

# Texas Department of State Health Services (DSHS)



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



March 10, 2025

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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.

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**Online Licensing Services** | [Help & Support](#) | [Contact Us](#)

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**Attention:** *Tanning Facilities, Bottled / Vended Water Operators, Contact Lens Dispensers, and Opticians, please read the [new legislation regarding de-regulation of regulatory programs](#).*

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**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.

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**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.

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**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](#).

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**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.


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[Statewide Search](#) | [Homeland Security](#) | [Texas.gov](#)

**Returning User**

User ID:   
Password:   
[Forgot user ID?](#) [Forgot password?](#)


**New User**

 Create a new online account as a first time user. Log in with the password emailed to you to access online services.  
[Register as a new user](#)

## 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.



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**New User Registration**

All items marked with a (\*) are required. You will only complete this process once. After you register, you will login with this account. Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

**Account User Contact Information**

\* First Name:

Second Name:

\* Last Name:

**Account Login** (Your initial or renewal application summary will be sent to the email address entered below)

\* Email:  (e.g. name@domain.com)

\* Confirm Email:

\* User ID:

Use email address as user ID:

Or enter your own user ID:

**Password Recovery** (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

\* Secret Question:

Select a predefined question:

Or write your own question:


\* Secret Answer:

**Third Party Payer**

Accept payment requests from third parties? [\(what's this?\)](#)

**Security Measures** (This helps to prevent automated registrations.)

\* Click the white Checkbox next to "I'm not a robot".

I'm not a robot
 


reCAPTCHA  
Privacy - Terms

[Next](#) [Cancel](#)

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## Preview Registration

This page presents the data entered for the registered user.

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---

**Preview Registration**


Press "Save" to save the registration.  
Press "Edit" to modify your registration details.  
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Ken
Second Name:	W
Last Name:	Anglin
Email:	anglink@msn.com
UserId:	anglink@msn.com
Secret Question:	What street did you grow up on?
Secret Answer:	ellis
Third Party Payer:	No

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

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**User Registration - Temporary Password Issued**

A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions.

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## Temporary Password Email - Example

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](mailto: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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Online Licensing Services

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**Attention:** *Tanning Facilities, Bottled / Vended Water Operators, Contact Lens Dispensers, and Opticians, please read the [new legislation regarding de-regulation of regulatory programs](#).*

**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.


**Returning User**

User ID:

Password:


[Forgot user ID?](#) [Forgot password?](#)

**New User**

 Create a new online account as a first time user. Log in with the password emailed to you to access online services. [Register as a new user](#)

[Contact Us](#) | [Compact with Texans](#) | [File Viewing Info](#) | [Internet Policy](#)  
[Statewide Search](#) | [Homeland Security](#) | [Texas.gov](#)

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.

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*Logged in as **Anglin, Ken W***

[Update Profile](#) | [Logoff](#) | [Contact Us](#)

**Update Default Registration Information**

Enter your new password and press "Save".

Your new password must contain the following:

- a minimum of (8) characters
- must not be the same as your user id
- must not be a variation of your user id
- must contain at least (1) numeric character
- must contain at least (1) special character

\* Old or Temporary Password:

\* New Password:


\* Confirm Password:

**Save**

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## Forgot Password Process

If you forget your password, then click the “Forgot password?” link.

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**Attention:** *Tanning Facilities, Bottled / Vended Water Operators, Contact Lens Dispensers, and Opticians, please read the [new legislation regarding de-regulation of regulatory programs](#).*

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*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.

