**Free Microclinic Program Facilitator Training Application**

**Please return to Mona Huff at** **monahuff616@gmail.com**

**Questions: 502-706-0098**

**By November 25, 2019: There is a minimum and maximum number for training**

**(If we exceed maximum number, choices will be made according to date submitted.)**

**Name of applicant facilitator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name or organization or county of community member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date:** \_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly describe your motivation to become a Microclinic Program

Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe your experience in changing to healthy behaviors or experience in working in

health education or a related field. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Once certified as a Microclinic Program Facilitator, what strategies would you employ to recruit participants to our sessions? Who would your target audience be?

Strategies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Target Audience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are you goals as a facilitator? What are some goals that your organization has for the Microclinic Program in your community?

Facilitator’s Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Organization’s Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How do you plan to sustain your Microclinic Program so that it continues to serve the community in future years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that if I am accepted that I must be present at this training and agree to teach a minimum of one class in the coming year. Failure to attend the training without 48 hours’ notice will result in **$100** charge. I will recruit 30-50 participants for future classes so there will be at least 20 registered. (Exceptions can be made, but please talk with MCP leaders.) Please include immediate supervisor’s signature, if working on organizational/agency time.

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 Applicant Signature Date

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 Supervisor Signature Date