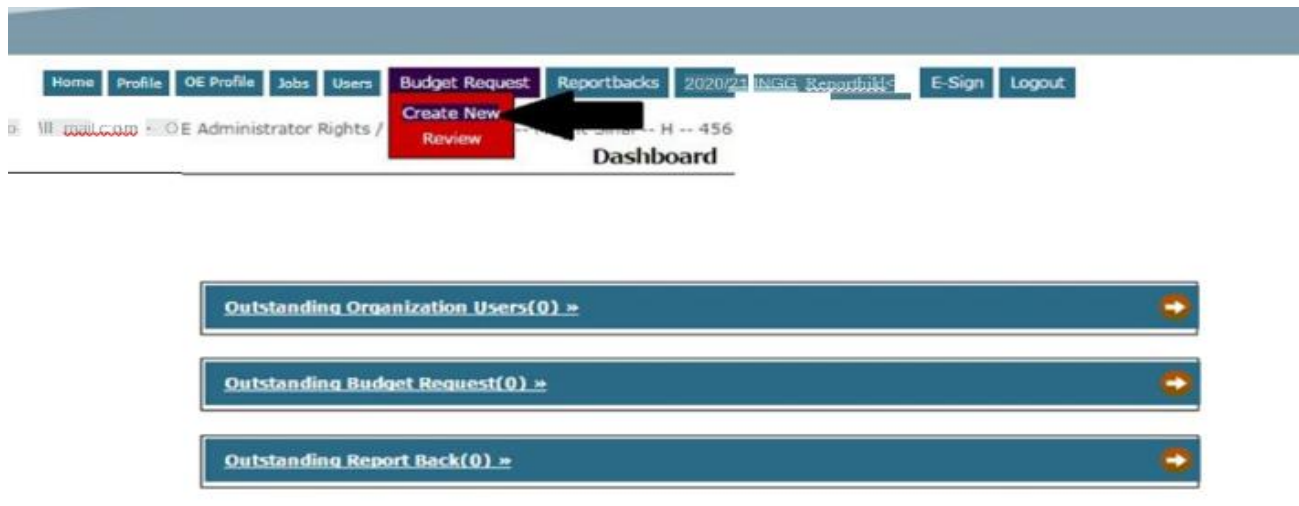
Budget Request Submission Process

1	Match with the new nurses on the NGG online portal
2	Create new budget request on the NGG online portal
3	Select hired nurse(s) to include on the budget request(s)
4	Fill in budget request details for each new nurse (wage, start date, etc.)
5	Describe the organization's capacity and plan to transition the new nurse to full-time employment or the equivalent of full-time hours for a minimum of 6 months (26 weeks) within one year (12 months) of the new nurse's start date of the transition into practice period (12 weeks).
6	Submit budget request for union to review and for SNL approval
7	Union reviews budget request, providing comments as required
8	SNL approves budget request, providing comments as required
9	Budget request is received by the ministry if status is "Pending Approval" and approved if eligibility requirements have been met

Creating and Submitting the Budget Request

Please note that Organization can only add nurses to budget request form after 72 hours of the nurse accepting the job offer.

Step 1



Step 2

The screenshot shows the 'Create Budget Request' form. The form has a header bar with the same navigation links as the dashboard. Below the header, the user is logged in as hfosix@gmail.com with OE Administrator Rights / SNL Signatory -- Mount Sinai -- H -- 4561. The form title is 'Create Budget Request'. The form contains two input fields: 'Nurse Category' with a dropdown menu showing 'Registered Nurse (RN)' and 'Organization Name' with a text input field containing 'Testing Org'. A blue box with a white border and an arrow points to the 'Nurse Category' dropdown, containing the text: 'Select your desired Nurse Category and Organization Name (for multi-site organizations)'. Below the input fields are 'Next' and 'Cancel' buttons. At the bottom of the page, there is a footer with links: CONTACT US, ACCESSIBILITY, PRIVACY, IMPORTANT NOTICES, and a copyright notice: © QUEEN'S PRINTER FOR ONTARIO, 2009-2010 - LAST MODIFIED: JUL 26 2016 4:34PM VERSION: 1.43.04.

Click "Next" to see the [list](#) of available new nurses.

