

Traditional Health Worker Training Program *Initial and Renewal* Application

Initial training program application Renewal training program application

All traditional health workers (birth doula, community health workers, peer support specialists, peer wellness specialists, family support specialists, youth support specialists, personal health navigators) who wish to qualify for certification by the Oregon Health Authority (OHA) must complete an OHA approved training program. Organizations interested in offering approved birth doula, community health worker, peer wellness specialist, Family Support Specialist, Youth Support Specialist, peer support specialist, and personal health navigator training programs must complete and submit this application to OHA, indicating all program requirements have been met in accordance with OAR 410-180-0300 through 410-180-0380:

http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_180.html.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact THW.Program@state.or.us.

Both a hard copy and an electronic copy of the completed application and all supporting documents must be submitted to the Oregon Health Authority. The completed application must include Sections 1 through 5, with all necessary attachments. Organizations seeking a waiver to any OHA training program requirement must also submit Section 6.

Please type or print legibly in ink. Please stay within the word count as indicated in the parentheses. If you have a compelling reason to go beyond the word count provided, please attach additional documents and reference them in the section.

Mail one hard copy of the application and all supporting documents to:

Traditional Health Worker Program
OHA Office of Equity and Inclusion
421 SW Oak St, Suite 750
Portland, OR 97204

Note: OHA will be keeping this hard copy of your application and all submitted course materials on file.

Email an electronic copy of the application and all supporting documents to:

THW.Program@state.or.us

Application process:

- If you are applying for multiple training programs, you must submit a separate complete application for each training program.
- The completed application must be submitted at least 90 days in advance of the first expected class day. OHA may take up to 120 days to review an application.
- If an application is incomplete, OHA shall send written notice requesting submit the additional materials and specifying the date on which the additional materials must be submitted.
- If OHA determines that all training program requirements are sufficiently met, OHA shall send written notice of approval. If OHA determines that training program requirements are not met or are no longer being met, OHA may deny, suspend or revoke training program approval.
- OHA may conduct site visits of training programs, either before approving a training program or at any time during the three-year approval period.

Our discrimination policy

The Department of Human Services (DHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation.

You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write:

Governor's Advocacy Office

500 Summer Street NE, E-17

Salem, OR 97301

Fax: 503-378-6532

Email: DHS.info@state.or.us

"Equal opportunity is the law!"

Review committee: Completed applications will be reviewed by the Training Evaluation Metrics and Program Scoring (TEMPS) Subcommittee of the Oregon Health Authority's Traditional Health Worker (THW) Commission.

Criteria for approval: Approved training programs should have a deep understanding of the history and purpose of the Traditional Health Workforce, and train THWs in a manner that will maintain the integrity of this long-standing community-based and peer-based model of health delivery. In the review of applications, the committee will carefully evaluate whether the training program adequately fulfills all OHA-defined requirements, unless a waiver for a specific requirement is approved. In an effort to be inclusive of all communities throughout Oregon that may benefit from the services of THWs and to ensure resources are appropriately allocated, the committee may also take into consideration the geographic distribution of training programs, the level of need for training programs in communities, and the diversity of communities served when reviewing applications.

Approval period: OHA approved training programs must apply to renew its approval status every three years. The renewal application must be submitted at least 6 months prior to the date of approval expiration.

Proof of approval: During the approval period, the written notice of OHA approval must be made available to any student or partnering organization that requests a copy and, to the extent possible, displayed at the main training center. OHA contact information for questions, comments or concerns about the THW Program should be included on all student materials and advertising for the program:

This training program has been approved by the Oregon Health Authority to provide certification training for traditional health workers. If you have any questions, comments or concerns about Oregon's Traditional Health Worker training and certification program, contact THW.Program@state.or.us

Letter or certificate of completion for graduates: The organization agrees to issue a written letter or certificate of completion to all successful training program graduates. Individuals who do not meet the criteria for completion, should receive a letter or certificate of attendance/participation only. Each certificate must state whether the oral health requirement was fulfilled in the training. This will not qualify them to be placed on the registry. Criteria for completion means:

1. Attend and complete all required instruction
2. Demonstrate achievement of all assessment requirements, and
3. Have lived experience similar to the population that will serve as a PSS, PWS, FSS, and YSS, or
Experiential knowledge from the same community which will be served as a CHW

Reporting to OHA: The organization agrees to verify, with OHA, the names of graduates when those individuals apply for certification and registry enrollment. The organization agrees it will not impose additional costs on individuals for this verification.

