

Kentucky Homeplace Community Health Workers Training

Interest Form

ORGANIZATION INFORMATION:

Contact Person: _____ Title: _____

Telephone Number: (_____) _____ Email: _____

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

NUMBER OF PARTICIPANTS: _____ TRAINING DATE: _____

(Indicate preferred dates for training)

LOCATION:

University of Kentucky Center of Excellence in Rural Health
750 Morton Boulevard, Hazard, KY 41701

Other
Site Location: _____

TRAINING FEE:

\$500.00 per participant (Includes 40 hours training, materials, and lunch)

(Note: Price may vary depending on training site)

TRAINING OVERVIEW:

Day 1

Module 1: Introduction to Community Health Workers

Module 2: Communication and Health Literacy

Module 3: Use of Public Health Concepts and Approaches

Day 2

Module 4: Health Coaching Chronic Conditions

Day 3

Module 5: Outreach and Advocacy

Module 6: Care Coordination and System Navigation

Day 4

Module 7: Documentation Reporting and Outcomes Management

Module 8: Legal, Ethical and Professional Conduct

Contact Information:

Mace Baker, KY Homeplace Director
(606) 439-3557 ext. 83684 or 855-859-2374
mace.baker@uky.edu

Johnnie Lovins, UKCERH
(606) 439-3557 or 859-218-5327
Fax: (606) 435-0427
johnnie.lovins@uky.edu



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750 Morton Boulevard
Hazard, KY 41701