

Community Health Worker (CHW) Initial Certification Application Certification Requirements

- Be at least 16 years old.
- Submit:
 - Proof of Texas residency (e.g., ID card, driver's license, lease agreement, or utility bill, mortgage statement, voter registration card, or insurance card).
 - Recent color photo that meets [photo requirements](#).
- Complete a DSHS-certified competency-based training (Option 1); or have at least 1,000 hours of experience (Option 2). This application includes both options, fill out only the sections that apply to you.
 - Option 1: Application based on completion of DSHS Certified Training Course of at least 180 hours
 - Fill out Section V if you completed a DSHS-approved CHW certification course relating to all nine (9) core competencies.
 - Submit the training course certificate of completion with your application.
 - Option 2: Application based on experience
 - Fill out Sections VI if you have at least 1,000 hours of CHW services in the previous three years.
 - List your work experience (volunteer or paid) for the previous three (3) years that demonstrates experience in the nine CHW Core competency areas.
 - Request an [experience verification form](#) from supervisor(s) or professional reference(s). The supervisor(s) or professional reference(s) listed on the application must submit the form to DSHS at CHW@dshs.texas.gov.
- Fill in all fields, do not leave any blanks. If necessary, answer with N/A (not applicable). Incomplete applications will be returned. Please print in ink or type all information.

Submitting the Application and Photo

Email the completed application and photo to chw@dshs.texas.gov or mail them to:

Texas Department of State Health Services
P.O. Box 149347 MC1965
Attn: CHW Training and Certification Program
Austin, Texas 78714-9347

You may also fax the completed application to 512-776-7555. Faxed photos will not be accepted.

Contact information

For questions or more information, please visit the [Community Health Worker Program website](#) or contact the CHW Program at chw@dshs.texas.gov or 512-467-6200.

Certification Approval

If your application is approved, your certification will be valid for two (2) years. Send changes to your mailing address and contact information to chw@dshs.texas.gov.

Certification Denial

DSHS may deny your application for certification for the following reasons, including but not limited to:

- Your application is incomplete.
- You do not meet the requirements for CHW certification listed in [25 Texas Administrative Code Chapter 146](#) or [CHW or Promotor\(a\) Training and Certification Program \(CHW Program\) Policy](#).
- You have provided false information on the application.

Important Information

DSHS will mail your notice of certification and any correspondence to the address listed on your application. Keep a copy of all information and the completed application for certification for your records. By Texas law, your name, certification type, number, and status are public records. For more information, please go to CHW Program [Protected Information webpage](#).

Core Competencies

Communication Skills

- Understand basic principles of verbal and non-verbal communication.
- Listen actively, communicate with empathy, and gather information in a respectful manner.
- Use language confidently and appropriately.
- Identify barriers to communication.
- Give information to clients and groups in a clear and concise way.
- Speak and write in client's preferred language and at appropriate literacy level.
- Document activities and services and prepare written documentation.
- Collect data and provide feedback to health and human services agencies, funding sources, and community-based organizations.
- Gather information in a respectful manner.

- Assist in interpreting and/or translating health information.

Interpersonal and Relationship-Building Skills

- Represent others, their needs, and needs of the community.
- Be sensitive, honest, respectful, and empathetic.
- Establish relationships and assist in individual and group conflict resolution.
- Understand basic principles of culture, cultural competency, and cultural humility.
- Recognize and appropriately respond to the beliefs, values, cultures, and languages of the populations served.
- Set personal and professional boundaries and respect professional standards.
- Provide informal counseling.
- Use interviewing techniques (e.g., motivational interviewing).
- Work as a team member.
- Act within Professional and Ethical Standards in [Texas Administrative Code, Section 146.7](#)
- Maintain confidentiality of client information and act within the Health Insurance Portability and Accountability Act (HIPAA) requirements.
- Model behavior change.
- Network with peer CHWs in CHW associations/groups.

Service Coordination and Navigation Skills

- Identify and access resources and maintain a current resource inventory.
- Help improve access to resources.
- Conduct outreach to encourage participation in health events.
- Coordinate CHW activities with clinical and other community services.
- Develop networks to address community needs.
- Coordinate appropriate referrals, follow-up, track care and referral outcomes.
- Help others navigate services and resources in health and human services systems.
- Provide education, assessment and social support to clients and communities.
- Plan and facilitate individual and organizational goals and/or group action plan and goal attainment.

