



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

Initial Application for Promotor(a)/Community Health Worker Certification

Requirements for certification:

- Must be 16 years or older
• Currently live in Texas
• Submit a recent color photo that clearly shows all facial features
• Submit an Employment/Volunteer History verification form (if applicable)

1. All fields must be filled in, do not leave any blanks, if necessary filled in with N/A (non-applicable). Incomplete application will be returned.

There are two options to become certified as a Community Health Worker. This application includes both options, fill out only the method/section that applies to you.

Option 1: Application based on completion of DSHS Certified Training Course (Section VI)

- Fill out this section if you completed a DSHS approved CHW certification course of at least 160 hours.
• Include a copy of the training course certificate of completion with your application.

Option 2: Application based on Experience (Sections VII)

- Fill out this section if you have performed at least 1,000 hours of CHW services in the previous three years.
• List your work experience (volunteer or paid) for the previous six years that demonstrates competence in eight core areas. CHW core competencies are included with this application.
• DSHS will verify your community health work experience with your supervisor.
• Verification of Employment/Volunteer History – Form must be filled out by supervisor and submitted with application.

2. Mail, e-mail or fax the application and required documents to:

Table with 2 columns: Mail to (Texas Department of State Health Services, P.O. Box 149347 MC1945, Attn: CHW Training and Certification Program, Austin, Texas 78714-9347) and Email to (chw@dshs.texas.gov) and Fax to (512-776-7555)

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3. E-mail a recent color photo to chw@dshs.texas.gov or mail it to the above address. The photo should have a light background that clearly shows your facial features, similar to a passport photo. Do not send a driver license photo.
4. **Timelines:** DSHS will let you know if your application is approved, denied or incomplete within 90 days.
5. **Approval of Certification:** If your application is approved, it will be valid for two (2) years. Send changes to your mailing address and contact information to chw@dshs.texas.gov
6. **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.

Important Information

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

Keep a copy of all information and the completed application for certification for your records.

By Texas law, an application for certification or licensure is public record.

For more information, please go to: www.dshs.texas.gov/chw.aspx.

Contact Information: For questions or more information, please email program staff at CHW@dshs.texas.gov.

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

Community Health Worker (CHW) Core Competencies

Communication Skills

- Understand basic principles of verbal and non-verbal communication
- Listen actively, communicate with empathy and gather information in a respectful manner
- Use language confidently and appropriately
- Identify barriers to communication
- Give information to clients and groups in a clear and concise way
- Speak and write in client's preferred language and at appropriate literacy level
- Document activities and services and prepare written documentation
- Collect data and provide feedback to health and human services agencies, funding sources, and community-based organizations
- Gather information in a respectful manner
- Assist in interpreting and/or translating health information

Interpersonal Skills

- Represent others, their needs, and needs of the community
- Be sensitive, honest, respectful, and empathetic
- Establish relationships, and assist in individual and group conflict resolution
- Understand basic principles of culture, cultural competency, and cultural humility
- Recognize and appropriately respond to the beliefs, values, cultures, and languages of the populations served
- Set personal and professional boundaries
- Provide informal counseling
- Use interviewing techniques (e.g. motivational interviewing)
- Work as a team member
- Act within ethical responsibilities as set forth in Rules regarding Training and Certification of CHWs, Section §146.7. Professional and Ethical Standards
www.dshs.texas.gov/mch/chw/progrule.aspx
- Maintain confidentiality of client information and act within the Health Insurance Portability and Accountability Act (HIPAA) requirements
- Model behavior change
- Ability to network

Service Coordination Skills

- Identify and access resources and maintain a current resource inventory
- Help improve access to resources
- Conduct outreach to encourage participation in health events
- Coordinate CHW activities with clinical and other community services
- Develop networks to address community needs
- Coordinate referrals, follow-up, track care and referral outcomes
- Help others navigate services and resources in health and human services systems
- Provide education, assessment and social support to clients and communities

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Community Health Worker (CHW) Core Competencies- Continue

Capacity-Building Skills

- Identify problems and resources to encourage and help clients solve problems themselves
- Collaborate with local partnerships to improve services, network and build community connections
- Learn new and better ways of serving the community through formal and informal training
- Assess the strengths and needs of the community
- Build leadership skills for yourself and others in the community
- Facilitate support groups
- Organize with others in the community to address health issues or other needs/concerns

Advocacy Skills

- Participate in organizing others, use existing resources, and current data to promote a cause
- Identify and work with advocacy groups
- Inform health and social service systems and carry out mandatory reporting requirements
- Stay abreast of structural and policy changes in the community and in health and social services systems
- Speak up for individuals or communities to overcome intimidation and other barriers
- Utilize coping strategies for managing stress and staying healthy

Teaching Skills

- Use methods that promote learning and positive behavior change
- Use a variety of interactive teaching and coaching methods for different learning styles and ages
- Organize presentation materials
- Identify and explain training and education goals and objectives
- Plan and lead classes
- Evaluate the success of an educational program and measure the progress of individual learners
- Use audiovisual materials and equipment to enhance teaching
- Prepare and distribute education materials and present at community events
- Facilitate group discussions and decision making in ways that engage and motivate learners

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Community Health Worker (CHW) Core Competencies- Continue

Organizational Skills

- Plan and set individual and organization goals
- Plan and set up presentations, educational/training sessions, workshops, and other activities
- Effectively manage time and prioritize activities, yet stay flexible
- Maintain and contribute to a safe working environment
- Gather, document, and report on activities within legal and organization guidelines

