

# Curriculum Submission Form

## Purpose

The Texas Department of State Health Services (DSHS) Community Health Worker (CHW) Training and Certification Program (CHW Program) reviews and approves DSHS-certified training centers' curricula for CHWs and CHW Instructors to ensure quality training is provided. The Curriculum Submission Form provides a checklist and information for training programs to understand the DSHS curriculum review and approval process and timeline.

## Instructions

Submit the following documents in a single email to [CHW@dshs.texas.gov](mailto:CHW@dshs.texas.gov) with the subject line "CHW Certification Curriculum Submission" or "CHW Continuing Education (CE) or CHWI Curriculum Submission".

Use the checklists below to ensure your application packet is complete.

### Initial Certification Course Checklist

The application packet for a CHW certification curriculum must include:

- ☐ Curriculum Submission Form
- ☐ A CHW certification curriculum with the number of hours required per each of the CHW core competencies divided in modules in a PowerPoint format
- ☐ CHW certification curriculum syllabus and [lesson plan](#) in the template provided by the CHW Program
- ☐ Sample [certificate of completion](#) on a template provided by the CHW Program
- ☐ Pre/post test
- ☐ Curriculum authorization release letter or e-mail (*if curriculum was developed by another entity, please request an email or letter from the curriculum developer granting permission to use for training CHWs.*)

### Continuing Education (CE) Course Checklist

The application packet for a continuing education curriculum must include:

- ☐ Curriculum Submission Form
- ☐ Continuing education curriculum in a PowerPoint format
- ☐ [Lesson plan](#) in the template provided by the CHW Program
- ☐ Sample [course certificate of completion](#) on a template provided by the CHW Program
- ☐ Pre/post test

### Review Process

The curriculum packet review and approval process may take up to 120 business days. The CHW program staff and subject matter experts will review the curriculum packet. DSHS may recommend revisions before a curriculum is approved. Training programs will receive a letter when the curriculum is approved.

## Curriculum Information

**Date Submitted:**

**Submitted By:**

**Training Program:**

**Primary Training Program Contact:**

**Name and Certification Number of Certified Instructor** involved in the development or review of curriculum:

**Name and Organization of Curriculum Developer:** *(If curriculum was developed by another entity, include public domain information or documentation of approval by curriculum developer.)*

**Curriculum Title:**

**Anticipated Course Date:**

**Topic Area(s) or Key Word(s):**

**Type of Curriculum:**

☐ CHW training    ☐ Instructor training    ☐ Other

**Language of Instruction:**

☐ English

☐ Spanish *(must submit Spanish curriculum for approval)*

☐ Other:

**Total Number of Contact Hours:**

**Breakdown of Number of Contact Hours by Core Competency**

Communication Skills:

Interpersonal Skills:

Service Coordination Skills:

Capacity-Building Skills:

Advocacy Skills:

Teaching Skills:

Organizational Skills:

Knowledge Base on Specific Health Issues:

Evaluation and Research Skills:

**Training Method:**

- ☐ In person
- ☐ Online – real time
- ☐ Online – self-paced module or recorded webinar
- ☐ Combination / hybrid – please describe:
  
- ☐ Other – please describe:

**Literacy Level:**

Process or tool used to determine literacy level:

**Learner-Centered Objectives**

*Describe how learner-centered objectives are appropriate for CHWs or CHWIs.*

**Interactive Component**

*Describe how the curriculum will be interactive and engage learners.*

**Adult Learning Principles**

*Describe how the curriculum utilizes adult learning principles.*

**Evaluation Component**

*Include any pre/post-test or describe other process or tool that will be used to evaluate acquisition of skills and knowledge.*

**Citations and References**

*Please include any citations and references for information provided in the curriculum. Any internet links (URLs) provided must be active.*

**Would you be willing to share your curriculum with other DSHS-certified CHW/CHWI training programs?**

☐ Yes      ☐ No      ☐ Unsure

## Guest Instructor

**Will a guest instructor teach any portion of this curriculum?** ☐ Yes ☐ No

**Full Name of Guest Instructor:**

**Amount of Time Guest Instructor Will Teach:**

*Up to 2 hours of training for CEs or no more than 10% per core competency of certification course.*

### **Guest Instructor Qualifications**

*Must meet at least two of the following qualifications. Please explain how the instructor meets the qualification.*

- ☐ Licensure or certification in field related to training topic, including certification as a CHW.

License or certification type and number:

- ☐ Advanced degree (master's or doctorate) in field related to training topic.

Degree and institution:

- ☐ Publication (peer-reviewed journal) or research related to training topic.

Example:

- ☐ Current work related to training topic.

Describe:

- ☐ Other unique qualifications (such as a person with life experience related to training topic)

List specifics:

## **For CE Sessions or Webinars Taught by a Guest Instructor**

A CHWI must be available to assist and/or answer questions as needed during the session.

### **Name and Certification Number of the Certified CHWI:**

Provide the means by which a certified instructor will be available to respond to questions about the guest instructor's presentation. *Examples might include being present/in attendance, logged into the webinar with the ability to see and answer questions, responding via online forum/discussion board, or available via email.*