



## **Promotor(a) or Community Health Worker (CHW) Training and Certification Advisory Committee**

### **Application for Advisory Committee Membership**

If you wish to apply to be a member of the CHW Advisory Committee, please fill out this application. The committee will advise the Texas Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) on the implementation of standards, guidelines, and requirements relating to the training and regulation of persons working as promoters or CHWs. Read the information and the instructions below before filling out this form.

Complete this application in a brief yet informative manner. If a question does not apply to you, enter "N/A."

DSHS will use the information on your application and two letters of recommendation to decide your eligibility to serve on this committee.

#### **Important note - Travel Reimbursement**

Advisory committee members are not paid to attend or travel to committee meetings. Individuals appointed as CHWs, or public members may be reimbursed by DSHS for their travel to and from meetings if funds are available. Individuals who are state agency employees, appointed as members representing higher education or professionals working with CHWs are responsible for their own travel expenses.

**DSHS Advisory Committees will not consider an application received through email after August 30, 2024, at 11:59 p.m.**

### **SECTION 1 –Application Type and Position Category**

#### **Application Type**

- New/Initial Application
- Application for Reappointment

#### **Position Category**

Applications are being accepted for the following position. Please check the position you would like to apply for on the CHW Advisory Committee. State law requires that the CHW Advisory Committee include at least one person to represent the following category.

**Certified Promotor(a) or Community Health Worker (CHW)**

CHW Certification Number: [REDACTED]

**Qualification**

**A Promotor(a) or CHW** must be currently certified by DSHS as required by Texas Administrative Code [§§146.1-146.8](#)

**SECTION 2 – Personal Information**

**Name:** [REDACTED]

**Home Address:**

**City:** [REDACTED]      **State:** Texas **Zip:** [REDACTED]      **Phone:** [REDACTED]

**Fax:** [REDACTED]      **E-mail:** [REDACTED]

**Employment Information (If applicable)**

**Business/Organization:** [REDACTED]

**Business Address:** [REDACTED]

**City:** [REDACTED]      **State:** Texas **Zip:** [REDACTED]      **Phone:** [REDACTED]

**Fax:** [REDACTED]      **Email:** [REDACTED]

**Current Position Title:** [REDACTED]

**Please check how you would like to receive further communications:**

Work E-mail    Personal E-mail    Work Address    Home Address

**Gender**

Male       Female

**Race/Ethnicity**

American Indian/Alaskan Native       Asian/Pacific Islander  
 Black       Hispanic  
 White       Other

**Education**

Kindergarten – 12th Grade       Some College  
 High School Graduate or General Development (GED) Degree       College/University Education  
 Junior College or Technical Degree       Advanced Degree such as Master’s or Doctoral

Other

### **SECTION 3 – Professional Experience**

A professional may apply to be on this committee. Professional applicants include providers, professional associations, non-profit organizations, managed care organizations and other subject matter experts.

Please complete SECTION 3 only if you are a professional applicant.

**1. Please tell us why you want to serve on this committee.**

**2. Describe your relevant experience for the Certified Promotor(a) or Community Health Worker (CHW) position category you are applying (paid employment or volunteer).**

**3. Indicate the length of your Promotor(a) or CHW certification.**

5 or more years       2-4 years       Less than 2 years

**4. Is your Promotor(a) or CHW experience current (within the past 3-4 years)?**

Yes       No

**5. Describe your Promotor(a) or CHW direct experience working in health care or community-based settings in a broad range of CHW roles (e.g., *access to health care services, patient navigation, follow-up care and tracking referrals, health and wellness education, informal counseling, outreach and social support, network and build community connections, advocate for individual and community needs to reduce health care disparities, etc.*)**

**6. Demonstrate your active CHW role in community partnerships or public health initiatives.**

**7. Do you advocate on behalf of promotores or CHWs at the local or national level?**

Yes       No

If yes, please explain.

