



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

Initial Application for CHW Instructor Certification

Requirements for certification:

- Must be 18 years or older
• Currently live in Texas
• Submit a recent color photo that clearly shows all facial features
• Include a resume
• Submit an Employment/Volunteer History verification form (if applicable)

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

There are two options to become certified as an Instructor of community health workers (CHWs)/ promotores. This application includes both methods, fill out only the method/section that applies to you.

Option 1: Application based on completion of DSHS Certified Training Course for Instructors of at least 160 hours (Section VII)

- o Fill out this section if you completed a DSHS approved Instructor certification course relating to all eight (8) core competencies.
o Include a copy of the training course certificate of completion with your application.
o Include a copy of your resume

Option 2: Application based on Experience (Sections VIII and IX)

- o Fill out this section if you have performed at least 1,000 hours of teaching or training promotores, CHWs, or other health care paraprofessionals or professionals in the previous three years.
o List your work experience (volunteer or paid), for the previous three (3) years, that demonstrates teaching or training in the eight core competency areas.
o Provide two (2) examples of teaching or training performed while at the position listed in Section VIII.
o DSHS will verify your teaching and training experience with your supervisor.
o Include a completed Verification of Employment/Volunteer History form with your application - form must be filled out by supervisor(s) listed on the application.
o Include a copy of your resume.

2. Mail, e-mail or fax the application, and a copy of required documents and your resume 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 notify you if your application is approved, denied or incomplete within 90 days.
- 5. Approval of Certification:** If your application is approved, your certification 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 your application.

Important Information

DSHS will mail your notice of certification and any correspondence to the 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 or call 512-776-2208 or 512-776-3860.

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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 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

Interpersonal Skills

- 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
- Use interviewing techniques (e.g. motivational interviewing)
- 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
- Ability to network

Service Coordination Skills

- Identify and access resources
- Help improve access to resources
- Conduct outreach to encourage participation in health events
- Coordinate 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

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

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Community Health Worker (CHW) Core Competencies- Continue
<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
<p>Teaching Skills</p> <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 - Prepare and distribute education materials and present at community events - Facilitate group discussions and decision making in ways that engage and motivate learners
<p>Organizational Skills</p> <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
<p>Knowledge Base on Specific Health Issues</p> <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



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Instructor Application for Certification - Initial

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

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

Race/Ethnicity

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

Language(s) Used

Form fields for language usage: English (Speak, Read, Write), Preferred Language for Correspondence (English, Spanish), Spanish (Speak, Read, Write), Other (Specify Other Language).

Section II. Education (United States or Other Country)

Form fields for education: Highest Level of Education Completed (check one) including 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. CHW Network or Association Affiliation

Form fields for CHW Network or Association Affiliation: Are you a member of a CHW Network or Association? (Yes/No), Name of Network or Association.

Section IV. State of Texas Professional License / Certificate

Current State of Texas Professional License /Certificate Yes No

Name of License / Certificate

Certificate Number

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

_____/_____
Certificate Number Expiration date

Section V. Current Employment or Volunteer Work

Employment **Volunteer** **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)

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

Applicant's Current Job Title Applicant's Work Phone

Work Status: Full Time Part Time Paid

Applicant's Work E-mail Address

If paid, how much do you earn per hour? < \$9.00 \$9.00 - \$15.00 \$15.01-\$25.00 \$25.01 or more

Section VI. Training Program Affiliation

Once certified, an instructor may provide training to CHWs or instructors through one or more training programs/sponsoring organization for CHWs or Instructors approved by DSHS. List any DSHS-approved training program(s) with whom you want to be affiliated if your application is approved.

Note: A list of training programs/sponsoring organizations approved by DSHS to deliver certified training for promotores/community health workers (CHWs) or instructors is located at www.dshs.texas.gov/mch/chw/chw-Instructor-Training-Sites.aspx.

Proposed Affiliation with the following DSHS approved CHW or Instructor Training Program(s) (list below)

1. _____
2. _____

Unknown at this time

Section VII. Application based on completion of DSHS-Approved Instructor Certification Course of at least 160 hours

_____/_____/_____
 Date training completed (MO / DY / YEAR) Certificate Attached Resume Included

 Sponsoring Organization / Training Program Instructor Distance Learning

 Training Location (City)

Skip to Section X if submitting application based on completion of DSHS Certified Instructor Training Course

Section VIII Application Based on Experience

Complete this section if you have **provided at least 1,000 hours of instruction or training for promotores, CHWs, and other health care professionals or paraprofessionals in the previous six years.** List your instruction or training experience in the previous three years that demonstrates teaching or training in the eight core competencies. If you need additional space to document your experience, please make copies of this page.

**** Included a copy of your resume with your application based on experience.**

**** Verification of employment/volunteer history form required when applying based on Experience. Form can be found after the signature page.**

Date(s) of Experience: Start Date (Mo/Year) to- End Date (Mo/Year)

 Name of Organization/ Agency

 Applicant's Job Title

 Name of Supervisor Supervisor's Title Supervisor's Telephone Ext.

