Philadelphia Coordinated Health Care
a core program of PMHCC, Inc.

Empowerment through
education, support and advocacy

Important PCHC Announcement

Due to the current financial climate, Philadelphia Coordinated Health Care (PCHC) has found it necessary to review and make changes to our current training/education practices. Beginning October 1, 2012 we will require that all training we facilitate, both agency and county requested, have a minimum of 10 participants/attendees. This is necessary due to limited resources, tight schedules and the time and effort that is spent preparing the content of the curricula.

If we arrive at a scheduled training and there are less than 10 participants we will not be able to provide the training, but will offer to re-schedule when more participants are available to attend. We are committed to providing training to all agencies and county staff in the Southeast Region as we continue to work to enhance access to community health care and improve outcomes for people with intellectual disabilities.

These new guidelines do not apply to trainings that we provide for individuals/ self-advocate. Any training that has been scheduled prior to October 1, 2012 will be provided with the number of participants that was agreed upon at the time of request.

Great for :

Learn more at www.pchc.org

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Training Request Form

** WE MUST HAVE AT LEAST **10** PARTICIPANTS GUARANTEED BEFORE WE WILL SCHEDULE THE TRAINING **

Training Request Forms can be faxed to 215-599-5180

Training Topic:	**Proposed Training Date (please give 3):**

Training Start Time:	**Training End Time:**	**Number of attendees: MINIMUM NUMBER IS 10**

Training Expectations:

Requestor's Name:	**Requestor's Title/ Role:** ☐ Provider Staff ☐ Supports Coordinators ☐ Agency Nurses ☐ Family ☐ Individual ☐ Team Member ☐ Other
Requestor's Organization/Agency:	**Requestor's Phone #:** **Email Address:**

Requestor's County:

☐Bucks ☐Chester ☐Delaware ☐Montgomery ☐Philadelphia ☐Other:

Training Location and County:

☐Bucks ☐Chester ☐Delaware ☐Montgomery ☐Philadelphia ☐Other:

Name of Contact Person at the Location:

Address and Telephone Number of Training Location:

Type of location:

☐Agency ☐County Office ☐Conference ☐PCHC ☐Other:

Audience Type:

☐ Provider Staff ☐ Agency Nurses ☐ Individuals ☐ Other:_____

☐ Supports Coordinators ☐ Families ☐ Health Care Staff Not Employed by An MR Agency