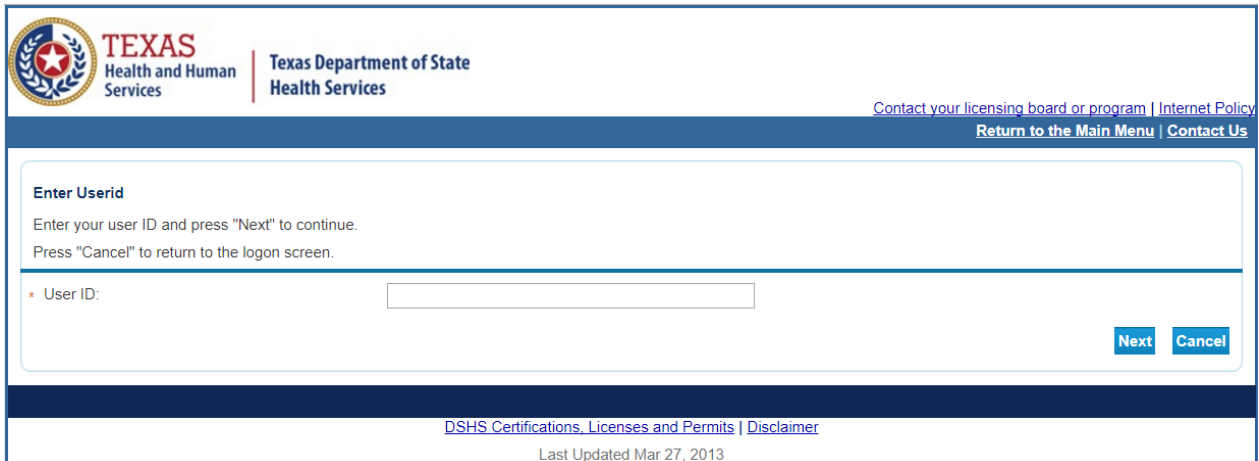
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[Statewide Search](#) | [Homeland Security](#) | [Texas.gov](#)

**Returning User**  
User ID:   
Password:   
[Forgot user ID?](#) [Forgot password?](#)

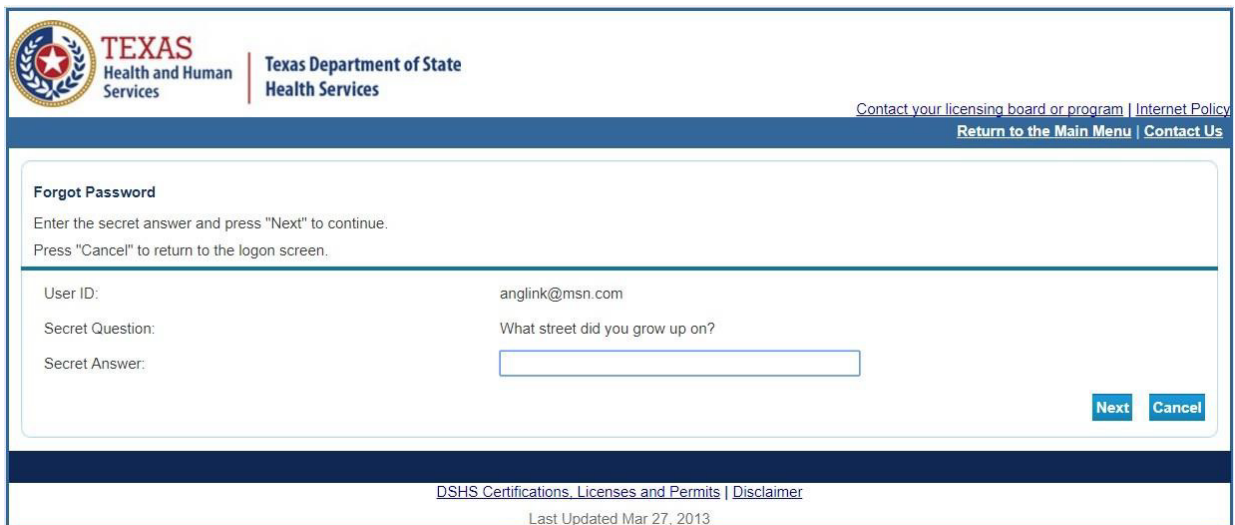
**New User**  
 Create a new online account as a first time user. Log in with the password emailed to you to access online services.  
[Register as a new user](#)

The resulting page will ask for your User ID.



The screenshot shows the 'Enter User ID' page. At the top left is the Texas Department of State Health Services logo. The page title is 'Enter User ID'. Below the title, it says 'Enter your user ID and press "Next" to continue. Press "Cancel" to return to the logon screen.' There is a text input field labeled 'User ID:'. To the right of the input field are two buttons: 'Next' and 'Cancel'. At the bottom of the page, there are links for 'DSHS Certifications, Licenses and Permits | Disclaimer' and 'Last Updated Mar 27, 2013'.

The security question page will be presented.



