



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)?



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- 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