Step 3

[Home](#) [Profile](#) [OE Profile](#) [Jobs](#) [Users](#) [Budget Request](#) [2020/21 NGG Reportback](#) [E-Sign](#) [Logout](#)

hfosix@gmail.com -- OE Administrator Rights / SNL Signatory -- Testing Org -- H -- 123456

Create Budget Request

Select the nurses you would like to include in the budget request from the list below.

Nurse CategoryRegistered Nurse (RN)

Organization NameTesting Org

Participants have been included in any Budget Request. Click 'Next' to proceed to include all Participants in this Budget Request. Click 'Cancel' to select Participants that should not be included in this Budget Request.

Nursing Graduate Guarantee (NGG) Participants

NGG Participants					
	Nursing Grad ID	Name	Job Offer Acceptance Date	Assignment Start Date	Job Posting Title
☒	176	Carol Brown	2020/03/02	2021/03/03	Job at Long Term Care Inc.

Nursing Career Orientation (NCO) Participants

NCO Participants					
	Nursing Grad ID	Name	Job Offer Acceptance Date	Assignment Start Date	Job Posting Title
No data to display					

Click "Next" to generate the budget request.

Next

Cancel

Step 4

[Home](#) [Profile](#) [OE Profile](#) [Jobs](#) [Users](#) [Budget Request](#) [2020/21 NGG Reportback](#) [E-Sign](#) [Logout](#)

hfosix@gmail.com -- OE Administrator Rights / SNL Signatory -- Testing Org -- H -- 123456

Budget Request Details

Budget Request ID: **102**

Nurse Category: **Registered Nurse (RN)**

Organization: **Testing Org**

Nursing Initiative Type: **Nursing Graduate Guarantee**

Submission Date: **Not Submitted**

Status: **Draft**

[View History](#) [Export to PDF](#) [View Transactions](#)

Participant List

Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$	
176	Carol Brown							Details

Total Number of Participants: **1** Budget Request Total Allocation: **\$0.00**

[Add Participant](#)
[Submit to MOHLTC](#)
[Delete Budget Request](#) [Save and Close](#)
[Next](#) [Cancel](#)



Click "Details" to enter the participant details page.

Step 5

Participant Details

Budget Request ID **100**

Submission Date **Not Submitted**

Organization Name **Testing Org**

Participant Name **Nurse RPN1**

Fiscal Year **2020-21**

Projected Start Date **20200104**

Projected End Date **20200327**

Hourly Wage **\$ 32.00**

Benefit Rate % **20.00**

Weekly Full-Time Hours **37.50**

Enter the start date, hourly wage, benefit rate and weekly hours for the new nurse.

Total Allocation **\$26,672.00**

☒ The Union was consulted

☒ We have forecasted that within the next 12 months a permanent, full-time position will be available within our organization

Please briefly describe your organization's capacity and plan to transition the new nurse into permanent, full-time employment (Maximum 5,000 characters).

Enter Text

	Payment Amount
Initial	\$14,436.00
Secondary	\$14,436.00
Final Transaction	\$0.00

Confirmation ID

Payment Date

Please ensure that you enter the highest Hourly Wage value (the highest rate of pay) that the participant is expected to attain during their 6 months of employment in the Nursing Participant Guarantee Initiative.

Previous
Exit & Save
Next

Remove Participant
Revert Changes
Back

* Mandatory fields required for submission of Budget Request. Not required for saving as draft.

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Step 6

[Home](#) [Profile](#) [OE Profile](#) [Jobs](#) [Users](#) [Budget Request](#) [2020/21 NGG Reportback](#) [E-Sign](#) [Logout](#)

hfosix@gmail.com -- OE Administrator Rights / SNL Signatory -- Testing Org -- H -- 123456

Budget Request Details

Budget Request ID **102**

Nurse Category **Registered Nurse (RN)**

Organization **Testing Org**

Nursing Initiative Type **Nursing Graduate Guarantee**

Submission Date **Not Submitted**

Status **Draft**

[View History](#) [Export to PDF](#) [View Transactions](#)

Participant List

Participant List							
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$
176	Carol Brown						

Total Number of Participants: **1** Budget Request Total Allocation: **\$0.00**

[Add Participant](#)

[Submit to MOHLTC](#)

[Delete Budget Request](#)

[Save and Close](#)

Click "Submit to MOHLTC" when you have fully completed the budget request. This will initiate the budget request pre-review process.

