

## Note

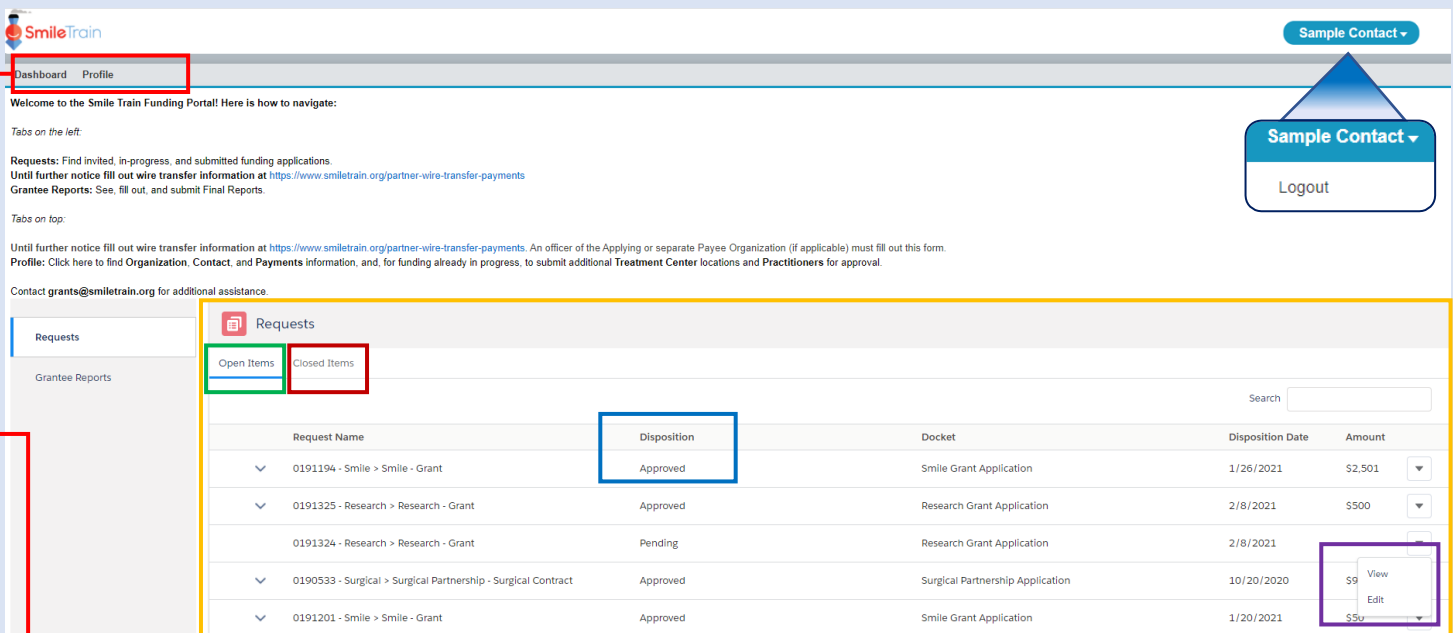
Smile Train has recently migrated to a new online application and grant reporting system

You should have also received and completed your Portal Registration invitation. If not, see the **Portal Registration Guide**, as you must complete this process to access the portal to complete your application.

## Navigating the Smile Train Portal

### Main Dashboard

The main dashboard in the portal is designed to allow you to easily access your applications, active grants and reporting requirements.



Sample Contact ▾

Dashboard Profile

Welcome to the Smile Train Funding Portal! Here is how to navigate:

Tabs on the left:

Requests: Find invited, in-progress, and submitted funding applications.  
 Until further notice fill out wire transfer information at <https://www.smiletrain.org/partner-wire-transfer-payments>  
 Grantee Reports: See, fill out, and submit Final Reports.

Tabs on top:

Until further notice fill out wire transfer information at <https://www.smiletrain.org/partner-wire-transfer-payments>. An officer of the Applying or separate Payee Organization (if applicable) must fill out this form.  
 Profile: Click here to find Organization, Contact, and Payments information, and, for funding already in progress, to submit additional Treatment Center locations and Practitioners for approval.