The screenshot shows the 'Forgot Password' page. At the top left is the Texas Department of State Health Services logo. The page title is 'Forgot Password'. Below the title, it says 'Enter the secret answer and press "Next" to continue. Press "Cancel" to return to the logon screen.' There are three input fields: 'User ID:' with the value 'anglink@msn.com', 'Secret Question:' with the value 'What street did you grow up on?', and 'Secret Answer:' with an empty text input field. To the right of the input fields are two buttons: 'Next' and 'Cancel'. At the bottom of the page, there are links for 'DSHS Certifications, Licenses and Permits | Disclaimer' and 'Last Updated Mar 27, 2013'.

A new password will be emailed to the address in your registration profile.



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[Contact your licensing board or program](#) | [Internet Policy](#)  
[Return to the Main Menu](#) | [Contact Us](#)

**Forgot Password**  
Press "Next" to go to the logon screen.

A new password has been emailed to you.

**Next**

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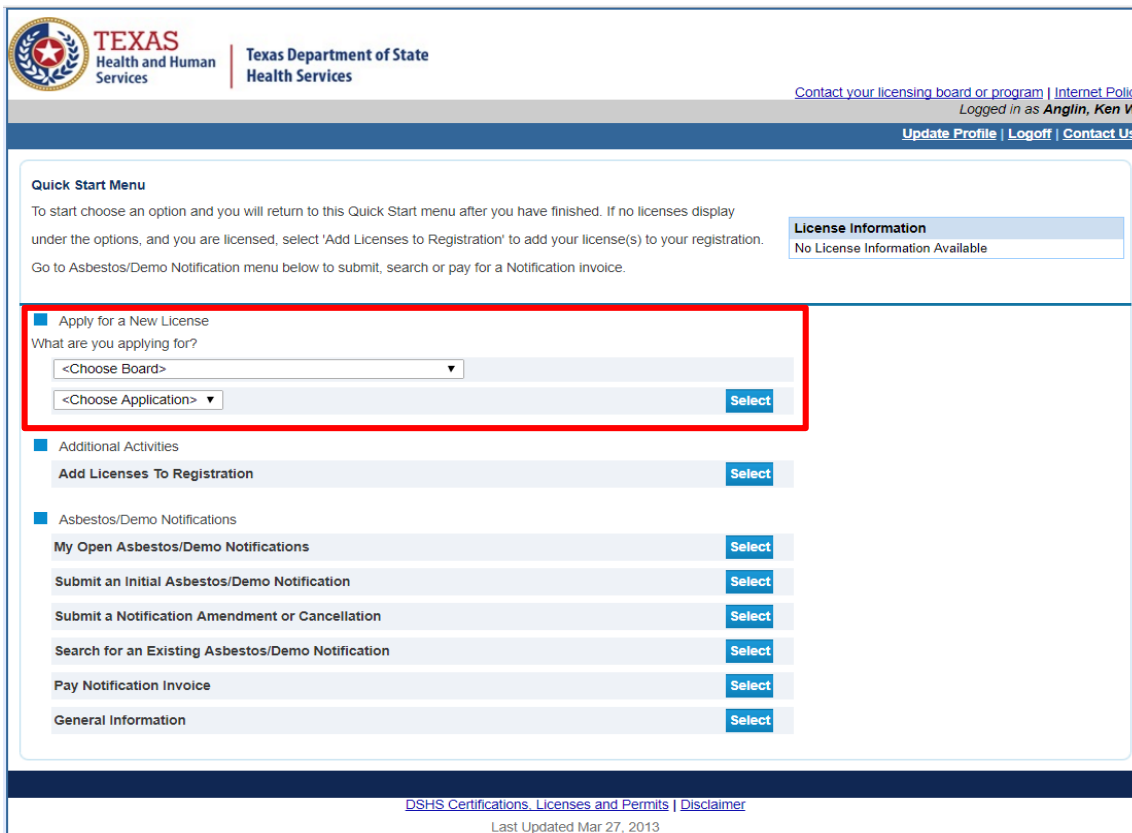
## Main Menu – Application Selection

### 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”.



The screenshot shows the DSHS Online License Services Main Menu. At the top left is the Texas Health and Human Services logo. To its right is the text "TEXAS Health and Human Services" and "Texas Department of State Health Services". On the top right, there are links for "Contact your licensing board or program | Internet Policy", "Logged in as Anglin, Ken W", "Update Profile | Logout | Contact Us".

The main content area is titled "Quick Start Menu" and contains instructions: "To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration. Go to Asbestos/Demo Notification menu below to submit, search or pay for a Notification invoice."

