Promotor(a) or Community Health Worker Training and Certification Program

Request for Guest Instructor Approval Form

*Please email this form to* *chw@dshs.state.tx.us* *at least 7 business days before your scheduled event*

Training Program of Record:

Name of Contact Person:

Phone: Email

Date and Location of Training Event (*indicate distance learning if applicable*):

Name of Curriculum: Year Approved:

Certification Course: *[ ]*  Continuing Education Course: *[ ]*  Both: *[ ]*

CHW education: *[ ]*  Instructor education: *[ ]* Both: *[ ]*

Name(s) & Certification Number of Certified CHW Instructor(s) who will be available to assist and/or answer questions as needed for in-person or real-time webinars:

Topic(s) or Modules to be taught by Guest Instructor:

Amount of time guest instructor will teach (*for a certification course- maximum allowable time is 2 hours per core competency- no more than 10% of total curriculum; for CEUs- maximum allowable time is 2 hours. For a multiple-day CE event, maximum allowable time is 2 hours each day of the CE event*):

Name(s) of Guest Instructor(s):

Guest Instructor Qualifications (*must meet at least two):*  Please *duplicate section if requesting approval for more than one guest instructor*).

*[ ]* Licensure or certification in field related to training topic, including as a CHW

 License or certification type and number:

*[ ]* Advanced degree (Master’s or doctorate) in field related to training topic

 Degree and Institution:

*[ ]* Publication [peer-reviewed journal] or research related to training topic

 Example:

*[ ]* Current work (agency/employer/supervisor) related to training topic

 Describe:

*[ ]* Other unique qualifications, such as a unique life experience related to training topic (example – cancer survivor).

List specifics: