# BP5 C1.J.3. Train-the-Trainer Fit Testing Session

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| **Sub-recipient name** | CHCANYS |
| **Deliverable number and name** | **C1.J.3. Train-the-Trainer Fit Testing Session** |
| **Submit deliverable to** | **dohmhcore@health.nyc.gov** |

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| **Submit this summary report.** | **C1.J.3. Train-the-Trainer Fit Testing Session | DUE DATE:** Feb 29, 2024 | **Submit to:** [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) | |
| **Question** | **Your response** |
| **List the participants and their FQHC networks.** |  |
| **What are your project’s goals? (Click** [**here**](https://www.programinfosite.com/nycdohmhmeetings/files/2023/09/Evaluation-Guide-for-NYCHCC-EM-Program-20230908.pdf) **for how to write goals. See page 6.)** |  |
| **What are your project’s objectives? (Click** [**here**](https://www.programinfosite.com/nycdohmhmeetings/files/2023/09/Evaluation-Guide-for-NYCHCC-EM-Program-20230908.pdf) **for how to write SMART objectives. See page 6.)** |  |
| **Summarize the events that took place.** |  |
| **What next steps do you propose to take?** |  |