On the right side, there is a "License Information" box with the text "No License Information Available".

The "Apply for a New License" section is highlighted with a red box. It contains a form with the following elements:

- Section header: "Apply for a New License"
- Text: "What are you applying for?"
- Dropdown menu: "<Choose Board>"
- Dropdown menu: "<Choose Application>"
- Button: "Select"

Below this section are several other options, each with a "Select" button:

- Section header: "Additional Activities"
- Option: "Add Licenses To Registration"
- Section header: "Asbestos/Demo Notifications"
- Option: "My Open Asbestos/Demo Notifications"
- Option: "Submit an Initial Asbestos/Demo Notification"
- Option: "Submit a Notification Amendment or Cancellation"
- Option: "Search for an Existing Asbestos/Demo Notification"
- Option: "Pay Notification Invoice"
- Option: "General Information"

At the bottom of the page, there is a footer with the text "DSHS Certifications, Licenses and Permits | Disclaimer" and "Last Updated Mar 27, 2013".

## 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 160-hour Training Course - Introduction

#### Promotor(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/mch/chw/chwdocs.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/mch/chw/chwdocs.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.
4. Must be 16 years old or older.

**For questions:** Contact the CHW Program by email at [chw@dshs.texas.gov](mailto:chw@dshs.texas.gov) or call (512) 776-2570 or (512) 776-2624.

**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 on 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](mailto:chw@dshs.texas.gov) to ensure that you receive CHW program information. DSHS mails notices of certification to the mailing address listed on your application and certification 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.

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

[Next](#) [Cancel](#)

## 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.

**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.

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input type="radio"/> No
Are you at least 16 years of age?	<input type="radio"/> Yes <input type="radio"/> No
Do you live in Texas?	<input type="radio"/> Yes <input type="radio"/> No
Have you completed the CHW Certification Training Course?	<input type="radio"/> Yes <input type="radio"/> No

[Previous](#) [Next](#) [Cancel](#)

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.

Your information could not be submitted due to the following 2 errors:

**Error**

- Please answer the question below to continue.
- 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.

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input type="radio"/> No
Are you at least 16 years of age?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you live in Texas?	<input type="radio"/> Yes <input type="radio"/> No
Have you completed the CHW Certification Training Course?	<input type="radio"/> Yes <input type="radio"/> No

[Previous](#) [Next](#) [Cancel](#)

## 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.

**Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Name and Personal Details**

You must be at least 18 years old to obtain a license.  
Enter your personal details and press "Next" to continue.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

---

Title:	<input type="text"/>
First Name:	Monica
Middle Initial:	
Last Name:	Maldonado
Suffix:	
* Birthdate:	<input type="text" value="01/02/2000"/> (mm/dd/yyyy)
* Gender:	<input type="text" value="Female"/> ▼
* Race:	<input type="text" value="Hispanic"/> ▼

## 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.

Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Contact Information

Press "Previous" to return to previous page.  
 Press "Next" to go to next page.  
 Press "Cancel" to Cancel application and go back to Quick Start Menu.  
 If Return to Summary Button is available. Press "Return to Summary" to return to the summary.  
 If Delete Button is available. Press "Delete" to delete the address.  
 If Copy Button is available. Press "Copy" to copy a previously entered address.  
 Select an address type and press "Add" to add a new address.

---

**Mailing Address**

Copy From:

Street Number:

Street Name:

Zip Code:

City:

State:

County:

Country:

Phone Number:  (999-999-9999)

Extension:

E-mail:

---

**Home Address**

Copy From:

Street Number:

Street Name:

Zip Code:

City:

State:

County:

Country:

Phone Number:  (999-999-9999)

Extension:

E-mail:

---

**Add Another Contact**

Contact Type:

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.

**Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Contact Information**

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Delete Button is available. Press "Delete" to delete the address.

If Copy Button is available. Press "Copy" to copy a previously entered address.

Select an address type and press "Add" to add a new address.