Questions about THW training program approval? Contact the Office of Equity and Inclusion: THW.Program@dhsosha.state.or.us

Abbreviations used in the application

CBO: Community-based organization
CCO: Coordinated care organization
CHW: Community health worker
NAV: Personal health navigator
OHA: Oregon Health Authority

PSS: Peer support specialist
PWS: Peer wellness specialist
THW: Traditional health worker
FSS: Family support specialist
YSS: Youth support specialist

Application summary

Please check that all necessary components of this application are completed and attached. The completed application must include Sections 1 through 5, with all necessary attachments.

Application summary (pages 4 and 5) with numbered list of attachments

Section 1: General information

Attached: **1.5** Prior THW training experience in the past three years.

Section 2: Training program details

Attached: **2.3** Signed agreement with CBO, if necessary

Attached: **2.8** Form for student feedback.

Section 3: Training curriculum (check one certification type only. Additional applications are necessary for each certificate type)

3a: Please indicate training program type:

Community health worker

Personal health navigator

Peer wellness specialist type:

Adult addictions

Adult mental health

Family support specialist

Youth support specialist

Peer support specialist type:

Adult addictions

Adult mental health

Family support specialist

Youth support specialist

3b: Doula training

Attached: **3b.1** Training program syllabus and list of materials, including doula reading list

3c: Attach the training program syllabus and list of materials

Section 4: Demonstration of successful completion

Attached: **4.4** Sample examination and other examination materials of training offered

Attached: **4.5** Copy of certificates of completion with lived experience or community experience designation and with completion of all instruction and assessment requirements

Attached: **4.6** Copy of certificates of attendance/participation without appropriate lived or community experience designation and/or completion of all instruction and assessment requirements

Section 5: Signature

Section 6: Waiver (optional)

Attachments

Please number and list **all** attachments that are included with your application, in the order that they are referenced in the application. Please include:

A: Curriculum: lesson plans, materials, syllabus and teaching notes. When sending electronic copies of the attachments, make sure the number and name of the file corresponds to what is listed below. All documents should be in PDF format and sized for printing on 8.5 x 11 paper.

Name of attachment		Question number (ex.1.5)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

Section 1: General information

1.1 Organization contact information

Name of organization:			
Official name of training program <i>(training program must identify worker type and subworker type in the title):</i>			
Address:	City:	State:	ZIP code:
Mailing address <i>(if different from above):</i>	City:	State:	ZIP code:
Main phone number:	Fax number:		
Website:			

1.2 Organization director

First name:	Last name:
Main phone number:	Fax number:
Website:	

1.3 Contact person *(if different from director)*

First name:	Last name:
Title:	
Main phone number:	Fax number:
Website:	

1.4 Organization overview

Describe your organization's understanding of the history, purpose and value of community health workers, peer support specialist, peer wellness specialists, family support specialist, youth support specialist, personal health navigators, and/or doulas. Explain how training this THW fits with the organization's mission and teaching philosophy. (300 words)

Type of organization:	Training offered:
<input type="checkbox"/> College/university <input type="checkbox"/> Community college <input type="checkbox"/> Community-based organization <input type="checkbox"/> Clinic/hospital <input type="checkbox"/> Coordinated care organization <input type="checkbox"/> Local health department <input type="checkbox"/> State organization or program <input type="checkbox"/> Other:	<p>Check the type(s) of THW training that will be offered by your organization (<i>check all that apply</i>).</p> <input type="checkbox"/> THW core curriculum training (<i>section 3a and b</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Plus CHW training topics (<i>80 hours</i>) <input type="checkbox"/> Plus NAV training topics (<i>80 hours</i>) <input type="checkbox"/> Plus PWS training topics (<i>80 hours</i>) <ul style="list-style-type: none"> <input type="checkbox"/> For adult to adult mental health support <input type="checkbox"/> For adult to adult addictions support <input type="checkbox"/> For family to family support <input type="checkbox"/> For youth to youth support <input type="checkbox"/> Plus PSS training topics (<i>40 hours for each specialty</i>) <ul style="list-style-type: none"> <input type="checkbox"/> For adult to adult mental health support (<i>40 hours</i>) <input type="checkbox"/> For adult to adult addictions support (<i>40 hours</i>) <input type="checkbox"/> For family to family support (<i>40 hours</i>) <input type="checkbox"/> For youth to youth support (<i>40 hours</i>) <input type="checkbox"/> Doula training (<i>28 hours</i>) (<i>section 3b</i>)

1.5 Prior training experience (*not required for program approval*)

If applicable, **attach a PDF document listing your organization's prior experience in training THWs in the past three years.** Include a brief description or list of topics covered, start and end dates (if not ongoing), location, hours of training and target audience. Do not exceed two pages.

