



Instructor Renewal of Certification Instructions

Renewal Requirements:

- Provide proof of completion of at least 20 hours of continuing education related to the eight (8) CHW Core competencies.
- Currently live in Texas
- Submit a recent color photo

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

2. Continuing Education Unit (CEU) options:

- **DSHS Certified Continuing Education** – At least ten (10) certified hours of continuing education for CHW Instructors must come from participation in a DSHS-approved CHW Instructor training. Five (5) hours of continuing education completed to renew a Texas license or certification in another health profession, OR five (5) hours of credit from instruction may be used to complete these ten (10) certified CEUs. Note that one (1) hour of credit equals two (2) hours actually taught.
- **Non-Certified Continuing Education** The remaining ten (10) hours may come from training programs and instructors not certified by DSHS that relate to one or more of the CHW core competencies.

3. Expired Certificate

You may renew your expired certificate by completing the required continuing education and submitting the *Application for Certificate Renewal* if your certificate has been expired for one year or less. Your renewed certificate will expire two (2) years from the date the previous certificate expired.

You may not renew a certificate that has been expired for more than one year. You must submit a new application for certification for approval if you wish to regain your certification.

4. Mail, e-mail or fax a completed application, copies of the proof of completion for the 20 CEUs, and photo to:

<p>Mail to:</p> <p>Texas Department of State Health Services P.O. Box 149347 MC1945 Attn: CHW Training and Certification Program Austin, Texas 78714-9347</p>	<p>Email to:</p> <p>chw@dshs.texas.gov</p> <p>Fax to: 512-776-7555</p>
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5. The photo should have a light background and clearly show your facial features, similar to a passport photo. Do not send a driver license photo.

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- 6. Timelines:** DSHS will let you know if your application is approved, denied, or incomplete within 90 days
- 7. Approval of Renewal Certification:** If your application is renewed, it will be valid for two (2) years. Send changes to your mailing address and contact information to chw@dshs.texas.gov. This will ensure that you receive CHW Program information such as upcoming CHW Instructor DSHS-certified CEU trainings.
- 8. Denial of Certifications:** DSHS may deny your application for certification for any of the following reasons:
 - It is incomplete
 - You did not send the required CEUs 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:

http://www.dshs.texas.gov/mch/chw/Community-Health-Workers_Program.aspx.

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

Keep a copy of all materials submitted for your records.

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Community Health Worker (CHW) Core Competencies
<p>Communication Skills</p> <ul style="list-style-type: none"> - 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 clients' preferred language and at appropriate literacy level - Document activities and services - 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
<p>Interpersonal Skills</p> <ul style="list-style-type: none"> - Represent others, their needs and needs of the community - Be sensitive, honest, respectful and empathetic - Establish relationships with clients, providers, and others - Assist individuals and groups in resolving conflicts - 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 - Work as a team member and assist in individual and group conflict resolution - Act within ethical responsibilities - Maintain confidentiality of client information and act within HIPAA requirements - Model behavior change
<p>Service Coordination Skills</p> <ul style="list-style-type: none"> - Identify and access resources - Help improve access to resources - 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 - Assess client needs using strength-based approaches
<p>Capacity-Building Skills</p> <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 - 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
<p>Advocacy Skills</p> <ul style="list-style-type: none"> - 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 - 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

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Teaching Skills
<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- 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
Organizational Skills
<ul style="list-style-type: none">- 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
<ul style="list-style-type: none">- Gain and share basic knowledge of the community, health and social services, specific health issues, and health disparities- Understand social determinants of health- Stay current on 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

Instructor Renewal of Certification

Section I. Personal Information (Please <i>Print</i> in ink or <i>Type</i> all information)					
Last Name		First Name		Middle Name	
Home Address (Street Address)		Apt. #	City	State	Zip Code
Mailing Address (if different from home address)		City	State	Zip Code	County
Mobile/Cell Phone		Home Telephone			
		<input type="checkbox"/> No personal email address			
Personal email address					

Section II. Current Employment or Volunteer Work					
<input type="checkbox"/> Employment		<input type="checkbox"/> Volunteer		<input type="checkbox"/> None	
Name of Organization (Volunteer or Employment)					
Work 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"/> State Agency			
<input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Insurance/Health Plan			
<input type="checkbox"/> Clinic / Hospital / Emergency Service	<input type="checkbox"/> Other (specify)				
Current Job Title		Applicant Work Phone			
		Work Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Work E-mail Address					
If paid, how much do you earn per hour?		<input type="checkbox"/> Less than \$9.00	<input type="checkbox"/> \$9.00 - \$15.00	<input type="checkbox"/> \$15.01 - \$25.00	<input type="checkbox"/> \$25.01 or more

