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| --- |
| **Insert your Logo** |

**Training Organization Approved by the Texas Department of State Health Services**

**[Insert Institution Name] (Insert institute Cert #)**

**Awards this:**

**Certificate of Completion**

**To: [Insert participant Name]**

**Title: 160-Hour Community Health Worker Certification Course**

**(Competency Areas: 20 hours – Communication, 20 hours –Interpersonal, 20 hours – Service Coordination, 20 hours – Capacity-Building, 20 hours – Advocacy, 20 hours – Teaching, 20 hours – Organizational Skills, 20 hours – Knowledge Base)**

**Date: [Type Date of Training/Cours Location: [Type City/State or Distance Learning]**

**DSHS-Certified Instructor #**

**[Type First and Last Name of instructor here]**

**Insert Your Hand-Written Digital Signature**