



505 EIGHTH AVENUE,  
SIXTEENTH FLOOR  
NEW YORK, NY 10018

A non-profit educational organization



# Community Health Worker Core Training

May 4-7 & June 8-11, 2010

*CAI- Albany, NY*





# Community Health Worker Core Training

This eight-day training is designed to provide participants with the necessary skills to maximize their work with families. This training will provide participants with a wide array of activities that will enhance their skills in interviewing, assessment, goal planning, making appropriate referrals and working with difficult and challenging family situations.

**As a result of this training, participants will be able to:**

- Demonstrate techniques for interviewing and assessment
- List the primary and secondary goals of the Community Health Worker Program
- Develop trusting relationships with clients
- Demonstrate skills in strength-based assessments
- Demonstrate culturally competent approaches to case management with families
- Develop an understanding of HIV
- Develop skills in utilizing behavior change in referrals
- Demonstrate skills in documentation
- Practice strategies for providing case management to adolescents
- Understand boundary issues in case management
- Develop crisis intervention strategies

**DATE**

May 4-7, 2010  
June 8-11, 2010

**TIME**

9:00am – 4:30pm

**TRAINING LOCATION**

**Cicatelli Associates Inc.**  
2 Winner Circle, Suite 102  
Albany, NY 12205  
(518) 724-2801  
**\$110 (single) Homewood Suites by Hilton Albany**  
216 Wolf Road  
Albany, NY 12205

**FOR FURTHER INFORMATION PLEASE CALL**

Alma Krcic  
(212) 594-7741 Ext. 249

This mandatory training is designed for community health workers and supervisors who have not completed Parts I and II of the Cicatelli Associates Inc. skill-based core training.



**Cicatelli Associates Inc.**

**CHW CORE TRAINING REGISTRATION FORM**

**MAY 4-7 & JUNE 6-11 2010**

*Please print or type clearly*

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

SUPERVISOR'S SIGNATURE (REQUIRED) \_\_\_\_\_

**To register, please complete the attached registration form and mail or fax to:**

Cicatelli Associates Inc., 505 Eighth Avenue, 16<sup>th</sup> Floor, New York, NY 10018

FAX (212) 629-3321