Contact [grants@smiletrain.org](mailto:grants@smiletrain.org) for additional assistance.

Requests

Open Items Closed Items

Search

Request Name	Disposition	Docket	Disposition Date	Amount
0191194 - Smile > Smile - Grant	Approved	Smile Grant Application	1/26/2021	\$2,501
0191325 - Research > Research - Grant	Approved	Research Grant Application	2/8/2021	\$500
0191324 - Research > Research - Grant	Pending	Research Grant Application	2/8/2021	
0190533 - Surgical > Surgical Partnership - Surgical Contract	Approved	Surgical Partnership Application	10/20/2020	\$9
0191201 - Smile > Smile - Grant	Approved	Smile Grant Application	1/20/2021	\$50

View Edit

Logout

### Top Navigation Bar

**Grantee Dashboard** can be used at any time to return to the main dashboard view.

**Profile** will allow you to view and update your organization and personal contact details as needed. **You may also add new Treatment Center and Practitioners under your profile.**

### Requests

The **Open Items** tab is where you can locate all applications in process and active grants. The **Closed Items** tab will include previously awarded grants for which reporting requirements have been met and the end date has passed.

You can view the status of your request in the **Disposition** column. **Pending or Invited** applications will have both the **Edit and View** option available (click on the ▼ icon). Once an application has been submitted to Smile Train for review, or been approved, you will only be able to view the application details unless edits are requested.

## Note

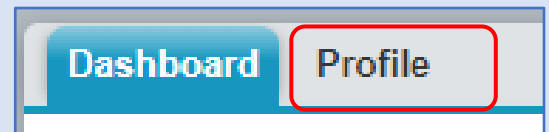
You can also submit new Treatment Center/Practitioner information through the Treatment Centers/Practitioners tab in the relevant Treatment applications.

## Submitting a New Treatment Center

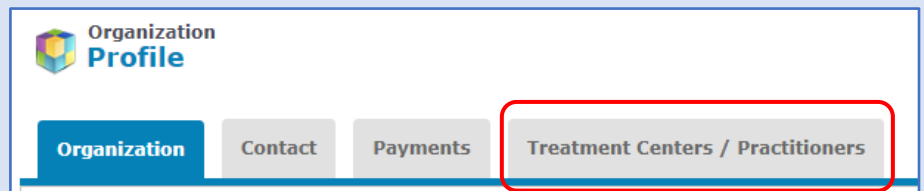
### Accessing New Treatment Center Form

Log directly into the Smile Train Portal at <https://smiletrain.force.com/grantee>

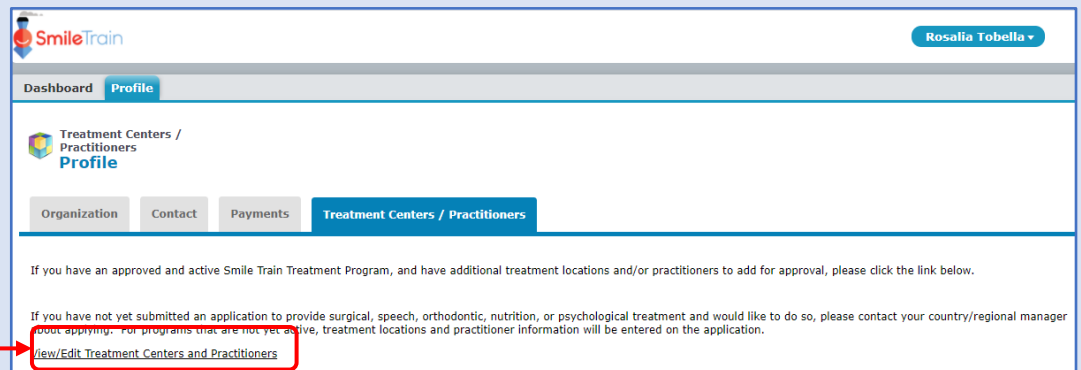
Once logged in, click the **Profile** tab



Click **Treatment Center/Practitioner** tab.