Union Review

Step 7

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Home Profile E-Sign Logout
Sign Documents

rgreen28@rogers.com -- RN Union Signatory -- Testing Org -- H -- 123456

Dashboard

Outstanding Organization Users(0) »

Outstanding Budget Request(0) »

Outstanding Report Back(0) »

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VERSION: 1.43.04

Step 8

Document Type	Status	ID	Fiscal year	Submission Date	Participants	Total Allocation /Reinvestment	Sent Date	
NGG Reportback	Pending for signing	42	2020-21	2021/01/20	1	\$13,978.90	2021/01/20	Sign
NGG Budget	Pending Review	54	2020-21	2021/01/20	1	\$13,978.90	2021/01/20	Sign

Cancel

Click "Sign" to review and electronically sign the NGG budget request(s).

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VERSION: 1.43.04

Step 9

Home Profile E-Sign Logout

Testings@rogers.com -- RN Union Signatory -- Testing Org -- H -- 123456

E-Review

Budget Request ID **97** Nurse Category **Registered Practical Nurse (RPN)**
 Organization **Testing Org** Nursing Initiative Type **Nursing Graduate Guarantee**
 Submission Date **2016/06/09** Status **Pending Signing**

[View Status History](#) [View Signing Document](#)

Participant List

Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$	
177	Test User3	2020/10/28	2020-21	\$31.60	24.00	37.50	\$29,388.00	Details

Total Number of Participants: **1** Budget Request Total Allocation: **\$29,388.00**

Signature Code =

Please provide any comments you have regarding the organization's capacity and plan to transition the new nurse(s) into permanent, full-time employment. (Maximum 1,000 characters)

[Reviewed](#) [Reject](#)

Click "Details" to view the organization's capacity and plan to transition each new nurse to full-time employment or the equivalent of full-time hours.

Step 10

Participant Details

Budget Request ID **100** Organization Name **Testing Org**
 Submission Date **Not Submitted** Status **Draft**

Participant Name **Nurse RPN1** Participant ID **252**

Fiscal Year **2020-21**
 Projected Start Date **20200104**
 Projected End Date **20200327**
 Hourly Wage **\$32.08**
 Benefit Rate % **20.00**
 Weekly Full-Time Hours **37.50** Total Allocation **\$26,672.00**

☒ The Union was consulted
☒ We have forecasted that within the next 12 months a permanent, full-time position will be available within our organization

Please briefly describe your organization's capacity and plan to transition the new nurse into permanent, full-time employment (Maximum 3,000 characters)

Review the organization's capacity and plan to transition each new nurse to full-time employment or the equivalent of full-time hours.

	Payment Amount	Confirmation ID	Payment Date
al	\$14,436.00		
y	\$14,436.00		
n	\$0.00		

ou enter the highest Hourly Wage value (the highest rate of pay) that the participant is expected to attain during their 6 months of employment in the Nursing Participant Guarantee Initiative.

[Previous](#) [Exit & Save](#) [Next](#)
[Remove Participant](#) [Revert Changes](#) [Back](#)

* Mandatory fields required for submission of Budget Request. Not required for saving as draft.

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Step 11

[Home](#) [Profile](#) [E-Sign](#) [Logout](#)

rgreen28@rogers.com -- RN Union Signatory -- Testing Org -- H -- 123456

E-Review

Budget Request ID: **97**

Nurse Category: **Registered Practical Nurse (RPN)**

Organization: **Testing Org**

Nursing Initiative Type: **Nursing Graduate Guarantee**

Submission Date: **2020/06/09**

Status: **Pending Signing**

[View Status History](#)

[View Signing Document](#)

Participant List

Participant List							
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$
177	Test User3	2021/01/20	2020-21	\$31.60	24.00	37.50	\$29,388.00

Total Number of Participants: **1**

Budget Request Total Allocation: **\$29,388.00**

Click "Reviewed" once the budget request has been reviewed and you have provided comments. This will send the budget request to the SNL to approve.

Signature Code =

Enter the signature code from the budget request review email.

Please provide any comments you have regarding the organization's capacity and plan to transition the new nurse(s) into permanent, full-time employment. (Maximum 1,000 characters)

[Reviewed](#)

[Reject](#)

Enter any comments on the budget request.

