



COEC Supervisor Approval Form

Description:

The Community Health Education Center is a Massachusetts state certified training center for Community Health Workers (CHWs). The Comprehensive Outreach Education Certificate (COEC) is an 80-hour training program that covers the Massachusetts Core Competencies for Community Health Workers (CHWs) that can lead to CHW state certification. The training emphasizes skills to prepare CHWs to serve in a variety of roles to ensure culturally appropriate health education and outreach, navigating the health and human service systems to access services, advocating for individual and community needs, and building individual and community capacity. In addition, the training encourages CHWs to become proficient in health issues affecting diverse communities and introduces them to a public health framework for understanding these issues.

The cost of COEC is \$650 per participant. Each COEC cycle requires a total of 80 hours of training which 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 once full registration and payment is confirmed.

Participants sponsored by an organization (business, non-profit/agency, public health department etc.) at a rate of \$650 per participant must have this form completed by their direct Supervisor. As the Supervisor completing this form, you are acknowledging that your agency/organization, as the employer, will pay the \$650 training fee.

Please review and sign the CHEC COEC Policy (add link to the COEC Policy) and attach it to this Supervisor Approval form. See more details about the COEC program [Here](#).

Questions:

Supervisor Information:

1. First Name
2. Last Name
3. Job Title
4. Email Address
5. Phone Number

6. Organization Name
7. Organization mailing address
8. *Load Signed COEC Policy here*

Participant Information:

Please complete to ensure the received Participant Registration Form is correctly matched with this Supervisor Approval Form.

1. Participant First Name
2. Participant Last Name
3. Participant Email Address
4. Did you assign the identified participant to enroll in COEC?
 - a. Yes – I encourage and support their enrollment.
 - b. No – the employee requested and I support their enrollment.
 - c. No- the employee requested but this request cannot be approved at this time.
5. The cycle the employee is registering for will start *(fill in)*.
6. Are you guaranteeing the employee will be able to fully participate in the identified schedule to successfully complete the 80-hour COEC training?
 - a. Yes – I will support the employees schedule will accommodate the identified COEC schedule to ensure successful completion.
 - b. No – I cannot support the identified COEC schedule for my employee to successfully complete the training.
7. I understand that my organization must approve and submit payment for the employee to participate in COEC.
 - a. Yes – and I have authorization to process payment in the amount of \$650 to complete the enrollment process in the upcoming COEC.
 - b. No – but I will begin the required process to ensure payment is received in the amount of \$650 to complete the enrollment process in the upcoming COEC.
 - c. No – please see details below to submit an invoice to the organizations Finance department for payment in the amount of \$650 to complete the enrollment process in the upcoming COEC.
 - d. BPHC Employee (invoicing not required).
8. Below please provide the contact information (name, email address, etc.) so that CHEC can submit the invoice for payment in the amount of \$650 for the identified employee to enroll in the upcoming COEC.