Section III. Education (United States or Other Country)	
Highest Level of Education Completed (check one)	
<input type="checkbox"/> Kindergarten – 12 th Grade	<input type="checkbox"/> Some College
<input type="checkbox"/> High School Graduate or General Education Development (GED)	<input type="checkbox"/> College/University Degree
<input type="checkbox"/> Junior College or Technical Degree	<input type="checkbox"/> Advanced Degree such as Master's or Doctoral

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Section IV. State of Texas Professional License / Certificate	
<input type="checkbox"/> Current State of Texas Professional License / Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of License / Certificate Certificate Number	
<input type="checkbox"/> Expired Texas CHW Instructor Certification (list certificate number, if known, and expiration date)	
_____ / _____	
Certificate Number	Expiration date

Section V. Network Affiliation
Are you a member of a CHW Network or Association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Network or Association:
For a list of networks and associations go to http://www.dshs.texas.gov/mch/chw/Resources-and-Data.aspx or call 512-776-2624

Section VI. Continuing Education										
DSHS-Certified Training – Required – Total of 10 hours of instructor continuing education OR 5 DSHS-certified hours of instructor continuing education and up to five (5) hours of continuing education completed to renew a separate Texas license or certification in another health profession, OR five (5) DSHS-certified hours of instructor continuing education and up to five (5) hours of instruction of a DSHS-certified curriculum through a DSHS-certified training program. Note: One (1) hour of credit equals two (2) hours of instruction. Attached certificate(s) of completion.										
			Competencies Covered							
Date	Title	Number of hours	Communication	Interpersonal	Service Coord.	Capacity Building	Advocacy	Teaching	Organization	Knowledge
<i>EX: 00/00/00</i>	<i>(Example) CEU completed</i>	<i>4</i>	<i>2</i>		<i>2</i>					
Sub-total of DSHS Certified CEUs										

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Up to five (5) hours of continuing education complete for a Texas license or certification in another health profession listed in Section III. Attached copy(ies) of certificate(s) of completion.

<input type="checkbox"/> Not Applicable			Competencies Covered – Check all that apply							
Date	Title	Number of hours	Communication	Interpersonal	Service Coord.	Capacity Building	Advocacy	Teaching	Organizational	Knowledge
Sub-Total CEUs from Continuing Education for another Texas License or Certificate										

Up to five (5) hours of Instruction of a DSHS-certified course through a DSHS-certified training program. One (1) hour of credit equals two (2) hours of instruction. Attach training roster(s)

<input type="checkbox"/> Not Applicable			Competencies Covered – Check all that apply							
Date	Title	Number of hours	Communication	Interpersonal	Service Coord.	Capacity Building	Advocacy	Teaching	Organizational	Knowledge
Sub-Total of CEUs from Instruction										

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Section VI. Continuing Education - Continued										
Non-DSHS Training – Training obtained through non DSHS-certified training programs. Attach copy(ies) of certificate(s) of completion.										
			Competencies Covered – Check all that apply							
Date	Title	Number of hours	Communication	Interpersonal	Service Coord.	Capacity Building	Advocacy	Teaching	Organization	Knowledge
Sub-Total of Non-DSHS Certified CEUs										

Total Continuing Education Contact Hours (20 hours required)	
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Section VII. 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 http://www.dshs.texas.gov/mch/chw/Community-Health-Workers_Program.aspx. Please call 512.776.2208 or 512.776.3860 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:

<p>Mail to: Texas Department of State Health Services P.O. Box 149347 MC1945 Attn: CHW Training and Certification Program Austin, Texas 78714-9347</p>	<p>Email to: chw@dshs.texas.gov</p> <p>Fax to: 512-776-7658</p>
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E-mail color photo with your full name and date application was submitted to chw@dshs.texas.gov or mail to the address above.

The Texas Department of State Health Services awards certification to 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.texas.gov/> 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 application is complete.

- Section I. Personal Information**
- Section II. Current Employment or Volunteer Work**
- Section III. Education**
- Section IV. State of Texas Professional License/Certificate**
- Section V. Network Affiliation**
- Section VI. Continuing Education**
- Section VII. Application Signature**

<p>Color Photo (Full Face) Do not send copy of Driver License photo.</p> <ul style="list-style-type: none"><input type="checkbox"/> Color photo was e-mailed to chw@dshs.texas.gov <input type="checkbox"/> Color photo is attached.	
E-mail CHW application questions to: chw@dshs.texas.gov	

Keep a copy of all materials submitted for your records