



CHW Core Competency Training

for CHWs working in Accountable Care Organizations (ACOs) and Community Partner (CP) agencies.

Registration Form (Framingham Area)

In order to be considered for admission to this course, applicants must complete all sections of the form below. Submit this form to the Center for Health Impact (CHI) by email to JFigueiredo@Centerforhealthimpact.org or by mail to James Figueiredo, CHW Training Programs, 35 Harvard St., Suite 300, Worcester, MA 01609-3108. Applications will be reviewed for approval by the Center for Health Impact and then submitted for final approval by MassHealth. CHI will notify all applicants by email of their enrollment status.

Name: _____
Employer/Agency _____
Employer/AgencyAddress: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Ext: _____ Work Fax: _____
Home/Cell Phone: _____ Home Email: _____
Job Title: _____ Supervisor's Name: _____
Supervisor's Title: _____ Supervisor's Phone: _____ - _____ - _____ Ext. _____
Supervisor's Email: _____

Table with 4 columns: TRAINING DAYS, LOCATION, TIME, and SESSION. It lists 12 sessions from Wednesday 5-1-19 to Thursday 6-27-19, covering topics like Course Introduction, CHW Roles, Outreach Methods, and Chronic Conditions.

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