Senior Nursing Leader (SNL) Review

Step 12

MINISTRY OF HEALTH AND LONG-TERM CARE

Home Profile OE Profile Jobs Users Budget Request 2020/21 NGG Reportback E-Sign Logout

o1@sunram.com -- OE Administrator Rights / OE Signatory -- Testing Org -- H -- 123456

Dashboard

To review budget requests click "Sign Documents".

Outstanding Organization Users(0) ➔

Outstanding Budget Request(0) ➔

Outstanding Report Back(0) ➔

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Step 13

Home Profile OE Profile Jobs Users Budget Request 2020/21 NGG Reportback E-Sign Logout

o1@sunram.com -- OE Administrator Rights / OE Signatory -- Testing Org -- H -- 123456

List Signing Documents

Signing Documents							
Document Type	Status	ID	Fiscal Year	Submission Date	Participants	Total Allocation /Reinvestment	Sent Date
NGG Reportback	Pending for signing	42	2020-21	2021/01/20	1	\$13,978.90	2020/02/02
NGG Budget	Pending Review	54	2020-21	2021/01/20	1	\$13,978.90	2020/02/02

Cancel

Click "Sign" to review and electronically sign the NGG budget request(s).

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Step 14

Home Profile Jobs Budget Request Reportbacks 2020/21 NGG Reportback E-Sign Logout

nggmm100-10@yahoo.ca -- SNL Signatory / OE User -- Testing Org -- H -- 123456
E-Sign

Budget Request ID: 97 Nurse Category: Registered Practical Nurse (RPN)
Organization: Testing Org Nursing Initiative Type: Nursing Graduate Guarantee
Submission Date: 2021/06/09 Status: Pending Signing

[View Status History](#) [View Signing Document](#)

Participant List

Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$	
177	Test User3	2021/01/20	2020-21	\$31.60	24.00	37.50	\$29,388.00	Details

Total Number of Participants: 1 Budget Request Total Allocation: \$29,388.00

Signature Code:

Please provide any comments you have regarding the organization's capacity and plan to transition the new nurse(s) into permanent, full-time employment. (Maximum 1,000 characters)

unionRep@union.ca - We have no comments on the transition to practice plan
SNLsignatory@org.ca -

[Approve](#) [Reject](#)

Click "Approve" once the budget request has been reviewed and you have provided comments.

Enter the signature code from the budget request approve email.

Enter any comments on the budget request.

Budget Request Status

Status	Description
Draft	Budget request has been created but not submitted to the ministry. Draft status can also occur when the budget request has been denied during the submission process.
Pending Review	Budget request is pending review by the Union and /or review by the SNL.
Pending Approval	Budget request submitted to the ministry and pending review by the ministry.

Reviewed by MOH (e.g., MOH Admin. and MOH Finance)	Budget request has been reviewed and is recommended for funding by the ministry.
Fully Reviewed	The budget request has been fully approved, and funding will be flowed.
Paid	Budget request funding has been flowed to the organization.

NGG Reporting

- Employers who receive NGG funding are required to report on use of the funds as per the timelines outlined in the NGG agreement.
- Organizations must submit 3 Reports to the Ministry:
 1. **Financial Report:** to provide actual expenditures related to the 12-week transition into practice period and actual expenditures related to the reinvestment fund;
 - **Must be signed by the SNL Signatory, Union signatory and OE Signatory**
 2. **Program Report:** to provide information on program outcomes (e.g., nurse was bridged to full-time employment or the equivalent of full-time hours). Must be completed after the Financial Report is completed and submitted.
 - **Must be signed by the SNL Signatory, Union signatory and OE Signatory**
 3. **Annual Reconciliation Report Certificate (ARRC):** attestation that reported numbers agree with the audited financial statements of the organization.
 - **Must be signed by the OE Signatory and Finance Signatory**

Financial Report

A financial report must be submitted for **each nurse** that a budget request has been submitted for.

Step 1

- Navigate to the Financial Report tab
- Click on "Create New" if you are starting a new report or Click on "Review Report backs" if you are returning to complete a report that you have already started.

Step 2

- Select the desired nurse category.
- And click Next button

Create NGG Reportback

Nurse Category RN
RN
RPN

Organization Name Brant Community Healthcare System

Next Cancel

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Step 3

- Select nurses from the list and click on the next button.
- Only nurses from the same fiscal year can be part of the same report back. If nurses are from different fiscal years, a report back will need to be created for each fiscal year.

Create NGG Reportback

Nurse Category RN Organization Name

The following list of nursing participants have not been included in any Financial Report. Click 'Next' to proceed to include all participants in this Financial Report. You may unselect participants that should not be included in this Financial Report.

1. Select the nurses you wish to include in the report back.

NGG List

Available Participants

Participants						
	Financial Report ID	Submission Date	Status	Participant ID	Participant Name	Start Date
☒	9806	2023/12/08	Fully Signed	163137	alexia amorim	2023/06/01
☒	9153	2023/01/03	Paid	155208	Leanne Jenkins	2022/08/08

Next Cancel

Step 4

- Click on details and enter in all information about each nurse
- Click next to move onto the next nurse

Participant List								
Participant ID	Participant Name	Allocated Budget	Actual Start Date	Actual End Date	Hours Employed	Actual Salary/Benefits (Ministry Funded)	Reinvestment	
		\$35,274.90	2023/06/01	2023/08/23	439.25	\$21,909.22		Details
		\$35,274.90	2023/10/13	2024/01/04	395.00	\$19,305.55		Details
		\$35,274.90	2023/07/10	2023/10/01	409.50	\$20,402.14		Details
		\$35,274.90	2023/05/25	2023/08/17	434.50	\$22,277.30		Details
		\$31,527.00	2021/10/15	2022/01/06	397.50	\$15,799.46		Details
		\$35,274.90	2023/05/25	2023/08/17	426.75	\$21,520.33		Details
		\$35,274.90	2023/08/04	2023/10/26	399.75	\$20,672.64		Details
		\$31,527.00	2021/12/10	2022/03/03	382.50	\$15,274.64		Details
		\$35,274.90	2023/08/14	2023/11/05	406.75	\$20,496.30		Details



*-Required Fields/Obligatoire

Report ID **44984**

Organization

Submission Date **Not Submitted**

Status **Draft**

Participant Name

Participant ID

Actual Start Date * 20230601

Actual End Date * 20230823

Was the participant absent, for an extended period of time, between the start date and end date? E.g. Maternity Leave ☐ Yes ☒ No

Worked Weeks 12

Expected Actual Salary/Benefits (Ministry Funded) \$20,659.33

Hours Employed * 439.25

Actual Salary/Benefits (Ministry Funded) \$ 21909.22

Allocated Budget \$35,274.90

Total Potential Reinvestment Amount \$14,109.96

Comments The hours reported above are based on actual time card data and variances could be due to a variety of absences, statutory holidays, picked up shifts, etc.

If the nurse took a break from the NGG program, click on YES and follow the prompts.

Reinvestment Expenditure Breakup

Reinvestment Initiative	Expenditure
Mentorship:	\$14,109.96
80/20 for Staff Nurses:	
Internship for Experienced Nurses in Specialty Areas:	
Initiative to Support Internationally Educated Nurses:	
Innovation Solutions:	
Comments	Funds utilized to increase mentorship hours for other nurses. (Safe management, emergency de-escalation, ACLS, PALS). Cross training experienced nurses in specialty areas (Critical Care, Emergency, Mental Health, etc.).

Click on Next to move to the next nurse or click on save changes to save your edits for later.

[Previous](#)

[Save Changes](#)

[Next](#)

Step 5

- Once all information about each nurse is filled out, click on "process for signature" to start the signature process. The SNL Signatory, Union Signatory and OE Signatory, must sign the financial report.

