Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950

HUMAN RESOURCES

Amendment to indicate hourly rate

EXAMINATION ANNOUNCEMENT NO. 26-104

POSITION:	**Patch Teen Health Educator**	OPENING DATE:	**08/31/2026**
NO. OF VACANCIES:	**6**	CLOSING DATE:	**09/11/2026**
SALARY:	**$12.00 P/H**		
PAY LEVEL:	**UNGRADED**		
	The salary given will be determined by the qualifications of the appointee.		
LOCATION:	Lucia "Chiang" Villagomez Arizapa Health Center Commonwealth Healthcare Corporation, Tinian		

NATURE OF WORK

The PATCH Teen Health Educator is a temporary, stipend-supported youth leadership position within the Division of Public Health Services, Maternal, Infant, Child, and Adolescent Health (MICAH) Programs. PATCH—Providers and Teens Communicating for Health—is an evidence-based youth health and prevention program designed to increase adolescent engagement in and access to preventive health care services, including teen well-visits, preventive screenings, mental health services, and transition-related health care. Under the guidance of the Program Manager/Program Coordinator and designated Tinian program leadership, the Teen Health Educator uses the approved PATCH curriculum to bring youth perspectives into health education and health-system improvement. The position works with other teen educators to plan and facilitate peer workshops, provider workshops, community outreach, and other health-promotion activities. The purpose of the work is to strengthen communication between teens and health care professionals, improve teen health care experiences, and help ensure that programs and services affecting young people are developed with meaningful youth input.

DUTIES:

Under supervision and using approved PATCH training materials, the Teen Health Educator will:

- Commit to the PATCH program for the revised program period of August 2026 through January 2027 and maintain dependable attendance and participation.
- Attend and fully participate in the required five-day Teen Educator Training, totaling 20 hours (four hours per day/session), and complete any required refresher or skills-based training.
- Attend and actively participate in two two-hour enrichment meetings each month, generally scheduled every other Monday from 3:00 p.m. to 5:00 p.m., unless the program provides a revised schedule.
- Work collaboratively with fellow Teen Health Educators and program staff to prepare, practice, and facilitate PATCH workshops for teens, health care professionals, and other identified audiences.
- Help conduct peer workshops, provider workshops, community outreach, and other approved health-promotion activities at scheduled dates, times, and locations.
- Share youth perspectives and serve as a respectful teen representative during community events, conferences, meetings, and program-planning discussions.
- Provide peers with accurate, age-appropriate health information from approved PATCH materials and refer questions or concerns beyond the position's role to the supervising adult or an appropriate health professional.
- Promote healthy decision-making and help connect youth with appropriate, trusted health information and available services without providing medical advice, diagnosis, counseling, or treatment.
- Advocate respectfully for youth-responsive improvements in the community and health care system, consistent with PATCH goals and CHCC guidance.
- Assist with workshop preparation, participant engagement, educational materials, approved surveys or

evaluations, and other program activities assigned by the supervisor.
- Maintain required attendance, activity, and time records accurately and submit them according to program and CHCC procedures.
- Protect private and sensitive information; follow CHCC confidentiality, safety, conduct, social media, and youth-participation requirements; and immediately report safety concerns to the supervising adult.
- Perform other related PATCH program duties within the Teen Health Educator's training and level of responsibility, as assigned by the supervisor.

WORK SCHEDULE: Participation is anticipated to average up to approximately four hours per week (approximately 16 hours per month) over 24 weeks, with a maximum of 96 stipend-supported hours per Teen Health Educator, based on the approved project workplan and available funding. Hours may vary according to required training, enrichment meetings, workshops, community events, and other approved activities. Some activities may occur after school, during evenings, or on weekends with advance notice and required parent/guardian authorization.

QUALIFICATION REQUIREMENTS:

Education: Must be enrolled in high school or a recognized high-school-equivalent program during the applicable school-year.

Experience: No prior employment experience is required. School, volunteer, peer leadership, public speaking, health-promotion, or community-service experience is helpful but not required.

Other: Must reside on Tinian and be between 14 and 18 years of age by September 2026. Must submit all required application and parent/guardian authorization documents; be available for required training, enrichment meetings, workshops, and approved events; and comply with CHCC and PATCH program requirements. Final selection is subject to HR review and all applicable requirements for youth program participation.