Knowledge Base on Specific Health Issues


- Gain and share basic knowledge of the community, health and social services, specific health issues
- Understand social determinants of health and health disparities
- Stay current on health issues affecting clients and know where to find answers to difficult questions
- Understand consumer rights
- Find information on specific health topics and issues across all ages [lifespan focus], including healthy lifestyles, maternal and child health, heart disease & stroke, diabetes, cancer, oral health and behavioral health
- Use and apply public health concepts

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Application Checklist

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

- Section I. Personal Information**
- Section II. Education**
- Section III. Network and/or Association affiliation**
- Section IV. State of Texas Professional License/Certificate**
- Section V. Current Employment or Volunteer Work**
- Section VI. Option 1.**
 - Application Based on Completion of DSHS Certified Training Course**
 - Copy of the course certificate of completion is enclosed with the application.
- Section VII. Option 2.**
 - Application Based on Experience**
 - Application documents at least 1,000 hours of relevant experience, within the previous three years that demonstrates competence in eight core areas.
 - Employment/Volunteer Verification form – Submit with application
- Section VIII. Application Signature** - Application is signed and dated.

<p>Color Photo (Full Face)</p> <p><input type="checkbox"/> Color photo was e-mailed to chw@dshs.texas.gov</p> <p>OR</p> <p><input type="checkbox"/> Color photo is attached.</p>	
<p>E-mail CHW application questions to: chw@dshs.texas.gov</p>	

Keep a copy of all materials submitted for your records.



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Section I. Personal Information (Please Print or Type all information in ink)

Form fields for personal information: Last Name, First Name, Middle Name, Home Address, Mailing Address, Mobile/Cell Phone, Home Telephone, Date of Birth, Gender, Personal email address.

Race/Ethnicity

Form fields for race/ethnicity: American Indian/Alaskan, Asian, Black/African American, Hispanic/Latino, White, Native Hawaiian/Other Pacific Islander, Other (Specify).

Language(s) used

Form fields for language used: English, Spanish, Other, Preferred Language for Correspondence.

Section II. Education (United States or Other Country)

Highest Level of Education Completed (check one)

Form fields for education level: Kindergarten - 12th Grade, High School Graduate or GED, Junior College or Technical Degree, Some College, College/University Degree, Advanced Degree such as Master's or Doctoral.

Section III. Network Affiliation

Form fields for network affiliation: Are you a member of a CHW Network or Association? Name of Network or Association.

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Section IV. State of Texas Professional License / Certificate

Other current State of Texas Professional National or License / Certificate Yes No

Name of License / Certificate _____ Certificate Number _____

Expired State of Texas CHW Certification (list certificate number, if known, and expiration date)

Certificate Number _____ Expiration date _____

Section V. Current Employment or Volunteer Work

Employment **Volunteer** **None** Is this a Promotor(a)/CHW Position? **Yes** **No**

Name of Organization (Volunteer or Employment) _____

Address (Street address) _____ City _____ State _____ Zip Code _____ County _____

Supervisor's Name _____ Supervisor's Title _____

Type of Organization (check one)

<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Retail / Manufacturing	<input type="checkbox"/> Home Health/Long Term Care Facility
<input type="checkbox"/> College / University /School	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Clinic / Hospital / Emergency Service
<input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Insurance/Health Plan
<input type="checkbox"/> State Agency	<input type="checkbox"/> Other (specify) _____	

Current Job Title _____ Applicant's Work Phone _____

Work Status: Full Time Part Time Paid

Work E-mail Address _____

How much do you earn per hour? < \$9.00 \$9.00 - \$15.00 \$15.01 - \$25.00 \$25.01 or more

Section VI. Application based on completion of DSHS Certified Training Course

(Fill out only if completed the CHW course)

I completed a DSHS approved CHW certification course.

_____ Certificate Attached

Date training completed (MO / DY / YEAR) _____

Sponsoring Organization / Training Program _____ Instructor _____

_____ Distance Learning

Training Location (City) _____

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Continue - Work Duties

Capacity-Building

- Identify problems and resources to encourage and help clients solve problems themselves
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- Build leadership skills for yourself and others in the community

Advocacy

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Section VIII. Application Signature

Please read the following statements carefully. Sign or type your name below to indicate your understanding and acceptance of these statements 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 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 Health and Safety Code, Chapter 48 and the rules regarding the training and certification of promotores(as) or community health workers, 25 TAC §§146.1–146.8 located at www.dshs.texas.gov/chw.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 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.

Signature

Date

Mail, email or fax complete application to:

Mail to:

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

Email to:

chw@dshs.texas.gov

Fax to:

512-776-7555

E-mail color photo with your full name and date application was submitted to chw@dshs.texas.gov or mail to above address.

The Texas Department of State Health Services awards certification to promotores/community health workers 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 www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

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Continue on next page, employment/volunteer verification page.



Request for Verification of Experience (paid or unpaid)

Form must be submitted with Application

TO BE COMPLETED BY SUPERVISOR(S) LISTED IN SECTION VII – APPLICATION BASED ON EXPERIENCE:

Business Name: _____ Telephone#: _____

Business Address: _____

Employed from: ___/___/___ to ___/___/___

Check if currently employed or volunteering

Applicants Name: _____

Applicants Title: _____

MUST BE SIGNED BY SUPERVISOR:

Supervisors Name (please print)

Title

Supervisor's Signature

Date

Note – One form must be submitted per experience reference.