

Texas Department of State Health Services (DSHS)



Community Health Worker Online Services Support Guide Application Based on Experience



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 at least 1,000 hours of community health work services in the previous six years. 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:

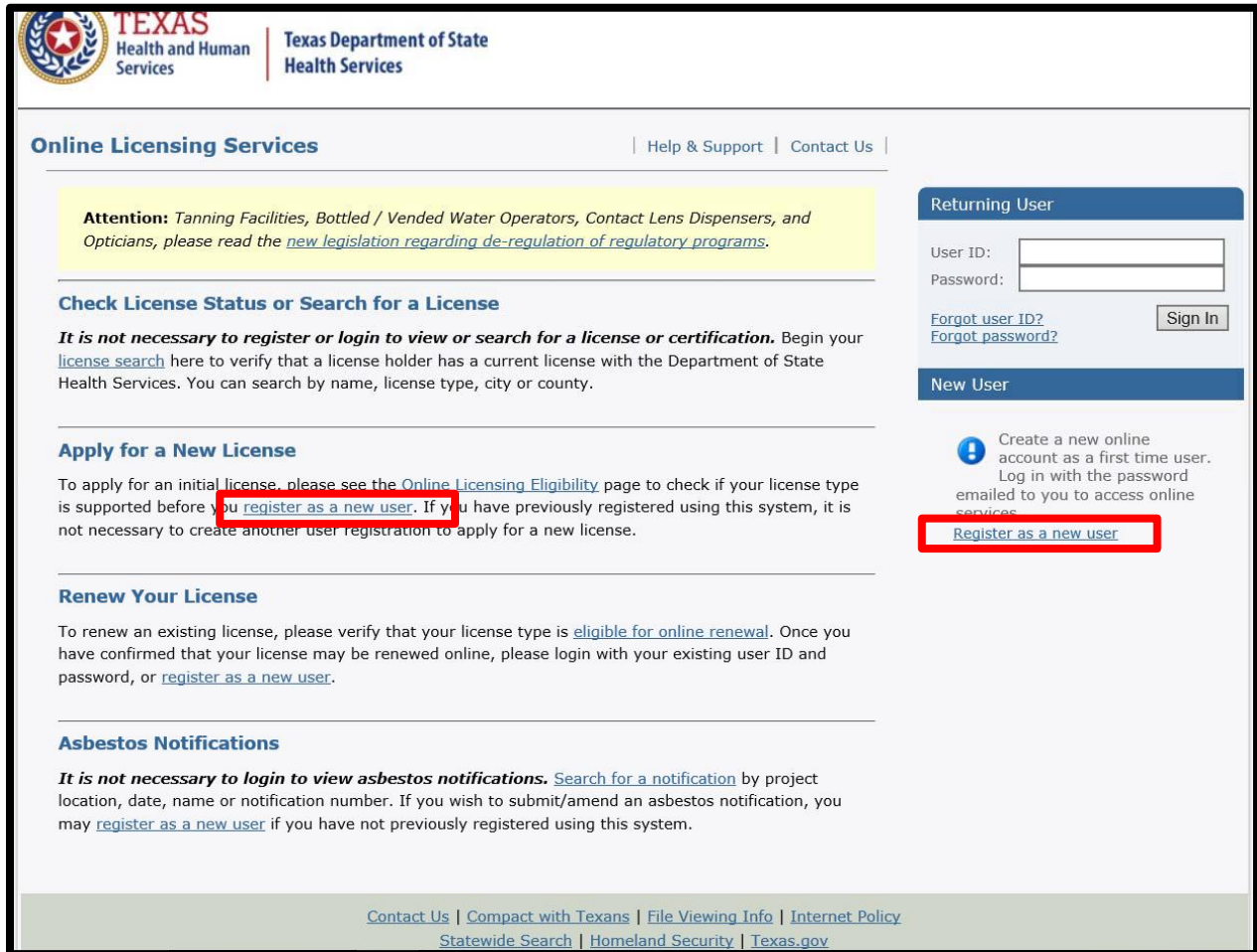
<http://www.dshs.texas.gov/mch/chw/chwdocs.aspx>

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.



The screenshot shows the 'Online Licensing Services' page. At the top left is the Texas Department of State Health Services logo. The main content area is titled 'Online Licensing Services' and includes a yellow attention banner, a 'Returning User' login section, and a 'New User' registration section. The 'New User' section contains a blue information icon and a red-bordered button labeled 'Register as a new user'. The footer contains various links like 'Contact Us', 'Compact with Texans', 'File Viewing Info', 'Internet Policy', 'Statewide Search', 'Homeland Security', and 'Texas.gov'.

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

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](#)

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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[Return to the Main Menu](#) | [Contact Us](#)

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
 

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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

[Save](#) [Edit](#) [Cancel](#)

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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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[Return to the Main Menu](#) | [Contact Us](#)

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.

