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*](mailto: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: