



CHEC TRAINEE POLICIES / PROCEDURES AGREEMENT

MISSION STATEMENT

TO ESTABLISH AND ANCHOR OUTREACH EDUCATION AS A VALUED PRACTICE WITHIN PUBLIC HEALTH BY

- ◆ SUPPORTING THE CREATION AND ADVANCEMENT OF NATIONAL AND STATEWIDE STANDARDS FOR OUTREACH EDUCATION
- ◆ PROVIDING EDUCATIONAL PROGRAMS AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR OUTREACH EDUCATORS

Both participants and their direct supervisor must provide signatures of agreement to show that both supervisor and supervisee fully understand and agree to comply with CHEC's training policies and procedures. CHEC reserves the right to establish and modify the training policies as deemed necessary. (See reverse side)

Registration

- I. Priority will be given to Outreach Educators served by each regional site.
- II. Non-registered individuals will not be allowed in the trainings.
- III. Registrants must meet eligibility criteria and must complete registration forms.
- IV. Participants will be sent a confirmation of their registration. Participants will be contacted by Outreach Network Coordinator two weeks prior to training date. Registration confirmation will be valid only when registrants have spoken directly with Outreach Network Coordinator.
- V. Participants will be accepted on a first come first serve basis. Only three (3) participants from one organization/program may be accepted per training contingent on availability of space.
- VI. Participants who cancel more than twice within the time limit will be automatically put on waiting lists for future trainings.

Participation

- I. All trainings begin promptly at 9:30 AM unless otherwise specified.
- II. Participants who arrive **15 minutes** after the training has started (i.e., 9:45 AM for a 9:30 AM training) **will not be allowed in**. Please allow adequate time for traffic and other delays. If there is a need to cancel due to an emergency, please call CHEC before 9:00 AM. (Office hours are 8:30 AM to 4:30 PM).
- III. **Participants must notify CHEC of any cancellations 72 hours (or 3 days) prior to any training. Participants will be charged a \$20.00 cancellation fee if they fail to inform CHEC of any cancellations or fail to show up the day of the training (networking luncheons are excluded).**
- IV. Participants must attend training for the full duration to receive credit for the completion of a training. Upon request, participants may receive a letter of completion only when they have attended all sessions.
- V. Participation in some training series may require that participants attend all sessions.
- VI. The COEC program must be completed within three (3) consecutive cycles= 1 year. The certificate will be awarded upon completion of the 14 sessions required.
- VII. *Trainings not offered at CHEC will not be counted towards the completion of any training, with the exception of the Emergency Care/CPR training, in which case, COEC participants must provide a copy of a valid CPR or First Aid card.*
- VIII. **CHEC's office telephones are not available for participants' use.** There is a pay phone available for use **ONLY** during breaks. Please bring quarters, as staff cannot make change.
- IX. Cellular telephones and pagers must be turned off or put on vibration mode during training. Calls should be made or answered only during breaks, except in case of emergency.
- X. Participants must bring their parking ticket for validation. **Participants will be responsible for parking fees if ticket is misplaced or participant arrives late, leaves early or is turned away.**

SPECIAL ACCOMMODATIONS

- I. Any special arrangements (i.e., ASL interpreters) must be notified four weeks prior to any training.
- II. A 72-hour cancellation policy applies. Please call CHEC's Outreach Network Coordinator /or Training Coordinator to make arrangements.
- III. CHEC is handicap accessible.

EMERGENCY CLOSING

In the event of inclement weather conditions please call our office at (617) 534-5181. CHEC staff updates voice message by 7 AM with information on delays, cancellations or closing.

Policy Agreement

My supervisor and I acknowledge that we have read and agree with Community Health Education Center (CHEC) policies and procedures. I agree to comply with all training policies and procedures in order to participate in any CHEC training and that my failure to comply may prevent my present or future participation.

Policy agreement is valid for one year. Please submit once.

Mail or fax to:
Community Health Education Center (CHEC)
35 Northampton Street, 5th Floor, Boston, MA 02118
Fax: 617-534-5485

Organization Name: _____

Program Name: _____

Complete Address: _____

Phone Fax Email

Outreach Educator: _____
(Please Print Neatly) (Name) (Title)

(Signature) (Date)

Supervisor: _____
(Please Print Neatly) (Name) (Title)

(Signature) (Date)

Supervisor's Phone #: _____ **Email:** _____

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