[Return](#)

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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
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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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](#)

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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[Contact your licensing board or program](#) | [Internet Policy](#)
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:

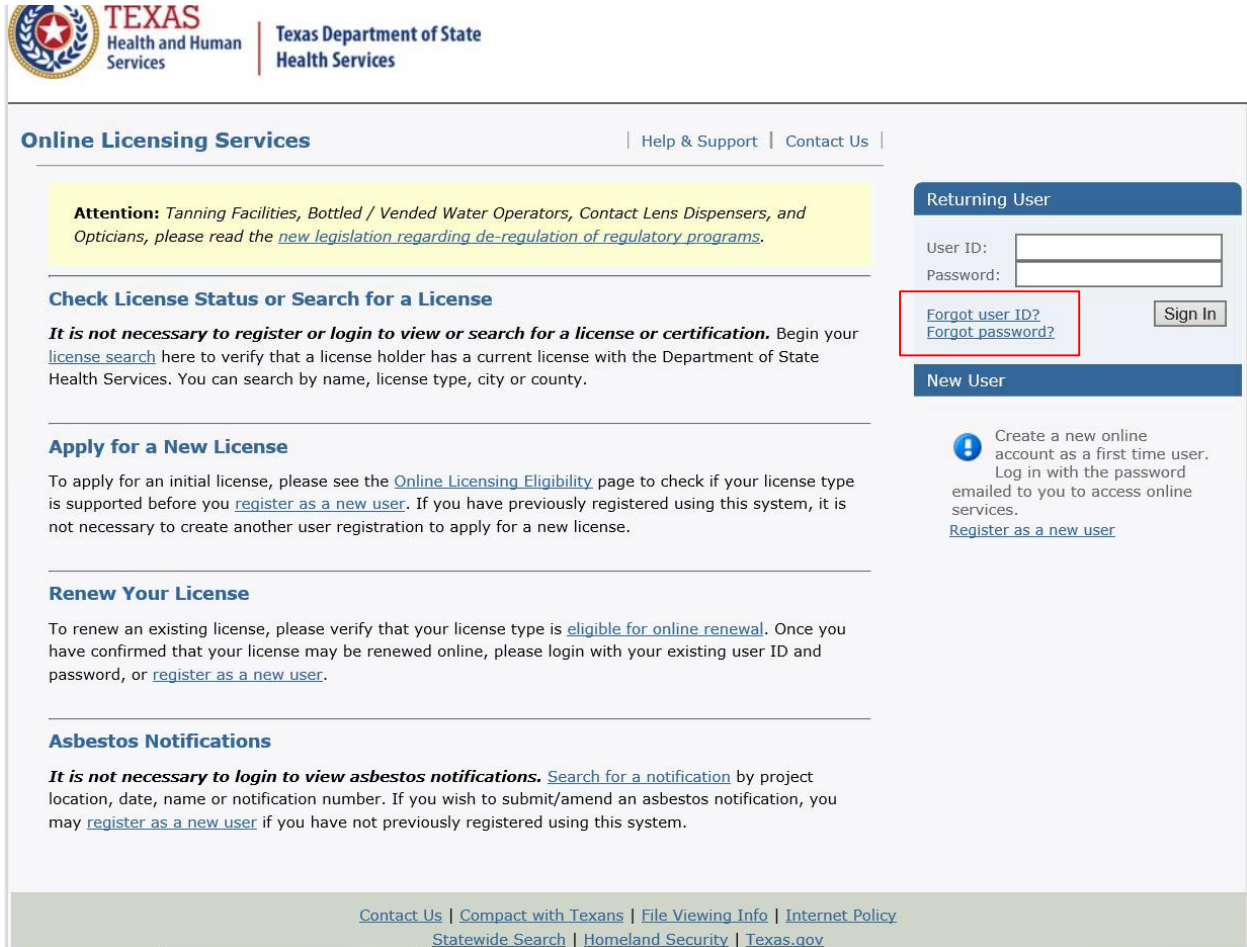
* Confirm Password:

[Save](#)

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Forgot Password Process

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



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

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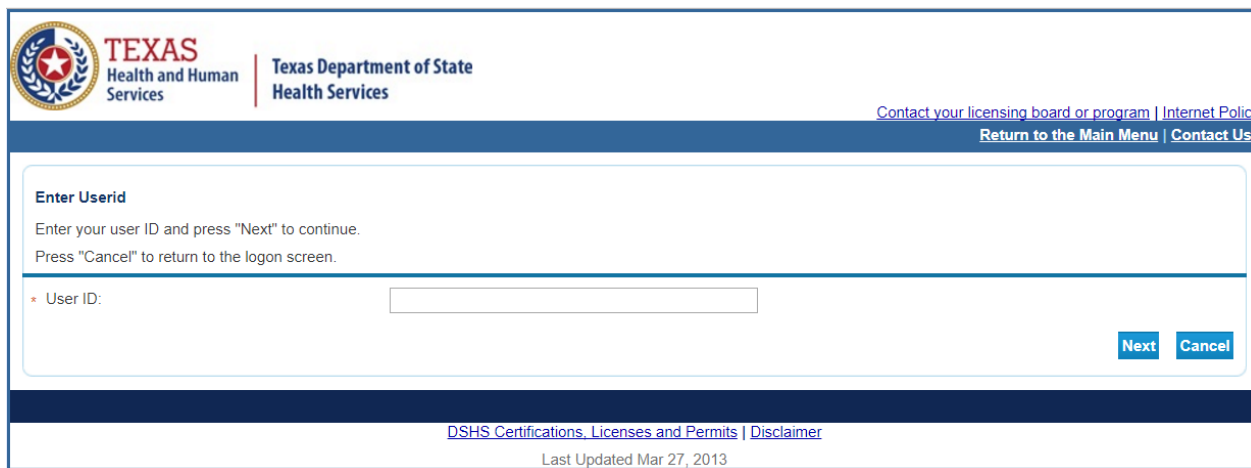
Asbestos Notifications
It is not necessary to login to view asbestos notifications. [Search for a notification](#) by project location, date, name or notification number. If you wish to submit/amend an asbestos notification, you may [register as a new user](#) if you have not previously registered using this system.

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](#)

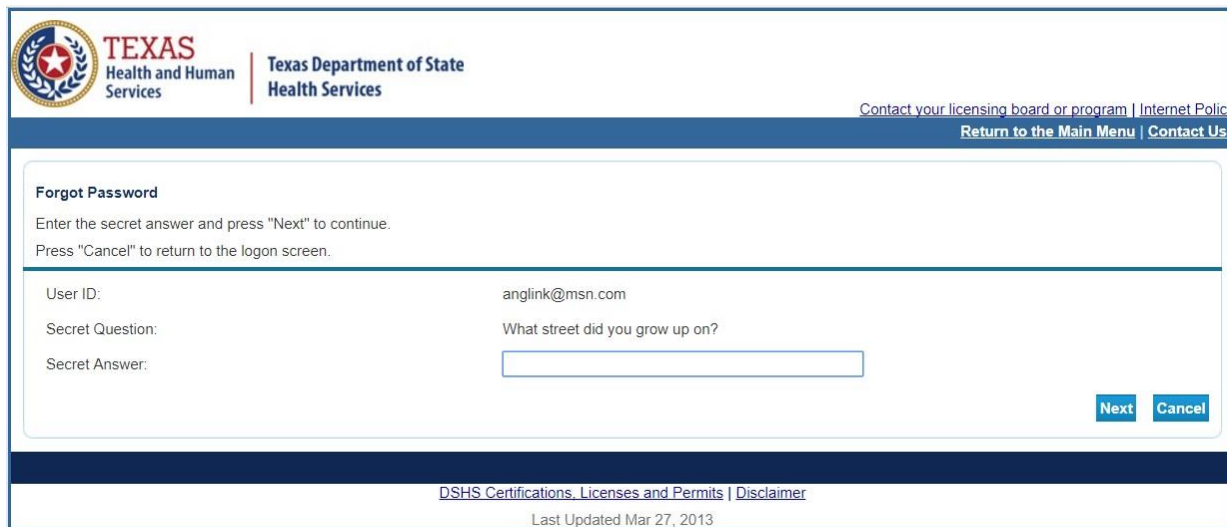
[Contact Us](#) | [Compact with Texans](#) | [File Viewing Info](#) | [Internet Policy](#)
[Statewide Search](#) | [Homeland Security](#) | [Texas.gov](#)

The resulting page will ask for your User ID.



The screenshot shows the 'Enter Userid' page of the Texas Department of State Health Services. The header includes the Texas Health and Human Services logo and the text 'Texas Department of State Health Services'. Navigation links include 'Contact your licensing board or program | Internet Policy', 'Return to the Main Menu', and 'Contact Us'. The main content area is titled 'Enter Userid' and contains instructions: 'Enter your user ID and press "Next" to continue. Press "Cancel" to return to the logon screen.' Below this is a form with a label 'User ID:' and an empty text input field. At the bottom right of the form are 'Next' and 'Cancel' buttons. The footer contains the text '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 of the Texas Department of State Health Services. The header is identical to the previous page. The main content area is titled 'Forgot Password' and contains instructions: 'Enter the secret answer and press "Next" to continue. Press "Cancel" to return to the logon screen.' Below this is a form with three rows: '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. At the bottom right of the form are 'Next' and 'Cancel' buttons. The footer contains the text '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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[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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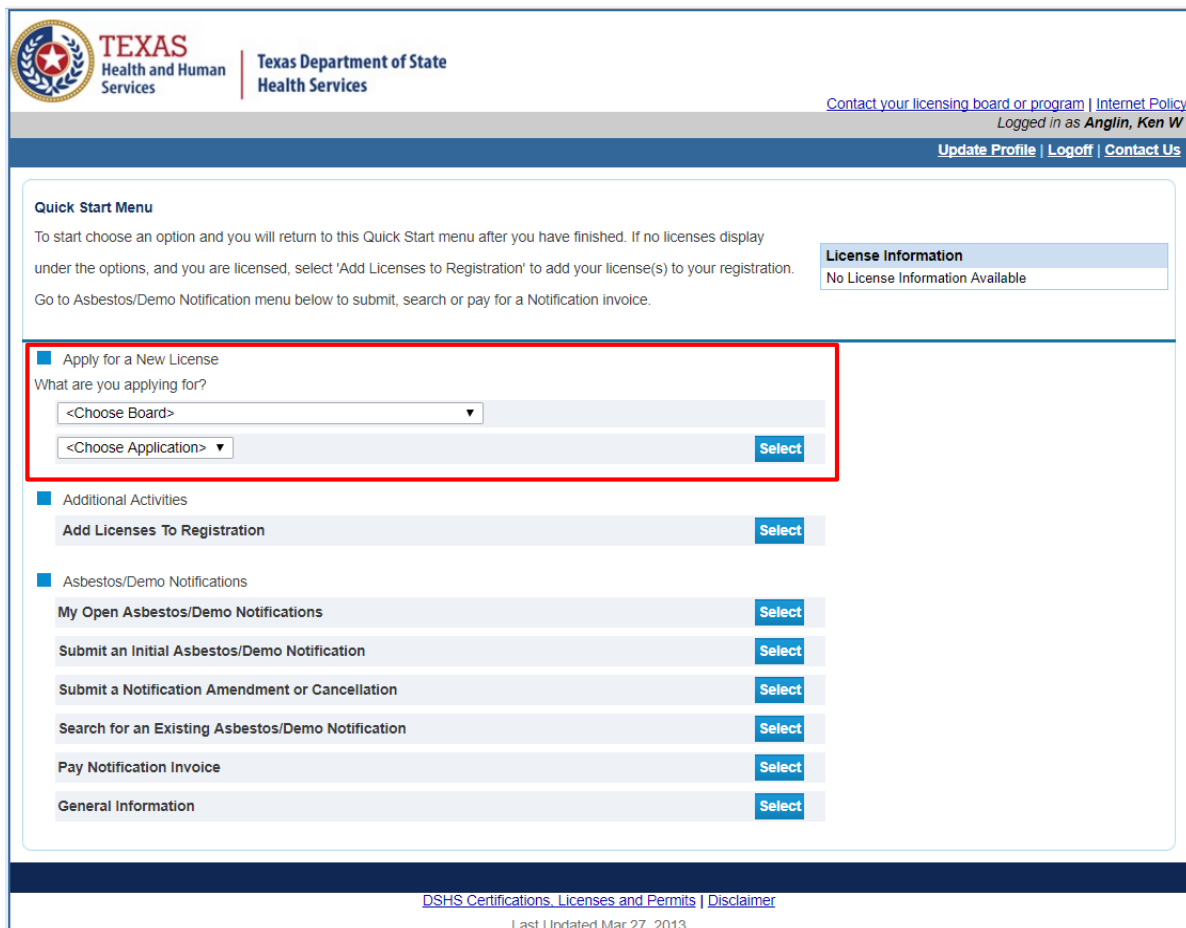
Main Menu – Application Selection

Apply for Community Health Worker (CHW) certification - Initial Online Application based on Experience

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 at least 1000 hours of Experience.**

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



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Contact your licensing board or program | Internet Policy
Logged in as **Anglin, Ken W**
Update Profile | Logoff | Contact Us

Quick Start Menu
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.

License Information
No License Information Available

Apply for a New License
What are you applying for?
<Choose Board> ▾
<Choose Application> ▾ **Select**

Additional Activities
Add Licenses To Registration **Select**

Asbestos/Demo Notifications
My Open Asbestos/Demo Notifications **Select**
Submit an Initial Asbestos/Demo Notification **Select**
Submit a Notification Amendment or Cancellation **Select**
Search for an Existing Asbestos/Demo Notification **Select**
Pay Notification Invoice **Select**
General Information **Select**

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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 At Least 1,000 hours of Experience - Introduction

Promotor(a)/Community Health Worker (CHW) Online Application Based on Experience

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. Date range of work or volunteer experience where you performed at least 1,000 hours of Community Health Service work within the last six (6) years.

