

HEALTH ACADEMY TRAINING WORKSHEET

*a partnership of HARMS Advanced Technology Center, Panhandle Partnership for Health and Human Services,
the Rural Nebraska Healthcare Network, Panhandle Public Health Department and Scotts Bluff County Health Department*

Training Information

Course Title:		Credit or Non Credit or Both	
Location:		Certificates Yes or No	
Start Date	End Date	Start Time:	End Time:
Set up time:		Finish tear down:	
Students: Minimum	Maximum		
Days of the Week: Sun Mon Tues Wed Thurs Fri Sat			
Target audience(s):			
Course Description:			

Partner Agency Information

Agency Name:			
Contact Person:		Phone:	
Mailing Address:			
City:	State:	Zip Code:	
<i>Partner's role: assist coordinator, introduce instructor, coordinate gathering of sign in sheets & evaluations and receipts from instructor, all on day of training. Should be returned to coordinator in 48 hours of training</i>			

Instructor Information (complete as able, with instructor's input)

Instructor Name:		Phone No.	
Street			
City	State	Zip Code	
E-mail:			
SSN or Federal ID #			
<i>Is the instructor an independent contractor? Yes No Is (s)he an employee of a PPHHS agency? Yes No</i>			
Course Materials Needed:	Yes No	Qty	
List materials to be purchased:			
List materials to be copied:			
Room setup info:			
AV/Technology needs:			
Instructor completed adjunct faculty requirements? Yes or No			
Instructor Credentials/Date Submitted		Syllabus/Date Submitted	

Catering Information **

	Time	Day:	Day:
Breakfast			
AM break			
Lunch			
PM break			
Dinner			
Special needs:			

Preliminary budget information (enter info as able)

Expense Items	Rate	Total	Notes
Instructor fee			
Instructor motel			
Instructor transp.			
Instructor per diem			
Food Service			PPHHS does not pay food service
Tuition			Contact hours are \$2/hour, Credit hours are \$68/hour
Total expenses			
Income items			
RNHN Academy			
PPHHS Academy			
Agency funds			
Grant funds			
Student registrations *			
Total income			

- *Scholarship may be noted area below*

Comments/other information

Academy Information: (to be completed by academy coordinator)

Academy Name: PPHHS Health Academy		Federal ID #: 47-0820908
Contact Person: Mary Wernke		Phone: 308-
Mailing Address: c/o PPHD, P.O. Box 337		
Street: 808 Box Butte Avenue		
City: Hemingford	State: Nebraska	Zip Code: 69348

Business Office Information (to be completed by WNCC coordinator)

Sponsorship Yes or No	
Tuition	Flat Charge
Fees	Minimum Guarantee
Materials	Room Rent
Other	Other
Total	Total

*** For a copy of the menus from WNCC, please contact the Academy Coordinator.
 PPHD guidelines suggest items to be served meet healthy events guidelines.
 For more information, call 308-487-3600 (Mary Wernke) or 308-432-2747, X100 (Sherri Blome).*