

# CHEC POLICY AGREEMENT

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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 as deemed necessary.

## REGISTRATION

- I. Non-registered individuals will not be allowed in the trainings.
- II. Registrants must meet eligibility criteria and must complete registration forms.
- III. Participants will be notified by phone to confirm their registration. Participants will be contacted by CHEC staff prior to training date. Registration confirmation will be validated only when registrants have spoken directly to CHEC staff.
- IV. 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.

## PAYMENT

- I. Organizations that employ Community Health Workers are responsible for paying the training fee.
- II. Payment must be made by organization check or money orders only. No personal checks accepted. Organization checks are payable to CHEC.
- 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. 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, 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 14 sessions required.
- 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 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.
- 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.
- II. A 72-hour cancellation policy applies. Please call CHEC to make arrangements.
- III. CHEC is handicap accessible.

## EMERGENCY CLOSING

In the event of inclement weather conditions please call our office. CHEC staff updates the voice message by 7:00 AM with information on delays, cancellations or closings.



# TRAINEE AGREEMENT

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## 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 in order to participate in any CHEC training, and I understand that failure to comply may prevent my present or future participation.

ORGANIZATION NAME:

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PROGRAM NAME:

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COMPLETE ADDRESS:

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PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL:

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COMMUNITY HEALTH WORKER (Name):

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(TITLE): \_\_\_\_\_ (EMAIL): \_\_\_\_\_

(SIGNATURE): \_\_\_\_\_ (DATE): \_\_\_\_\_

SUPERVISOR (Name):

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(TITLE): \_\_\_\_\_ (EMAIL): \_\_\_\_\_

(SIGNATURE): \_\_\_\_\_ (DATE): \_\_\_\_\_

**Return to CHEC by mail or fax along with Registration Form:**

**Community Health Education Center (CHEC)  
860 Harrison Ave., 2<sup>nd</sup> Floor, Boston, Ma 02118  
Fax: 617-534-5485**

