



COEC Participant Registration Form

Description:

Thank you for your interest in joining the upcoming Community Outreach Education Certificate (COEC) with the Community Health Education Center (CHEC) at the Boston Public Health Commission (BPHC)! To join an upcoming COEC session, please complete this COEC Registration form. *If you require learning accommodations, please contact CHECenter@bphc.org, *before completing this form.

Supervisor approval is required to attend. Kindly make your supervisor aware of your request and share this Supervisor Approval Form to complete your registration.

The cost of COEC is \$650 per participant. Each COEC cycle requires a total of 80 hours of training and includes 71 hours in-person and 9 hours of self-paced learning. The full schedule, directions and/or Zoom link invitations will be sent to participants when full registration and payment are confirmed.

Please review and sign the [CHEC COEC Policy](#) Read more details about the COEC program [Here](#).

The (*Winter, Spring, Fall*) COEC Cycle you are registering for will start in the **(insert)**.

Questions:

1. First Name:
2. Last Name:
3. Preferred Name (if different from first name. If not applicable put N/A below)
4. My race and ethnicity are as follows: (Please check all that apply or write it in)
 - a. Alaska Native or American Indian/Native American/First Nations: (Aleut, Nipmuc, Wampanoag, etc.) Describe: _____
 - b. Asian (ex. Bhutanese, Burmese, Cambodian, Chinese, Indian, Japanese, Korean, Laotian, Thai, Taiwanese, Vietnamese, etc.) Describe: _____
 - c. Black or Black American: (African American, Barbadian, Cape Verdean, Eritrean, Ethiopian, Haitian, Jamaican, Liberian, Describe: _____
 - d. Hispanic or Latina/e/o/x: (Chicano, Colombian, Cuban, Dominican, Guatemalan, Honduran, Mexican, Puerto Rican, etc.) Describe: _____

- e. Middle Eastern or North African (ex. Algerian, Egyptian, Iraqi, Iranian, Lebanese, Moroccan, Syrian etc.) Describe: _____
 - f. Native Hawaiian or Pacific Islander (Chamorro, Fijian, Filipino, Native Hawaiian, Samoan, Tongan, etc.) Describe: _____
 - g. White (ex. English, French, German, Irish, Italian, Polish, Scottish etc.) Describe: _____
 - h. Another race Other Describe: _____
 - i. Prefer not to say Other: _____
5. What is the highest level of education you have completed?
- a. Less than High School High school (Diploma, GED, HiSET)
 - b. Some college (no degree)
 - c. Technical certification Associate degree
 - d. Bachelor's degree
 - e. Master's degree (JD, other professional Degree)
 - f. Doctoral degree (MD, PhD, EDD, or other)
 - g. Other: _____
 - h. Prefer not to say
6. Which Boston Neighborhood(s) do you serve?
- a. I serve all neighborhoods in the City of Boston
 - b. Allston/Brighton (02134, 02135)
 - c. Back bay (02108, 02116, 02117, 02123, 02133, 02199, 02216, 02217, 02295)
 - d. Charlestown (02129)
 - e. Chinatown (02111)
 - f. Dorchester (02122, 02124, 02121, 02125)
 - g. East Boston (02128)
 - h. Fenway (02115, 02215)
 - i. Hyde Park (02136)
 - j. Jamaica plain (02130)
 - k. Mattapan (02126)
 - l. Roslindale (02131)
 - m. Roxbury (02119,02120)
 - n. South Boston (02127, 02210)
 - o. South end (02118)
 - p. West Roxbury (02132)
7. I serve one or more of the following towns and/or cities:
- a. Immediate Surrounding Cities and towns including, but not limited to: Cambridge, Somerville, Newton, Everett, Chelsea, Milton and Brookline.
 - b. [MetroWest](#) including, but not limited to: Framingham, Natick, Wellesley, Wayland, and Concord,

- c. [North Shore](#) including, but not limited to: Salem, Gloucester, Beverly, Lynn, and Newburyport
 - d. [South Shore](#) including, but not limited to: Quincy, Braintree, Hingham, and Plymouth
 - e. [Merrimack Valley](#) including, but not limited to: Lowell, Lawrence, Haverhill
 - f. [Southeastern MA](#) including, but not limited to: Brockton, Mansfield, and Foxboro.
 - g. Cape and Islands
 - h. Central Mass including, but not limited to: Worcester, Fitchburg, Leominster, Gardner, Marlborough
 - i. Western Mass including, but not limited to: [Springfield](#), [Northampton](#), [Amherst](#), and Holyoke
 - j. New England Other CT,
 - k. New England Other ME
 - l. New England Other NH
 - m. New England Other RI
 - n. New England Other VT
 - o. Other State (Please write in)
8. How many years have you worked as a CHW or in a similar role?
- a. Less than one year
 - b. 1 year to 4 years 11 months
 - c. 5 years to 9 years 11 months
 - d. 10 years to 14 years 11 months
 - e. 15 years or more
 - f. I have not yet worked in a CHW or similar role
9. Job Title
10. Email Address
11. Phone Number
12. Organization Name
13. Supervisor Name
14. Supervisor Email Address
15. Organization mailing address
16. Load Signed COEC Policy here