



Texas Department of State Health Services (DSHS)
Promotor(a)/Community Health Worker Training and Certification Program
Promotor(a)/Community Health Worker

Application for Certification - **Instructions**

Note: There is no cost for certification as a Promotor(a)/Community Health Worker.

How to apply for certification as a Promotor(a)/Community Health Worker

1. All applicants must complete the following sections:

Section I. Personal Information

Section II. Education/ State of Texas Professional License/Certificate

Section III. Current Employment or Volunteer Work - Check N/A if you are not currently employed or performing volunteer work.

2. All applicants must complete **one** of the following:

- **Section IV. (1) Application based on completion of DSHS Certified Training** - Fill out this section if you completed a DSHS approved CHW certification course of at least 160 hours. Include a copy of the training course certificate of completion with your application.

OR

- **Section IV. (2) Application based on Experience**

- Fill out this section if you have not completed a DSHS approved CHW certification course of at least 160 hours and have performed at least 1,000 hours of community health work services in the previous six years.
- List your community health work experience (volunteer or paid) in the previous six years.
- DSHS will verify your community health work experience with the supervisory contacts listed on your application.

3. **Section V. Application Signature**

All applicants must sign and date the application. The application does not need to be notarized.

4. **Mail the application and a copy of the training course certificate of completion (if applicable) to:**

Texas Department of State Health Services
P.O. Box 149347 MC1945
Attn: CHW Training and Certification Program
Austin, Texas 78714-9347

Keep a copy of all materials submitted for your records.

5. E-mail a recent color photo to chw@dshs.state.tx.us or mail it to the above address. The face photo (frontal not profile) should be current (taken within the previous six months). The photo should have a light background that clearly shows your facial features. The purpose of the photo is for use on the identification card. Photos will not be returned.

Timelines: DSHS will inform you if your application is approved, denied and why, or incomplete no later than ninety (90) days; however, most applications are processed within three (3) to four (4) weeks.

Denial of Certification: Your application for certification may be denied for any of the reasons:

- It is incomplete.
- You do not meet the requirements for certification listed in the rules.
- You have provided false information on the application.

Renewal of Certification: If your application is approved, you will be sent a certificate, which is valid for two (2) years. You must complete 20 hours of continuing education and apply to renew your certificate before it expires or it will no longer be valid. Please send any changes in your address and contact information to DSHS to ensure that you receive a renewal reminder.

Contact Information: For questions or more information, please contact program staff at CHW@dshs.state.tx.us or (512) 776-2570 or (512) 776-2624. For a copy of the rules and other information about certification, please visit the DSHS Web site at <http://www.dshs.texas.gov/mch/chw.shtm>.

Competency Areas/Áreas de Competencia

<ul style="list-style-type: none"> • Communication Skills <ul style="list-style-type: none"> - Listening - Use language confidently and appropriately - Ability to read and write well enough to document Activities 	<ul style="list-style-type: none"> • Habilidad de Comunicación <ul style="list-style-type: none"> - Escuchar - Usa lenguaje apropiado y con confianza - Habilidad para leer y escribir bien como para documentar actividades
<ul style="list-style-type: none"> • Interpersonal Skills <ul style="list-style-type: none"> - Counseling - Relationship-building - Ability to work as a team member - Ability to work appropriately with diverse groups of People 	<ul style="list-style-type: none"> • Habilidad de Relaciones Interpersonales <ul style="list-style-type: none"> - Consejería - Construir relaciones - Habilidad para trabajar como miembro de un equipo - Habilidad para trabajar apropiadamente con diversos grupos de personas
<ul style="list-style-type: none"> • Service Coordination Skills <ul style="list-style-type: none"> - Ability to identify and access resources - Ability to network and build coalitions - Ability to provide follow-up 	<ul style="list-style-type: none"> • Habilidad para Coordinar Servicios <ul style="list-style-type: none"> - Habilidad para identificar y acceder los recursos - Habilidad para formar coaliciones y redes de trabajo - Habilidad para hacer seguimiento
<ul style="list-style-type: none"> • Capacity-Building Skills <ul style="list-style-type: none"> - “Empowerment”—Ability to identify problems and resources to help clients solve problems themselves - Leadership - Ability to strategize - Ability to motivate 	<ul style="list-style-type: none"> • Habilidad para Desarrollar la Capacidad de la Comunidad <ul style="list-style-type: none"> - “Empowerment” – Habilidad para identificar problemas y recursos para ayudar a los clientes a resolver sus problemas ellos mismos - Liderazgo - Habilidad para realizar estrategias - Habilidad para motivar
<ul style="list-style-type: none"> • Advocacy Skills <ul style="list-style-type: none"> - Ability to speak up for individuals or communities and withstand intimidation - Ability to use language appropriately - Ability to overcome barriers 	<ul style="list-style-type: none"> • Habilidad para Interceder a Favor de Familias y Comunidades <ul style="list-style-type: none"> - Habilidad para hablar en favor de individuos o comunidades y resistirse a las intimidaciones - Habilidad para usar lenguaje apropiadamente - Habilidad para superar los obstáculos
<ul style="list-style-type: none"> • Teaching Skills <ul style="list-style-type: none"> - Ability to share information one-on-one - Ability to master information, plan and lead classes, and collect and use information from community people 	<ul style="list-style-type: none"> • Habilidad para Enseñar <ul style="list-style-type: none"> - Habilidad para compartir información de uno a uno - Habilidad para manejar información, planear y dirigir clases, coleccionar y usar información de la gente de la comunidad
<ul style="list-style-type: none"> • Organizational Skills <ul style="list-style-type: none"> - Ability to set goals and plan - Ability to juggle priorities and manage time 	<ul style="list-style-type: none"> • Habilidad para Organizar <ul style="list-style-type: none"> - Habilidad para planear y establecer metas - Habilidad para establecer prioridades y manejar el tiempo
<ul style="list-style-type: none"> • Knowledge Base on Specific Health Issues <ul style="list-style-type: none"> - Broad knowledge about the community - Knowledge about specific health issues - Knowledge of health and social service systems - Ability to find information 	<ul style="list-style-type: none"> • Conocimiento Base en Temas Específicos de Salud <ul style="list-style-type: none"> - Amplio conocimiento sobre la Comunidad - Conocimiento sobre temas específicos de salud - Conocimiento sobre sistemas de salud y servicios sociales - Habilidad para encontrar información