Mailing Address

Copy From:

• Street Number:

• Street Name:

\* Zip Code:

• City:

\* State:

• County:

• Country:


Phone Number:  (999-999-9999)

Extension:

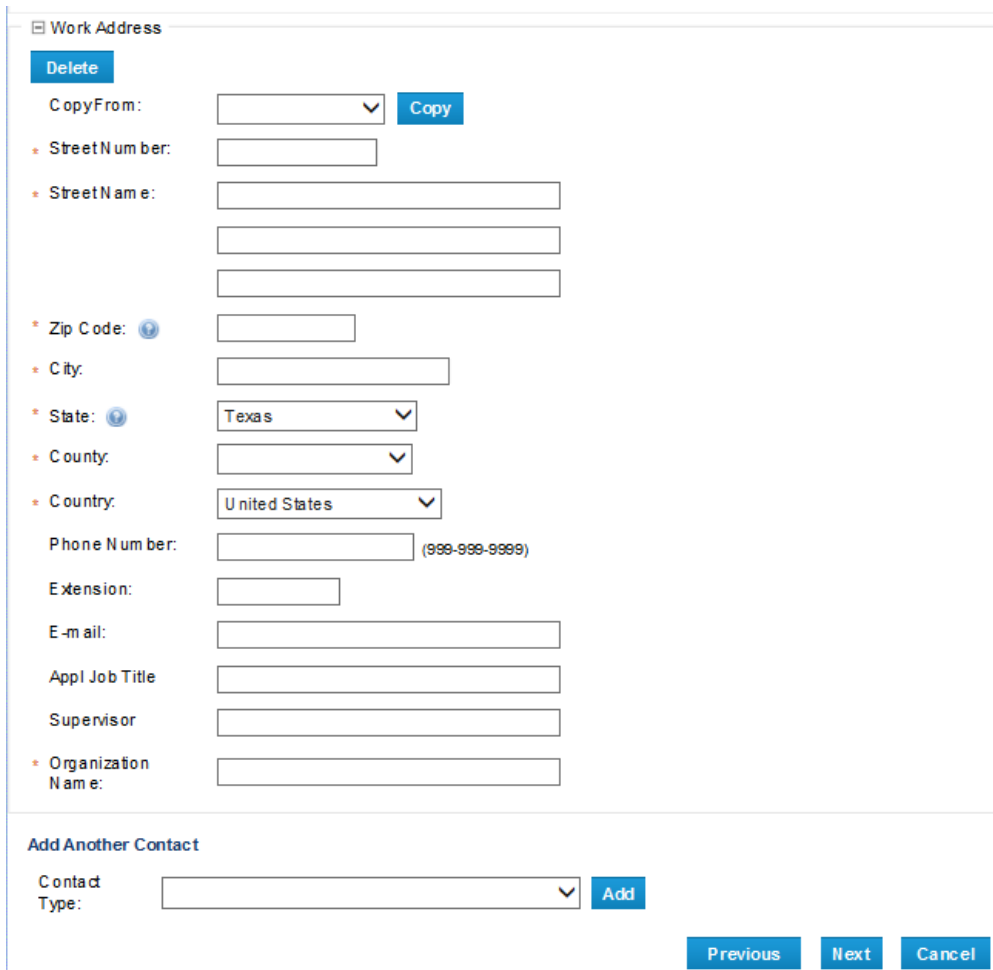
E-mail:

### 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 the 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:

Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Complete the information requested below.

Select your highest level of education, your preferred language to receive communication, the type of organization you work for and whether you work full time or part time and if paid or volunteer. Also, select your pay range.

Complete the information below under each category.

Complete the information below and Press "Next."

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

---

Attributes Highest Level of Care Offered

Please make your selection

1-Kindergarten to 12th

2-High School/GED

3-Some College

4-Junior College/Technical School

5-College/University Degree

6-Advanced Degree

---

Attributes Category

- Please make your selection

English

Spanish

---

Attributes Type of Business (please select only one)

- Please make your selection

Clinic/Hospital

College/University/School

Community-Based Organization (CBO)

Faith Based

Home Health/Long Term Care Facility

Insurance/Health Plan

Local Health Department

Non-profit Organization

Other/None

Retail/Manufacturing

State Agency

---

Attributes Additional Attributes (please check all that apply)

- Please make your selection

Full Time

Paid

Part Time

Unemployed

Volunteer

---

Attributes Fee Level

- Please make your selection

1-\$5.76 - \$9.00

2-\$9.01 - \$15.00

3-\$15.01 - \$25.00

4-\$25.00

5-No Pay

6-Unknown

Previous Next Cancel

Please check all that apply.

