# Community Health Worker (CHW) Certification Renewal Application

## Renewal Requirements:

- 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).
  - Certificates of completion for at least 20 hours of continuing education related to the nine (9) CHW core competencies during the two-year renewal period.
  - Recent color photo that meets photo requirements.
- Complete 20 hours of continuing education units (CEUs) every two years.
  - Continuing Education Unit (CEU) – Also known as Continuing Education (CE), is a measure to track continuing education and training completion. Measured in 15-minute increments of instruction: 0.25 CEU = 15 minutes, 0.5 CEU = 30 minutes, 0.75 CEU = 45 minutes, 1 CEU = one hour. Continuing education must be greater than 30 consecutive minutes (0.5 CEUs) or more.
  - Continuing Education Unit (CEU) options:
    - **DSHS-Certified Continuing Education (Section VI)** – At least ten (10) CEUs of the 20 total CEUs for CHWs must come from participation in a DSHS-certified CHW training program. The other ten (10) hours may include five (5) CEUs completed for a Texas license or certification in another health profession. These must be related to the CHW core competencies. **Enter these CEUs in Section VII.**
    - **Non-Certified Continuing Education (Section VIII)** – Ten (10) hours of the 20 total CEUs may come from training programs and instructors not certified by DSHS that relate to one or more of the CHW core competencies.
- Note: All 20 CEUs may be completed from participating in a DSHS certified training program that provides CEUs.

## Expired Certificate

You may renew your expired certificate within one year after expiration by completing the required continuing education and submitting the Application for Certificate Renewal if your certificate has been expired for less than one year.

A CHW certification cannot be renewed if it has expired for more than one year. An initial CHW certification application can be sent if you wish to regain your CHW certification.

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 | Texas DSHS website, or contact the CHW Program at chw@dshs.texas.gov or 512-467-6200.

## Certification Approval

If your application is renewed, 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.
- Your application does not meet the requirements for training program 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.

TEXAS Health and Human Services | Texas Department of State Health Services

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

# Community Health Worker (CHW) Certification Renewal 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

## Section II. Current Employment or Volunteer Work

**Employment Type:** (select one)
◯ Employment ◯ Volunteer ◯ None

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

**Organization Information**

Name of Organization: _____

Address (Street address): _____

City: _____ State: _____ Zip Code: _____

County: _____

Supervisor's Name: _____

Supervisor's Title: _____

**Type of Organization** (check one):

- ☐ Community-Based Organization
- ☐ College/University/School
- ☐ Faith-Based Organization
- ☐ Local Health Department
- ☐ State Agency
- ☐ Retail/Manufacturing
- ☐ Non-Profit Organization
- ☐ Insurance/Health Plan
- ☐ Home Health/Long Term Care Facility
- ☐ Clinic/Hospital/Emergency Service
- ☐ Other (specify): _____

**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 III. 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 IV. Community Health Worker Certification

Promotor(a)/ Community Health Worker Certificate Number: _____

Expiration Date: _____

## Section V. 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:

Certificate Name: _____

Certificate Number: _____

Certificate Type: _____

Expiration Date: _____

## Section VI. List of DSHS-Certified Continuing Education

Ten (10) certified hours (CEUs) for CHWs are required. Attach course certificate(s) for all listed CEUs

| Date | Continuing Education Course Title | Total Hours |
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| | **Total DSHS-Certified CEUs for CHWs** | |

## Section VII. Continuing Education for license or certification in another profession

Up to five (5) hours completed to renew another Texas license for certification can be used as DSHS certified CEUs. Training must be related to one or more of the core competencies. Attach course certificate(s) for all listed CEUs.

| Date | Continuing Education Course Title | Total Hours |
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| **Total CEUs for license or certification in another health profession** | | |

## Section VIII. Non-Certified Continuing Education

Training courses completed through non-DSHS-certified training programs. Training must be related to one or more of the core competencies. Attach course certificate(s) for all listed CEUs.

| Date | Continuing Education Course Title | Total Hours |
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| | **Total Non-Certified CEUs** | |

## Section IX — 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.)