Texas Department of State Health Services

**Texas Department of State Health Services (DSHS)
Promotor(a)/Community Health Worker Training and Certification Program**

Promotor(a)/Community Health Worker Application for Certification

Section I. Personal Information (Please Print or Type all information)

Last Name		First Name		Middle Name/Initial	
Home Address (Street Address)		(City)	(State)	(Zip Code)	(County)
Mailing (if different from residence) (Street Address/P.O. Box)		(City)	(State)	(Zip Code)	
Home Telephone ()	FAX ()	Mobile/Cell ()	E-Mail Address		
Race/Ethnicity (check one)					
<input type="checkbox"/> American Indian/Alaska	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (MO/DY/YR) ____/____/____			
Language(s) Used				Prefer DSHS Correspondence In (Choose one)	
English	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> English	
Spanish	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Spanish	
Other _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Other _____	

Section II. Education (United States or Other Country) / State of Texas Professional License/Certificate

Highest Level of Education Completed (check all that apply)	
<input type="checkbox"/> Kindergarten–12th Grade (specify grade level) _____	<input type="checkbox"/> College/University (Specify years completed or Degree) _____
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Advanced Degree such as Master’s or Doctoral (specify) _____
<input type="checkbox"/> General Educational Development (GED)	<input type="checkbox"/> Current State of Texas Professional License/Certificate (specify) _____
<input type="checkbox"/> Junior College or Technical Degree	<input type="checkbox"/> Expired State of Texas CHW Certification (list certificate number (if known) and expiration date) _____

Section III. Current Employment or Volunteer Work

Name of Employment Organization/Agency		Name of Supervisor		<input type="checkbox"/> N/A - No current employment or volunteer work
Work Address (Street Address)		(City)	(State)	(Zip Code) (County)
Type of Business (check one)				
<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> College/University/School	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> State Agency	
<input type="checkbox"/> Clinic/Hospital	<input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Other (specify) _____	
Work Telephone - ()	Work Fax - ()	E-mail Address		
Job Title		Work Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
If paid, how much do you earn per hour?				
<input type="checkbox"/> Less than \$5.75	<input type="checkbox"/> \$5.76 - \$9.00	<input type="checkbox"/> \$9.01 - \$15.00	<input type="checkbox"/> \$15.01 - \$25.00	<input type="checkbox"/> \$25.01 or more

Last Name	First Name	Middle Name/Initial
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Section IV (1). Application based on completion of DSHS Certified Training

Fill out this section if you completed a DSHS approved CHW certification course of at least 160 hours. Include a copy of the training course certificate of completion with your application.

Date Training Was Completed	Name of Course/Training
Sponsoring Organization/Training Program	
Instructor	Telephone: ()
Location of Training (City)	
Total Cumulative Training Hours	

OR

Section IV (2). Application based on Experience

Fill out this section if you have not completed a DSHS approved CHW certification course of at least 160 hours and are applying under §146.7.b. regarding special provisions for persons who have performed **at least 1,000 hours of community health work services in the previous six years**. List your community health worker experience (volunteer or paid) **in the previous six years**. If you need additional space to document your experience, please make copies of this form.

