**C3 Skills Alliance**

**Incumbent Worker Training Interest Form**

Company Name:

Total Number of Employees:

Membership with:

\_\_\_ Hospital Association of Southern California (HASC)

\_\_\_ Community Clinic Association of Los Angeles County (CCALAC)

\_\_\_ Other (*please specify*):

***How many employees would you like to enroll into training?***

\_\_\_\_\_ Registered Nurse(s)

\_\_\_\_\_ Licensed Vocational Nurse(s)

\_\_\_\_\_ Social Workers

\_\_\_\_\_ Certified Nurse Assistant(s)

\_\_\_\_\_ Medical Assistant(s)

\_\_\_\_\_ Home Health Aide(s)

\_\_\_\_\_ Other (*please specify*):

***In what training program(s) would you like to enroll employees and how many in each program?***

Middle-Skill Level II - Care Coordinator/Case Manager Training Programs:

\_\_\_\_ American Case Management Association (ACMA) Compass Directional Training for Care/Case Managers.

\_\_\_\_ CSU Institute for Palliative Care. Care Excellence | Foundational Care/Case Management Program.

\_\_\_\_ CSU Institute for Palliative Care. Care Excellence I Advanced Care/Case Management Program.

Entry-Level I - Patient Navigator Training Programs:

\_\_\_\_ Downey Adult School \_\_\_\_ East San Gabriel Valley ROP

\_\_\_\_ Glendale Community College \_\_\_\_ El Camino Community College

***Based upon the Incumbent Worker Guidelines, which employer match option do you anticipate using?***

\_\_\_\_ In-kind match with employee salary \_\_\_\_ Cash match with payment of a portion of the training cost

***Would you consider hiring qualified job seekers who have successfully completed training?***

\_\_\_ Yes. How many \_\_\_\_\_\_

\_\_\_ No, not at this time.