

HARFORD COUNTY HEALTH DEPARTMENT POLICY

Title of Policy: Professional Development & Training Policy	
Program Area: All program areas	
Approved By: <i>Susan Kelly</i>	Original Effective Date: July 1, 2013
Susan Kelly, Health Officer	Revised Dates: 1/22/14, 8/1/14

1.0 POLICY

Professional development and training is defined as the acquisition of skills and knowledge, both for personal development and career growth and advancement. The Harford County Health Department (HCHD) recognizes the importance of encouraging employees in professional development and training. HCHD supports and, in some cases, requires staff participation in four types of trainings: **Mandatory, On-line, Internal, and External**. Professional development and training includes workshops, formal coursework, seminars, professional conferences, and on-line courses.

2.0 PURPOSE

Professional development and training opportunities are available to all employees. Supervisors are responsible for assessing professional development and training needs of his/her employees and supporting appropriate learning experiences. Employees are responsible for consulting with and seeking approval from his/her supervisor for appropriate professional development and training opportunities.

3.0 PROCEDURES

3.1 **Mandatory training** is required of all new employees.

- 3.1.1 All new employees are required to complete the on-line Learning Management System (LMS) courses as identified by the Department of Health and Mental Hygiene, Division of Training and Development. Upon hire, the training coordinator will set up an account for the employee to access the LMS and notify the employee of access and instructions. LMS training must be completed within 30 days of date of hire.
- 3.1.2 Employees are required to complete four on-line Core Competency trainings per year on the Train.org website or other comparable training websites. Employees are responsible for setting up an account. Supervisors will provide specific instructions.
- 3.1.3 Employees must print his/her Certificate of Completion for all mandatory trainings and send to Human Resources (HR) for documentation. Employees need to indicate "CORE" on top of completion certificate for all core competency trainings.
- 3.1.4 Supervisors are responsible for assuring that all mandatory trainings are complete.

3.2 **On-line training** is available to all employees.

- 3.2.1 No cost on-line trainings can be taken without prior approval. If the on-line training requires a fee, the employee must complete a Training Request Form (Attachment 1). **The process for completing and submitting the Training Request Form is explained in procedure 2.3.**
- 3.2.2 After completing on-line training courses, the employee is responsible for printing and submitting the Certificate of Completion to HR.

3.3 **Internal and External Trainings** are available to all employees and require a Training Request Form with all sections completed. Incomplete forms will be returned to the employee.

Internal professional development trainings are defined as trainings offered by Harford County Health Department, DHMH, or Department of Budget and Management, and other State agencies. Training opportunities are announced through e-mails or listed on the DHMH training calendar.

External professional development trainings are defined as trainings sponsored by professional organizations, i.e., conferences, seminars, workshops.

- 3.3.1 To register for trainings, the employee must complete a Harford County Health Department Training Request Form.
- 3.3.2 The employee must attach registration information to the Training Request Form. **If hotel and/or travel are required, attach applicable documentation.** The employee must then submit all training paperwork to the Division Director or his/her direct supervisor. If there are multiple employees attending training that has a cost, the Division Director should submit all training requests together.
- 3.3.3 The Division Director/Supervisor must review the Training Request Form for accuracy, approve, and submit to the Health Officer's Management Associate. The Health Officer/Designee then approves and sends request to the Fiscal Unit for final approval.
- 3.3.4 The Fiscal Unit approves and sends the training request to HR and HR processes the registration. If applicable, HR coordinates hotel/travel arrangements by completing the necessary State of Maryland forms. The employee is notified via e-mail that the Training Request Form has been processed. **If there is no cost involved, the employee is responsible for registration.**
- 3.3.5 Upon completion of internal and external trainings, the employee must sign the bottom portion of the original Training Request Form, attach a copy of the Certificate of Completion, if applicable, and send to HR. The appropriate number of CEU's should be noted on the certificate.

3.3.6 If the employee is unable to attend a non-State sponsored scheduled training, and is aware in advance, he/she can ask another employee to take his/her place. It is the employee's responsibility to notify the organization offering the training of the change. **The employee attending should use the original Training Request Form and simply put a line through the previous attendee's name and re-submit the form to HR so that he/she is credited with attending.**

3.4 All trainings (mandatory, on-line, internal, and external) are documented and tracked for each employee by Human Resources. Documentation is based on the employee submitting the Certificate of Completion and/or signing the bottom portion of the original Training Request Form. The Harford County Health Department Training Request Form must be completed when taking training courses, except for new employee mandatory trainings or no cost, on-line trainings (i.e., TRAIN.org courses).



Harford County Health Department Training Request Form

Employee Name: _____ Phone: _____ Submission Date: _____

Training Date(s): _____

Seminar/Conference Title: _____

Training Provider/Sponsoring Organization: _____

PCA#: _____

Attach all training documentation to this form.

☐ Internal Training (includes DHMH, DBM, other state agencies) ☐ External Training

☐ In-State ☐ Out-of-State (Requires an additional form which may be requested from HR.)

☐ No Cost

	Cost
Registration Cost	
Estimated Travel and Lodging (Attach printout of preferred hotel information and/or airfare)	
TOTAL COST	

☐ License/Certification CEUs. _____ # of CEU's

Justify training request or describe duties directly related to request: _____

I certify that the information given on this request form is correct and request approval:

Employee Signature Date

Division Director/Supervisor Signature Date

Health Officer/ Designee Appointing Authority Date

Fiscal Representative Date

UPON COMPLETION OF TRAINING

Employee Acknowledgement: I have completed the above training and have attached applicable completion documents, i.e. certificate of completion, CEU's, etc).

Employee Signature Date