LICENSES/CERTIFICATIONS: No license or professional certification is required at the time of application. Selected participants must successfully complete the required PATCH Teen Educator Training before independently facilitating assigned workshop activities and must complete any other training required by CHCC.

KNOWLEDGE: Basic understanding of issues affecting teens; awareness of the importance of preventive health care, mental health, healthy decision-making, confidentiality, and respectful communication; and willingness to learn the approved PATCH curriculum, available youth resources, and appropriate referral procedures.

KNOWLEDGE/SKILL/ABILITIES:

- Basic understanding of issues affecting teens; awareness of the importance of preventive health care, mental health, healthy decision-making, confidentiality, and respectful communication; and willingness to learn the approved PATCH curriculum, available youth resources, and appropriate referral procedures.
- Effective verbal communication, active listening, teamwork, public speaking or willingness to develop it, organization, dependability, respectful peer engagement, appropriate use of technology and social media, and accurate completion of basic activity and time records.
- Learn and present approved health information accurately; communicate with teens and adults in a respectful and culturally responsive manner; work as part of a team; accept coaching and feedback; maintain appropriate boundaries and confidentiality; recognize when to seek adult assistance; attend scheduled activities reliably; and represent PATCH and CHCC professionally.

PHYSICAL DEMANDS: The physical demands described here are representative of those required to perform the essential functions of this position. The Teen Health Educator must be able to attend training, meetings, workshops, and community events; communicate with participants; use standard presentation or educational materials; and occasionally carry or arrange lightweight supplies. Reasonable accommodations may be made in accordance with applicable requirements.

CONDITIONAL REQUIREMENTS:

Employment is contingent upon successful clearing of pre-employment health screening and drug screening in accordance with CHCC policy.

OTHERS Must reside on Tinian and be between 14 and 18 years of age by September 2026. Must submit all required application and parent/guardian authorization documents; be available for required training, enrichment meetings, workshops, and approved events; and comply with CHCC and PATCH program requirements. Participation requires at least two (2) hours during each scheduled biweekly enrichment meeting. Participants will receive a fixed monthly honorarium, subject to satisfactory attendance and completion of assigned program activities. Final selection is subject to HR review and all applicable program participation requirements. This position is a Part-Time with no benefits Regular operating hours of the Commonwealth Healthcare Corporation will be Monday to Friday from 7:30am to 4:30pm. This work schedule however is subject to change with or without notice based on the Employer's business requirement and/or by the demands of the employee's job CHCC adheres to all applicable deductions such as C.N.M.I. Tax, Federal Tax, Medicare and Social Security; are subject to funding availability through federal funds awarded to the *Commonwealth Healthcare Corporation to support the Public Health Services, CNMI Family Planning Program, and the MICAH Programs* not to exceed 09/29/2027.

Note(s):

- *Three-fourths 20 CFR 655, Subpart E: "Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any."*
- *Employer-Provided Items 655.423(k): Requires Employer provide to the worker, without charge or deposit charge, all tools, supplies and equipment required to perform the duties assigned.*

INTERESTED PERSONS SHOULD SEND THEIR CURRENT APPLICATION FORMS TO:

Office of Human Resources
Commonwealth Healthcare Corporation
1178 Hinemlu' St., Garapan, Saipan, MP, 96950
Operation Hours: Monday Through Friday 7:30 AM – 4:30 PM and CLOSED on weekends/holidays.
Employment Application Forms will be available 24/7 at the employer's hospital facility's Main Cashier Office (entrance/exit point for all)
E-mail: apply@chcc.health
Direct Line: (670) 234-8951ext. 3444/3410/3427/3583/3584
Trunk Line: (670) 234-8950
Fax Line: (670) 233-8756
08/28/2026 nka
Note: *Education and training claimed in Employment Application must be substantiated by diploma, certificate or license. Failure to provide complete application form or the required documents will result in automatic disqualification.*

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Dear Perspective Patch Intern,

We appreciate your interest in the Commonwealth Healthcare Corporation (CHCC).

The Commonwealth Healthcare Corporation (CHCC) is delighted to present an opportunity for students and community members to support the well-being of others through our CHCC-Youth internship program.
Please complete the Application and verify that all pertinent documents are indicated on the checklist provided below.

- ☐ Copy of valid identification card/ passport copy
- ☐ Copy of police clearance *(over the age of 18)*
- ☐ Supporting letter from educational institute requiring volunteer hours (*if applicable*)

When **ALL** documentation has been completed bring **ALL** documents to the Office of Human Resources or you may email the completed application and applicable requirements to apply@chcc.health. You will be contacted to discuss a placement should the availability arise.

