![Texas Health and Human Services | Texas Department of State Health Services]

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

Training Program Application for Initial Certification

Organizations interested in becoming certified as a training program for promotores or CHWs, and/or CHW instructors (CHWIs) may submit an application to the Texas Department of State Health Services (DSHS) per the instructions included below. Organizations may apply to provide the following types of training courses:

- Initial certification course for CHW and CHWI
- DSHS-certified Continuing Education (CE) for CHW and CHWI
- Both – Initial certification course and DSHS-certified CE

Certified training programs must comply with 25 Texas Administrative Code, Chapter 146 and the CHW or Promotor(a) Training and Certification Program (CHW Program) Policy.

There is no cost for organizations to apply and receive certification as a training program.

Certification Requirements

- Physical location in Texas
- Experience in training promotores or CHWs, health care professionals, or paraprofessionals and training experience within the past two years and related to the CHW core competencies
- Affiliation with one or more CHWIs currently certified by DSHS.
- Submit:
  - o This application form with complete and accurate information
  - o A curriculum submission packet (see list below) per training category selected in **Section I** of this application.

Core Competencies Requirements

DSHS grants certification to promotores or CHWs and CHWIs with demonstrated core competencies based on completion of required training or relevant experience. Initial certification curricula must cover each of the nine core competencies. CE curricula must cover one or more of the nine core competencies. For each core competency applicable to your curricula, incorporate these corresponding learner-centered objectives:

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.

Initial Certification Curriculum Submission Packet

The application packet for a 180-hour CHW or CHWI Initial certification curriculum must include:

- Curriculum Submission Form

- A 180-hour CHW certification curriculum with 20 hours per each of the nine core competencies divided in modules in a PowerPoint format

- CHW certification curriculum syllabus/outline and lesson plan in the CHW Certification Curriculum Lesson Plan Template provided by the CHW Program

- Sample certificate of course completion in 180-Hour CHW Course Certificate of Completion Template provided by the program

- Course evaluation tool to be completed by the student

- Pre and Post-test with the key answer highlighted

- Curriculum authorization release letter or email (if curriculum was developed by another entity or by another DSHS-certified training, please request an e-mail or letter from the curriculum developer granting permission to use.)

CE Curriculum Submission Packet

The application packet for CE curriculum must include:

- [Curriculum Submission Form](#)
- CE Curriculum in a PowerPoint format
- A lesson plan in the CHW Program template
- Sample CE course certificate of completion in the CHW Program template
- Course evaluation tool to be completed by the student
- Pre and Post-test with the key answer highlighted

Share Curriculum Requirements

A training program applying for the first time may include a DSHS certified curriculum from a DSHS certified training program that has agreed to share their curriculum. In this situation, the training program application must include:

- Description of changes, if any, to the DSHS certified curriculum
- Documentation from the DSHS certified training program agreeing to share their DSHS approved curriculum with the training program applying for certification

Submitting the Application

E-mail the completed application, the curriculum packet, and supporting materials to chw@dshs.texas.gov. Keep a copy of all materials submitted for your records. DSHS will provide login information for DSHS external website for uploading large curriculum files.

Certification Denial

Your application for renewal of certification may be denied for reasons including but not limited to:

- Your application is incomplete.
- Your organization does not meet the requirements for training program certification 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.

Certification Approval

If your application is approved, the certification will be valid for two (2) years. Send changes to your mailing address and contact information to chw@dshs.texas.gov.

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.

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

Training Program Application for Initial Certification

Section I. Application Category

Check the category(ies) for which you are applying:

☐ Provide CHW Initial certification training
☐ Provide DSHS-certified CE training for promotores or CHWs.
☐ Provide CHWI Initial certification training
☐ Provide DSHS-certified CE training for CHWIs.

Section II. Organization Information

Please Print or Type all information.

Organization's Name:

_____

Physical Address:

_____
Street Address/P.O. Box   *City, State*   *Zip Code*

Mailing Address:

_____
Street Address/P.O. Box   *City, State*   *Zip Code*

Phone: _____ **Fax:** _____ **Website:**_____

Contact Person: _____ **Title:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Type of Organization: (check one)

☐ College/University
☐ Community College
☐ Community-Based
   Organization
☐ Clinic/Hospital
☐ Faith-Based Organization

☐ Local Health Department
☐ State Agency
☐ Non-Profit Organization

☐ Other – specify:
   _____

Is your organization accredited by the Council for Higher Education Accreditation or similar accreditation body? ☐ Yes ☐ No

If yes, please answer the following questions about the accrediting organization.

Organization's Name: _____

Contact Person: _____ Title:_____

Accrediting Organization Mailing Address:

_____

Street Address/P.O. Box

_____

City, State   *Zip Code*

Phone: _____ Fax: _____ Email: _____

Status of Accreditation: _____ Accreditation Date:_____

Section III. Organization's Training Experience

List your organization's experience training promotores or CHWs, other health care professionals, and/or paraprofessionals in the past two years related to the core competencies.

Training 1 Details

Dates (MM/YYYY to MM/YYYY): _____

Location (City, State): _____

Length of Training (hours): _____

Course Title: _____

Target Audience: _____

Core Competencies Covered:

Check all that apply.

☐ Communication skills

☐ Interpersonal and relationship-building skills

☐ Service coordination and navigation skills

☐ Capacity-building skills

☐ Advocacy skills

☐ Teaching and educational skills

☐ Organizational skills

☐ Knowledge base on specific health issues

☐ Research and evaluation skills

Training 2 Details

Dates (MM/YYYY to MM/YYYY): _____

Location (City, State): _____

Length of Training (hours): _____

Course Title: _____

Target Audience: _____

Core Competencies Covered:

Check all that apply.

☐ Communication skills

☐ Interpersonal and relationship-building skills

☐ Service coordination and navigation skills

☐ Capacity-building skills

☐ Advocacy skills

☐ Teaching and educational skills

☐ Organizational skills

☐ Knowledge base on specific health issues

☐ Research and evaluation skills

Training 3 Details

Dates (MM/YYYY to MM/YYYY): _____

Location (City, State): _____

Length of Training (hours): _____

Course Title: _____

Target Audience: _____

Core Competencies Covered:

Check all that apply.

☐ Communication skills

☐ Interpersonal and relationship-building skills

☐ Service coordination and navigation skills

☐ Capacity-building skills

☐ Advocacy skills

☐ Teaching and educational skills

☐ Organizational skills

☐ Knowledge base on specific health issues

☐ Research and evaluation skills

Section IV. CHW Instructor(s)

DSHS-certified training centers must have at least one affiliated CHWIs authorized to teach DSHS-certified curricula. List the CHWI(s) certified by DSHS who will provide training for promotores or CHWs, and/or CHWIs for this your organization.

CHWI Name	CHWI Certificate Number	CHWI Certificate Expiration Date	Check box if certification pending
			☐
			☐
			☐
			☐
			☐

Section V: Annual Plan to Deliver DSHS-Certified Training

Answer the following questions about your annual plan to provide any DSHS-certified initial or CE training.

Training Methodology

Training will be offered in: *(check all that apply)*

☐ In person

☐ Online – real time

☐ Online – self-paced module or recorded webinar

☐ Combination / hybrid – please describe: _____

☐ Other – please describe: _____

Location

Location for in-person training, if different from the physical address in Section 1:

_____

Training Schedule

How often will training be provided each year? Include frequency of training calendar/schedule, with proposed days of the week and times when courses will be offered.

Initial Certification Training: _____

DSHS-Certified Continuing Education Training: _____

Recruitment

Identify the method(s) and timeframe you plan to use for recruiting training participants. Describe advertising (presentations/media (e.g., TV/radio/newspaper/newsletter) and/or publications (e.g., brochures; flyers; Web site; bulletins).

Registration/Enrollment

How will participants register/enroll for training? Include the method or system for registration, and location for online and/or in-person registration.

Cost

Is there a cost for participants to enroll in your program?

Certification Training: ☐ No   ☐ Yes – what is the cost? _____

DSHS-Certified Continuing Education Training: ☐ No   ☐ Yes – what is the cost? _____

Completion/Graduation

What are your training completion/graduation requirements?

Language

Training will be offered in: *(check all that apply)*

Initial Certification Training:

☐ English   ☐ Spanish   ☐ Other – please list: _____

DSHS-Certified Continuing Education Training:

☐ English   ☐ Spanish ☐ Other – please list: _____

Section VI. CEO/Designee Signature

This application must be electronically signed and dated by the organization's Chief Executive Officer (CEO) or designee.

Please read the following statements carefully and indicate your understanding and acceptance by signing 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 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 promotores or CHWs and training programs, 25 Texas Administrative Code Chapter 146 Please call 512-776-2208 or 512-776-3860 to request a copy.

- I give the DSHS permission to verify any information or references which are important in determining my qualifications.

- 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 the DSHS of the current address of the training program within 30 days of any changes of address.

_____   _____

Signature of CEO or Designee   **Date**

(Electronic signature is acceptable.)

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.)