

## **Community Health Worker (CHW) or Promotor(a) Training and Certification Program Training Program Application for Certification Renewal**

Organizations certified as a training program by the Texas Department of State Health Services (DSHS) must renew their certification every two (2) years per the instructions included below. If the certification is renewed, training centers may continue to provide the following types of training courses:

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

Certified training program 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 renewal of certification as a training program.

### **Certification Renewal Requirements**

- Physical location in Texas
- Affiliation with one or more CHWIs currently certified by DSHS.
- Submit:
  - A complete [renewal application](#) provided by DSHS
  - Record of trainings offered during the previous two-year certification cycle
  - List of instructors
  - A plan to provide trainings on an annual basis which includes:
    - Locations
    - Training schedule
    - Recruitment and registration/enrollment procedures
    - Cost of classes
    - Training methodology (classroom or distance learning)
    - Completion/graduation requirements
    - Training evaluation tool
- List of each DSHS certified curriculum used by the DSHS certified training program and the last date of certification.
- An assurance statement stating the curricula is accurate and relevant with the most current research available and complies with current CHW Program Policy.

## Share Curriculum Requirements

A training program applying to renew its certification 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 renewal

## Submitting the Application

E-mail the completed application, and supporting materials to [chw@dshs.texas.gov](mailto:chw@dshs.texas.gov). Keep a copy of all materials submitted for your records.

## 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 listed 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 renewal 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](mailto: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](mailto:chw@dshs.texas.gov) or 512-467-6200.



## Community Health Worker (CHW) or Promotor(a) Training and Certification Program Training Program Application for Certification Renewal

### 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:**

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<i>Street Address/P.O. Box</i>	<i>City, State</i>	<i>Zip Code</i>
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**Mailing Address:**

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<i>Street Address/P.O. Box</i>	<i>City, State</i>	<i>Zip Code</i>
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**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Organization:** (check one)

- |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> College/University<br><input type="checkbox"/> Community College<br><input type="checkbox"/> Community-Based<br>Organization<br><input type="checkbox"/> Clinic/Hospital | <input type="checkbox"/> Faith-Based Organization<br><input type="checkbox"/> Local Health Department<br><input type="checkbox"/> State Agency<br><input type="checkbox"/> Non-Profit Organization<br><input type="checkbox"/> 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. CHW Instructor(s)**

DSHS-certified training centers must have at least one affiliated CHWI authorized to teach DSHS-certified curricula. List the CHWI(s) certified by DSHS who 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
			<input type="checkbox"/>

### Section IV. Trainings Offered During the Previous Two Years

List training provided by the training program during the previous two-year certification cycle, including initial certification course(s) and DSHS-certified continuing education for promotores/CHWs and/or CHWIs. Add additional pages if needed.

DSHS-Certified Initial Certification Courses				Training Focus	
Date Completed	Course Title	Location (City) or Distance Learning	Total Number of Hours	CHW	CHWI
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

DSHS-Certified Continuing Education				Training Focus	
Date Completed	Course Title	Location (City) or Distance Learning	Total Number of Hours	CHW	CHWI
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## 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: \_\_\_\_\_

**Training Evaluation**

Attach a copy of your evaluation tool for the training experience. This tool is designed to assess participant satisfaction with the instruction and content quality and is consistent for all trainings. It is different from the pre/post-tests that measure knowledge gain and learning outcomes for each initial or CE course.

**Section VI. DSHS Certified Curricula**

List of each current DSHS-certified curriculum that will be used by the DSHS-certified training program over the next two years.

DSHS-Certified Initial Certification			Training Focus	
Curriculum Title	Total Number of Hours	Last Date of Certification	CHW	CHWI
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>



DSHS-Certified Continuing Education			Training Focus	
Curriculum Title	Total Number of Hours	Last Date of Certification	CHW	CHWI
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Assurance Statement by DSHS-Certified Training Program**

All DSHS-certified continuing education curriculum for CHWs and/or CHWIs listed in the above table are accurate and relevant for CHWs and/or CHWIs in accordance with the most current research available and apply the curriculum standards established in the [CHW or Promotor\(a\) Training and Certification Program \(CHW Program\) Policy](#).

Yes     No

## Section VII. 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 which is used in determining my qualifications 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](#). 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 training program current address within 30 days of any changes of address.

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**Signature of CEO or Designee**

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**Date**

### 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](https://dshs.texas.gov) for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)