



PROMOTOR(A) OR COMMUNITY HEALTH WORKER TRAINING AND CERTIFICATION PROGRAM

Application Checklist

Use the checklist below to ensure that your application is complete.

1. **SECTION I. PERSONAL INFORMATION**
2. **SECTION II. EDUCATION/ STATE OF TEXAS PROFESSIONAL LICENSE/CERTIFICATE**
3. **Section III. Current Employment or Volunteer Work**
4. **Section IV (1). Application Based on Completion of DSHS Certified Training**
Fill out if you completed a DSHS approved CHW certification course of at least 160 hours.
 Copy of the course certificate of completion is enclosed with the application

OR

- Section IV (2). Application Based on Experience**
Fill out if you have not completed a DSHS approved CHW certification course of at least 160 hours and are applying under §146.7.b. regarding special provisions for persons who have performed at least 1,000 hours of community health work services in the previous six years.
 Application documents experience within the previous six years.
 Application documents at least 1,000 hours.
 5. **Section V. Application Signature**
 Application is Signed and Dated.
 6. **Color Photo**
 Color photo was e-mailed to chw@dshs.state.tx.us
- ## **OR**
- Color photo is enclosed with the application.

Keep a copy of all materials submitted for your records.