



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Application for Advisory Committee Membership

Promotor(a) or Community Health Worker (CHW) Training and Certification Advisory Committee (CHW Advisory Committee)

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 **November 4, 2022. The Texas Department of State Health Services (DSHS) will not consider an incomplete packet, or an application packet received by e-mail after November 4, 2022.**

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 at:

<https://www.dshs.texas.gov/chw/AdvisoryCommitteeVacancies.aspx>

Travel Reimbursement

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 signed and dated
- 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 you put on this 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. Letters of recommendation must be signed with hand-written signature.

Please return this form and two (2) signed and dated letters of recommendation by e-mail by November 4, 2022, to:

chw@dshs.texas.gov

Attn: 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 Beatrice Smith at 512-776-2208 or by e-mail to chw@dshs.texas.gov.

SECTION 1 Position Category

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.

☐ **Public Member**

Qualification

Public members may include consumers of community health work services or individuals with paid or volunteer experience in community health care or social services as required by Texas Administrative Code [§§146.1-146.8](#)

SECTION 2 Personal Information

Name:

Home Address:

City: State: TX Zip: Phone:

Fax: E-mail:

Employment Information (If applicable)

Business/Organization:

Address:

City: State: TX Zip: Phone:

Fax: E-mail:

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

<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"/> Some College |
| <input type="checkbox"/> High School Graduate or General Development (GED) Degree | <input type="checkbox"/> College/University Education |
| <input type="checkbox"/> Junior College or Technical Degree | <input type="checkbox"/> Advanced Degree such as master's or Doctoral Master's or Doctoral |
| <input type="checkbox"/> Other | |

SECTION 3 Professional Experience

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

Describe your relevant experience for the public member position category you are applying (paid employment or volunteer).

Indicate the length of experience of your public member experience.

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

Is your public member experience current (within the past 3-4 years)?

- ☐ Yes ☐ No

Describe your public member experience as an individual with paid or volunteer experience in community health care or social services.

Demonstrate your active public member role in community partnerships or other public health initiatives.

Do you advocate on behalf of promotores or CHWs at the local or national level?

- ☐ Yes ☐ No

If yes, please explain.

Is your Promotor(a) or CHW experience and leadership practiced beyond the local level?

- ☐ Yes ☐ No

If yes, please explain.

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.

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.

Have you been involved in current public health efforts to implement or promote the Promotor(a) CHW model?

☐ Yes ☐ No

If yes, please explain.

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

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

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?

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

☐ Yes ☐ No

If yes, please explain.

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

☐ Yes ☐ No

If yes, please explain.

Have you ever been disciplined by any licensing board/professional or civic organization, including the HHSC Inspector General?

☐ **Yes** ☐ **No**

If yes, please explain.

SECTION 4 Attestation of Responsibilities of Members Appointed to the CHW Advisory Committee

Every member appointed to CHW Advisory Committee must attend regularly and must participate in subcommittee activities.

- Regular committee meetings are held every three (3) months 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.

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:

SECTION 5 Miscellaneous Information

Do you have a personal or private interest in a matter pending before the Texas Department of State Health Services? ("Personal or private interest" includes 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:

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.

All the information provided in this application is true and correct. If selected, I will make every effort to contribute and fulfill my role.

Signature (typed name is acceptable)

Date

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chw@dshs.texas.gov

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