**8. Is your Promotor(a) or CHW experience and leadership practiced beyond the local level?**

Yes       No

If yes, please explain.  
[REDACTED]

**9. Do you have a vision for supporting the integration of promotores or CHWs in various health care settings (e.g., community-based settings or clinical settings, etc.)?**

Yes       No

If yes, please explain.  
[REDACTED]

**10. Have you supported or been involved in implementing public health evidence-based Promotor(a) or CHW health care interventions?**

Yes       No

If yes, please explain.  
[REDACTED]

**11. Have you been involved in current public health efforts to implement or promote the Promotor(a) CHW model?**

Yes       No

If yes, please explain.  
[REDACTED]

**12. List current licensures or certifications that address contributions you could make to the committee.**

[REDACTED]

**13. List your current or former membership or leadership role in boards committees, or councils, you have held with other organizations.**

[REDACTED]

**14. List your current or former membership in Promotor(a) or CHW-related boards, committees, or councils, or with other organizations such as Promotor(a) or CHW associations?**

[REDACTED]

**15. Are you seen as a champion for the Promotor(a)/CHW cause?**

Yes       No

If yes, please explain.  
[REDACTED]

**16. Do you have leadership experience with the CHW Training and Certification Advisory Committee?**

Yes       No

If yes, please explain.  
[REDACTED]

**17. Have you ever been disciplined by any licensing board/professional or civic organization, including the Health and Human Services Commission (HHSC) Inspector General?**

**Yes**       **No**

If yes, please explain.

\_\_\_\_\_

**SECTION 4 – Member Participation (ALL applicants must complete this section)**

Every member appointed to CHW Advisory Committee must attend regularly and must participate in subcommittee activities.

- Regular committee meetings are held three (3) times per year in Austin, Texas, via webcasting, or via Microsoft Teams. The presiding officer also may call a special committee meeting. Each meeting will last 2.5 hours.
- Subcommittee meetings may happen at other times and members may participate by phone. Each meeting may last an hour.
- An individual appointed as a **CHW member** or a **public member** of the CHW Advisory Committee **may be reimbursed by DSHS** for their travel to and from meetings while on committee business if funds are available.
- Individuals including state agency employees, appointed as **members representing higher education or professionals working with CHWs** are responsible for their own travel expenses. **Travel expenses** of these individuals to advisory committee meetings, subcommittee meetings, workgroup meetings or any other activities **are not reimbursed by DSHS.**

**1. Do you believe you will be able to regularly participate in the Promotor(a) or CHW Advisory Committee activities, if you are appointed?**

**Yes**     **No**

If no, please explain:

\_\_\_\_\_

**2. Have you served, or are you currently serving, on other advisory committees, councils, or work groups? If so, please list the name of the group, its charge, and your role.**

\_\_\_\_\_

## SECTION 5 – Miscellaneous Information

- 1. Do you have a personal or private interest in a matter pending before DSHS or HHSC?** ("Personal or private interest" means you have a direct monetary interest in the matter or owe your loyalty to an entity involved. It does not include the member's engagement in a profession, trade, or occupation when the member's interest is the same as all others similarly engaged in the profession, trade, or occupation.)

**Yes**       **No**

If yes, please explain:

\_\_\_\_\_

- 2. Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?**

**Yes**       **No**

If yes, please explain:

\_\_\_\_\_

### References

Please provide two (2) hand signed and dated letters of recommendation with the names and contact information for two professional references who can tell us more about your qualifications and/or relevant experience to serve on the committee. References can include employers, clients, religious leaders, community leaders, advocates, friends, or others who know about your Promotor(a) or CHW experience working in health care or community-based settings in a broad range of CHW roles.

#### Reference #1

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Relationship (how this person knows you):** \_\_\_\_\_

#### Reference #2

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Daytime Phone:** [REDACTED]

**Email:** [REDACTED]

**Relationship (how this person knows you):** [REDACTED]

*All the information contained in this application is true and correct. I understand that the committee will meet three times per year in Austin, Texas, through webcasting, or through Microsoft Teams. If selected, I will make every effort to attend all committee meetings.*

[REDACTED]

[REDACTED]

**Signature (typed name is acceptable):** **Date**

**Please return this form and two (2) hand signed and dated letters of recommendation through e-mail by August 30, 2024, to:**

Email: [chw@dshs.texas.gov](mailto:chw@dshs.texas.gov)

Attn: Frank Luera, Promotor(a) or Community Health Worker Training and Certification Program

**Contact Information:** If you have any questions about the application or the Promotor(a) or Community Health Worker Training and Certification Advisory Committee, please contact Frank Luera at 512-776-2777 or by e-mail to [chw@dshs.texas.gov](mailto:chw@dshs.texas.gov).