 Agency's Street Address City State Zip Code

Total Number of Hours of Teaching/Training delivered: _____

Experience teaching/training in the following skill areas (Check all that apply)

Communication

- How to listen actively, communicate with empathy and gather information in a respectful manner
- How to speak and write in plain language and at an appropriate literacy level
- How to document activities and services
- How to ensure language interpretation or access to translation services

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Interpersonal

- How to establish relationships, work as a team member, and assist in individual and group conflict resolution
- How to recognize and appropriately respond to cultural differences of the population served
- How to provide informal counseling
- How to maintain confidentiality of client information and act within Health Insurance Portability and Accountability Act (HIPPA) requirements

Service Coordination

- How to identify and access resources
- How to help others navigate services and resources
- How to coordinate referrals and follow-up and track care and referral outcomes
- How to assess client needs using strength-based approaches

Capacity-Building

- How to identify problems and resources to encourage and help clients solve problems themselves
- How to collaborate with local partnerships to improve services, network, and build community connections
- How to assess the strengths and needs of the community
- How to build leadership skills for yourself and others in the community

Advocacy

- How to use existing resources and current data to help others promote a cause and participate in organizing others
- How to identify and work with advocacy groups
- How to stay informed on structural and policy changes in the community and health and social service systems
- How to speak up for individuals or communities to overcome intimidation and other barriers

Teaching

- How to use methods that promote learning and positive behavior change
- How to use a variety of teaching and coaching methods for different learning styles and ages
- How to plan and lead classes
- How to evaluate the success of an educational program and measure the progress of individual learners

Organization

- How to plan and set individual and organization goals
- How to plan and set up presentations, educational/training sessions, workshops, and other activities
- How to effectively manage time and prioritize activities, yet stay flexible
- How to gather, document, and report on activities within legal and organization guidelines

Knowledge-Base of Specific Health Issues

- How to gain and share basic knowledge of the community, health and social services, specific health issues
- How to understand social determinants of health
- How to stay current on health issues affecting clients and know where to find answers to difficult questions
- How to use and apply public health concepts

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Section IX. Examples of Teaching Experience: List two (2) examples of instruction or training you delivered to individuals providing community health work services, including promotores, CHWs, and other health care paraprofessionals and professionals during your time with the organization/agency listed above. Examples must be within the last six (6) years.	
1. Title of Instruction/Training you provided	Date of Instruction/Training (Month/Year) ____/____
Target Audience	Length of Training (# of hours)
Core Competencies Covered <input type="checkbox"/> Service Coordination Skills <input type="checkbox"/> Teaching Skills <input type="checkbox"/> Communication Skills <input type="checkbox"/> Capacity Building Skills <input type="checkbox"/> Organizational Skills <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Advocacy Skills <input type="checkbox"/> Knowledge on Specific Health Issues	
Learner Centered Objectives	Examples of Learning Activities or Exercises you used for this training
2. Title of Instruction/Training you provided	Date of Instruction/Training (Month/Year) ____/____
Target Audience	Length of Training (# of hours)
Core Competencies Covered <input type="checkbox"/> Service Coordination Skills <input type="checkbox"/> Teaching Skills <input type="checkbox"/> Communication Skills <input type="checkbox"/> Capacity Building Skills <input type="checkbox"/> Organizational Skills <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Advocacy Skills <input type="checkbox"/> Knowledge on Specific Health Issues	
Learner Centered Objectives	Examples of Learning Activities or Exercises you used for this training

Section X. 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.	
<ul style="list-style-type: none"> • 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 512-776-2208 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: 512-776-7555</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.

<p>PRIVACY NOTIFICATION</p> <p>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)</p>



Request for Verification of Experience (paid or unpaid)

Submit form with application if applying based on experience.

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

Business Name: _____ **Telephone#:** _____

Business Address: _____

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

Check if currently employed or volunteering

Applicant's Name: _____

Applicant's Title: _____

MUST BE SIGNED BY SUPERVISOR:

Supervisor's Name (please print)

Title

Supervisor's Signature


Date

Note: One form must be submitted per experience reference.

Application Checklist

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

- Section I. Personal Information**
- Section II. Education**
- Section III. Network Affiliation**
- Section IV. State of Texas Professional License/Certificate**
- Section V. Current Employment or Volunteer Work**
- Section VI. Training Program Affiliation**
- Section VII. Application Based on Completion of DSHS Certified Training Course for CHW Instructors**
 - Copy of the course certificate of completion is enclosed with the application
- Section VIII. Application Based on Experience**
 - Application documents at least 1,000 hours experience teaching and training in eight core areas within the previous three years
 - Employment Verification form – Submitted with application
- Section IX. Experience Teaching or Training**
 - Provided two teaching or training examples
- Section X. Application Signature**
- Resume is included**

<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 <p><u>OR</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Color photo is attached.	
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E-mail CHW application questions to: chw@dshs.texas.gov

Keep a copy of all materials submitted for your records.