



Texas Department of State Health Services (DSHS)

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

Training Program/Sponsoring Organization Application for Certificate Renewal

Instructions

Renewal Information

You must renew your certificate every two years to provide updated information regarding your Training Program/Sponsoring Organization Application.

Note: There is no cost for certificate renewal.

How to apply for Certificate Renewal

All applicants must complete the following:

1. **Section I. Application Category**
2. **Section II. Training Program/Sponsoring Organization Information**
3. **Section III. Training Provided** (last two years)
4. **Section IV. Instructor(s)**
5. **Section V. Training Information**
6. **Section VI. Evaluation**
7. **Section VII. Updated Course Information by Competency Area**
8. **Section VIII. CEO/Designee signature**
9. **Mail the application to:**

Texas Department of State Health Services
P.O. Box 149347 MC1945
Attn: CHW Training and Certification Program
Austin, Texas 78714-9347

Keep a copy of all materials submitted for your records.

Renewal of Certification: You will be sent a new certificate, which is valid for two (2) years. Please send any changes in your address and contact information to the Texas Department of State Health Services.

Contact Information: For questions or more information, please contact program staff at CHW@dshs.texas.gov or (512) 776-2208 or (512) 776-3860. For a copy of the rules and other information about certification, please visit the DSHS website at <https://www.dshs.texas.gov/community-health-worker-or-promotora-training-certification-program/legislation>

DSHS Certified Training Programs

Please visit the DSHS website at <https://www.dshs.texas.gov/community-health-worker-or-promotora-training-certification-program/chw-instructor-training> for a current list of DSHS certified training programs and contact information.



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

Training Program/Sponsoring Organization Application for Certificate Renewal

Section I. Application Category – Check the category(ies) for which you are applying:

- Provide Community Health Worker certification training (at least 160 hours) for promotores(as) or community health workers.
Provide training to fulfill continuing education requirements for promotores(as) or community health workers.
Provide Instructor certification training (at least 160 hours) for Instructors.
Provide training to fulfill continuing education for Instructors.

Section II. Training Program/Sponsoring Organization Information (Please Print or Type all information)

Form with multiple sections for organization information, including Name of Training Program, Physical Address, Mailing Address, Telephone, FAX, Website Address, Contact Person, Title, Accreditation status, and Date of Last Accreditation.

Name of Training Program/Sponsoring Organization	Application submission Date (MO/DY/YR) ____/____/____
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SECTION III. Training Provided - List training provided by the Training Program/Sponsoring Organization for promotores, community health workers, and other health care professionals or paraprofessionals in the past two years, including certification course(s) and continuing education for promotores/community health workers or instructors. Add additional pages if needed.

Certification Courses				Training Focus	
Date Completed	Title	Location (City)	Contact Hours	CHW	Instructor
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Continuing Education				Training Focus	
Date Completed	Title	Location (City)	Contact Hours	CHW	Instructor
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Section IV. Instructor(s) – DSHS certified continuing education must be provided by an Instructor certified by DSHS. List the Instructor(s) certified by DSHS providing training for promotores, community health workers, and/or instructors for this Training Program/Sponsoring Organization. Attach additional page if needed.

Instructor Name	Instructor Certificate Number	Instructor Certificate Expiration Date	Check box if certification pending
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Section V. Training Information – Provide updated information below.

<p>Cost - Is there a cost for participants to enroll in your program? Certification Training: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – what is the cost? _____ Continuing Education: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – what is the cost? _____</p>		
<p>Frequency of Training – How often is training provided each year? Include sample training calendar/schedule, with proposed days of the week and times when classes will be offered Certification Training: Continuing Education:</p>		
<p>Language – Training is offered in: (check all that apply) Certification Training: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list) _____ Continuing Education: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list) _____</p>		
<p>Attendance Record - Each Sponsoring Institution or training program shall retain an accurate record of each person's attendance and participation for five years from the date of their completion of the training program. Attach a sample attendance record – The format should include:</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> • Name of Training Program/Sponsoring Organization • Title of Training • Type of Training (Certification course or Continuing Education) • Date Training Held or Completed • Total Contact Hours and Core Competencies Covered </td> <td> <ul style="list-style-type: none"> • Location of Training (City) • Instructor Name • List of Participants Completing the Training – with contact information such as address, phone, and email • For continuing education – whether participant is currently certified as a CHW </td> </tr> </table>	<ul style="list-style-type: none"> • Name of Training Program/Sponsoring Organization • Title of Training • Type of Training (Certification course or Continuing Education) • Date Training Held or Completed • Total Contact Hours and Core Competencies Covered 	<ul style="list-style-type: none"> • Location of Training (City) • Instructor Name • List of Participants Completing the Training – with contact information such as address, phone, and email • For continuing education – whether participant is currently certified as a CHW
<ul style="list-style-type: none"> • Name of Training Program/Sponsoring Organization • Title of Training • Type of Training (Certification course or Continuing Education) • Date Training Held or Completed • Total Contact Hours and Core Competencies Covered 	<ul style="list-style-type: none"> • Location of Training (City) • Instructor Name • List of Participants Completing the Training – with contact information such as address, phone, and email • For continuing education – whether participant is currently certified as a CHW 	

Section VI. Evaluation - Provide updated tools if there are any changes to pre/post tests or evaluation tools since your last application.