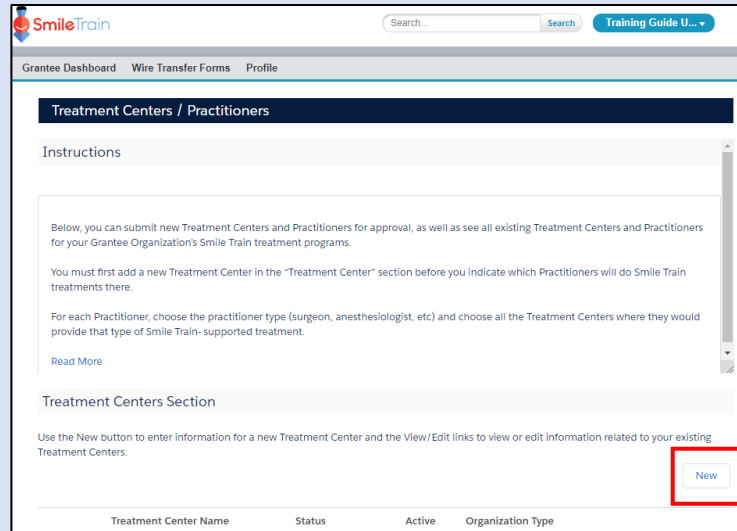
Click **View/Edit Treatment Centers and Practitioners**



## Submitting a New Treatment Center, Continued

### Completing New Treatment Center Form

Click **New**



SmileTrain

Grantee Dashboard Wire Transfer Forms Profile

Treatment Centers / Practitioners

Instructions

Below, you can submit new Treatment Centers and Practitioners for approval, as well as see all existing Treatment Centers and Practitioners for your Grantee Organization's Smile Train treatment programs.

You must first add a new Treatment Center in the "Treatment Center" section before you indicate which Practitioners will do Smile Train treatments there.

For each Practitioner, choose the practitioner type (surgeon, anesthesiologist, etc) and choose all the Treatment Centers where they would provide that type of Smile Train-supported treatment.

[Read More](#)

Treatment Centers Section

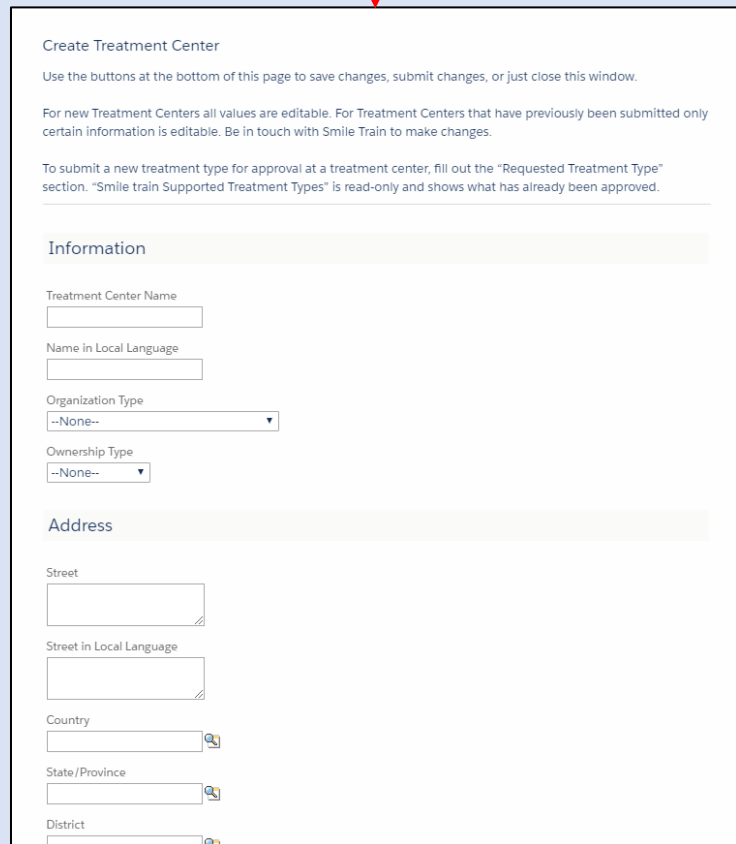
Use the New button to enter information for a new Treatment Center and the View/Edit links to view or edit information related to your existing Treatment Centers.