Capacity-Building Skills

- Identify problems and resources to encourage and help clients solve problems themselves.



- Collaborate with local partnerships to improve services, network, and build community connections.
- Learn new and better ways of serving the community through formal and informal training.
- Assess the strengths and needs of the community.
- Build leadership skills for yourself and others in the community.
- Facilitate support groups,
- Organize with others in the community to address health issues or other needs/concerns.
- Collect and use information from and with community members.

Advocacy Skills

- Participate in organizing others, use existing resources, and current data to promote a cause.
- Identify and work with advocacy groups.
- Inform health and social service systems and carry out mandatory reporting requirements.
- Stay abreast of structural and policy changes in the community and in health and social services systems.
- Speak up for individuals or communities to overcome intimidation and other barriers.
- Utilize coping strategies for managing stress and staying healthy.

Teaching and Education Skills

- Use methods that promote learning and positive behavior change.
- Use a variety of interactive teaching and coaching methods for different learning styles and ages.
- Organize presentation materials.
- Identify and explain training and education goals and objectives.
- Plan and lead classes.
- Evaluate the success of an educational program and measure the progress of individual learners.
- Use audiovisual materials and equipment to enhance teaching.
- Prepare and distribute education materials and present at community events.
- Facilitate group discussions and decision making in ways that engage and motivate learners.

Organizational Skills

- Plan and set individual and organization goals.
- Plan and set up presentations, educational/training sessions, workshops, and other activities.
- Effectively manage time and prioritize activities yet stay flexible.
- Maintain and contribute to a safe working environment.
- Gather, document, and report on activities within legal and organization guidelines.

Knowledge Base on Specific Health Issues

- Gain and share basic knowledge of the community, health and social services, specific health issues.
- Understand non-medical drivers of health and health disparities.
- Stay current on health issues affecting clients and know where to find answers to difficult questions.
- Understand consumer rights pertaining to federal and state regulators and adherence to ethical standards.
- Find information on specific health topics and issues across all ages [lifespan focus], including healthy lifestyles, maternal and child health, heart disease and stroke, diabetes, cancer, oral health, and behavioral health, etc.
- Use and apply public health concepts.

Evaluation and Research Skills

- Identify important concerns and conduct evaluation and research to better understand root causes.
- Apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR).
- Participate in evaluation and research processes.
- Participate in individual assessment through observation and active inquiry.
- through observation and active inquiry.
- Participate in community assessment through observation and active inquiry.
- Collaborate with other educators.



Community Health Worker (CHW) or Promotor(a) Training and Certification Program
Community Health Worker (CHW) Initial Certification Application

Section I. Personal Information

Name (Last, First, Middle):

Home Address:

Street Address/P.O. Box City, State Zip Code

Mailing Address:

Street Address/P.O. Box City, State Zip Code

Cell Phone: Home Phone:

Date of Birth (Month/Day/Year):

Sex: Female Male

Personal e-mail: No personal email

Race

- American Indian/Alaskan
Asian
Black/African American
White
Native Hawaiian/Other Pacific Islander
Other (Specify):

Ethnicity

- Hispanic
Not Hispanic

Language(s) Used

- English: Speak Read Write
Spanish: Speak Read Write

Other Language: _____ Speak Read Write

Preferred Language for Correspondence: English Spanish

Section II: Education

Highest Level of Education Completed (check one):

- Kindergarten – 12th Grade
- High School Graduate or GED
- Junior College or Technical Degree
- Some College
- College/University Degree
- Advanced Degree such as Master's or Doctoral

Section III. State of Texas Professional License / Certificate

Do you hold any other current State of Texas professional or national license/certificate?

