



Request for Experience Verification Form

SECTION 1: Purpose and Instructions

The Texas Department of State Health Services (DSHS) certifies promotores or Community Health Workers (CHWs) and CHW instructors who have demonstrated proficiency in the [CHW core competencies](#) through training and/or relevant experience. This form is intended to verify the applicant listed in Section 2 below meets certification requirements based on experience. One form is required per position or role.

To qualify for certification based on experience, [Texas Administrative Code, Chapter 146](#), requires an applicant to have a minimum of 1,000 cumulative hours of experience covering all core competencies within the last three years. The supervisor(s) or professional reference(s) identified in the application must confirm the applicant’s experience using this form.

Applicants are required to provide this form to each supervisor or professional reference who can verify their experience within the last three years. The selected reference(s) must complete and email this form to the CHW Program at chw@dshs.texas.gov. DSHS will not accept an Experience Verification Form submitted directly by an applicant.

Contact Information

For questions or more information, please visit the [DSHS CHW Program website](#) and review the [CHW Program Policy](#). You may also contact the CHW Program at chw@dshs.texas.gov or (512) 776-2624.

SECTION 2: Applicant Information

The section must be completed by the applicant. The information provided must match the application.

Name (Last, First, Middle):

Date of Birth (Month/Day/Year): _____

Telephone: _____ **Email:** _____

Experience Verification for: CHW CHW Instructor

- Experience obtained from volunteering

CHW Core Competencies (include skills, knowledge, and qualities) achieved and demonstrated: Select all that apply.

- Communication Skills
- Interpersonal and Relationship-Building Skills
- Service Coordination and Navigation Skills
- Capacity-Building Skills
- Advocacy Skills
- Teaching and Education Skills
- Organizational Skills
- Knowledge Base on Specific Health Issues
- Evaluation and Research Skills

Did the applicant achieve at least 1000 hours of experience in this position or role?

- Yes No

If not, how many hours of total experience did the applicant achieve?

SECTION 5: Supervisor Or Professional Reference Signature:

Must be completed by the supervisor or professional reference.

I certify that all the information provided in this form is true and complete per my knowledge. I understand providing false or misleading information is a violation of professional and ethical standards under [Texas Administrative Code, Section 146.7](#). A violation will result in an application being voided and the certificate of an applicant being revoked under [Texas Administrative Code, Section 146.8](#). The violation may also result in criminal prosecution for tampering with a governmental record under [Texas Penal Code, Section 37.10](#).

Signature

Date (Month/Day/Year)