Section 2: Training program details

2.1 Delivery of training

Location: What is the geographic reach of the training program? List of training facilities and locations *(if available)*.

Training facilities:	Location:

Instructors: List names of instructors and their credentials or work experience with THWs.

Instructor name:	Credentials or work experience:

Methodology: Describe the program's teaching methodologies *(e.g. use of popular education concepts, adult learning principles)*. Please reference the relevant pages in the course materials where teaching methodology is described or attach a sample of some activities demonstrating the described methodology. *(200 words)*

Format: Identify the formats in which training will be delivered. *(e.g. classroom, distance learning, small group, etc.) (100 words)*

Language: In what languages will the training be offered?

English Spanish Other _____

What strategies will your training program take to tailor delivery of training so that it is appropriate and accessible for the specific communities served? (150 words)

What strategies will your program take to make training inclusive and accessible to individuals with different learning styles, educational backgrounds, and student needs including but not limited to disabilities and limited English proficiency? (150 words)

How will you ensure your program is recruiting appropriate participants?

2.2 Experienced THW involvement

Describe how THWs are involved in the delivery of the curriculum by worker type.

If so, how many and in what capacity?

Describe how THWs, by worker type, are involved in the planning and development of curriculum.

Describe how THWs, by worker type, are involved in the quality improvement and evaluation of the training program?

2.3 Collaboration with CBO

Does your training program collaborate with a community-based organization?

Yes No The organization is a CBO

If so, in what ways? **Attach a signed agreement from the Community Based Organization (CBO)** verifying the collaboration and summarizing the roles of both organizations in collaborating to deliver training. **If not**, explain the circumstances that prevented your program from doing so, and outline any plans for future collaboration with a CBO. (150 words)

2.4 Recruitment and enrollment

Reduction of barriers: Identify the approach for recruiting and enrolling students. Indicate collaborations, if any, with other entities (*CBOs, CCOs, other programs, etc*) and describe the organization's strategies for reducing barriers to enrollment. *(150 words)*

Fees: *(Optional, not a factor in determination of program approval)* Are there any costs for individuals, groups or organizations to enroll in and complete the training program? If so, describe the fee structure for the training program. *(150 words)*

2.5 Community need

Communities of focus: Describe communities for which your program has identified a need for THW training. Note that communities may be based on geography, race, ethnicity, culture, language, socioeconomic status, ability status and shared life experiences. *(150 words)*

Appropriate geographic allocation of training resources will help ensure that all communities throughout Oregon that may benefit from the services of THWs will have access to these workers. Describe your awareness of or communication with other THW programs in your area to ensure that training needs for the community are appropriately met. *(150 words)*

2.6 Equivalency

If you plan to grant equivalency, describe how the program will grant equivalency for students who have previously completed training through this organization, other organizations, State or National, including details of the standards for granting equivalency or the assessment tool. If you will not grant equivalency, explain the circumstances that prevent your program from doing so and outline any plans for granting equivalency in the future. *(200 words)*

2.7 Academic credit

Will students receive academic credit following completion of training? *(Not required for approval.)*

Yes No

List educational institutions:

List costs if any:

2.8 Training program feedback

Describe how your organization will track student satisfaction, how students can give feedback on their training experience and how this feedback will be used to improve the program.

