



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. Read the information and the instructions below before filling out this form.

Application Submission Deadline

Submit your application packet including your Application for Committee Membership signed and dated with two (2) letters of recommendation by e-mail by **June 30, 2025. The Texas Department of State Health Services (DSHS) will not consider an incomplete packet, or an application packet received by e-mail after June 30, 2025.**

Committee Purpose

The CHW Advisory Committee advises DSHS and the Health and Human Services Commission (HHSC) on the implementation of standards, guidelines, and requirements relating to the training and regulation of CHWs or promotores.

Additional information about this committee is available on the [DSHS website](#).

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.

Instructions - Application for CHW Advisory Committee

- Submit required documentation:
 - Application for Advisory Committee Membership signed and dated
 - Two (2) letters of recommendations
- Complete this application in a brief yet informative manner. If a question does not apply to you, enter "N/A."
- Do not send a resumé or curriculum vitae as these will not be considered.

DSHS will use the information on your application and the information provided in your two (2) letters of recommendation to decide if you are eligible to serve on this committee. Applications without two (2) signed and dated letters of recommendation will be viewed as incomplete and will not be considered.

Please return this form and two (2) signed and dated letters of recommendation by e-mail by June 30, 2025, to:

chw@dshs.texas.gov

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

Letters of recommendation must be signed with hand-written signature.

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.

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 at this time. 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.

- ☐ **Professional working with promotores or CHWs in a community setting**

Qualification

Professionals working with promotores or CHWs in a community setting may include including employers and representatives of non-profit community-based organizations or faith-based organizations 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

Sex

- ☐ Male ☐ Female

Ethnic Groups

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White | <input type="checkbox"/> Other |

Education

- | | |
|---|--|
| <input type="checkbox"/> Kindergarten – 12th Grade | <input type="checkbox"/> College/University education |
| <input type="checkbox"/> High School Graduate or GED | <input type="checkbox"/> Advanced Degree (such as Masters or Doctoral) |
| <input type="checkbox"/> Junior College or Technical Degree | |
| <input type="checkbox"/> Some College | |

SECTION 3 – Professional Experience

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

2. Describe your relevant experience for the professional working with Promotores or CHWs in a community setting position category you are applying (paid employment or volunteer).

3. Indicate the length of experience working as a professional working with promotores or CHWs in a community setting position.

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

4. Is your experience as a professional working with promotores or CHWs in a community setting position current (within the past 3-4 years)?

- ☐ Yes ☐ No

5. Describe your direct experience as a professional working with promotores or CHWs in a community setting (e.g., *managing Promotor(a) or CHW Programs or overseeing promotores/CHWs in a community-based organization or faith-based organization or non-profit; background in mentoring, hiring and recruiting promotores/CHWs in a community setting, etc.*).

6. Demonstrate your active professional working with promotores or CHWs in a community setting role in engaging promotores or CHWs 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 professional working with promotores or CHWs in a community setting 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

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) 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 as a professional working with promotores or CHWs in a community setting.

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:

Email:

Relationship (how this person knows you):

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, via webcasting, or via Microsoft Teams. If selected, I will make every effort to attend all committee meetings.

Signature (typed name is acceptable)

Date

Please return this form and two (2) signed and dated letters of recommendation by e-mail by June 30, 2025, to:

chw@dshs.texas.gov

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