Texas Department of State Health Services (DSHS)

Community Health Worker
Online Services Support Guide
Application based on completion of
CHW Training Course

texas.gov

August 1, 2018
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This Guide represents the web pages present in the system at the time the Guide was developed. The program areas and boards have the ability to configure the web page contents and the text contained on the web pages. The views of the web pages in this Guide may not be the exact representation of the current system.
Introduction

This guide provides instructions for initial Community Health Worker (CHW) certification application based on completion of DSHS Certified Training course. The VO (Versa:Online) License Service website gives easy access for users to perform a number of tasks directly from the online portal.

In these instructions License and Certification are the same.

Review requirements for initial CHW certification located at:

http://www.dshs.texas.gov/mch/chw/chwdocs.aspx

Online Licensing Application and Help Center

The website is available on the Texas.Gov Home page and Online Services button. The web address is: https://vo.ras.dshs.state.tx.us/
Welcome Page

The first page of the Versa Online License Service allows the user to Log On if they are a returning user or enter a new registration by selecting the Register as a First Time User link.

Check License Status or Search for a License

*It is not necessary to register or login to view or search for a license or certification.* Begin your license search here to verify that a license holder has a current license with the Department of State Health Services. You can search by name, license type, city or county.

Apply for a New License

To apply for an initial license, please see the Online Licensing Eligibility page to check if your license type is supported before you register as a new user. If you have previously registered using this system, it is not necessary to create another user registration to apply for a new license.

Renew Your License

To renew an existing license, please verify that your license type is eligible for online renewal. Once you have confirmed that your license may be renewed online, please login with your existing user ID and password, or register as a new user.

Asbestos Notifications

*It is not necessary to login to view asbestos notifications.* Search for a notification by project location, date, name or notification number. If you wish to submit/amend an asbestos notification, you may register as a new user if you have not previously registered using this system.
New User Registration

To establish a registration, fill in the requested information and click the Next button to proceed. Enter your full legal name, do not use nicknames. This is the name that will appear on your CHW ID badge and certificate if your application is approved.

If you are having trouble seeing or selecting the “I’m not a robot” check box, refresh the page and try again or use a different web browser.
Preview Registration

This page presents the data entered for the registered user.

The system will send a message to the listed email address that contains the User ID and a temporary password.
Hello Monica,

Thank you for registering for an online account. Please complete your registration by logging on to your account at:

https://vo.ras.dshs.state.tx.us/

Your online userid is your complete e-mail address and your temporary password is provided below.

Please note that your online password is case sensitive.

USERID: monica.maldonado@dshs.texas.gov
PASSWORD: XvkBWyr2

*** Note: This is an automated email. Do NOT reply to this message.
First Log On After Registering

Enter the User ID and Password provided in the email.

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You will be asked to change your Password. Enter the Password provided in the email and your new Password. Your new Password must contain upper and lower case letters, numbers and special characters.
Forgot Password Process

If you forget your password, then click the “Forgot password?” link.
The resulting page will ask for your User ID.

The security question page will be presented.
A new password will be emailed to the address in your registration profile.
Main Menu – Application Selection

Apply for Community Health Worker/Promotor(a) (CHW) certification - Initial Online Application based on Completion of CHW Training Course

The Main Menu page allows you to apply for a new license, edit your user profile, and add licenses to your registration. Look for “Apply for a New License”.

Under “What are you applying for?” select Community Health Worker Training and Certification Program from the “Choose Board” drop down menu. From the “Choose Application” drop down menu select: Initial Community Health Worker Application-Based on Completion of 160-hours Training Course. Click on the “Select” button to the right.

This page also allows you to check on the status of an application previously submitted. Select “View Application Status”.

![Image of the Main Menu page with highlighted options for applying for a new license and viewing application status.](image-url)
Requirements
The opening page of the initial application process provides an introduction to the application requirements and review process. Before beginning the application, review the requirements on the Texas Department of State Health Services (DSHS) CHW website. Save all necessary documents in PDF form for submission.

Initial Community Health Worker Application - Based on Completion of 100-hour Training Course - Introduction
Promoter(a)/Community Health Worker (CHW) Online Application Based on Training

Thank you for using the online system to apply for certification as a Community Health Worker.

The online system is available only in English at this time. Please go to the CHW website: http://www.dshs.texas.gov/dr/chw/chwdoccs.aspx to download and complete and mail an application in Spanish.

Before beginning the CHW online application, review the requirements on the CHW website: http://www.dshs.texas.gov/dr/chw/chwdoccs.aspx

You will need the following items to complete the online application:
1. Current Texas Residence
2. Copy of your certificate of completion of CHW course
3. Saved photo in PDF format.

For questions: Contact the CHW Program by email at chw@dshs.texas.gov or call (512) 778-2570 or (512) 776-2824.