**New**

Treatment Center Name	Status	Active	Organization Type
-----------------------	--------	--------	-------------------

Be sure to complete all required fields based on the type of **Treatment Center** you are applying for.

Once all information has been completed in the form, continue to the **Files Section** at the bottom of the form.



Create Treatment Center

Use the buttons at the bottom of this page to save changes, submit changes, or just close this window.

For new Treatment Centers all values are editable. For Treatment Centers that have previously been submitted only certain information is editable. Be in touch with Smile Train to make changes.

To submit a new treatment type for approval at a treatment center, fill out the "Requested Treatment Type" section. "Smile train Supported Treatment Types" is read-only and shows what has already been approved.

Information

Treatment Center Name

Name in Local Language

Organization Type  
--None--

Ownership Type  
--None--

Address

Street

Street in Local Language

Country

State/Province

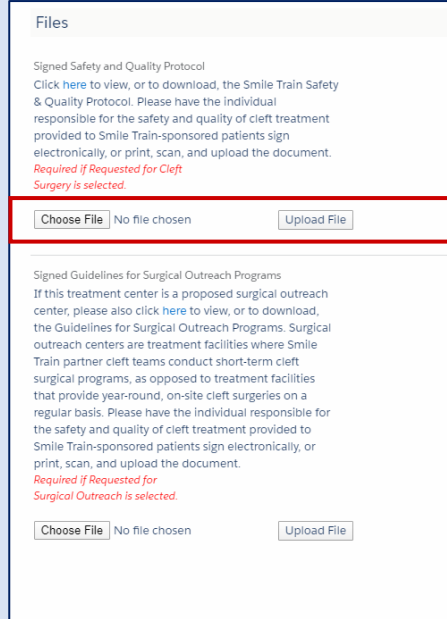
District

## Submitting a New Treatment Center, Continued

### Files

In the **Files section**, upload all required attachments listed for your treatment center type.

Click **Choose file** to browse your computer for the correct file to upload. **Select file, click Upload.**



Files

Signed Safety and Quality Protocol  
Click [here](#) to view, or to download, the Smile Train Safety & Quality Protocol. Please have the individual responsible for the safety and quality of cleft treatment provided to Smile Train-sponsored patients sign electronically, or print, scan, and upload the document.  
*Required If Requested for Cleft Surgery is selected.*

No file chosen

Signed Guidelines for Surgical Outreach Programs  
If this treatment center is a proposed surgical outreach center, please also click [here](#) to view, or to download, the Guidelines for Surgical Outreach Programs. Surgical outreach centers are treatment facilities where Smile Train partner cleft teams conduct short-term cleft surgical programs, as opposed to treatment facilities that provide year-round, on-site cleft surgeries on a regular basis. Please have the individual responsible for the safety and quality of cleft treatment provided to Smile Train-sponsored patients sign electronically, or print, scan, and upload the document.  
*Required If Requested for Surgical Outreach is selected.*

No file chosen

### Submit

Once all information has been completed and all required attachments have been uploaded, click the **Submit button in the upper right corner of the screen.**