Report ID [Redacted]

Organization [Redacted]

Submission Date **Not Submitted**

Fiscal Year

Nurse Category **Registered Nurse (RN)**

Nurse Participant Type **Nursing Graduate Guarantee**

Status **Draft**

View History
Export to PDF
View Transactions

Participant List

Participant ID	Participant Name	Allocated Budget	Actual Start Date	Actual End Date	Hours Employed	Actual Salary/Benefits (Ministry Funded)	Reinvestment	
[Redacted]	[Redacted]	\$35,274.90	2023/06/01	2023/08/23	439.25	\$21,909.22		Details
[Redacted]	[Redacted]	\$35,274.90	2023/10/13	2024/01/04	395.00	\$19,305.55		Details
[Redacted]	[Redacted]	\$35,274.90	2023/07/10	2023/10/01	409.50	\$20,402.14		Details
[Redacted]	[Redacted]	\$35,274.90	2023/05/25	2023/08/17	434.50	\$22,277.30		Details
[Redacted]	[Redacted]	\$31,527.00	2021/10/15	2022/01/06	397.50	\$15,799.46		Details
[Redacted]	[Redacted]	\$35,274.90	2023/05/25	2023/08/17	426.75	\$21,520.33		Details
[Redacted]	[Redacted]	\$35,274.90	2023/08/04	2023/10/26	399.75	\$20,672.64		Details
[Redacted]	[Redacted]	\$31,527.00	2021/12/10	2022/03/03	382.50	\$15,274.64		Details
[Redacted]	[Redacted]	\$35,274.90	2023/08/14	2023/11/05	406.75	\$20,496.30		Details

Total Number of Participants: 9

Add Participant

Process for Signature

- The signature process for financial reports is the same as the budget request signature process (see above). The code will be emailed to each signatory.
- When the status Changes from **draft** to **pending signature**, this means that the report is with either the SNL, Union or OE signatories for signing.
- A status indicating **fully signed** means that the report is now submitted to the ministry.

Program Report

A Program report must be submitted for **each nurse** that a budget request has been submitted for.

Step 1

- Navigate to the Program Report tab
- Click on "Create New" if you are starting a new report or click on "Review Report backs" if you are returning to complete a report that you have already started.



Step 2

- Select the desired nurse category.
- And click Next button

A screenshot of the "Create NGG Reportback" form. The form has a title "Create NGG Reportback" at the top. Below the title, there is a "Nurse Category" dropdown menu with a red rectangular box around it. The dropdown menu is open, showing options: RN, RPN, and RPN. To the right of the dropdown menu is a "Organization Name" dropdown menu with the text "Brant Community Healthcare System". Below these fields are two buttons: "Next" and "Cancel". A red arrow points to the "Next" button. At the bottom of the form, there is a footer with links: CONTACT US, ACCESSIBILITY, PRIVACY, SITEMAP, IMPORTANT, and a copyright notice: © QUEEN'S PRINTER FOR ONTARIO, 2009-2010 - LAST MODIFIED: AUG 28 2020 11:34AM VERSION: 2.0.1.

Step 3

- Select nurses from the list and click on the next button.
- Only nurses from the same fiscal year can be part of the same report back. If nurses are from different fiscal years, a report back will need to be created for each fiscal year.

Create NGG Reportback

Nurse Category RN 

Organization Name

The following list of nursing participants have not been included in any Financial Report. Click 'Next' to proceed to include all participants in this Financial Report. You may unselect participants that should not be included in this Financial Report.

1. Select the nurses you wish to include in the report back.

NGG List

Available Participants

Participants						
	Financial Report ID	Submission Date	Status	Participant ID	Participant Name	Start Date
☒	9806	2023/12/08	Fully Signed	163137	alexia amorim	2023/06/01
☒	9153	2023/01/03	Paid	155208	Leanne Jenkins	2022/08/08



Next Cancel

Step 4

- Click on details and enter in all information about each nurse
- Click next to move onto the next nurse

Program

1) Was the new nurse transitioned into a full-time or full-time equivalent position in your organization within 12 months of her/his start date?

☐ Yes ☐ No

If No, please provide an explanation.

Comment

2) Was a minimum of 3 to 6 days of general orientation to the organization provided to the new nurse?

☐ Yes ☐ No

If No, please provide an explanation.

Comment

3) Was the new nurse above staffing complement for the duration of the transition into practice period?

☐ Yes ☐ No

If No, please provide an explanation.

Comment

4) Did the new nurse have access to an assigned mentor (with defined role and responsibilities) at all times during the transition into practice period?

☐ Yes ☐ No

If No, please provide an explanation.

Comment

5) Was there a designated transition into practice leader who was accountable for implementing the NGG and tracking the progress with the new nurse and mentor(s) available for the new nurse and mentor(s)?

☐ Yes ☐ No

If No, please provide an explanation.