## Current Employment or Volunteer Work

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

Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Information

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

**Current Employment or Volunteer Work**

\* CHW Position?  Yes  No

[Previous](#) [Next](#) [Cancel](#)

## Language Used

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

Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Information

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Languages Used [Add](#)

**Languages Used**

Language:

Specify other:

\* Speak:  Yes  No

\* Read:  Yes  No

\* Write:  Yes  No

[Previous](#) [Next](#) [Cancel](#)



## Course completion information

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

**Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Information**  
 Press "Previous" to return to previous page.  
 Press "Next" to go to next page.  
 Press "Cancel" to Cancel application and go back to Quick Start Menu.  
 If Return to Summary Button is available. Press "Return to Summary" to return to the summary.  
 If Save Button is available. Press "Save" to save the information and return to the summary.

**Add CHW Training Information** Add

**CHW Training Information**

\* Date CHW Training Complete:  (mm/dd/yyyy)

\* Name of the Training Course:

\* Sponsoring Org/Training Program:

\* Training Instructor:

\* Training Location:

\* Course Completed Online?  Yes  No

\* Training Hour:

Previous
Next
Cancel

## Other Licenses / Certifications

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

**Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Information**  
 Press "Previous" to return to previous page.  
 Press "Next" to go to next page.  
 Press "Cancel" to Cancel application and go back to Quick Start Menu.  
 If Return to Summary Button is available. Press "Return to Summary" to return to the summary.  
 If Save Button is available. Press "Save" to save the information and return to the summary.

**Add Other Texas License in Another Health Profession** Add

**Other Texas License in Another Health Profession**

\* Other Licenses/Certifications:

Specify:

Previous
Next
Cancel

## 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>

**Initial Community Health Worker Application - Based on Completion of 160-hour Training Course - Related Licenses Listing**

For a list of networks or associations go to <http://www.dshs.texas.gov/mch/chw/CHW-Page.aspx>

Enter in the license numbers for the required related licenses in the bottom section if required. You can delete any related licenses by clicking the Delete hyperlinks.

Add any optional related licenses using the Add a New Relationship section.

---

**Add a New Relationship**

Network/Associations:

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

## Attaching Documents

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

Please attach your color photo and your course certificate here.

All attached files must be less than 2MB in size, and have less than 30 characters, including spaces, in the filename.  
Files to be uploaded need to be in PDF format. For instructions for converting document to PDF, visit the CHW website.

Press "Next" when there are no more files to attach.  
Press "Previous" to return to the previous screen.  
Press "Cancel" to cancel this application and return to the main menu.

---

File Name:

Notes:

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.

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

Below is a summary of the information you have provided. Please review the information and press "Submit" if all the information is correct

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

---

<b>Application</b>	License Type: Community Health Worker (CHW) Application Date: 08/16/2018
<b>Personal Details</b>	<div style="text-align: right;"><a href="#" style="background-color: #0056b3; color: white; padding: 2px 5px; text-decoration: none;">Edit</a></div> Full Name: Monica Maldonado  Birthdate: 01/02/2000    Gender: Female    Race: Hispanic
<b>General Addresses</b>	<div style="text-align: right;"><a href="#" style="background-color: #0056b3; color: white; padding: 2px 5px; text-decoration: none;">Edit</a></div> Mailing Address: 4545 Steed Drive AUSTIN , Texas TRAMS 78758 U S Phone Number: 512-776-2570 E-mail: monica.maldonado@dshs.texas.gov  Home Address: 4545 Steed Drive AUSTIN , Texas TRAMS 78758 U S Phone Number: 512-776-2570 E-mail: monica.maldonado@dshs.texas.gov

<p><b>Current Employment or Volunteer Work</b></p>	<p>CHW Position? <span style="float: right;">No</span></p>	<p><a href="#">Edit</a></p>
<p><b>Languages Used</b></p>	<p>Language: <span style="float: right;">English</span>          Specify other:          Speak: <span style="float: right;">Yes</span>          Read: <span style="float: right;">Yes</span>          Write: <span style="float: right;">Yes</span></p>	<p><a href="#">Edit</a></p>
<p><b>CHW Training Information</b></p>	<p>Date CHW Training Complete: (mm/dd/yyyy) <span style="float: right;">10/10/2018</span>          Name of the Training Course: <span style="float: right;">CHW Certification Course</span>          Sponsoring Org/Training Program: <span style="float: right;">STPA</span>          Training Instructor: <span style="float: right;">Mr. Instructor</span>          Training Location: <span style="float: right;">Brownsville</span>          Course Completed Online? <span style="float: right;">No</span>          Training Hour: <span style="float: right;">160</span></p>	<p><a href="#">Edit</a></p>
<p><b>Other Texas License in Another Health Profession</b></p>	<p>Other Licenses/Certifications: <span style="float: right;">No</span>          Specify:</p>	<p><a href="#">Edit</a></p>