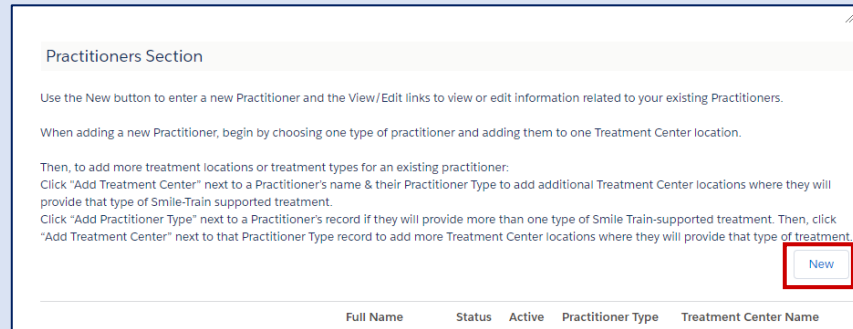


You will return to the main Treatment Center window where you can either exit or add **New Practitioners** to be reviewed for approval.

## Submitting a New Practitioner

### Accessing New Practitioner Form

Scroll to Practitioners Section, click the **New** button.



Practitioners Section

Use the New button to enter a new Practitioner and the View/Edit links to view or edit information related to your existing Practitioners.

When adding a new Practitioner, begin by choosing one type of practitioner and adding them to one Treatment Center location.

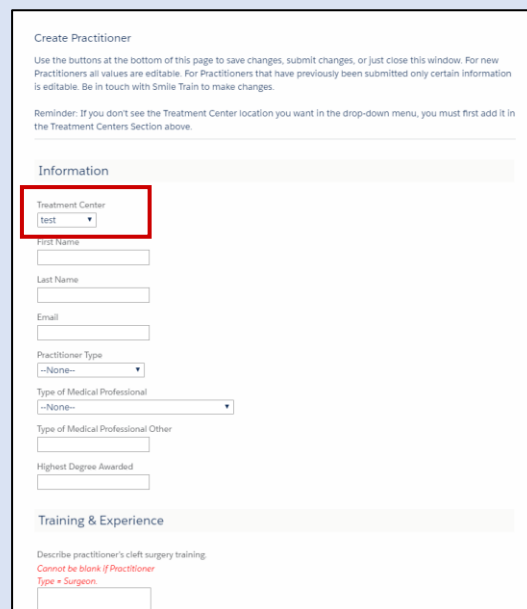
Then, to add more treatment locations or treatment types for an existing practitioner:  
Click "Add Treatment Center" next to a Practitioner's name & their Practitioner Type to add additional Treatment Center locations where they will provide that type of Smile-Train supported treatment.  
Click "Add Practitioner Type" next to a Practitioner's record if they will provide more than one type of Smile Train-supported treatment. Then, click "Add Treatment Center" next to that Practitioner Type record to add more Treatment Center locations where they will provide that type of treatment.

Full Name	Status	Active	Practitioner Type	Treatment Center Name
-----------	--------	--------	-------------------	-----------------------

Be sure to complete all that is required for the type of **Practitioner** you are submitting for Approval.

Be sure to select the affiliation with the treatment center

Once all information in the form has been completed, be sure to provide any required attachments.



Create Practitioner

Use the buttons at the bottom of this page to save changes, submit changes, or just close this window. For new Practitioners all values are editable. For Practitioners that have previously been submitted only certain information is editable. Be in touch with Smile Train to make changes.

Reminder: If you don't see the Treatment Center location you want in the drop-down menu, you must first add it in the Treatment Centers Section above.

Information

Treatment Center  
test

First Name

Last Name

Email

Practitioner Type  
--None--

Type of Medical Professional  
--None--

Type of Medical Professional Other

Highest Degree Awarded

Training & Experience

Describe practitioner's cleft surgery training.  
*Cannot be blank if Practitioner Type = Surgeon.*

## Submitting a New Practitioner, Continued

### Files

In the **Files section**, upload all required attachments listed for your application type.

Click **Choose file** to browse your computer for the correct file to upload. **Select file, click Upload.**

Files

Practitioner CV  
 No file chosen

Sample Cases

For cleft surgeons; please attach 3-5 of the surgeon's most recent cleft lip and palate cases with pre and post-operative photos. Please include a variety of types of cases, including unilateral lip, bilateral lip, and palate surgeries.

