

**Microclinic Program Facilitator Training Application: September 24th and 25th
OR September 28th and 29th 9AM - 4 PM**

Please return to Mona Huff:

By September 19, 2020: 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: _____

Date: _____ **Phone Number:** _____ **Email:** _____

1. Briefly describe your motivation to become a Microclinic Program

Facilitator: _____

2. Describe your experience in changing to healthy behaviors or experience in working in
health education or a related field. _____

3. 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: _____

Target Audience: _____

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

Facilitator's Goals: _____

Organization's Goals: _____

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

6. I am able to teach class in a second language and identify. Yes or No Second Language: _____

7. My preferred date, please circle: Sept. 24th and 25th or Sept. 28th and 29th

I understand that if I am accepted that I must be present both days at the training and agree to teach a minimum of one class in the coming year. Please include immediate supervisor's signature, if working on organizational/agency time.

Applicant Signature

Date

Supervisor Signature

Date