[Previous](#)   [Submit](#)   [Cancel](#)

## Attestation Question

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

[HOME](#) | [ABOUT US](#) | [CONTACT US](#) | [FAQ](#) | [SUPPORT](#)

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

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SELECTING "YES" IN THE BOX BELOW**

Press "Previous" to return to the previous section.

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

---

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.

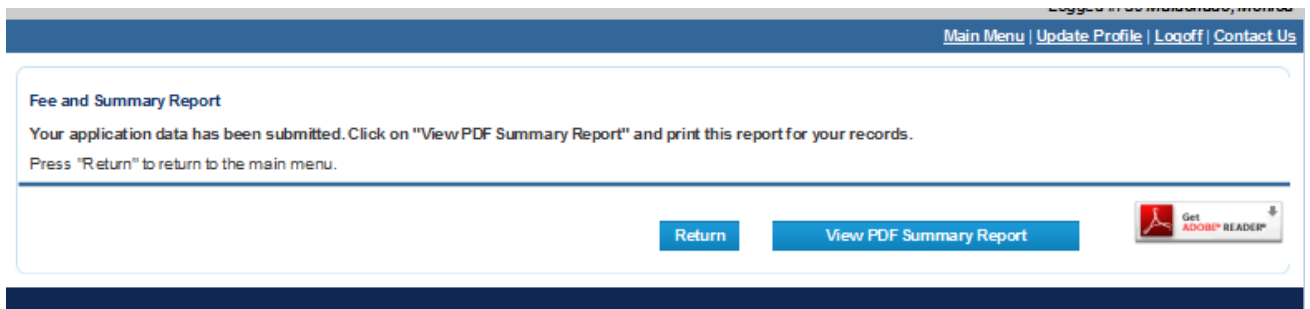
- I certify that all the information provided by me in connection with this application is true and complete. I understand providing false or misleading information, which is used in determining my qualifications may result in the voiding of the application and failure to be granted any certificate or the revocation of any certificate issued and may result in criminal prosecution for tampering with a governmental record under section 37.10 of the Texas Penal Code.
- I agree to abide by the Health and Safety Code, Chapter 48 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/mch/chw/Community-Health-Workers-Program.aspx>. Please call 512.776.2570 or 512.776.2624 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

Previous
Next
Cancel

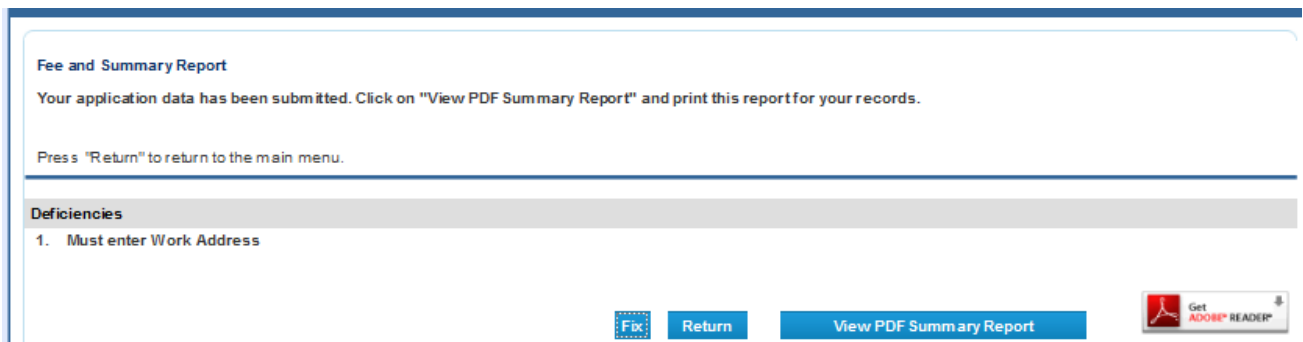
## Summary of application report

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.