

REQUEST FOR QUALIFICATIONS

Allied Health Training Providers List

The purpose of this Request for Qualifications (RFQ) is to identify qualified training providers across the State of Connecticut to train students for allied health positions. All training entities must offer a state or nationally recognized credential to students. This RFQ is to ensure that all interested qualified training providers are identified as potential trainers for the statewide Health Career_x Academy (HCA) under the Office of Workforce Strategy's CareerConneCT Health Care Initiative.

CareerConneCT is focused on:

- **Reskilling and Upskilling:** Continuous learning and job training are essential.
- **Inclusiveness and Effectiveness:** Help propel worker success while advancing social equity.
- **Mutual Success:** This win-win program helps students, workers, and Connecticut thrive by uniting employers, workforce development boards, secondary- and post-secondary institutions, and community and economic organizations.

The WorkPlace will create an Allied Health Training Providers List which will contain course information, pricing, and schedules for training to support the HCA. Successful bidders will be placed on a list of qualified, approved providers for the Health Career Academy.

INTRODUCTION

The WorkPlace manages projects and programs that help people prepare for careers and strengthens the workforce for employers. It administers workforce development funds and coordinates providers of job training and education programs to meet the needs of residents and employers.

The WorkPlace will partner with training providers across the state to offer allied health training through the Connecticut Health Career_x Academy. Training funds will be available through Connecticut's Office of Workforce Strategy and other federal, state, local and provide resources.

The WorkPlace is seeking qualified training entities to provide the following occupational skills training for enrollees in the Health Career Academy across the state. The following is a list of Occupational Skills Training that will be available to students enrolled in the Health Career Academy.

Training Program	Credential
Certified Nurse Assistant (CNA)	State License
Community Health Worker	State Certification
Dental Assistant	DANB Certification-RHS & ICE
Electrocardiogram (EKG) Technician	NHA Certification
Emergency Medical Services (EMS)	EMT, EMR, or Paramedic License
Home Health Aide (HHA)	HHA Certificate
Human Services Assistant	Certificate or Human Services-Board Certified Practitioner
Patient Care Technician	NHA Certification and State license
Pharmacy Technician	PTCB Certification
Phlebotomy Technician	NHA Certification
Registered/Certified Medical Assistant	CCMA, CMAA – AAMA & NHA
Sterile Processing Technician	CSPD Certification

All training must be easily accessible and be available for residents living in all regions of Connecticut.

ELIGIBILITY:

Selected training providers shall:

- Offer the highest quality training and provide program specific verifiable information when requested, including proof of program completion and credential/license.
- Provide a calendar of program classes and minimum number of students required (if any).

- Offer programs that are cost competitive
- Cooperate with all evaluations by Federal/State grantors and/or their designated contractors.
- Comply with/sign any applicable assurances and certifications.
- Provide resumes of key personnel for the review/approval of Federal/State grantors if required.
- Provide information and documentation to The WorkPlace as requested and in a timely manner.
- Agree to have students exhaust eligibility for financial aid (Pell Grants and Scholarships, if applicable) prior to submitting invoice for any payment(s).
- Document that the proposed training program has a high rate of completion and post program credentialing rate. Minimum documented rates:
 - Attainment of post program Credential / License – 85% %
 - Completion Rate – 90%

Submit a separate application for each program submission.

PROVIDER INFORMATION

Legal Name of Training Organization: _____

Connecticut UI Tax registration Number: _____

Federal Employment Identification Number: _____

Organization Mailing Address: _____

Telephone Number: _____

Website: _____

Contact Person for Program(s): _____

Email Address: _____

Telephone Number: _____

Secondary Contact: _____

Email Address: _____

Telephone Number: _____

Is entity current with all Federal, State and Local Taxes?

Yes

No

Is entity currently debarred, suspended, or otherwise prohibited from doing business with the State of Connecticut or the Federal Government?

Yes

No

Is the entity Financial Aid Eligible under Title IV?

Yes

No

Is your institution is accredited?

Yes

No

If so, name of accrediting agency/organization:

Date accreditation expires: _____

Attach copy of the most recent letter of approval from accrediting organization/entity.

Is your institution licensed in the State of Connecticut?

Yes

No

If yes, list the Agency issuing the license:

Attach a copy of the most recent letter of approval.

TRAINING SITE INFORMATION

Facility Name: _____

Address: _____

Phone: _____

Is the facility up to date with a **current Fire Marshall Certificate**? (Please attach to submission)

Yes No

Does the facility have an **up-to-date Zoning Certificate**? (Please attach to submission)

Yes No

Do you have an **up-to-date Insurance Certificate** for the training facility? (Please attach to submission)

Yes No

What has been your rate of completion for the program(s) you are submitting over the past three (3) years?

What has been your rate of credentialing / certification for the program(s) you are submitting over the past three (3) years?

Provide documentation of your completion and credentialing rate.

PROGRAM INFORMATION

Program Name: _____

Describe program admission requirements, if any: _____

Describe program pre-requisites, if any: _____

Does this program prepare the participant to take an examination for certification or licensing? Yes No

What is the mechanism to ensure participants are scheduled for the appropriate examinations? _____

Will the participant earn college credit?

Yes No

If yes, # of program credits earned for this program: _____

Indicate the credential that *YOUR INSTITUTION* will issue upon successful completion of your program: _____

Indicate the credential that will be issued by *ANOTHER ENTITY* if the participant successfully passes any requisite exam:

Name of Credential/License _____

Issuing entity _____

PROGRAM SPECIFICS

Duration of the Program: (Number of)

- Semester(s) _____
- Weeks _____
- Months _____
- Hours _____

Time Program is offered:

- Day (give specific hours) _____
- Evening (give specific hours) _____

How often does class meet? (Check which one is applicable)

- Daily _____
- Bi-weekly _____
- Weekly _____
- Monthly _____
- Other _____

How is the content delivered? (Check one)

- In person
- Online/remote
- Hybrid (In person and online)

How many **TOTAL HOURS** are required for program completion?

- Class time _____
- Lab time _____

Minimum Class Size _____

Maximum Class Size _____

TUITION AND FEES

Program Tuition _____

Application Fee _____

Registration Fee _____

Books _____

Testing _____

Exam Fees _____

Uniforms _____

Licensing Fees _____

Lab Fees _____

Supplies/Equipment (Be specific) _____

Other Costs (Be specific) _____

Total Cost of the Program

Is Financial Aid available?

Yes No

If so, indicate the types of financial aid available _____

INQUIRIES, PERTINENT DATES and SUBMISSIONS

Responses to, and questions regarding, this RFQ may be directed to The WorkPlace:

Lori Burgos
Director of Contracts & Compliance
The WorkPlace
1000 Lafayette Blvd. Suite 501
Bridgeport, CT 06604
Email: lburgos@workplace.org

Entities will be placed on the list based on the information submitted, if the program meets the needs of the Health Career^{Rx} Academy (in terms of program design, curriculum, flexible availability, outcomes and cost), if **all of the information** requested above is provided, all Federal, State and Local taxes are current, the entity has not been debarred by any federal or state agency, and the entity is a legal entity in business for at least three years.

Being selected to be on The WorkPlace Allied Health Providers List is not a guarantee of students. Students will have the ability to choose a provider from the list of approved vendors. The WorkPlace reserves the right to contract with training entities that meet the initial eligibility criteria; are within the parameters of its program and are cost effective.

The deadline to provide the required information (either by email) to the contact listed above is **TUESDAY, JANUARY 24th, 2023, by 4:00 pm (EST)**. Late submissions will NOT be considered if submitted electronically.