Comment

6) Was a learning plan developed by the new nurse and mentor, with input from the designated transition into practice leader, to track the new nurse's progress?

☐ Yes ☐ No

If No, please provide an explanation.

Comment

7) Was there a debrief/touch base with the new nurse, mentor and transition into practice leaders about the progress of the learning plan?

☐ Yes ☐ No

If No, please provide an explanation.

Comment

8) What were the 3 key domains indicated for improvement on the learning plan?

☐ Care Management
☐ Commitment
☐ Critical Thinking
☐ Effective Communication
☐ Other
☐ System Integration

If Others, please provide an explanation.

Comment

9) Was there improvement on these domains during the new nurse(s) transition into practice period?

☐ Yes ☐ No

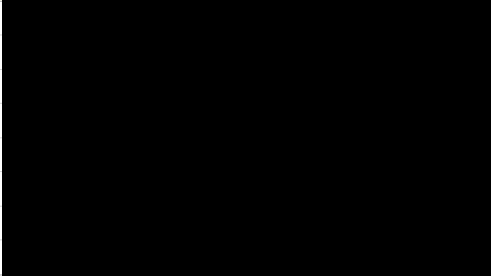
If No, please provide an explanation.

Comment

Step 5

- Once all information about each nurse is filled out, click on "process for signature" to start the signature process. The SNL Signatory, Union Signatory and OE Signatory, must sign the Program report.

Participant List

Participant List			
Participant ID	Participant Name	Participant Outcome	
		Not specified	Details
		Not specified	Details
		Not specified	Details
		Not specified	Details
		Not specified	Details
		Not specified	Details
		Not specified	Details
		Not specified	Details

Total Number of Participants **8**

[Add Participant](#)

[Process for Signature](#)

ARRC Report

The Annual Reconciliation Report Certificate (ARRC) must be signed by the OE signatory and the Finance Signatory. Only one ARRC is required for each fiscal year that the organization received funding for.

ARRC reports are initiated by the Ministry and will be available for signing once it is sent by the Ministry to your organization.

For OE Signatories and Finance Signatory:

Step 1

- Log into the NGG portal
- If the ARRC is initiated by the Ministry, it will appear for signing in your dashboard.
- Click on the "Sign" button

Nurses' Career Start Gateway Dashboard

Documents pending for Signing						
Review / Signing Documents						
Document Type	Status	ID	Fiscal year	Participants	Total Allocation /Reinvestment	Sent Date
ARRC	Pending for signing		2023-24			

[Sign](#)

Step 2

- Review to ensure the program report and financial report submitted by your organization reflect the final audited statement of your organization.
- Enter in the signature code that was emailed to you.
- Enter in any comment (this is optional)
- Click on Approve

Review / E-Sign

AARC Details

ARRC ID [REDACTED]
Organization [REDACTED]
Fiscal Year [REDACTED]
Attached Document **ARRC - NEW**
Last Signed Doc **OE Signatory**
Status **Pending Signing**

[View Status History](#) [View Signing Document](#)

Comment From Union Signatory:
Comment From SNL Signatory:
Signature Code * Enter in Signature code that was emailed.

Comment

Click approve. [Approve](#) [Reject](#)

For OE Administrators:

OE Administrators can re-send signatures code to OE signatory and the Finance signatory.

Step 1:

- Login to the NGG Portal
- Navigate to Financial Report > "Manage ARRC"

Step 2:

- Click on the details button of the ARRC report
- Click on the "Re-send signature code" button or the "send to alternate user" button

Manage Annual Reconciliation Report Certificate

ARRC List						
Organization	ARRC ID	Fiscal Year	Status	Attachment	Signing Status	
		2023-24	Pending Signing	ARRC - NEW	OE Signatory	Details
		2016-17	Fully Signed	ARRC	Signed By Finance Signatory	Details
		2015-16	Fully Signed	ARRC	Signed By Finance Signatory	Details
		2014-15	Fully Signed	ARRC	Signed By Finance Signatory	Details

ARRC Details

ARRC ID

Orgainzation

Fiscal Year

Attached Document

Last Signed Doc

Status

ARRC - NEW

OE Signatory

Pending Signing

Show Status History

Download ARRC

Resend Signature Code

Send to Alternate user for signature