For speech practitioners; please attach 3 sample cases of patients treated by the applying practitioner, including the steps taken to assess the patients; what speech errors were found and how treatment plans were established for the patients.

For orthodontic practitioners; please attach 3 sample photographed cases of cleft patients that have been treated by the orthodontic practitioner.  
*Required if Practitioner Type = Surgeon.*

No file chosen

Letter of Reference  
Please provide references from senior, independent cleft professionals (preferably those who are already Smile Train partners) who are professionally familiar with the practitioner.

No file chosen

### Submit

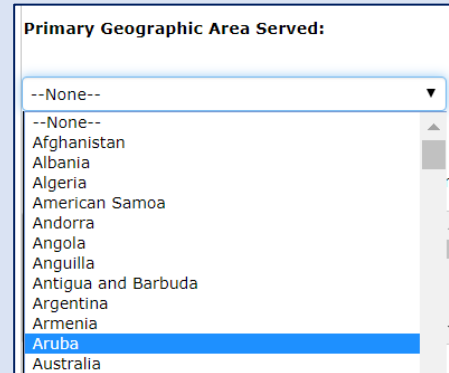
Once all of the information has been completed and all required attachments have been uploaded, click the **Submit button**. You will return to the main Treatment Center window where you can either exit or add **New Practitioners** to submit for approval.

## Working with Treatment Center Forms in the Smile Train Portal

### Single and Multi-Select Fields

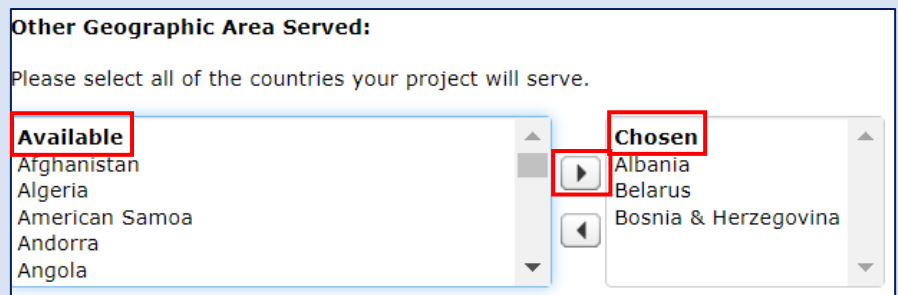
**Single select** fields will be indicated by a down arrow at the end of the field. Click into the field to expose the list of options.

Scroll through the list and click the desired entry.



**Multi-select** fields will be indicated by an **Available** window on the left and **Chosen** window on the right.

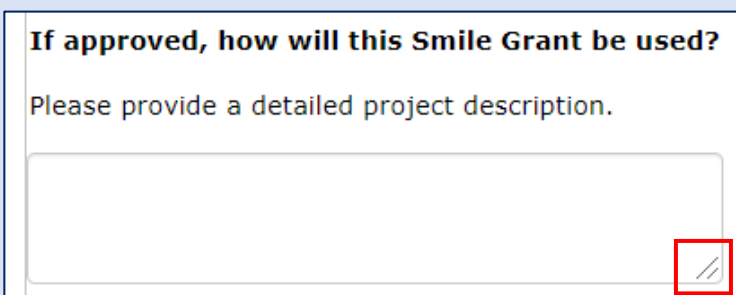
**Select one or more options** in the **Available** pane. You can use **Ctrl+Click** to **select multiple** options.



Use the **transfer arrow** to move your selections from the Available to **Chosen** pane.

### Text Fields

**Text** fields will be indicated by a shading in the lower right corner of the field. For longer responses, or those that require collaboration with your colleagues, you may draft text offline and copy and paste it into the application form. You can click and drag the shaded corner to expand the field size as needed.



0 of 32768 Characters

**\*Note:** If there is a character limit on the field, it will be noted to the far right of the question onscreen. The character count will adjust as you type or copy text into the field. **The field cannot be saved if you are over the limit.**