Yes No If yes, provide details below:

Other Texas License/Certificate Name: _____

Certificate Number: _____

Other Certificate Name: _____

Certificate Number: _____

Section IV. Current Employment or Volunteer Work

Employment Type: (select one)

Employment Volunteer None

Is this a Promotor(a)/CHW Position? Yes No

Organization Information (Volunteer or Employment)

Name of Organization: _____

Address (Street address): _____

City: _____ State: _____ Zip Code: _____

County: _____

Supervisor's Name: _____

Supervisor's Title: _____

Type of Organization (check one):

- | | |
|---|--|
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> College/University/School | <input type="checkbox"/> Insurance/Health Plan |
| <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> Home Health/Long Term Care Facility |
| <input type="checkbox"/> Local Health Department | <input type="checkbox"/> Clinic/Hospital/Emergency Service |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Retail/Manufacturing | _____ |

Employment Details

Current Job Title: _____

Applicant's Work Phone: _____

Applicant's Work E-mail Address: _____

Work Status: Full Time Part Time Paid

Salary per Hour:

< \$9.00 \$9.00-\$15.00 \$15.01-\$25.00 \$25.01 or more

Section V – Application Based on Completion of DSHS-Approved CHW Certified Training Course of at Least 180 Hours

Date training completed (Month/Day/Year): _____ Certificate Attached

DSHS-Certified Training Program (Sponsoring Organization): _____

CHW Instructor: _____

Training Location (City): _____ Distance Learning

Note: Skip to Section VII if applying based on completion of a DSHS-approved training course.

Section VI. Application Based on Experience

Date(s) of Experience

Start Date (Month/Year): _____ End Date (Month/Year): _____

Organization Information

Name of Organization/Agency: _____

Applicant's Job Title: _____

Name of Supervisor: _____

Supervisor's Title: _____

Supervisor's Telephone: _____ Ext: _____

Agency's Street Address: _____

City: _____ State: _____ Zip Code: _____

Do you have at least 1,000 hours of CHW service? Yes No

If no, how many hours? _____

Work experience in the following community health worker or promotor(a) skill areas:

Check all that apply below. You must meet at least half of the skills under each core competency.

Communication

- Understand basic principles of verbal and non-verbal communication.
- Listen actively, communicate with empathy, and gather information in a respectful manner.
- Use language confidently and appropriately.
- Identify barriers to communication.
- Give information to clients and groups in a clear and concise way.
- Speak and write in client's preferred language and at appropriate literacy level.
- Document activities and services and prepare written documentation.
- Collect data and provide feedback to health and human services agencies, funding sources, and community-based organizations.
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- Provide informal counseling.
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- Work as a team member.
- Act within Professional and Ethical Standards in Texas Administrative Code, Section 146.7.

- Maintain confidentiality of client information and act within the Health Insurance Portability and Accountability Act (HIPAA) requirements.
- Model behavior change.
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- Plan and facilitate individual and organizational goals and/or group action plan and goal attainment

Capacity-Building

- Identify problems and resources to encourage and help clients solve problems themselves.
- Collaborate with local partnerships to improve services, network, and build community connections.
- Learn new and better ways of serving the community through formal and informal training.
- Assess the strengths and needs of the community.
- Build leadership skills for yourself and others in the community.
- Facilitate support groups.
- Organize with others in the community to address health issues or other needs/concerns.
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Advocacy

- Participate in organizing others, use existing resources, and current data to promote a cause.
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Find information on specific health topics and issues across all ages [lifespan focus], including healthy lifestyles, maternal and child health, heart disease and stroke, diabetes, cancer, oral health, and behavioral health, etc.

Use and apply public health concepts.

Evaluation and Research

Identify important concerns and conduct evaluation and research to better understand root causes.

Apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR).

Participate in evaluation and research processes.

Participate in individual assessment through observation and active inquiry.

Participate in community assessment through observation and active inquiry.

Collaborate with other educators.

Section VII – Applicant Signature

Applicants must complete and sign their own application. Please read the following statements carefully. Sign or type your name below to indicate your understanding and acceptance of these statements in the space provided.

- 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.
- I agree to abide by [Texas Health and Safety Code, Chapter 48](#) and the rules regarding the training and certification of CHWIs, [25 Texas Administrative Code Chapter 146](#). I give DSHS permission to verify any information or references which are important in determining my qualifications.
- I give DSHS permission to verify any information or references, which are important in determining my qualification.
- I will return the certificate and identification card(s) to DSHS upon the expiration, 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.

Applicant Signature: _____ **Date:** _____

DSHS awards certification to CHWs with necessary skills and competencies based on completion of required training and/or relevant experience. Employers are responsible for verification of applicants' personal or background information.

PRIVACY NOTIFICATION

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 review 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 dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)