



REGISTRATION FORM—PAGE 1 OF 2

I. PARTICIPANT INFORMATION

Please complete all sections of this form. Return Registration Form to CHEC by e-mail at CHEC@lchealth.org or by mail to Lowell Community Health Center, 161 Jackson Street, Lowell, MA 01852, Attention: CHEC

Name: _____ Date: _____

Organization: _____

Title: _____ Populations Served: _____

Mailing Address (required): _____

Office Phone (required): _____ Cell Phone (required): _____

E-mail (required): _____

Supervisor Name: _____

Supervisor E-mail (required): _____ Supervisor's Phone #: _____

Years with Current Employer: _____ Years _____ Months Employment Status: Full-Time Part-Time Unemployed

Languages Spoken: _____

Do you need individual arrangements (i.e., interpreters)? _____

Are you a Community Health Worker? (response required) YES NO

In the event of a training cancellation, please select the best way to reach you: Office Phone Cell Phone E-mail

Do you intend to complete all required courses within the COEC Program? YES NO MAYBE

BASIC REQUIREMENTS:

- Some work experience in community based health work such as in the role of a Community Health Worker is preferred.
- Employment at a community organization and providing at least 20 hours a week of outreach education is preferred.
- Employer and employee must read CHEC Policy Agreement and sign Registration Form prior to or upon registration.

II. CORE COURSE SELECTION

To complete the Comprehensive Outreach Education Certificate, please select ALL CORE courses + 6 Health Modules

Check here to take all CORE courses or check off boxes below to select individual courses in the series.

**Emergency Care/CPR/AED course is only available for participants enrolled in the COEC Program*

<input type="checkbox"/> Introduction to Outreach Education	Tuesday, September 17, 2019	9:30 am – 1:00 pm
<input type="checkbox"/> CHW Code of Ethic & Mandated Reporting	Thursday, September 19, 2019	9:30 am – 1:00 pm
<input type="checkbox"/> Assessment Techniques	Thursday, September 26, 2019	9:30 am – 1:00 pm
<input type="checkbox"/> Leadership Skills	Tuesday, October 1, 2019	9:30 am – 3:30 pm
<input type="checkbox"/> Public Health	Thursday, October 3, 2019	9:30 am – 3:30 pm
<input type="checkbox"/> Health Benefits	Tuesday, October 8, 2019	9:30 am – 1:00 pm
<input type="checkbox"/> Cross-Cultural Communication	Thursday, October 10, 2019	9:30 am – 3:30 pm
<input type="checkbox"/> Documentation	Tuesday, October 15, 2019	9:30 am – 3:30 pm
<input type="checkbox"/> Care Coordination & Team-Based Care	Thursday, October 17, 2019	9:30 am – 1:00 pm
<input type="checkbox"/> Community Organizing	Tuesday, October 22, 2019	9:30 am – 3:30 pm
<input type="checkbox"/> Outreach Education I&II	Wednesday, October 30, 2019 Thursday, October 31, 2019	9:30 am – 1:00pm 9:30 am – 3:30 pm
<input type="checkbox"/> Harm Reduction & Prevention	Tuesday, November 5, 2019	9:30 am – 1:00 pm

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<input type="checkbox"/> Motivational Interviewing	Thursday, November 7, 2019	9:30 am – 3:30 pm
<input type="checkbox"/> *Emergency Care/CPR/AED	Tuesday, November 12, 2019	9:30 am – 1:30 pm

III. HEALTH MODULES SELECTION

To complete the Comprehensive Outreach Education Certificate, please select **ALL CORE courses + 6 Health Modules**

Check here to take all Health Modules or check off boxes below to select individual courses.

<input type="checkbox"/> LGBTQIA 101	Tuesday, November 19, 2019	9:30 am – 12:30 pm
<input type="checkbox"/> Substance Use	Tuesday, November 26, 2019	9:30 am – 12:30 pm
<input type="checkbox"/> HIV/AIDS 101	Tuesday, December 3, 2019	9:30 am – 12:30 pm
<input type="checkbox"/> Sexually Transmitted Infections	Thursday, December 5, 2019	9:30 am – 12:30 pm
<input type="checkbox"/> Mental Health	Tuesday, December 10, 2019	9:30 am – 12:30 pm
<input type="checkbox"/> Reproductive Health	Thursday, December 12, 2019	9:30 am – 12:30 pm
<input type="checkbox"/> Asthma	Tuesday, December 17, 2019	9:30 am – 12:30 pm
<input type="checkbox"/> Domestic Violence	Thursday, December 19, 2019	9:30 am – 12:30 pm

IV. TRAINING FEES

Training fees are due at the time of registration and are non-refundable and non-transferable.

<input type="checkbox"/> Comprehensive Outreach Education Certificate (COEC) Program <i>All CORE Trainings + 6 Health Modules = 1 COEC Certificate</i>	\$525.00
<input type="checkbox"/> Individual courses (both CORE and Health Modules, excludes Emergency Care/CPR/AED)	\$30.00
TOTAL AMOUNT DUE	\$

V. PAYMENT METHOD

Please make payable to:

Lowell Community Health Center – CHEC

My employer will be
sending a check*

I will be sending a money order

**Please include copy of check request if submitting registration form by e-mail*

VI. SIGNATURES

By signing below, my supervisor and I acknowledge that we have read and agree with the Community Health Education Center's (CHEC) policies and procedures. We agree to comply with all training policies and procedures in order to participate in any CHEC training, and understand that failure to comply may prevent present or future participation.

Participant's Printed Name

Participant's Signature

Supervisor's Printed Name

Supervisor's Signature

VII. SUBMIT REGISTRATION FORM & PAYMENT

EMAIL: CHEC@lchealth.org

MAIL: Lowell Community Health Center—CHEC
161 Jackson Street
Lowell, MA 01852