

Reciprocity Application for Military Service Member, Military Veteran, and Military Spouse

Community Health Worker (CHW) or CHW Instructor(CHWI)

Alternative Certification or Exemption

Section I. Instructions

Eligibility Requirements

Texas CHW certification conforms with the following standards and guidelines established in [Texas Health and Safety Code, Chapter 48](#), and [25 Texas Administrative Code \(TAC\), Chapter 146](#). CHWs and CHWIs in Texas must demonstrate [nine core competencies](#) and meet the following certification requirements:

- Texas resident
- Age 16 or older for CHW certification
- Age 18 or older for CHWI certification
- Training – Completion of an approved 160-hour competency-based CHW training course certified by the Texas Department of State Health Services (DSHS) within the past three years.
Or
- Experience – At least 1000 cumulative hours of CHW services within the most recent three (3) years. Experience is verified with the supervisor noted in the application.

Military service members, military veterans, and military spouses may apply for certification authorized by [Texas Occupations Code \(TOC\), Chapter 55](#) using this form. You must meet requirements and procedures for:

- Certification exemption under [25 TAC, Section 1.81](#); OR
- Alternative certification under [25 TAC, Section 1.91](#);

The Texas Department of State Health Services (DSHS) CHW Program does not charge any application fees.

Required Documentation

- Proof of residency in Texas. This requirement is satisfied by providing a copy of the permanent change-of-station order assigning the military service member to a military installation in Texas.
- Copy of your out-of-state CHW or CHW Instructor certification.
- Copy of the military service member or military spouse's military identification card.
- A copy of the military spouse's marriage license, if the applicant is a military spouse.
- A notarized affidavit affirming under penalty of perjury that:
 - You are the person described and identified in the application.
 - All statements in the application are true, correct, and complete.
 - You understand the scope of practice for CHW or CHW instructor certification in Texas and will not perform outside of that scope of practice; and
 - Your out-of-state CHW or CHW instructor certification is in good standing.
- Recent color photo that meets [photo requirements](#).

Submitting the Application and Required Documentation

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

Texas Department of State Health Services
P.O. Box 149347 MC1945
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.

SECTION 2: Applicant 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): _____ **Gender:** Female Male

Personal e-mail: _____ No personal email

Application Category (Select One)

Active Military Military Veteran Military Spouse

Type of Certification (Select all that apply)

CHW CHW Instructor

Out-of-State Certifying Agency Name: _____

Out-of-State Certifying Agency Phone: _____

Out-of-State CHW or CHW Instructor certification number: _____

If military spouse, name of active or veteran military spouse: _____

Select all that apply:

You were honorably discharged

Received CHW or CHW Instructor training in the military

Applicant Signature: _____ **Date:** _____

SECTION 3: Out-of-State Certifying Agency ONLY

The organization that issued the original certification in another state must complete this section. The DSHS CHW Program will use this information to determine if the certification is similar in scope and in good standing.

Organization Information

Name of Certifying Agency: _____

Type of Certification: _____ Certificate Number: _____

Name of Applicant: _____

Issue Date: _____ Expiration Date: _____

Agency's email: _____

City: _____ State: _____ Zip Code: _____

1. Was the applicant certified based on completion of a competency based CHW training course?
- Yes No

2. Was the applicant certified based on cumulative experience in CHW services within the most recent three (3) years.
- Yes No

If yes, enter the number of cumulative experience hours: _____

3. Do you recommend granting recognition of out-of-state certification to this applicant?
- Yes No

If "No" to any question, please provide supplemental information here. If needed, you may attach a separate sheet.

SECTION 4: DSHS ONLY

Reviewer Name: _____ Date: _____

Title: _____ Phone Number: _____

Agency Determination (Select One)

Approved for alternative certification

Review Date: _____

Approved for certification exemption

Date Recognition letter sent: _____

Application not approved

Reason not approved: