Texas Department of State Health Services (DSHS)

Community Health Worker Instructor
Online Services Support Guide
Application Based on Experience

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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) Instructor 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 Instructor certification located at:

http://www.dshs.texas.gov/mch/chw/CHW-Instructor-doc.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.
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 Instructor 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.
**Preview Registration**

This page presents the data entered for the registered user.

The system will send a message to the listed email address that contains the User ID that and a temporary password.
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.

**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.
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.
Forgot Password Process

If you forget your password, then click the “Forgot password?” link.
The resulting page will ask for your User ID.

The security question page will be presented.
A new password will be emailed to the address in your registration profile.
Main Menu – Application Selection

Apply for Community Health Worker (CHW) Instructor 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 CHW Instructor - Experience.

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

![Screenshot of the Main Menu page showing the selection process for applying for a new license, editing user profile, and adding licenses to registration.](image-url)
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 CHW Instructor - Experience - Introduction
Thank you for using the online system to apply for certification as Community Health Worker Instructor in Texas.

The online system is available only in English at this time. Please go to the CHW website [http://www.dshs.texas.gov/mch/chw/CHW-Collector.docaspx](http://www.dshs.texas.gov/mch/chw/CHW-Collector.docaspx) to download and complete and mail an application in Spanish.

Before beginning the CHW Instructor application, review the requirements on the CHW website [http://www.dshs.texas.gov/mch/chw/CHW-Collector.docaspx](http://www.dshs.texas.gov/mch/chw/CHW-Collector.docaspx)

You will need the following items to complete the online application:

1. Be 18 years or older.
2. Currently live in Texas.
3. Date range of teaching experience where you performed at least 1,000 hours within the last six (6) years. (Experience will be verified with the supervisor(s) noted on the application.)
4. Two examples of teaching/training CHW health care professional or paraprofessionals.
5. Saved photo in PDF format.
7. Resume in PDF format.

For questions: Contact the CHW Program by email at chw@dshs.texas.gov or call (512) 776-2208 or (512) 776-3860.

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 these 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 NOTICE: 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 examine 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](http://www.dshs.texas.gov) for more information on Privacy Notice.
(Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)
**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 instructor certification.

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.
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 Instructor requires that a person has reached 18 years of age to apply for licensure.

![Personal Information Form](image)

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 address and Mailing address 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.
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.
Add Another Contact
Enter your current work or volunteer information by selecting “Work Address 1 – CHW Instructor” the drop down menu and pressing the “Add” button. You may have to scroll down to see the new fields.

Screen shot below shows where the work or volunteer information will be entered.
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:
Please check all that apply.
Language Used

On this screen, indicate the languages you use.
Add other language by pressing the “Add” button.

Language Used

Language:

Description if Other:

- Speak:
  - Yes
  - No

- Read:
  - Yes
  - No

- Write:
  - Yes
  - No
Work Experience / Work Duties
Teaching Experience (Part 1)

Complete this section with the date range of your experience in the past six (6) years. At least 1,000 hours of teaching or training CHWs or other health care (para)professionals in the eight (8) core CHW competencies is required. Include the supervisor’s information who can verify this experience.

You can enter additional experience information by clicking the “Add” button.
Teaching Experience Verification (Part 2)
Instructor Application Core Competencies/Work Duties (Part 2)

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 training or teaching CHWs, community health service providers or other health care professionals in the skill areas related to each core competency.
CHW Instructor Teaching Experience
Examples(s) 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 in the previous page. Examples must be within the last six (6) years. Click “Add” to add the second example.

Check the Continuing Education Units covered in the Training.
Other Licenses / Certifications
Add other current Texas Professional licenses or certifications in another Health Profession.

Network and Association relationship
Affiliation with DSHS-Certified Training Program and Network and Association Relationship

Once certified, an instructor must be affiliated with one or more training programs for CHWs or Instructors approved by DSHS in order to provide DSHS-certified training. Enter the name of the DSHS-approved training program(s) with whom you want to be affiliated in the assigned box.

A list of training programs approved by DSHS to deliver certified training to CHWs or instructors is located at http://www.dshs.texas.gov/mch/chw/training.aspx.

If you are a member of a CHW network or association, enter the name of the CHW association in the assigned box.

Go to http://www.dshs.texas.gov/mch/chw/resources for a list of CHW Networks/Associations.
Initial CHW Instructor - 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.

Related Licenses
Once certified, an instructor may provide training for community health workers or instructors through one or more training programs & sponsoring organization approved by DSHS. List any DSHS-approved training program(s) with whom you want to be affiliated as well as networks or associations, if your application is approved. A list of training programs & sponsoring organizations approved by DSHS to deliver certified training for promoters/community health workers (CHWs) or instructors is located at http://www.dshs.texas.gov/moh/chw/training.aspx. Go to http://www.dshs.texas.gov/moh/chw/resources for a list of CHW Networks/Associations.

Training Programs:

Networks or Associations:
Attaching Documents

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/CHW Instructor certification application. If data needs to be corrected, then click the “Edit” button to make corrections. If information is correct, click “Submit” to submit the initial CHW Instructor application based on experience.
Attestation Question

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

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 97.10 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 promotores (as) or community health workers, 25 TAC §§140.1-146.8 located at http://www.dshs.texas.gov/mch/chw/Community-Health-Workers_Program.aspx. Please call 1-812-778-2208 or 512.778.3880 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 Instructor certification.