

Application for Customized Council Trainings

Basic information

Application Date: _____

Date desired for training (at least 3 months from today; estimated dates/date ranges are okay): _____

Clinic/project: _____

Are you:

HCH* ___ FQHC* ___ 330-grantee* ___ other (specify) _____

If we cannot provide free training under our federal grant, would you like a quote to customize this training? Y/N

Address: _____

Phone: _____

Fax: _____

Person completing application (name and role): _____

Email: _____

Planning committee for bringing training: *(Planning committee should include the Medical Director and Project Director (or people in similar roles), and two members of the target audience):*

Learning information

Training topic(s) desired: _____

Target audience (specify what clinic(s) and individuals will be invited, what kind of work attendees do/roles performed in homeless services, whether or not training will be open to other projects and community members): _____

CME/CE desired? Y/N

If yes, answer the following:

What professions need accreditation: physicians ___ nurses ___ social workers ___ other (specify): _____

Who on-site will coordinate CME/CE activities with Council staff?

Will a member of your organization be available for gathering follow-up data on learning effectiveness? Y/N (inquire for more information)

Logistics information

Plan for recruiting targeted audience:

Potential meeting location:

Will you try to webcast or videocast this training to another location? Y/N

If yes, describe:

Will you record this training for further use? Y/N

If yes, describe:

Plan for providing snacks/meals for trainers & learners:

*Acronyms

- HCH – Health Care for the Homeless
- FQHC – Federally Qualified Health Center
- 330 grantee – recipient of a health center grant from the Health Resources and Services Administration