(Experience will be verified with the supervisor(s) noted on the application.)
3. Saved photo in PDF format.
4. Signed employment history page in PDF format
5. Download from the website <http://www.dshs.texas.gov/mch/chw/chwdocs.aspx>

For questions: Contact the CHW Program by email at 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 to ensure that you receive CHW program information. DSHS mails notices of certification to the mailing address listed on your application.

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 At Least 1,000 hours of Experience - 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 18 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

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

■ 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 At Least 1,000 hours of Experience - 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 checked="" type="radio"/> No
Are you at least 18 years of age?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you live in Texas?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you completed the CHW Certification Training Course?	<input checked="" 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 licensure.

Initial Community Health Worker Application - Based on At Least 1,000 hours of Experience - 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 SummaryButton is available. Press "Return to Summary" to return to the summary.

Title:

First Name:

Middle Initial:

Last Name:

Suffix:

* Birthdate: (mm/dd/yyyy)

* Gender:

* Race:

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.

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 a Contact Type and press "Add" to add new address. If working or volunteering add information under Working Address 1. You may have to scroll down.

[-] 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:

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 At Least 1,000 hours of Experience - 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.

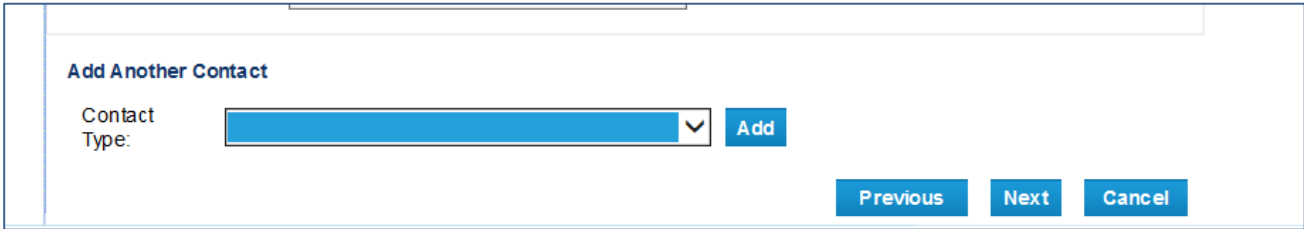
Select a Contact Type and press "Add" to add new address. If working or volunteering add information under Working Address 1. You may have to scroll down.

[-] Mailing Address

Copy From:	<input type="text" value=""/>	<input type="button" value="Copy"/>
* Street Number:	<input type="text" value=""/>	
* Street Name:	<input type="text" value=""/>	
	<input type="text" value=""/>	
	<input type="text" value=""/>	
* Zip Code: 	<input type="text" value="78758"/> <input type="button" value="x"/>	<input type="button" value="Zip Lookup"/>
* City:	<input type="text" value="AUSTIN"/>	
* State: 	<input type="text" value="Texas"/>	<input type="button" value="v"/>
* County:	<input type="text" value="TRAVIS"/>	<input type="button" value="v"/>
* Country:	<input type="text" value="United States"/>	<input type="button" value="v"/>
Phone Number:	<input type="text" value="512-776-2570"/>	(999-999-9999)
Extension:	<input type="text" value=""/>	
E-mail:	<input type="text" value="monica.maldonado@dshs.texas.gov"/>	

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.

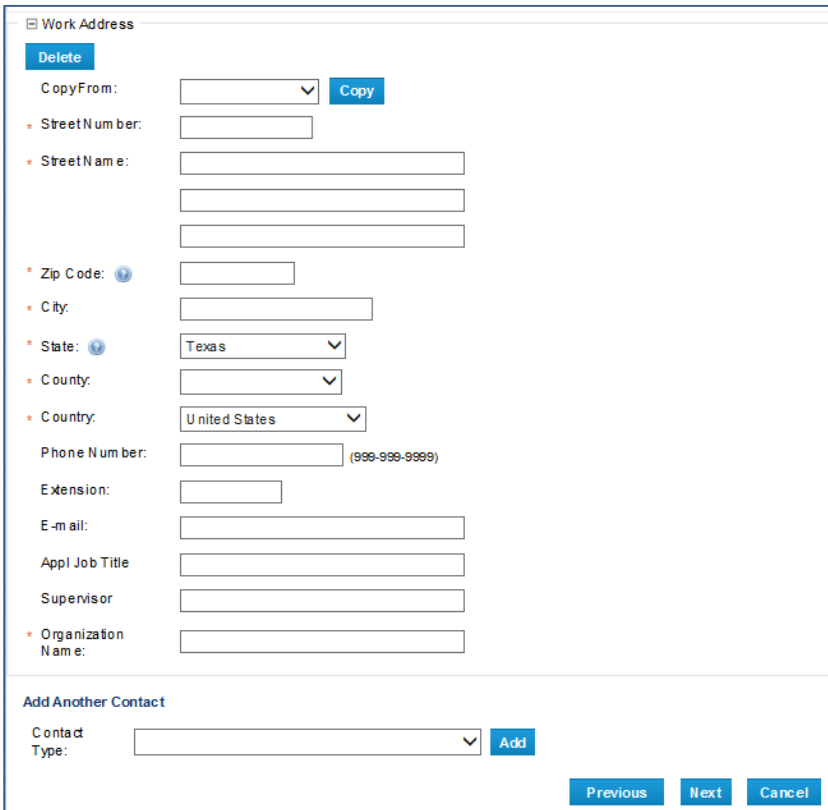


Add Another Contact

Contact Type: **Add**

Previous **Next** **Cancel**

Screen shot below shows where the work or volunteer information will be entered.



