

**Application for MACH 2010: Maternal and Child Health Analytic
Training for the Year 2010**

**DIVISION OF PUBLIC HEALTH PRACTICE
DEPARTMENT OF COMMUNITY AND PREVENTIVE MEDICINE
UNIVERSITY OF ROCHESTER**

**Funded by Association of Teachers of Preventive Medicine
and Centers for Disease Control and Prevention**

PART II – Agency Authorization Form

Instructions: Print this Document (Part 2) To be completed by applicant's supervisor or other agency head able to document support of applicant participation in the MACH 2010 training program. Part II should be printed, completed, and mailed to: MACH 2010, Division of Public Health Practice, 601 Elmwood Avenue, Box 324, Rochester, NY 14642. For a complete program description please go to <http://www.urmc.rochester.edu/smd/cpm/mach/index.html>

For more information about MACH 2010 contact:

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(716) 273-2586

Applicant Name:

Agency Name:

Sponsor/Supervisor Name:

Title:

Address:

Phone Number

Email:

1a. Please provide a brief description of your agency:

b. Specifically, how does your agency serve families, pregnant women, infants or children?

c. Does your agency serve a specific population (e.g. cultural or geographic) ?

2. Please briefly describe why your agency is interested in developing its data capacity.



Completion of MACH 2010 training is envisioned as an eight-month effort, with a focus on completion of monthly modules. The training activities include:

1. **Completion of electronic application process**
2. **Monthly module readings, exercises, and assignments for completion (Months 1-3, 5-7)**
 - Mode: Electronic
 - Estimated applicant time investment spent on training: 4 hours/week (16 hours/month, or 96 hours over the training period)
3. **Two intensive, on-site training workshops (Months 4, 8)**
 - Mode: In-person, on-site
 - Estimated applicant time investment spent on training: 7 hours/day (14 hours per 2-day session, or 28 hours over the training period)
4. **Completion of evaluation materials**
 - Participant and agency pre-intake evaluation (Month 1)
 - Participant and agency mid-term evaluation (Month 4)
 - Participant and agency post-test evaluation (Month 8)
5. **Completion of agency data action plan**
 - Completed in Month 8

Upon completion of steps 1-5, participants and agencies will receive a Certificate of Completion for MACH 2010. On-going evaluation of participants will continue every six months throughout the project term.

As the agency sponsor for this applicant I agree to the following:

- That the participant will be provided with Internet access and a computer for completion of coursework of up to four hours per week of the training; **(minimum requirements: Pentium II running at least 200mhz with Microsoft Word, and Internet Explorer or Netscape version 4.0 or higher.)**
- That the applicant be allowed to spend up to four hours per week, as required, during regular work hours to complete assignments;
- That the agency maintains an interest in working with other similar or local agencies in providing opportunities for data professionals to network; and
- That the agency will commit to completing an Agency Evaluation Interview of the applicant's data-related tasks and performance three times during the project period, and annually thereafter.

Sponsor Signature: _____ Date: _____