



Request for Experience Verification Form

Section 1: Purpose and Instructions

The Texas Department of State Health Services (DSHS) certifies promoters 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

Section 3: Supervisor or Professional Reference Information:

Must be completed by the supervisor or professional reference.

Name (Last, First, Middle):

Title:

Business Name:

Telephone:

Business Address:

Street Address:

City:

State:

Zip Code:

County:

Email Address:

Section 4: Experience Verification:

Must be completed by the supervisor or professional reference.

Position Information

Applicant position/role:

Start Date: (Month/Day/Year)

End Date: (Month/Day/Year)

Type of experience

CHW experience working directly in the community:

Experience obtained from full time employment

Experience obtained from part time employment

Experience obtained from volunteering

CHW instructor experience instructing or training promoters, CHWs, or other health care professionals and demonstrates teaching or training in the CHW core competencies:

Experience obtained from full time employment

Experience obtained from part time employment

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):