Work Address

Delete

Copy From: **Copy**

Street Number:

Street Name:

Zip Code:

City:

State:

County:

Country:

Phone Number: (999-999-9999)

Extension:

E-mail:

Appl Job Title:

Supervisor:

Organization Name:

Add Another Contact

Contact Type: **Add**

Previous **Next** **Cancel**

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:

Initial Community Health Worker Application - Based on At Least 1,000 hours of Experience - 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	<input type="checkbox"/> 1-Kindergarten to 12th <input checked="" type="checkbox"/> 2-High School/GED <input type="checkbox"/> 3-Some College <input type="checkbox"/> 4-Junior College/Technical School <input type="checkbox"/> 5-College/University Degree <input type="checkbox"/> 6-Advanced Degree
Attributes	Category
• Please make your selection	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish
Attributes	Type of Business (please select only one)
• Please make your selection	<input checked="" type="radio"/> Clinic/Hospital <input type="radio"/> College/University/School <input type="radio"/> Community-Based Organization (CBO) <input type="radio"/> Faith Based <input type="radio"/> Home Health/Long Term Care Facility <input type="radio"/> Insurer/Health Plan <input type="radio"/> Local Health Department <input type="radio"/> Non-profit Organization <input type="radio"/> Other/None <input type="radio"/> Retail/Manufacturing <input type="radio"/> State Agency
Attributes	Additional Attributes (please check all that apply)
• Please make your selection	<input checked="" type="checkbox"/> Full Time <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Volunteer
Attributes	Fee Level
• Please make your selection	<input type="radio"/> 1-\$5.78 - \$9.00 <input checked="" type="radio"/> 2-\$9.01 - \$15.00 <input type="radio"/> 3-\$15.01 - \$25.00 <input type="radio"/> 4-> \$25.00 <input type="radio"/> 5-No Pay <input type="radio"/> 6-Unknown

Please check all that apply.

Previous
Next
Cancel

Current Employment or Volunteer Work

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

Initial Community Health Worker Application - Based on At Least 1,000 hours of Experience - 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 At Least 1,000 hours of Experience - 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](#)

Experience / Work Duties

Complete this section with the date range of your experience in the past six (6) years. At least 1,000 hours of community health work services experience is required and must be related to the CHW core competencies. Include the supervisor’s information who can verify this experience.

You can enter additional experience information by clicking the “Add” button.

<ul style="list-style-type: none"> Introduction Function Suitability Name and Personal Details Contact Information Complete the information requested below. Current Employment or Volunteer Work Language Usage Experience Verify CHW Appl Core Competencies / Work Duties Other Texas Licenses / Certifications Related Licenses Listing Attachments Application Summary 	<p>Initial Community Health Worker Application - Based on At Least 1,000 hours of Experience - Information</p> <p>Press "Previous" to return to previous page.</p> <p>Press "Next" to go to next page.</p> <p>Press "Cancel" to Cancel application and go back to Quick Start Menu.</p> <p>If Return to Summary Button is available. Press "Return to Summary" to return to the summary.</p> <p>If Save Button is available. Press "Save" to save the information and return to the summary.</p> <p style="text-align: right;">Add Experience Verify Add</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Experience Verify</p> <p>List your CHW experience of at least 1,000 hours in the past six (6) years that demonstrate mastery in the eight core competencies.</p> <ul style="list-style-type: none"> • Beginning Date of Experience: <input type="text" value="10/10/2015"/> (mm/dd/yyyy) • End Date of Experience: <input type="text" value="10/10/2016"/> (mm/dd/yyyy) • Total Service Hours: <input type="text" value="1000"/> • Agency Name: <input type="text" value="Agency Name"/> • Agency Address: <input type="text" value="Address"/> • Agency City: <input type="text" value="Austin"/> • Agency State: <input type="text" value="TX"/> • Agency Zip: <input type="text" value="78749"/> • Job Title: <input type="text" value="Job Title"/> • Supervisor Title: <input type="text" value="Supervisor Title"/> • Supervisor Name: <input type="text" value="Mr. Supervisor"/> • Supervisor Phone: <input type="text" value="512-778-2570"/> </div> <p style="text-align: right;"> Previous Next Cancel </p>
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CHW Application Core Competencies/Work Duties

The eight (8) core-competencies for CHWs are listed on this page. Select “Yes” or “No” next to each of the core competencies to indicate if you have experience in the work duties listed under each core competency.

Introduction	Initial Community Health Worker Application - Based on At Least 1,000 hours of Experience - Information
Function Suitability	Press "Previous" to return to previous page.
Name and Personal Details	Press "Next" to go to next page.
Contact Information	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Complete the Information requested below .	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Current Employment or Volunteer Work	If Save Button is available. Press "Save" to save the information and return to the summary.
Language Usage	
Experience Verify	
CHW Appl Core Competencies/Work Duties	<p>Add Core Competencies/Work Duties Add</p> <p>Core Competencies/Work Duties</p> <p>Verify below if you have experience performing the following work duties</p> <ul style="list-style-type: none"> - Communication Skills: <input checked="" type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> • Listen actively, communicate with empathy and gather information in a respectful manner • Speak and write in plain language and at an appropriate literacy level • Document activities and services • Ensure language interpretation or access to translation services - Interpersonal Skills: <input checked="" type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> • Establish relationships, work as a team member, and assist in individual and group conflict resolution • Recognize and appropriately respond to cultural differences of the population served • Provide informal counseling • Maintain confidentiality of client information and act within Health Insurance Portability and Accountability Act (HIPAA) requirements - Service Coordination Skills: <input checked="" type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> • Identify and access resources • Help others navigate services and resources • Coordinate referrals and follow-up and track care and referral outcomes • Assess client needs using strength-based approaches - Capacity-Building Skills: <input checked="" type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> • Identify problems and resources to encourage and help clients solve problems themselves • Collaborate with local partnerships to improve services, network and build community connections • Assess the strengths and needs of the community • Build leadership skills for yourself and others in the community - Advocacy Skills: <input checked="" type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> • Use existing resources and current data to help others promote a cause • Identify and work with advocacy groups • Stay informed on changes in the Health and Human Services systems and community leadership • Speak up for individuals or communities to overcome intimidation and other barriers - Teaching Skills: <input checked="" type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> • Use methods that promote learning and positive behavior change • Use a variety of teaching and coaching methods for different learning styles and ages • Plan and lead classes • Evaluate the success of an educational program and measure the progress of individual learners - Organizational Skills: <input checked="" type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> • Plan and set individual and organizational goals • Plan and set up presentations, educational/training sessions, workshops, and other activities • Effectively manage time and prioritize activities, yet stay flexible • Gather, document, and report on activities within legal and organization guidelines - Knowledge Base on Specific Health Issues: <input checked="" type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> • Gain and share basic knowledge of the community, health and social services, specific health issues, healthy life styles, and health disparities • Understand social determinants of health • Stay current on health issues affecting clients and know where to find answers to difficult questions • Use and apply public health concepts <p style="text-align: right;"> Previous Next Cancel </p>

Other Licenses / Certifications

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

Initial Community Health Worker Application - Based on At Least 1,000 hours of Experience - 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](#)

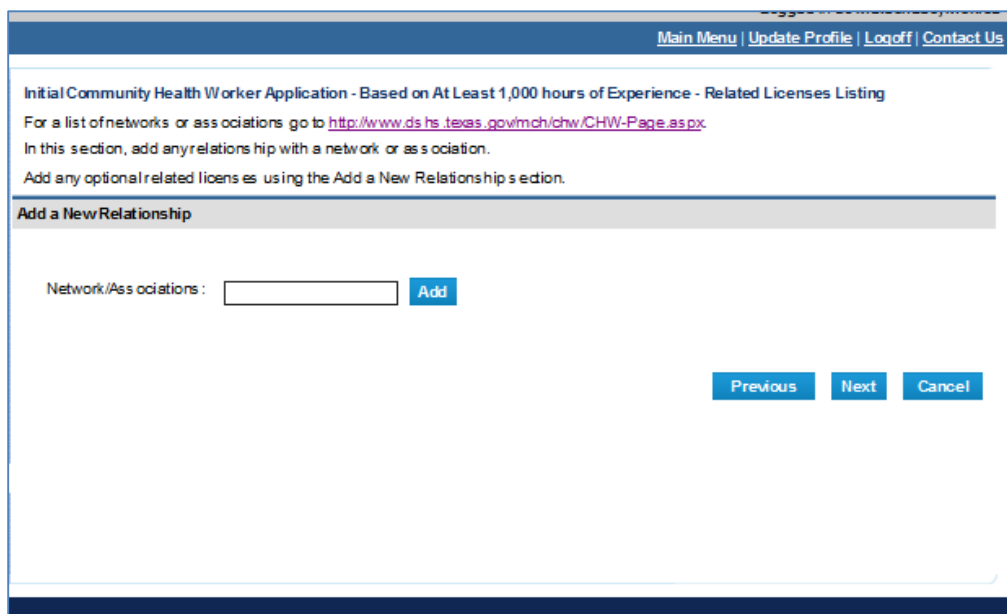
Other Texas License in Another Health Profession

