

Improving Healthcare Through Supervisory Development

For First-line managers in Acute Care, Long Term Care, Home Health & Assisted Living

Purpose of the Training:

The purpose of this training is to improve the management skills of first-line supervisory personnel in healthcare. This training is expected to address the following priority areas:

- ⇒ Community
- ⇒ Conflict resolution and problem solving
- ⇒ Human resources
- ⇒ Time Management
- ⇒ Dealing with Difficult customers
- ⇒ Communication
- ⇒ Cultural diversity
- ⇒ Coaching/mentoring
- ⇒ Stress Management
- ⇒ Accountability
- ⇒ Value of lifelong learning/continuing education

Northern Tier Workforce Investment Board Healthcare Industry Partnership partners:

Northern Tier Regional Planning & Development Commission
Northern Tier Workforce Investment Board
Davis Personal Care Home
Darway Nursing Home
HelpMates, Inc.
Laurel Healthcare Systems
Smith's Personal Care Home
Martha Lloyd
Barnes Kasson Hospital
Towanda Memorial Hospital
Bayada Nurses
Greenley's Personal Care Home
Ashton Healthcare
Guthrie Healthcare System
Robert Packer Hospital
Greater Valley EMS
Endless Mountains Healthcare System
Caregivers America, Inc.
Highlands Care Center
Sylvan Ridge Personal Care Home
Community Resources for Independence

Who is eligible to receive training?

First-line supervisors from all areas of Acute Care, Long Term, Assisted Living and Home Health institutions in the five-county region of the Northern Tier Workforce Investment Board may participate in this training. Supervisors employed in healthcare institutions that are located in Bradford, Sullivan, Susquehanna, Tioga, and Wyoming Counties are highly encouraged to attend.

What will it cost you?

The total cost of this training is \$570 per person. However, with the use of the Healthcare Industry Partnership Worker Training Grant funds, your cost per employee attending will be **\$130** per person. A dramatic savings with the use of these funds. All materials, refreshments, and lunches will be provided. The employer is expected to cover the participants' salary during time away from work and costs associated with replacing the employees while he/she attends the program.

Who will deliver the training?

The training will be delivered by Penn State approved instructors who have a highly successful track record of delivering this program to supervisors employed in the healthcare setting.

How will the training be scheduled?

- Sessions begin at 9 AM and end at 4 PM each day. The session will consist of 3 (6 hour) days of training conducted one day per week over a three consecutive weeks and must be taken in proper sequence. By allowing time between each class, participants will be able to apply learning and practice their skills back in the workplace as part of their training requirements.
- Participants must complete all three days of training to receive 1.8 Continuing Education Units (CEUs) for the program.
- Penn State Northern Tier will work in partnership with the Northern Tier WIB to administer the program and handle all program registrants.

Training Schedule:

**Thursday's
April 17, 24 and May 1**

Location:

**Lackawanna College
Towanda
Bradford County**

How do I register?

To register, complete the attached Healthcare Industry Partnership Worker Training Grant application and fax it to the Northern Tier Regional Planning and Development Commission at 570.265.7585 to the attention of Deb Mathers or Sherry Felten. You may also download the application from Northern Tier's website at www.northerntier.org. Prior to the class, you will receive a reminder along with directions and course information. Registration deadline is April 1 and registrations will be accepted on a first-come, first-served basis. Course enrollment is limited to 35 per class.

To learn more about the program, please contact:

Sherry Felten(felten@northerntier.org) or
Deb Mathers (mathers@northerntier.org) at 570.265.9103 or
toll free at 1.888.868.8800

John Swayze, Penn State Northern Tier at 570.265.21741 ext. 3020



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Training provider should **NOT** be paid in advance of/ or immediately following training. Following submission of application, course outline of desired training, and after hearing approval, 25% of training costs must be submitted to the Northern Tier. Upon completion of training, Northern Tier will fully reimburse the training provider.

Date Received: _____

**APPLICATION FOR
HEALTHCARE WORKER TRAINING GRANT**

Applicant Data	
Company:	
Contact Person:	Contact Person's Title:
Address:	
Phone:	Fax:
Email:	Company Website:

Company Data
Size of Company: #Employees at Location: _____ #Employees Worldwide: _____
Type of Company Ownership:
Union Affiliation:
Location of other Division, Facilities or Headquarters:

Federal Employer Identification Number (FEIN):
Product/Service Description:
Industry Code (NAICS -North American Industry Classification Code):

Training Data

What type of training are you applying for (describe briefly)?
Briefly describe your training needs and explain how funding will assist in achieving company goals.
Identify the training provider(s) or education institution(s) that will provide this training.

Training Participant(s) Name(s) and Social Security Number(s): (required for each individual)			
		OPTIONAL	
1.	SS#	Gender	Race
2.	SS#	Gender	Race
3.	SS#	Gender	Race
4.	SS#	Gender	Race
5.	SS#	Gender	Race
6.	SS#	Gender	Race
7.	SS#	Gender	Race
8.	SS#	Gender	Race

Project Data

Projected Start Date: _____

Projected Complete Date: _____

Total # of employees to be trained: _____

Total # of training program hours per day (e.g. 4 hours a day): _____

Total # of training days (e.g. 2 days): _____

Total Project Cost: \$ _____

Certificate obtained upon completion: **Yes No**
(circle one)

Date obtained: _____

Credential obtained upon completion: **Yes No**
(circle one)

Date obtained: _____

Proposal Submitted by:

Name: _____

Provider: _____

Please feel free to include any additional comments/information.

Please submit (via e-mail or fax) to:

Deb Mathers - Mathers@northerntier.org or Sherry Felten - Felten@northerntier.org

fax to (570) 265-7585

NTRPDC

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