Attach the program's evaluation form for student feedback. (200 words)

2.9 Records

Describe your organization's system of maintaining an accurate record of successful graduates for five years from their date of completion of the training program. (150 words)

- Release information forms
- Records include trainer, trainee, worker type, and date and agendas of the training
- Certificate of completion if there is lived experience that matches the worker types and subtypes (*CHW, PSS, PWS, FSS, YSS*)
 - Community health worker
 - Personal health navigator
 - Peer wellness specialist type:
 - Adult addictions
 - Adult mental health
 - Family support specialist
 - Youth support specialist
 - Peer support specialist type:
 - Adult addictions
 - Adult mental health
 - Family support specialist
 - Youth support specialist
 - Doula
- Certificate of attendance or participation, if there is no lived experience by worker types and subtypes (*CHW, PSS, PWS, FSS and YSS*)
 - Community health worker
 - Personal health navigator
 - Peer wellness specialist type:
 - Adult addictions
 - Adult mental health
 - Family support specialist
 - Youth support specialist
 - Peer support specialist type:
 - Adult addictions
 - Adult mental health
 - Family support specialist
 - Youth support specialist
 - Doula

Section 3a: CHW, PSS, PWS, FSS, YSS, NAV training curriculum

3a.1 Program syllabus and materials *(Please fill out this section for each training program)*

Attach the training program syllabus and course materials, with a table of contents and pages consecutively numbered. These materials should include instructors' manuals and student handbooks, organized by course; handouts and homework assignments; and lists of textbooks and other instructional materials used.

OHA approved training programs for CHW, NAV, PSS, PWS, FSS, YSS and NAV must be at minimum hours required and address all of the following required topics in their core curriculum. Additional topics to the core curriculum are to be included for specific THWs. Training programs are expected to introduce students to each topic, covering key principles to develop a basic foundation of competencies in students before they enter the workforce. Developing full competency in these topics is a continual learning process, and it is expected that following completion of this initial core curriculum, students will deepen their introductory understanding of these topics through worksite-specific training and continuing education. For more information on these topics, please refer to the Traditional Health Workers Program policies, rules and laws

<https://www.oregon.gov/OHA/OEI/Pages/THW-Resources-Policies-Laws.aspx>

Topics required for CHW, PSS, PWS, FSS, YSS, NAV

1.	Community Engagement, Outreach Methods and Relationship Building
2.	Communication Skills, including cross-cultural communication, active listening, & group and family dynamics
3.	Empowerment Techniques
4.	Knowledge of Community Resources
5.	Cultural Competency & Cross Cultural Relationships, including bridging clinical & community cultures
6.	Conflict Identification and Problem Solving
7.	Conducting Individual Strengths and Needs Based Assessments
8.	Advocacy Skills
9.	Ethical Responsibilities in a Multicultural Context

10.	Legal Responsibilities
11.	Crisis Identification and Problem-Solving including suicide prevention, overdose/intoxication, psychiatric crisis and safety planning
12.	Professional Conduct, including culturally-appropriate relationship boundaries and maintaining confidentiality
13.	Navigating Public and Private Health and Human Service Systems, including state, regional, local systems
14.	Working with Caregivers, Families, and Support Systems, including paid care workers
15.	Trauma-Informed Care, including screening and assessment, recovery from trauma, minimizing re-traumatization
16.	Self-Care
17.	Oral Health Care
Additional Topics for CHW, NAV, and PWS	
18.	Social Determinants of Health
19.	Building partnerships with local agencies and groups
20.	The Role and certified Scope of Practice for Traditional Health Workers
21.	Roles and Expectations for Working in Multidisciplinary Teams, including supervisory relationships
22.	Data Collection and Types of Data
23.	Organization Skills and Documentation, including use of Health Information Technology (HIT)

24.	Introduction to Disease Processes including chronic diseases, mental health, tobacco cessation and addictions, including warning signs, basic symptoms, and when to seek medical help
25.	Health Across the Life Span
26.	Adult Learning Principles - Teaching and Coaching
27.	Stages of Change
28.	Health Promotion Best Practices
29.	Health Literacy Issues
Additional Topics for CHW and PWS	
A	Self-Efficacy
B	Group Facilitation Skills;
C	Cultivating Individual Resilience
D	Recovery, Resilience and Wellness Models
E	Principles of Motivational Interviewing
Additional Topics for CHW	
F	Community Organizing
G	Conducting Community Needs Assessments
H	Popular Education Methods
Additional Topics for PSS	
I	The Role and Scope of Practice of Peer Support Specialists

