



Saco River Education

Policies and Procedures of In-services

Welcome to Saco River Education Direct Care Workers Training (Saco River Health Services Employees ONLY)

Saco River Health Services is committed to providing the best possible services for our clients; therefore we find it important that our training program exceeds the highest standards. The following program was designed to meet the needs of both our workers and clients.

Payment: Saco River Health Services' commitment to training offers education through Saco River Education free to all its employees.

Enrollment: Students will receive a welcome packet with an individual user name and password via the email address provided on the in-service registration.

Contact Hours: Each module is designed to give students one contact hour of material. Students need to view all material thoroughly. Saco River Education has the ability to monitor the amount of time students view each module and only those meeting the standard for completion will be give credit for class regardless of grade achieved on quiz.

Testing: Students will take a quiz at the end of each class. Quizzes can be taken up to three times until a passing score of 80 is achieved. Only when the student has successfully passed the quiz will the in-service be complete and a certificate will be sent to the student.

Technical Support: Technical Support is available during office hours by calling Saco River Education at (207) 247-9000 option 5. After hours support can be arranged by appointment. Students need to be able to be on-line and the phone at the same time.

Materials: All materials are provided to students via Saco River Education, and remain the property of Saco River Education.

Release of Information: Progress of students will be monitored via weekly report cards emailed both to the student as well as Daniel Segee, for tracking.



Saco River Education

P.O. Box 69
Waterboro, ME. 04087
(207) 247-9000 option 5
SRE@sacorivereducation.com

Inservice Registration Form

SACO RIVER HEALTH SERVICES EMPLOYEES ONLY

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number:(____) _____ Student E-Mail Address: _____

SSN: _____ Date of Birth: _____
The last four digits of your SSN will be used in the personal ID

Current Position/Certification: _____

State Granting Certification: _____

Please take the following courses:

For Office Use Only

User Name: _____ ***Password:*** _____ ***Tested:*** []

Control # _____ ***Expiration Date:*** _____ ***Entered by:*** _____