Other Licenses/Certifications:

Specify:

Network and Association relationship

If you are a member of a CHW network or association add their number under "License Number". A list of network and associations are listed below and can be downloaded at: <http://www.dshs.texas.gov/mch/chw/CHW-Page.aspx>



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 At Least 1,000 hours of Experience - Attachments

The following must be attached or mailed to DSHS, CHW program:

1. Photo
2. Signed Employment/Volunteer History Form

All attached files must be less than 5MB 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.
- In "Notes" write a brief description of the attachment (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 experience.

Initial Community Health Worker Application - Based on At Least 1,000 hours of Experience - Application Summary

Press "Edit" button to change your information.

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.

Application	License Type: CHW Experience Application Date: 12/13/2017
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Personal Details	Full Name: Monica Maldonado Edit Birthdate: 10/20/1966 Gender: Female Race: Hispanic
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General Addresses	<div style="text-align: right;">Edit</div> Mailing Address: 4508 Summer Street AUSTIN , Texas TRAVIS 78758 US Phone Number: 555-555-5568 E-mail: _____ <hr/> Home Address: 4508 Summer Street AUSTIN , Texas TRAVIS 78758 US Phone Number: 555-555-5568 E-mail: _____
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Attestation Question

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

Initial Community Health Worker Application - Based on At Least 1,000 hours of Experience - 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.

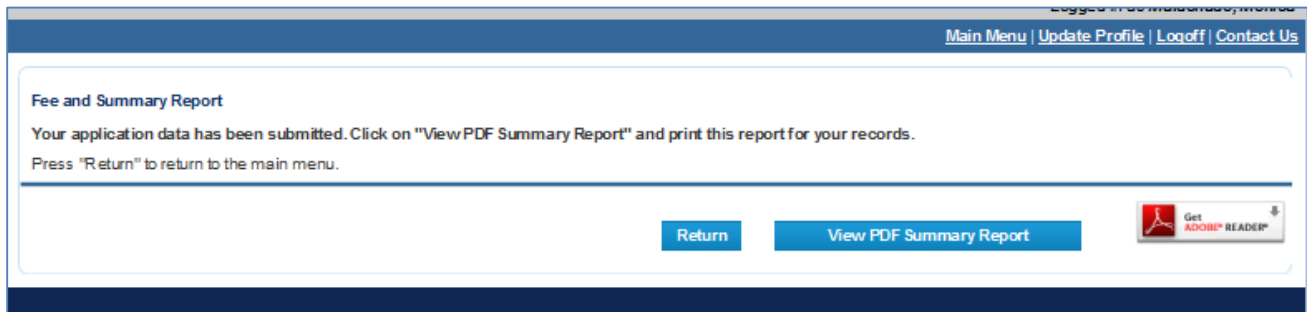
- I certify that all the information provided by me in connection with this application is true and complete. I understand providing false or misleading information, which is used in determining my qualifications may result in the voiding of the application and failure to be granted any certificate or 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

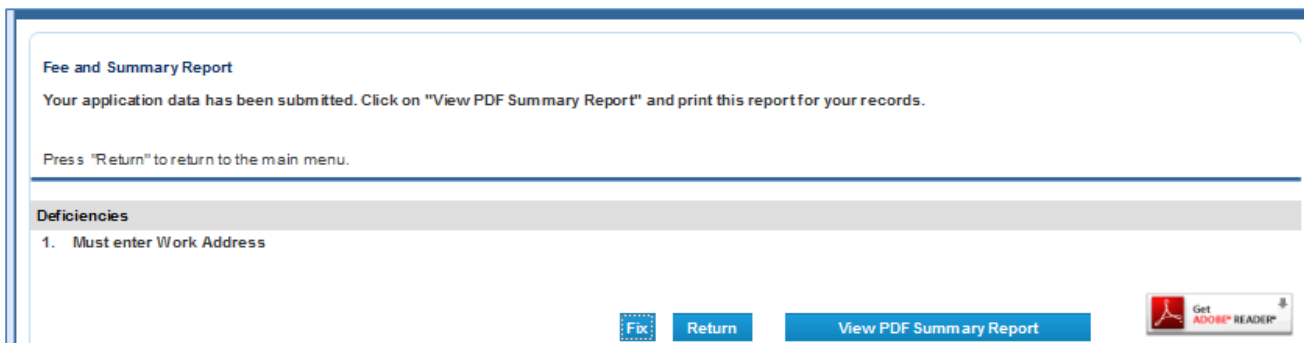
Summary of application report

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.