Date(s) of Experience (MO/YR to MO/YR) _____ to _____	Name of Supervisor	Supervisor's Telephone ()																		
Name of Organization/Agency	Agency Address (Street) (City) (State) (Zip Code)																			
Job Title	Total Number of Hours of Service																			
Work Duties [Describe what you do/did as a community health worker or promotor(a)] (Check All That Apply) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Know and understand specific health issues</td> <td><input type="checkbox"/> Maintain positive relationships with others</td> </tr> <tr> <td><input type="checkbox"/> Communicate health information</td> <td><input type="checkbox"/> Advocate on behalf of families and communities</td> </tr> <tr> <td><input type="checkbox"/> Provide language interpretation/translation services</td> <td><input type="checkbox"/> Coach families on getting health services</td> </tr> <tr> <td><input type="checkbox"/> Help complete applications for services</td> <td><input type="checkbox"/> Identify barriers to health care delivery</td> </tr> <tr> <td><input type="checkbox"/> Make referrals to health and social service providers</td> <td><input type="checkbox"/> Provide health education</td> </tr> <tr> <td><input type="checkbox"/> Connect people to services</td> <td><input type="checkbox"/> Plan and lead classes</td> </tr> <tr> <td><input type="checkbox"/> Assure people get health services they need</td> <td><input type="checkbox"/> Organize tasks and community groups</td> </tr> <tr> <td><input type="checkbox"/> Work as a team member</td> <td><input type="checkbox"/> Manage priorities and time</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) _____</td> <td></td> </tr> </table>			<input type="checkbox"/> Know and understand specific health issues	<input type="checkbox"/> Maintain positive relationships with others	<input type="checkbox"/> Communicate health information	<input type="checkbox"/> Advocate on behalf of families and communities	<input type="checkbox"/> Provide language interpretation/translation services	<input type="checkbox"/> Coach families on getting health services	<input type="checkbox"/> Help complete applications for services	<input type="checkbox"/> Identify barriers to health care delivery	<input type="checkbox"/> Make referrals to health and social service providers	<input type="checkbox"/> Provide health education	<input type="checkbox"/> Connect people to services	<input type="checkbox"/> Plan and lead classes	<input type="checkbox"/> Assure people get health services they need	<input type="checkbox"/> Organize tasks and community groups	<input type="checkbox"/> Work as a team member	<input type="checkbox"/> Manage priorities and time	<input type="checkbox"/> Other (specify) _____	
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Last Name	First Name	Middle Name/Initial
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Section V. Application Signature

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 Health and Safety Code, Chapter 48 and the rules regarding the training and certification of promotores(as) or community health workers, 25 TAC §§146.1–146.12 located at <http://www.dshs.texas.gov/mch/chw.shtm>. Please call 512.776.2570 or 512.776.2624 to request a copy.
- I give 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 DSHS of my current address within 30 days of any changes of address.

Signature	Date
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Mail application and training certificate of completion (if applicable) to:

Texas Department of State Health Services
P.O. Box 149347 MC1945
Attn: CHW Training and Certification Program
Austin, Texas 78714-9347

E-mail color photo to chw@dshs.texas.gov or mail to above address.

Keep a copy of all materials submitted for your records.

The Texas Department of State Health Services awards certification to promotores/community health workers with necessary skills and competencies based on completion of required training and/or relevant experience. Employers are responsible for verification of applicants' personal or background information.

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 www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Application Checklist

Use the checklist below to ensure that your application is complete.

1. **Section I. Personal Information**
2. **Section II. Education/ State of Texas Professional License/Certificate**
3. **Section III. Current Employment or Volunteer Work**
4. **Section IV (1). Application Based on Completion of DSHS Certified Training**
Fill out if you completed a DSHS approved CHW certification course of at least 160 hours.
 - Copy of the course certificate of completion is enclosed with the application

OR

- Section IV (2). Application Based on Experience**
Fill out if you have not completed a DSHS approved CHW certification course of at least 160 hours and are applying under §146.7.b. regarding special provisions for persons who have performed at least 1,000 hours of community health work services in the previous six years.
 - Application documents experience within the previous six years.
 - Application documents at least 1,000 hours.
5. **Section V. Application Signature**
 - Application is Signed and Dated.
 6. **Color Photo**
 - Color photo was e-mailed to chw@dshs.texas.gov

OR

- Color photo is enclosed with the application.

Keep a copy of all materials submitted for your records.