



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

Training Program/Sponsoring Organization

Application for Certification

Information for organizations interested in becoming a training program to provide training for promotores, community health workers, and/or instructors

Organizations may apply to provide the following training for promotores, community health workers, and/or instructors:

- Certification course (at least 160 hours with at least 20 hours for each of the core competencies)
- Continuing Education
- Both – Certification course and Continuing Education

Note: There is no cost for certification as a Training Program/Sponsoring Organization.

Curriculum Framework Intent - This curriculum framework provides a standardized guideline of what is considered the basis for an approved curriculum to train promotores, community health workers, and/or instructors.

Core Principles

- The curriculum is to be linked to the educational level and cultural background of the learner.
- All curriculum sessions are interactive and engage the learner.
- A variety of teaching methods used are participatory in nature and are based on inquiry and discovery.
- An experienced local instructor is preferred.
- Training programs must be convenient and held in a non-threatening environment.
- Respect, sensitivity, flexibility, cost, and relevance are paramount to the learner.
- To be effective, the curriculum should be delivered by a bilingual, culturally sensitive instructor and serve as a bridge to other cultures.
- The curriculum is to be based on a community needs assessment and is designed to benefit the community where the learner will practice.
- Employment opportunities for the learner are enhanced when skill matches community need.
- A supportive, accepting and caring social environment where learning occurs will enhance the learner's acquisition of new skills and knowledge.
- The curriculum should focus at a minimum on the learner-centered objectives for each competency area.
- Evaluation is integral to a quality training program.

Curriculum Goals

1. To assure successful mastery of knowledge and skill competency areas by promotores or community health workers
2. To provide a local, holistic approach to meeting community health needs.
3. To link learning to employment opportunities.
4. To meet state certification requirements.

Competency Areas

To meet requirements for state certification, certification course curriculum must focus on a minimum of 160 hours of instruction and training with at least 20 clock hours in each of the following eight core competencies:

- Communication skills
- Service Coordination skills
- Advocacy skills
- Organizational skills
- Interpersonal skills
- Capacity-building skills
- Teaching skills
- Knowledge base on specific health issues

Examples of Learner-Centered Objectives by Competency Area

Communication Skills:

- Use language confidently and appropriately.
- Speak and write to clients in their preferred language at an appropriate comprehension level.
- Present information to clients in a clear and concise way.
- Listen actively and non-judgmentally.
- Speak to groups.
- Provide feedback to health and human services agencies, funding sources and community-based organizations.

Interpersonal Skills:

- Represent others, their needs and the needs of the community.
- Be sensitive, respectful and empathetic.
- Establish relationships with clients and service providers.
- Assist individuals and groups in resolving conflicts.
- Recognize and appropriately respond to the beliefs, values, culture and languages of the populations being served.
- Maintain confidentiality of client information.

Service Coordination Skills:

- Refer clients to appropriate service providers and instruct/train clients on how to follow-up on referrals from providers.
- Develop networks to address community needs.
- Help improve access to resources.
- Serve as a liaison between organizations and specific groups.

Capacity Building Skills:

- Encourage and empower clients to be self-sufficient by identifying problems and resources to solve the problems.
- Foster local partnerships that will improve service delivery.
- Assist clients in identifying and pursuing community goals.
- Continue to learn new and better ways of serving the community through formal and informal training.
- Build leadership skills in other community members.
- Assess the needs of the community.

Advocacy Skills:

- Promote a cause and organize clients, existing resources and data to support the cause.
- Identify and work with advocacy groups.
- Stay abreast of structural and policy changes in the community and within health and human services systems.
- Speak for individuals or communities to overcome barriers and withstand intimidation.

Teaching Skills:

- Use methods that motivate, inspire and promote learning in one-on-one or group settings.
- Employ instructional and coaching techniques that address various learning styles.
- Organize presentation materials.
- Identify and explain the goals and objectives of a training program.
- Evaluate the success of a training program and measure the progress of individual learners.
- Provide reliable information appropriate to the needs of the learner.
- Operate commonly used audiovisual equipment.

Organizational Skills:

- Record and maintain information on clients, referrals and appointments.
- Plan, organize and set-up presentations, training sessions, workshops and other activities.
- Effectively manage time.
- Prioritize activities, yet remain flexible.

Knowledge Base on Specific Health Issues:

- Gain and share basic knowledge of health and human services, specific health issues and their community.
- Stay current on issues affecting clients and know how and where to find answers to difficult questions.
- Understand consumer rights to ensure accessible and appropriate services.
- Find information on specific health topics.