Your Records: Keep a copy of all materials submitted for your records.

Timelines: DSHS will let you know if your application for certification is approved, denied, or incomplete within 90 days.

Denial of Certification: DSHS may deny your application for certification for any of the following reasons:
- It is incomplete.
- You do not meet the requirements for certification listed in the rules.
- You have provided false information in the application.

Renewal of Certification: If your application is approved, DSHS will send you a certificate, which is valid for two (2) years. You must complete 20 hours of continuing education (CEUs) and apply to renew your certificate before it expires.

Keep your contact information current: Send any changes to your mailing address or contact information to chw@dshs.texas.gov to ensure that you receive CHW program information. DSHS will send notices of certification to the mailing address listed on your application and renewal reminders.

Save your user ID and password, you will need it to renew in two years.
Press “Next” to continue.
Press “Cancel” to cancel this application and return to the main menu.
Function Suitability
This page has a series of questions to determine if you meet the requirements to apply online.
In this section, “license/registration/permit” is equal to CHW certification.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you attempting to renew an existing license/registration/permit?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Are you at least 18 years of age?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Do you live in Texas?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Have you completed the CHW Certification Training Course?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

You will have to answer the questions above every time you sign in to view or update your application online.

Some applicants may experience a problem with the “Yes” and “No” disappearing. The top radio button will always be “Yes” and the bottom “No”.
An error generated by an answer that does not allow the application to proceed is displayed in red text.

![Error message]

- This online application is not suitable for your situation. Press "Cancel" and select a different online application. You may not be able to complete your application online at this time. Contact your licensing board or program for details.

**Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Function Suitability**

Answer the questions below to ensure that you have selected the correct online transaction. Answer the questions and press "Next". Press "Previous" to return to the previous section. Press "Cancel" to cancel this application and return to the main menu.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you attempting to renew an existing license/registration?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you at least 18 years of age?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you live in Texas?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you completed the CHW Certification Training Course?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Personal Information

**Name and Personal Details** page asks for information about you. Information that is required is marked with an asterisk (*). Certification as a CHW requires that a person has reached 18 years of age to apply for certification.

![Screenshot of Personal Information page]

Contact Information

This page lists the mailing, home and work addresses associated with this license. The Main address is your street address. Both the Main and Mailing addresses are required.

DSHS will mail your notice of certification and any correspondence to the Mailing address listed in your application.

You can enter your current work or volunteer address information in the “Add Another Contact” section at the bottom of the screen.
The city, state and county will be automatically filled in after you enter the zip code and click the Zip Lookup button. In some cases, the zip code may be located in more than one county, you may be asked to select the correct county from the dropdown menu.
Add Another Contact

Enter your current work or volunteer information by selecting “Work Address 1 - Community Health Worker” from the drop down menu and clicking the “Add” button. You may have to scroll down to see the new fields.

Screen shot below shows where the work or volunteer information will be entered.
General Questions
Complete the information requested below

The General Questions page allows you to answer questions concerning education, language preference and other information. These questions are required where indicated, but will not stop the application process.

- Under “Highest Level of Care” select your highest Level of education, only select one.
- Under “Category” select your language preference for correspondence.
- Under “Type of Business” select the type of organization where you currently work or volunteer.
- Under “Additional Attributes” select all that apply.

Click Next to proceed to the next set of questions.

The general questions page is displayed below:
Current Employment or Volunteer Work

Indicate if your current job/volunteer work is considered a CHW Position.

Language Used

On this screen, indicate the languages you use. Add other language by pressing the "Add" button.
**Course completion information**

Fill out this section with the information of the DSHS approved CHW certification course completed.

![Add CHW Training Information](image)

**Other Licenses / Certifications**

Add other current Texas Professional licenses or certifications in another Health Profession.

![Add Other Texas License in Another Health Profession](image)
Network and Association relationship

If you are a member of a CHW network or association add their number under “License Number” and press “Add”. A list of network and associations are listed on this page and a current list can be found at: http://www.dshs.texas.gov/mch/chw/CHW-Page.aspx

