



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.

Higher Education Member

Qualification

Higher Education members may include members from the Higher Education Coordinating Board, or a higher education faculty member who has teaching experience in community health, public health or adult education and has trained promotores or CHWs as required by as required by Texas Administrative Code [§§146.1-146.8](#)

SECTION 2 – Personal Information

Name:

Home Address:

City: **State:** Texas **Zip:** **Phone:**

Fax: **E-mail:**

Employment Information (If applicable)

Business/Organization:

Business Address:

City: **State:** Texas **Zip:** **Phone:**

Fax: **Email:**

Current Position Title:

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
- Junior College or Technical Degree
- Other
- College/University Education
- Advanced Degree such as Master's or Doctoral

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 higher education position category you are applying (paid employment or volunteer).

3. Indicate the length of experience as a higher education faculty member.

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

4. Is your experience as a higher education faculty member current (within the past 3-4 years)?

- Yes
- No

5. Describe your direct experience as a higher education faculty member (e.g., higher education faculty member who has teaching experience in community health, public health or adult education and has trained promotores or CHWs, etc.)

6. Demonstrate our active role as a as a higher education faculty member in engaging Promotores or CHWs in community partnerships or other 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 higher education faculty member experience and leadership practiced beyond the local level?

Yes No

If yes, please explain.

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.

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.

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.

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

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

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?

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

Yes No

If yes, please explain.

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

Yes No

If yes, please explain.

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 experience for the higher education position category you are applying and your teaching experience in community health, public health or adult education and has trained promotores or CHWs.

Reference #1

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Daytime Phone: _____

Email: _____

Relationship (how this person knows you): _____

Reference #2

Name: [redacted]

Address: [redacted]

City: [redacted] **State:** [redacted] **ZIP:** [redacted]

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 by e-mail by August 30, 2024, to:

Email: 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.