<input type="checkbox"/> No changes to pre/post test(s) previously submitted.	<input type="checkbox"/> Updated Certification Training pre/post test(s) is/are attached. <input type="checkbox"/> Updated Continuing Education pre/post test(s) is/are attached.
<input type="checkbox"/> No changes to evaluation tool(s) previously submitted.	<input type="checkbox"/> Updated Certification Training evaluation tool(s) is/are attached. <input type="checkbox"/> Updated Continuing Education evaluation tool(s) is/are attached.

Section VII. Updated Course Information by Competency Area – Complete this form for any new curriculum or for amendments in current curriculum that have not already been approved by DSHS. Submit the **course syllabus** and/or educational curriculum as appropriate. You may also submit any additional supporting materials such as handouts, texts, instruction materials, illustrations, models, etc. Make additional copies of this form as needed. **You do not need to complete the form for curriculum that is currently approved by DSHS or re-send previously approved curriculum.**

Course/Program Title	Total Contact Hours
Course/Program Purpose and Type <input type="checkbox"/> Certification <input type="checkbox"/> Continuing Education <input type="checkbox"/> Both (curriculum may be used in both the Certification Course and Continuing Education Course(s))	
Learner-Centered Objectives	
Teaching Methodology – Include information on software/platform used if using distance learning	
Course/Program Activities	
Teaching Materials Utilized	
Does this course/program provide college credit? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, Number of college credit(s) _____	
Use of certified curriculum from another Training Program/ Sponsoring Organization – The application may include a curriculum previously certified by DSHS. This may be a curriculum certified by DSHS for use by any approved Training Program/ Sponsoring Organization or a curriculum certified by DSHS for another sponsoring organization who has agreed to share the certified curriculum. In this situation, the application must include a description of changes, if any, to the certified curriculum. <input type="checkbox"/> Curriculum described above has been previously certified by DSHS. The form above details any changes to the certified curriculum The Training Program/ Sponsoring Organization named below has agreed to share the certified curriculum with the applicant: Name of Sponsoring Organization who has agreed to share the above curriculum certified by DSHS with the applicant: _____	

Section VII. Course Information by Competency Area – Continued. Please include approved curriculum and curriculum submitted for DSHS approval with this application.

Summary	
Competency Areas Addressed (Separate hours if multiple competencies)	Clock Hours
Communication Skills	
Interpersonal Skills	
Service Coordination Skills	
Capacity-Building Skills	
Advocacy Skills	
Teaching Skills	
Organizational Skills	
Knowledge Base on Specific Health Issues	
TOTAL	

Section VIII. CEO/Designee Signature – This application must be signed and dated by the organization’s Chief Executive Officer or designee.

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

- 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.
- I agree to abide by Health and Safety Code, Chapter 48 and the rules regarding the training and certification of promotores(as) or community health workers, 25 TAC §§146.1–146.12 located at www.dshs.state.tx.us/mch/chw.shtm. Please call 512.776.2208 or 512.776.3860 to request a copy.
- I give the 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 expiration, 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 the DSHS of my current address within 30 days of any changes of address.
-

Signature of Chief Executive Officer or Designee
(Electronic signature is acceptable.)

Date

Mail application to:

Texas Department of State Health Services
P.O. Box 149347 MC1945
Attn: CHW Training and Certification Program
Austin, Texas 78714-9347

E-mail application and supporting materials to:

CHW@dshs.texas.gov

The Texas Department of State Health Services awards certification to promotores, community health workers, and instructors with necessary skills and competencies based on completion of required training and/or relevant experience. Employers are responsible for verification of applicants’ personal or background information.

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)

Application Checklist

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

1. **SECTION I. Application Category**
2. **Section II. Training Program/Sponsoring Organization Information**
3. **Section III. Training Provided** – last two years
4. **Section IV. Instructor(s)**
5. **Section V. Training information (cost, frequency, language)**
 Sample attendance record is attached.
6. **Section VI. Evaluation**
 Pre/post test is attached (if there are changes since your last application)
 Evaluation tool is attached (if there are changes since your last application)
7. **Section VII. Updated Course Information by Competency Area –**
 Course syllabus is attached and form completed for any new curriculum or **for amendments in current curriculum that have not already been approved by DSHS.** You do not need to complete the form for curriculum that is currently approved by DSHS or re-send previously approved curriculum.
8. **Section VIII. CEO/Designee signature**
 Application is signed and dated. Electronic signature is acceptable.
9. A copy of the application and supporting materials has been emailed to chw@texas.dshs.gov

Keep a copy of all materials submitted for your records.