**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

**Application for Advisory Committee Membership**

**Promotor(a) or Community Health Worker (CHW) Training and Certification Advisory Committee (CHW Advisory Committee)**

If you wish to apply to be a member of the CHW Advisory Committee, please fill out this application. Read the information and the instructions below before filling out this form.

**Application Submission Deadline**

Submit your application packet including your Application for Committee Membership signed and dated with two (2) letters of recommendation by e-mail by **November 4, 2022. The Texas Department of State Health Services (DSHS) will not consider an incomplete packet, or an application packet received by e-mail after November 4, 2022.**

**Committee Purpose**

The CHW Advisory Committee advises DSHS and the Health and Human Services Commission (HHSC) on the implementation of standards, guidelines, and requirements relating to the training and regulation of CHWs or promotores.

Additional information about this committee is available at:

<https://www.dshs.texas.gov/chw/AdvisoryCommitteeVacancies.aspx>

**Travel Reimbursement**

Individuals appointed as CHWs, or public members may be reimbursed by DSHS for their travel to and from meetings if funds are available. Individuals who are state agency employees, appointed as members representing higher education or professionals working with CHWs are responsible for their own travel expenses.

**Instructions - Application for CHW Advisory Committee**

* Submit required documentation:
* Application for Advisory Committee Membership signed and dated
* Two (2) letters of recommendations signed and dated
* Complete this application in a brief yet informative manner. If a question does not apply to you, enter “N/A.”
* Do not send a resumé or curriculum vitae as these will not be considered.

DSHS will use the information you put on this application and the information provided in your two (2) letters of recommendation to decide if you are eligible to serve on this committee. Applications without two (2) signed and dated letters of recommendation will be viewed as incomplete and will not be considered. Letters of recommendation must be signed with hand-written signature.

**Please return this form and two (2) signed and dated letters of recommendation by e-mail by November 4, 2022, to:**

chw@dshs.texas.gov

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

**Contact Information:** If you have any questions about the application or the Promotor(a) or Community Health Worker Training and Certification Advisory Committee, please contact Beatrice Smith at 512-776-2208 or by e-mail at chw@dshs.texas.gov.

**SECTION 1 Position Category**

**Position Category**

Applications are being accepted for the following position at this time. Please check the position you would like to apply for on the CHW Advisory Committee. State law requires that the CHW Advisory Committee include at least one person to represent the following category.

[ ]  **Professional working with promotores or CHWs in a community setting**

**Qualification**

Professionals working with promotores or CHWs in a community setting may include including employers and representatives of non-profit community-based organizations or faith-based organizations as required by Texas Administrative Code [§§146.1-146.8](https://www.dshs.texas.gov/chw/docs/TAC25-1-146CHWRules.pdf)

**SECTION 2 Personal Information**

Name:

Home Address:

City:       State: TX Zip:       Phone:

Fax:       E-mail:

**Employment Information (If applicable)**

Business/Organization:

Address:

City:       State: TX Zip:       Phone:

Fax:       Email:

Current Position Title:

**Please check how you would like to receive further communications:**

[ ]  Work E-mail [ ]  Personal E-mail [ ]  Work Address [ ]  Home Address

*Gender*

[ ]  Male [ ]  Female

*Race/Ethnicity*

[ ]  American Indian/Alaskan Native [ ]  Asian/Pacific Islander

[ ]  Black [ ]  Hispanic

[ ]  White [ ]  Other

*Education*

|  |  |
| --- | --- |
| [ ]  Kindergarten – 12th Grade | [ ]  Some College |
| [ ]  High School Graduate or GeneralDevelopment (GED)Degree | [ ]  College/University Education  |
| [ ]  Junior College or Technical Degree | [ ]  Advanced Degree such as master’s or Doctoral Master’s or Doctoral |
| [ ]  Other |  |

**SECTION 3 Professional Experience**

Please tell us why you want to serve on this committee.

Describe your relevant experience for the Professional working with promotores or CHWs in a community setting position category you are applying (paid employment or volunteer).

Indicate the length of experience as a Professional working with promotores or CHWs in a community setting.

|  |  |  |
| --- | --- | --- |
| [ ]  5 or more years | [ ]  2-4 years | [ ]  Less than 2 years |
|  |  |  |

Is your experience as a Professional working with promotores or CHWs in a community setting current (within the past 3-4 years)?

[ ]  Yes [ ]  No

Describe your direct experience as a Professional working with promotores or CHWs in a community setting (e.g., *managing Promotor(a) or CHW Programs or overseeing promotores/CHWs in a community-based organization or faith-based organization or non-profit; background in mentoring, hiring and recruiting promotores/CHWs in a community setting, etc.*)

Demonstrate your active role as a as a Professional working with promotores or CHWs in a community setting in engaging promotores or CHWs in community partnerships or other public health initiatives.

Do you advocate on behalf of promotores or CHWs at the local or national level?

[ ]  Yes [ ]  No

If yes, please explain.

Is your Promotor(a) or CHW experience and leadership practiced beyond the local level?

[ ]  Yes [ ]  No

If yes, please explain.

Do you have a vision for supporting the integration of promotores or CHWs in various health care settings (e.g., community-based settings or clinical settings, etc.)?

[ ]  Yes [ ]  No

If yes, please explain.

Have you supported or been involved in implementing public health evidence-based Promotor(a) or CHW health care interventions?

[ ]  Yes [ ]  No

If yes, please explain.

Have you been involved in current public health efforts to implement or promote the Promotor(a) CHW model?

[ ]  Yes [ ]  No

If yes, please explain.

List current licensures or certifications that address contributions you could make to the committee.

List your current or former membership or leadership role in boards committees, or councils, you have held with other organizations.

List your current or former membership in Promotor(a) or CHW-related boards, committees, or councils, or with other organizations such as Promotor(a) or CHW associations?

Are you seen as a champion for the Promotor(a)/CHW cause?

[ ]  Yes [ ]  No

If yes, please explain.

Do you have leadership experience with the CHW Training and Certification Advisory Committee?

[ ]  Yes [ ]  No

If yes, please explain.

**Have you ever been disciplined by any licensing board/professional or civic organization, including the HHSC Inspector General?**

[ ]  **Yes** [ ]  **No**

If yes, please explain.

**SECTION 4 Attestation of Responsibilities of Members Appointed to the CHW Advisory Committee**

Every member appointed to CHW Advisory Committee must attend regularly and must participate in subcommittee activities.

* Regular committee meetings are held every three (3) months in Austin, Texas, via webcasting, or via Microsoft Teams. The presiding officer also may call a special committee meeting. Each meeting will last 2.5 hours.
* Subcommittee meetings may happen at other times and members may participate by phone. Each meeting may last an hour.
* An individual appointed as a **CHW member** or **a public member** of the CHW Advisory Committee may be reimbursed by DSHS for their travel to and from meetings while on committee business if funds are available.

**Do you believe you will be able to regularly participate in the Promotor(a) or CHW Advisory Committee activities, if you are appointed?**

[ ]  **Yes** [ ]  **No**

If no, please explain:

**SECTION 5 Miscellaneous Information**

**Do you have a personal or private interest in a matter pending before the Texas Department of State Health Services?** ("Personal or private interest" includes you have a direct monetary interest in the matter or owe your loyalty to an entity involved. It does not include the member's engagement in a profession, trade, or occupation when the member's interest is the same as all others similarly **engaged in the** profession, trade, or occupation.)

[ ]  **Yes** [ ]  **No**

If yes, please explain:

**Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?**

**[ ]  Yes** **[ ]  No**

If yes, please explain:

**References**

Please provide two (2) signed and dated letters of recommendation with the names and contact information for two professional references who can tell us more about your qualifications and/or relevant experience to serve on the committee.

**All the information provided in this application is true and correct. If selected, I will make every effort to contribute and fulfill my role.**

*Signature (typed name is acceptable) Date*

**Please return this form and two (2) signed and dated letters of recommendation by e-mail by November 4, 2022, to:**

chw@dshs.texas.gov

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

Letters of recommendation must be signed with hand-written signature.

**Contact Information:** If you have any questions about the application or the Promotor(a) or Community Health Worker Training and Certification Advisory Committee, please contact Beatrice Smith at 512-776-2208 or by e-mail to chw@dshs.texas.gov.