I hope that your commitment at the Commonwealth Healthcare Corporation (CHCC) be a fulfilling and educational one. I look forward to speaking with you soon.

Sincerely,

Clarinda C. Ngirausui
HR Coordinator Recruitment, Retention & Relations for non-providers

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PATCH TEEN EDUCATOR APPLICATION

GENERAL INSTRUCTIONS: **Before submitting, review the Agreement and Certification section of the SYI Application Form. Ensure all responses are typed or clearly printed in dark ink. Provide accurate answers and remember to sign and date the application before returning it to the Office of Human Resources.**

I. PERSONAL INFORMATION

Name *(First, Middle, Last)* :	Other name(s) which you are or have been known by:
Gender: ☐ M ☐ F	Date of Birth *(MM/DD/YYYY)* :
Current Place of Residence: ☐ Saipan ☐ Rota ☐ Tinian Street Address: Mailing Address:	Home #: Cell #: Business #: Email Address: Emergency Contact Person: Emergency Contact #/ Relation:

At which location are you interested in? (*Please mark an "X" in the box as applicable.)*

☐ Commonwealth Health Center (CHC)	☐ Tinian Health Center (THC)	☐ Rota Health Center (RHC)
☐ Medical Services _____	*(Ex: Hospital, Outpatient Services, Ancillary Services, Dialysis)*	
☐ Population Health Services _____	*(Ex: Public Health, WIC Program, Environmental Health, Mental & Behavioral Health, Emergency Preparedness)*	
☐ Admin & Corporate Support	*(Ex: HR, Health & Vital Statistics, Grants Management, Corporate Compliance, IT)*	

Please provide a resume/CV should you choose to include any additional spaces.

High School:		Location:	
College:		Location:	
Other:		Location:	

DEGREE PROGRAM

Current educational status (choose one).

☐ **High School Student** ☐ **Pre-Med Student** ☐ **Medical Student** ☐ **Other (specify): _____**

II. WORK EXPERIENCE

Fill each block completely. Start with your present employer and work back. Describe all of your work, listing your most important duites first. Please provide a resume should you choose to include additional information.

Are you currently employed? ☐ Yes ☐ No

Are you a former employee of the Commonwealth Healthcare Corporation? ☐ Yes ☐ No

If answered ***YES*** , what is your reason for leaving?

Name of Employer:	Position Title:
Address of Employer:	Dates of Employment (Month/ Year) :
Name of Employer:	Position Title:
Address of Employer:	Dates of Employment (Month/ Year) :
Name of Employer:	Position Title:
Address of Employer:	Dates of Employment (Month/ Year) :

IV. PATCH TEEN EDUCATOR PROGRAM INFORMATION

1. Have you participated in other Internships/Youth Program in the past? ☐ Yes ☐ No

2. Are you considering a career in the healthcare field?

   ☐ Yes ☐ No

3. Will you pursue higher education following your completion of high school?

   ☐ Yes ☐ No

   If yes, please state where you plan to go:

   _____

4. Can you commit to attending the program for its entire scheduled duration?

   ☐ Yes ☐ No

5. How did you hear about us?

   ☐ Friend
   ☐ Relative
   ☐ Website
   ☐ CHCC Employee
   ☐ Other (please specify): _____

6. Why are you interested in being a PATCH Teen Educator?

7. What are the two main health-related challenges that adolescents in your community are experiencing? What actions do you think should be taken to address these concerns?

8. What insights do you believe adults and healthcare professionals, such as physicians and nurses, should possess when engaging in discussions with adolescents regarding sensitive health issues, including mental health, sexual health, and substance use?

9. What skills, knowledge, experiences, or passions do you have that you think will help you succeed as a Teen Educator or Youth Advocate?

10. What unique perspectives do you think you would bring to this team based on your identities and life experiences?

11. How do you believe participation in this program will assist you in achieving your future objectives? What specific knowledge or skills do you hope to acquire from the PATCH program?

V. REFERNECES

Name:	Email:	Name:	Email:
Contact #:	Business/Occupation:	Contact #:	Business/Occupation:
Address:	Number of years known:	Address:	Number of years known:

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CERTIFICATION and AUTHORIZATION

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. If accepted for an assignment under the Summer Youth Program with the Commonwealth Healthcare Corporation, I agree to abide by the Commonwealth Healthcare Corporation's rules and regulations.

I authorize the Commonwealth Healthcare Corporation to investigate all statement contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be neccesary for determining my eligibility as a volunteer.

By initialing in the boxes below, I agree to the following:

☐ I will be expected to observe confidentiality with respect to all information I may possess regarding my interactions with the Commonwealth Healthcare Corporation, its clients, patients, residents, and staff, and any knowledge of the contents of confidential records. Failure to adhere to this agreement is grounds for immediate dismissal. I also agree to maintain confidentiality after I leave the Commonwealth Healthcare Corporation for whatever reason.

☐ I understand that services are performed during normal business hours of 7:30 am - 4:30 pm, Monday to Friday, not to include Holidays and only on the premises of assignment and that my service does not reserve the right to travel. (Unless waived/approved by the CEO to go beyond the mentioned hours and days).

☐ I understand that my assignment is entered into voluntarily and that I am free to resign at any time, and that the Commonwealth Healthcare Corporation may terminate the internship at any time whenever it is in the best interest of the Corporation to do so.

☐ I agree to have a health assessment at the Commonwealth Healthcare Corporation's Employee Health Office if I am offered an assignment and annually thereafter, as applicable

☐ I understand that I am required to provide immunization and Covid-19 vaccination clearance.

☐ I understand that I am required to participate in the entire

Print Name/Sign: _____ Date: _____

Parental/Guardian Consent (If ages 16 – 17):

Print Name/Sign: _____ Date: _____
(Parent/Guardian)

Thank you for your interest in the PATCH Teen Educator Program with the Commonwealth Healthcare Corporation!

HUMAN RESOURCES OFFICE USE ONLY:

APPLICATION RECEIVED DATE: _____

HR REVIEW/CONCURRED: _____
Clarinda C. Ngirausui
HR RR&R Coordinator

Assigned Supervisor: _____ (Name) _____ (Department)

Approval:

☐ Approved ☐ Disapproved

_____ (Esther L. Muna, Chief Executive Officer) _____ (Date)

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RELEASE OF LIABILITY AND PUBLICITY CONSENT
PLEASE READ CAREFULLY BEFORE SIGNING

We/I have chosen to participate in the Commonwealth Healthcare Corporation's Public Health Provider and Teens Communication for Health – 2026 Teen Educator Program ("Program). I understand that the purpose of the Release and Hold Harmless Agreement ("Release") set forth herein is to protect the Commonwealth Healthcare Corporation and its governing board, agents, and employees (collectively the "CHCC") from any and all liability which may arise from, or be related to, my participation in the Program.

We/I acknowledge and understand that there are certain dangers and risks inherent in travel and the activities included in the Program and that CHCC cannot and does not assume responsibility for losses including, but not limited to, personal injuries or property damage arising therefrom. These risks may include losses regarding travel to and from a destination; the condition of facilities where the Program occurs; criminal activity; the defect of a vehicle or the negligence of Program service providers; sickness, weather, or natural disasters, or other such causes; and any disruption of travel arrangements, or any additional expenses that may incurred therefrom. I acknowledge and understand that CHCC does not represent, or act as an agent for the transportation carriers, facilities, or other suppliers of services in connection with the Program.

RELEASE AND HOLD HARMLESS AGREEMENT

Knowing the dangers and risks of such activities, and in consideration of being permitted to participate in the Program, We/I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless CHCC, the organizers, sponsors and supervisors of all Program activities from all liability for any and all risk of damage or bodily injury or death that may occur to me in connection with any activities in which I participate. I likewise hold harmless from liability any person transporting me to or from any activity.

We/I agree to hold CHCC harmless from and against any claim by me and my family arising out of my participation in the Program. Further, We/I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the Commonwealth of the Northern Mariana Islands and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

PUBLICITY CONSENT

We/I agree that CHCC may use any photographs or videos taken of me during my participation in the Program for publicity or training purposes.

MY SIGNATURE BELOW INDICATES THAT I FULLY UNDERSTAND AND VOLUNTARILY ACCEPT ALL TERMS AND CONDITIONS LISTED HEREIN.

Minor's Full Name _____

Parent/Guardian Name _____

Signature_____ Date _____

Emergency Contact # (cellphone) _____

(home) _____

(work) _____