



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF EXPERIENCE

Applicant's Name _____ Email _____

Mailing Address _____

TO BE COMPLETED BY EMPLOYER

Name of Employer _____

Dates Applicant of experience in community health work: From _____ to _____

Total number of **HOURS** of experience completed: _____

For purposes herein, **community health worker means** a public health outreach professional with an in-depth understanding of the experience, language, culture and socioeconomic needs of the community and who provides a range of services, including, but not limited to, outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, research related to social determinants of health and basic screenings and assessments of any risks associated with social determinants of health.

Do you have any derogatory information regarding the competency or conduct of this individual? Yes No

If yes, please explain: (attach additional sheet if necessary)

I certify that I am authorized by this agency to provide official verification of employment and that the information contained herein is true and accurate and is based on documentation maintained by this agency. I further certify that the number of hours reported was experience in community health worker duties as defined above.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title of Authorized Representative

Name of Agency

Address

City

State

Zip Code

Telephone Number

Email

Please provide this completed form to the applicant named above. The applicant will upload an electronic image of this document as part of their application for certification as a community health worker.