Training Program/Sponsoring Organization

Application for Certification – Instructions

How to apply for certification as a Training Program/Sponsoring Organization to provide training for promotores, community health workers, and/or instructors

All applicants must complete the following:

Section I. Application Category

Section II. Training Program/Sponsoring Organization Information

Section III. Training Program/ Sponsoring Organization Experience

Section IV. Instructor(s)

Section V. Training information

Section VI. Evaluation Methods

Section VII. Course Information by Competency Area

Section VIII. CEO/Designee signature

Submitting the Application – Mail the application and supporting materials to DSHS in a three-ring binder and e-mail a copy of the application and supporting materials to chw@dshs.state.tx. Contents of the three-ring binder should be clearly legible and consecutively numbered with a table of contents and divided with tabs identified to correspond to the core competencies, including evaluation materials and other programmatic information. Keep a copy of all materials submitted for your records.

Mail completed application and supporting materials to:

Texas Department of State Health Services
P.O. Box 149347 MC1922
Attn: CHW Training and Certification Program
Austin, Texas 78714-9347

E-mail a copy of the application and supporting materials to chw@dshs.state.tx.us

Process and Timelines – Initial applications for Sponsoring Organization/Training Program are reviewed by the Promotor(a)/Community Health Worker Training and Certification Advisory Committee. The Advisory Committee meets every two months and recommends certification to the Department of State Health Services (DSHS) if program requirements are met. Advisory Committee meeting dates are posted to <http://www.dshs.state.tx.us/mch/chw.shtm>. DSHS makes the determination for approval or denial of the application and will inform you if your application is approved, denied and why, or incomplete following the review of the application by the Advisory Committee meeting.

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

- It is incomplete.
- You do not meet the requirements 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 apply to renew your certificate before it expires or it will no longer be valid.

Contact Information: For a copy of the rules and other information about certification, please visit the DSHS website: www.dshs.state.tx.us/mch/chw.shtm. For questions or more information, please contact program staff at CHW@dshs.state.tx.us or (512) 776-2208 or (512) 776-3860.



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

Training Program/Sponsoring Organization Application for Certification

Section I. Application Category – Check the category(ies) for which you are applying:

- Provide Community Health Worker certification training (at least 160 hours) for promotores or community health workers.
- Provide training to fulfill continuing education requirements for promotores or community health workers.
- Provide Instructor certification training (at least 160 hours) for Instructors.
- Provide training to fulfill continuing education for Instructors.

Section II. Training Program/Sponsoring Organization Information (Please **Print** or **Type** all information)

Name of Training Program/ Sponsoring Organization			
Physical Address (Street Address/P.O. Box		(City) (State)	[5 Digit Zip Code (9-digit if known)]
Mailing Address (Street Address/P.O. Box)		(City) (State)	[5 Digit Zip Code (9-digit if known)]
Telephone () -	FAX () -	Website Address	
Contact Person		Title	
Mailing Address (Street Address/P.O. Box)		(City) (State)	[5 Digit Zip Code (9-digit if known)]
Telephone () -	FAX () -	E-Mail Address	
Type of Organization (check one)			
<input type="checkbox"/> College/University	<input type="checkbox"/> Clinic/Hospital	<input type="checkbox"/> State Agency	
<input type="checkbox"/> Community College	<input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Community-Based Organization (CBO) <input type="checkbox"/>	<input type="checkbox"/> Local Health Department (LHD)		
<input type="checkbox"/> Non-Profit Organization			
Is your organization accredited by The Council for Higher Education Accreditation or similar accreditation body? If Yes, please complete the information below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Accrediting Organization for Sponsoring Organization			
Contact Person in Accrediting Organization		Title	Telephone () -
Mailing (Street Address/P.O. Box)		(City) (State)	[5 Digit Zip Code (9-digit if known)]
Status of Accreditation		Date of Last Accreditation	

Name of /Training Program/Sponsoring Organization	Application submission Date (MO/DY/YR) ____/____/____
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SECTION III. Training Program/ Sponsoring Organization Experience

List the Training Program/ Sponsoring Organization’s experience in training or sponsoring training for promotores, community health workers, and other health care professionals or paraprofessionals in the past two years.

Date(s) of Training (MO/YR to MO/YR) ____ ____ to ____ ____	Location of Training (City)	Length of training (# of hours)
Course/Program Title		Target Audience
Core Competencies Covered <input type="checkbox"/> Communication skills <input type="checkbox"/> Capacity-Building skills <input type="checkbox"/> Organizational skills <input type="checkbox"/> Interpersonal skills <input type="checkbox"/> Advocacy skills <input type="checkbox"/> Knowledge on Specific Health Issues <input type="checkbox"/> Service Coordination skills <input type="checkbox"/> Teaching skills		

