# ""Certificate of Completion

[Institution Name] [Institute Cert #]

Training Organization Approved by the Texas Department of State Health Services

awards this certificate to

**[Name Goes Here]**

**180-Hour Community Health Worker**

**Instructor 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, 20 hours – Research and Evaluation Skills)

**[Date & Location]**

**DSHS-Certified CHW Instructor:** [Handwritten or digital signature here]

[First and Last Name, Instructor #]

[Your logo here]