<table>
<thead>
<tr>
<th>Lic. #</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DFW CHW ASSOCIATION</td>
</tr>
<tr>
<td>2</td>
<td>NORTHEAST TEXAS CHW COALITION</td>
</tr>
<tr>
<td>3</td>
<td>NORTHERN TEXAS COMMUNITY HEALTH WORKER RESOURCE COALITION</td>
</tr>
<tr>
<td>4</td>
<td>PROMOTORES/COMMUNITY HEALTH WORKERS OF TRAVIS COUNTY ORGANIZATIO</td>
</tr>
<tr>
<td>5</td>
<td>SAN ANTONIO CHWS/PROMOTOR(A) ASSOCIATION</td>
</tr>
<tr>
<td>6</td>
<td>THE HEALTH WORKER NETWORK</td>
</tr>
<tr>
<td>7</td>
<td>LONE STAR UNIFIED CHW ASSOCIATION</td>
</tr>
<tr>
<td>8</td>
<td>SOUTH TEXAS PROMOTORAS ASSOCIATION INC. (STPA)</td>
</tr>
<tr>
<td>9</td>
<td>CHW NETWORK OF CAMERON COUNTY -RED DE PROMOTORAS(ES) DE CAMERON</td>
</tr>
<tr>
<td>10</td>
<td>HEALTH PROMOTERS NETWORK PASO DEL NORTE REGION-RED DE PROMOTORES</td>
</tr>
<tr>
<td>11</td>
<td>TEXAS GULF COAST CHW/PROMOTORES ASSOCIATION</td>
</tr>
</tbody>
</table>
Attaching Documents

All attachments must be in PDF format, including your photo.

**Instructions for attaching documents:**

- Click “Browse”.
- From your computer files, find the file you will be attaching.
- Select/click on the file you will be attaching.
- Click on Open.
- Write a note under in “Notes” write a brief description of the attachments (this is optional)
- Click “Attach” to attach file to your online application.

To attach your photo, follow the same steps. Include your name in the notes section.
Application Summary

The Summary page provides the complete information for this initial license application. If data needs to be corrected, then click the “Edit” button to make corrections.

If information is correct, Click the Submit button to submit the initial CHW application based on completion of a DSHS approved CHW certification training course.

![Application Summary](Image)
Current Employment or Volunteer Work

<table>
<thead>
<tr>
<th>CHW Position?</th>
<th>No</th>
<th>Edit</th>
</tr>
</thead>
</table>

Languages Used

<table>
<thead>
<tr>
<th>Language:</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify other:</td>
<td></td>
</tr>
<tr>
<td>Speak:</td>
<td>Yes</td>
</tr>
<tr>
<td>Read:</td>
<td>Yes</td>
</tr>
<tr>
<td>Write:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

CHW Training Information

<table>
<thead>
<tr>
<th>Date CHW Training Complete: (mm/dd/yyyy)</th>
<th>10/10/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Training Course:</td>
<td>CHW Certification Course</td>
</tr>
<tr>
<td>Sponsoring Org/Training Program:</td>
<td>STPA</td>
</tr>
<tr>
<td>Training Instructor:</td>
<td>Mr. Instructor</td>
</tr>
<tr>
<td>Training Location:</td>
<td>Brownsville</td>
</tr>
<tr>
<td>Course Completed Online?</td>
<td>No</td>
</tr>
<tr>
<td>Training Hour:</td>
<td>160</td>
</tr>
</tbody>
</table>

Other Texas License in Another Health Profession

<table>
<thead>
<tr>
<th>Other Licenses/Certifications:</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify:</td>
<td></td>
</tr>
</tbody>
</table>

Previous  Submit  Cancel
Attestation Question

This question declares that all information you entered is true and correct.

The CHW Program will review your information after you complete the online application, including your attached certificate and photo. The Program will inform you about the status of your application within 90 days.

- I certify that all the information provided by me in connection with this application is true and complete. I understand providing false or misleading information, which is used in determining my qualifications, may result in the voiding of the application and failure to be granted any certificate or the revocation of any certificate issued and may result in criminal prosecution for tampering with a governmental record under section 37.19 of the Texas Penal Code.
- I agree to abide by the Health and Safety Code, Chapter 43 and the rules regarding the training and certification of promoters (as) or community health workers, 25 TAC §§146.1-146.8 located at http://www.dshs.texas.gov/dh/chw/Community-Health-Workers_Program.aspx. Please call 512.776.2270 or 512.776.224 to request a copy.
- I give DSHS permission to verify any information or references which are important in determining my qualifications.
- I will return the certificate and identification card(s) to DSHS upon the revocation or suspension of the certificate.
- I understand the application and supporting documentation submitted become the property of DSHS and are nonreturnable.
- I shall advise DSHS of my current address within 30 days of any changes of address.
- I acknowledge that this Application for Certification is not a contract between me and DSHS and does not make me an employee, agent, contractor, or representative of DSHS.

Yes

No
Summary of application report

The “View PDF Summary Report” produces a PDF file that lists the application summary information and can be saved to your computer. Click on the blue “View PDF Summary Report” button to access your PDF application summary.

Deficiencies

Deficiencies are errors. Correct a “Deficiency” by clicking on “Fix”. In the example below, if you selected, Paid and Employed, then you must enter a work address.

Cancel:

If you choose to cancel your application your application will be temporarily saved. Your user name and password will remain the same and can be used to update/edit or reapply for certification.

Payment - There are no fees for applying for CHW certification.