Date(s) of Training (MO/YR to MO/YR) ____ ____ to ____ ____	Location of Training (City)	Length of training (# of hours)
Course/Program Title		Target Audience
Core Competencies Covered <input type="checkbox"/> Communication skills <input type="checkbox"/> Capacity-Building skills <input type="checkbox"/> Organizational skills <input type="checkbox"/> Interpersonal skills <input type="checkbox"/> Advocacy skills <input type="checkbox"/> Knowledge on Specific Health Issues <input type="checkbox"/> Service Coordination skills <input type="checkbox"/> Teaching skills		

Date(s) of Training (MO/YR to MO/YR) ____ ____ to ____ ____	Location of Training (City)	Length of training (# of hours)
Course/Program Title		Target Audience
Core Competencies Covered <input type="checkbox"/> Communication skills <input type="checkbox"/> Capacity-Building skills <input type="checkbox"/> Organizational skills <input type="checkbox"/> Interpersonal skills <input type="checkbox"/> Advocacy skills <input type="checkbox"/> Knowledge on Specific Health Issues <input type="checkbox"/> Service Coordination skills <input type="checkbox"/> Teaching skills		

Date(s) of Training (MO/YR to MO/YR) ____ ____ to ____ ____	Location of Training (City)	Length of training (# of hours)
Course/Program Title		Target Audience
Core Competencies Covered <input type="checkbox"/> Communication skills <input type="checkbox"/> Capacity-Building skills <input type="checkbox"/> Organizational skills <input type="checkbox"/> Interpersonal skills <input type="checkbox"/> Advocacy skills <input type="checkbox"/> Knowledge on Specific Health Issues <input type="checkbox"/> Service Coordination skills <input type="checkbox"/> Teaching skills		

Section IV. Instructor(s) – DSHS certified continuing education must be provided by an Instructor certified by DSHS. List the Instructor(s) certified by DSHS who will provide training for promotores, community health workers, and/or instructors for this Training Program/Sponsoring Organization.

Name of Instructor (First Name) _____ (Last Name) _____		Instructor Title
Employer/Organization	Instructor E-Mail	Instructor Telephone () -
Instructor Certificate Number: _____	Expiration Date: _____	<input type="checkbox"/> Certification pending

Name of Instructor (First Name) _____ (Last Name) _____		Instructor Title
Employer/Organization	Instructor E-Mail	Instructor Telephone () -
Instructor Certificate Number: _____	Expiration Date: _____	<input type="checkbox"/> Certification pending

Name of Instructor (First Name) _____ (Last Name) _____		Instructor Title
Employer/Organization	Instructor E-Mail	Instructor Telephone () -
Instructor Certificate Number: _____	Expiration Date: _____	<input type="checkbox"/> Certification pending

Name of Instructor (First Name) _____ (Last Name) _____		Instructor Title
Employer/Organization	Instructor E-Mail	Instructor Telephone () -
Instructor Certificate Number: _____	Expiration Date: _____	<input type="checkbox"/> Certification pending

Name of Instructor (First Name) _____ (Last Name) _____		Instructor Title
Employer/Organization	Instructor E-Mail	Instructor Telephone () -
Instructor Certificate Number: _____	Expiration Date: _____	<input type="checkbox"/> Certification pending

Section V: Training Information

<p>Recruitment Identify the method(s) and timeframe used for recruiting people for training</p> <p>Describe advertising used (presentations/media (e.g., TV/radio/newspaper/newsletter) and/or publications (e.g., brochures; flyers; Web site; bulletins)</p>		
<p>Registration/Enrollment - Specify registration policies, enrollment procedures and requirements</p>		
<p>Notification - How do you notify applicants of acceptance or rejection to the program?</p> <p>Certification Training: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-Mail Continuing Education: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-Mail</p>		
<p>Cost - Is there a cost for participants to enroll in your program?</p> <p>Certification Training: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – what is the cost? _____ Continuing Education: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – what is the cost? _____</p>		
<p>Frequency of Training – How often is training provided each year? Include sample training calendar/schedule, with proposed days of the week and times when classes will be offered</p> <p>Certification Training: Continuing Education:</p>		
<p>Language – Training will be offered in: (check all that apply)</p> <p>Certification Training: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list) _____ Continuing Education: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list) _____</p>		
<p>Attendance Record - Each Sponsoring Institution or training program shall retain an accurate record of each person's attendance and participation for five years from the date of their completion of the training program. Attach a sample attendance record – The format should include:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Name of Training Program/Sponsoring Organization • Title of Training • Type of Training (Certification course or Continuing Education) • Date Training Held or Completed • Total Contact Hours and Core Competencies Covered </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Location of Training (City) • Instructor Name • List of Participants Completing the Training – with contact information such as address, phone, and email • For continuing education – whether participant is currently certified as a CHW </td> </tr> </table>	<ul style="list-style-type: none"> • Name of Training Program/Sponsoring Organization • Title of Training • Type of Training (Certification course or Continuing Education) • Date Training Held or Completed • Total Contact Hours and Core Competencies Covered 	<ul style="list-style-type: none"> • Location of Training (City) • Instructor Name • List of Participants Completing the Training – with contact information such as address, phone, and email • For continuing education – whether participant is currently certified as a CHW
<ul style="list-style-type: none"> • Name of Training Program/Sponsoring Organization • Title of Training • Type of Training (Certification course or Continuing Education) • Date Training Held or Completed • Total Contact Hours and Core Competencies Covered 	<ul style="list-style-type: none"> • Location of Training (City) • Instructor Name • List of Participants Completing the Training – with contact information such as address, phone, and email • For continuing education – whether participant is currently certified as a CHW 	

Section VI. Evaluation Methods - Purpose: Evaluate and document the acquisition of knowledge and mastery of skills by the individual and the success of the training program according to the performance measures framework established within the National Community Health Advisor Study, June 1998.

<p>Attach pre/post test (if applicable) for:</p> <ul style="list-style-type: none"> • Certification Training • Continuing Education
<p>Attach evaluation tool to be completed by the participant for:</p> <ul style="list-style-type: none"> • Certification Training • Continuing Education
<p>Include information on any other method(s) to be used for evaluation of training or the acquisition of knowledge and mastery of skills by the individual</p>

Section VII. Course Information by Competency Area - Submit the **course syllabus** and/or educational curriculum as appropriate. You may also submit any additional supporting materials such as handouts, texts, instruction materials, illustrations, models, etc. Make additional copies of this form as needed.

Course/Program Title	Total Contact Hours
Course/Program Purpose and Type <input type="checkbox"/> Certification Course <input type="checkbox"/> Continuing Education <input type="checkbox"/> Both (curriculum may be used in both the Certification Course and Continuing Education Course(s))	
Learner-Centered Objectives	
Teaching Methodology – Include information on software/platform used if using distance learning	
Course/Program Activities	
Teaching Materials Utilized	
Does this course/program provide college credit? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, Number of college credit(s) _____	
Use of certified curriculum from another Training Program/ Sponsoring Organization – The application may include a curriculum previously certified by DSHS. This may be a curriculum certified by DSHS for use by any approved Training Program/ Sponsoring Organization or a curriculum certified by DSHS for another sponsoring organization who has agreed to share the certified curriculum. In this situation, the application must include a description of changes, if any, to the certified curriculum. <input type="checkbox"/> Curriculum described above has been previously certified by DSHS. The form above details any changes to the certified curriculum The Training Program/ Sponsoring Organization named below has agreed to share the certified curriculum with the applicant: Name of Sponsoring Organization who has agreed to share the above curriculum certified by DSHS with the applicant: _____	

Section VII Course Information by Competency Area – Continued.

Summary	
Competency Areas Addressed (Separate hours if multiple competencies)	Clock Hours
Communication Skills	
Interpersonal Skills	
Service Coordination Skills	
Capacity-Building Skills	
Advocacy Skills	
Teaching Skills	
Organizational Skills	
Knowledge Base on Specific Health Issues	
TOTAL	

Section VIII. CEO/Designee Signature – This application must be signed and dated by the organization’s Chief Executive Officer 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 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 www.dshs.state.tx.us/mch/chw.shtm. 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 my current address within 30 days of any changes of address.

Signature of Chief Executive Officer

Date

Mail application and supporting documents to:

Texas Department of State Health Services
P.O. Box 149347 MC1922
Attn: CHW Training and Certification Program
Austin, Texas 78714-9347

E-mail a copy of the application and supporting materials to chw@dshs.state.tx.us

The Texas Department of State Health Services awards certification to promotores, community health workers, and instructors 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 <http://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. Application Category**
2. **Section II. Training Program/Sponsoring Organization Information**
3. **Section III. Training Program/ Sponsoring Organization Experience**
4. **Section IV. Instructor(s)**
5. **Section V. Training information (recruitment, registration/enrollment, cost, frequency, language)**
 Sample attendance record is attached.
6. **Section VI. Evaluation Methods**
 Pre/post test is attached (if applicable)
 Evaluation tool is attached
7. **Section VII. Course Information by Competency Area**
 Course syllabus is attached
8. **Section VIII. CEO/Designee signature**
 Application is signed and dated
9. **Binder**
Contents of the three-ring binder submitted to DSHS are clearly legible and consecutively numbered with a table of contents and divided with tabs identified to correspond to the core competencies, including evaluation materials and other programmatic information.
10. A copy of the application and supporting materials has been emailed to chw@dshs.state.tx.us

Keep a copy of all materials submitted for your records.