

CHEC TRAINING POLICY AGREEMENT

Both participants and their direct supervisors must provide signatures of agreement to show that they fully understand and agree to comply with CHEC's training policies and procedures. CHEC reserves the right to establish and modify the training policies and fees as deemed necessary.

REGISTRATION

- I. Registrants must meet eligibility criteria and must complete registration forms.
- II. Participants will be notified by email to confirm their registration. Participants will be contacted by a CHEC staff prior to training date. Registration confirmation will be validated only when registrants have spoken directly to CHEC staff.
- III. Non-registered individuals and those with incomplete registrations will not be allowed in the trainings.
- IV. Participants will be accepted on a first-come, first-serve basis, following completion of the registration. Only three (3) participants from one organization/program may be accepted per training contingent on availability of space.

PAYMENT

- I. Organizations that employ Community Health Workers are responsible for paying the training fee. We accept self payment as well.
- II. Acceptable forms of payment include organization checks (made payable to CHEC), and money orders. No personal checks accepted.
- III. **Payment in full is due prior to the start of the training.** No partial payments will be accepted. Registration is incomplete until full payment is received.
- IV. Fees are non-refundable. A substitution can be made or participant can attend the next training cycle.

PARTICIPATION

- I. All trainings start at 9:30 AM. Participants have a 15-minute grace period to enter the training. Participants who arrive 15 minutes after the training begins (i.e., 9:45 AM for a 9:30 AM training) will not be allowed in. Please allow adequate time for traffic, parking and other delays. If there is a need to cancel due to an emergency, please call CHEC at 617-534-5181.
- II. Participants must attend training for the full duration of a session to receive credit for the day.
- III. For trainings with multiple sessions, participants must attend all relevant sessions to receive full credit.
- IV. The COEC Program must be completed within three (3) consecutive cycles. The certificate will be awarded upon completion of the 13 CORE competency sessions and 16 hours of health modules.
- V. Training not offered at CHEC will not be counted towards the completion of any training.
- VI. CHEC's office telephones are not available for participants' use.
- VII. Cellular telephones must be turned off or put on silent or vibration mode during training. Calls should be made or answered only during breaks, except in case of emergency.
- VIII. Participants must bring their parking ticket for validation. Participants will be responsible for the entire parking fee if ticket is misplaced; arrives late, leaves early or is turned away.

SPECIAL ACCOMMODATIONS

- I. Any special arrangements (such as ASL Interpreters) must be requested four weeks prior to any training. Please call CHEC to make arrangements.
- II. A 72-hour cancellation policy applies.
- III. CHEC is handicap accessible.

EMERGENCY CLOSING

In the event of inclement weather conditions, please call CHEC at 617-534-5181. A weather update will be posted on this phone number by 7:00AM on the day of the class with information on delays, cancellations or closings.



TRAINEE AGREEMENT

TRAINING POLICY AGREEMENT

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

ORGANIZATION NAME:

ORGANIZATION DEPARTMENT/PROGRAM NAME:

ORGANIZATION COMPLETE ADDRESS:

PHONE: _____ FAX: _____

WEBSITE:

COMMUNITY HEALTH WORKER (Name)

TITLE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

SUPERVISOR (Name)

TITLE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

Please return to CHEC by mail, email or fax along with Registration Form

Community Health Education Center (CHEC)
860 Harrison Ave., 2nd Floor, MailBox# 349, Boston, MA 02118
Email: CHECenter@bphc.org | Fax: 617-534-5485

