



**HAMPDEN COUNTY  
WORKFORCE BOARD, Inc.**

**CommCorp Healthcare-Behavioral Health Hub**

**TRAINING PROGRAM AGENDA TEMPLATE  
December 2023**

**I. Participant Preparation**

1. What are the major requirements leading to the start of the training?
  - What is expected of the trainees?
  - What must be done?
2. What are the major requirements during the training?
  - How would you characterize outstanding student performance? (The ideal student will do the following...)
  - How would you characterize subpar performance? (The students who do the following will most likely be unsuccessful in this course...)
3. Session Schedule:
  - Review program start & end dates:
    - i. NCTI
    - ii. EMTA
    - iii. GCC
    - iv. STCC
  - Session dates
  - Quizzes and exam schedule
  - Graduation date
  - Practical exam date
  - Written exam date
  - Written exam prep course
  - Confirm POCs
4. Where do graduates find employment? (employers' primary contact information where applicable)
  - Job fair? (hosted by the career center)?



- i. Make contact
- ii. The ideal candidate is someone who...

## **II. Participant Tracking and Reporting**

1. Develop or revise training curriculum to meet program needs
2. Designate seats for program participants and/or increase training capacity
3. **Provide clear training expectations, including attendance requirements, and academic and assessment standards**
4. **Provide student recruitment, assessment, selection and enrollment process**
5. **Provide program syllabi including also courses and course expectations, start and end dates, clinical placement, certification and employment information**
6. **Provide program budget and all related program costs and payment procedures**
7. **Work with MassHire Career Centers to implement employment plan for program graduates.**
8. **Weekly attendance report of who missed class, or failed a quiz/exam.**
9. **Monthly Progress Reports (Deadlines:....)**

## **III. EMT Invoicing and Contracting**

1. What do the trainers need?
2. What does MassHire need?
  - a. An umbrella contract
  - b. MHCWB will develop a face sheets for each participant at full cost.
    - a. The factsheet is sent to the appropriate contact at the training institution. Factsheet must be signed and returned.
    - b. MHCWB requires a separate invoice for each training participant. Invoices must include the following information:
      - i. Contractor name, address
      - ii. Name of course, start and end date
      - iii. Itemized expenses (use layout in the budget)
      - iv. Total amount of invoice



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x. Grant outcomes report for individual participants. A request will be made to training sites and employers for required information via a spreadsheet.

#### Job Placement Information ▾

**\*Obtained New Employment, Retained 30 days (WSG-ETC: Retained 60 Days)**

Yes

**\*Start Date of New Employment**

MM/DD/YYYY

**\*30 Day Retention Date**

MM/DD/YYYY

**\*Number of Days from Start Date to Retention Date**

This field is required.

**\*Name of Placement Employer**

**\*City/town of Placement Employer**

**\*Industry Sector of Placement Employer**

--Please Select--

**\*Placement Job Title**

**\*Training-Related Job Placement**

Yes

No

**\*Hourly Wage at Placement Job**

13.50

**\*Average Hours per Week at Placement Job**

00.0

**Fringe Benefits - check all that apply**

Health Insurance

Paid Leave (Vacation, Sick and/or Personal)

Retirement Plan



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## Completion Information ▾

**\*Program Completion Date**

09/17/2021 

**\*Completed Program Successfully**

Yes  
 No

**If No, Reason Did Not Complete**

Personal/Family Issues ▾

**\*Earned Industry Recognized Credential(s)**

Yes  
 No  
 Pending

**Notes/Comments on Completion Status and Credentials**

Notes