J	Recovery, Resilience and Wellness
Additional Topics for FSS	
K	The Role and Scope of Practice of Family Support Specialist, including national standards
L	Child/youth physical and emotional development (0-25)
M	Parenting concepts and protective factors
N	Pre-K through post-secondary educational programs
O	Systems of Care principles
Additional Topics for YSS	
P	The Role and Scope of Practice of Youth Support Specialists, including national standards
Q	Developmental assets
R	Positive Youth Development
S	Systems of Care principles

3a.2 Total hours

	Hours
Total Contact Hours in the Complete Curriculum (Core curriculum and worker- specific topics)	

3a.3 Core curriculum for CHW, NAV, PSS, PWS, FSS, YSS

For each required core curriculum topic, list the course(s) or module(s) in your training program that cover that topic. List the learning objectives of these courses related the topic. Note that it is acceptable for one topic to be covered in multiple courses, and a single course may also cover more than one topic. Reference the corresponding page number where this course is found in the attached training program syllabus and materials. If possible, estimate the total number of contact hours devoted to each curriculum topic throughout the training.

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
CHW, NAV, PWS Social Determinants of Health				
CHW, NAV, PWS Building partnerships with local agencies and groups				
CHW, NAV, PWS Role and Scope of Practice of all THW				
CHW, NAV, PWS Working with Interdisciplinary Teams				
CHW, NAV, PWS Organization Skills and Document and use of HIT				
CHW, NAV, PWS Introduction to Disease Processes,				
CHW, NAV, PWS Health Across the life Span				
CHW, NAV, PWS Adult Learning Principles				
CHW, NAV, PWS Stages of Change				

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
CHW, NAV, PWS Health Literacy Issues				
CHW – Conducting Community Needs Assessments				
CHW Popular Education				
CHW Community Organizing				
CHW, PWS Cultivating Individual Resilience				
CHW, PWS Self-Efficacy				
CHW – PWS Principles of Motivational Interviewing				
CHW, PWS – Group Facilitation Skills				
CHW, PWS, PSS Recovery, Resilience and Wellness Models				
PSS – Role and Scope of Practice of PSS				
FSS – Role and Scope of practice of FSS				
FSS – physical and emotional development (0-25)				
FSS – Parenting concepts & protective factors				
FSS – PreK – postsecondary education programs				
FSS – Systems of Care principles				
YSS – Role/Scope of practice of YSS				
YSS Developmental assets				
YSS – Positive Youth Development				

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
YSS – Systems of Care principles				

Section 3b: Doula training curriculum

3b.1 Program syllabus and materials

Attach the training program syllabus and course materials, with a table of contents and pages consecutively numbered. These materials may include instructors’ manuals and student handbooks, organized by course; handouts and homework assignments; and lists of textbooks and other instructional materials used. Training programs are expected to introduce students to each topic, covering key principles to develop a basic foundation of competencies in students before they enter the workforce.

OHA approved training programs must include and adequately address the following topics. For more information on these requirements, refer to Oregon Health Authority’s Report “Utilizing Doulas to Improve Birth Outcomes for Underserved Women in Oregon.”

<http://www.oregon.gov/oha/legactivity/2012/hb3311report-doulas.pdf>, February 2012

Topics required for 28-hour doula training program	
1.	Anatomy and physiology of labor, birth, maternal postpartum, neonatal transition, and breastfeeding
2.	Labor coping strategies, comfort measures and non-pharmacological techniques for pain management
3.	The reasons for procedures of, and risks and benefits of common medical interventions, medications, and Cesarean birth
4.	Emotional and psychosocial support of women and their support team
5.	Birth doula scope of practice, standards of practice, and basic ethical principles
6.	The role of the doula with members of the team
7.	Communication skills, including active listening, cross-cultural communication and inter-professional communication
8.	Self-advocacy and empowerment techniques
9.	Breastfeeding support measures
10.	Postpartum support measures for the mother and baby relationship
11.	Perinatal mental health

Topics required for 28-hour doula training program

12.	Family Adjustment and dynamics
13.	Evidence-informed educational and informational strategies
14.	Community resources referrals
15.	Professional conduct, including relationship boundaries and maintaining confidentiality
16.	Self-Care

3b.2 Core curriculum for doula

Indicate the course or combination of courses that covers each of the following curriculum topics and reference the corresponding page number where the course(s) is described in the attached training program syllabus and materials.

Required topic		Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
Example: 9. Breastfeeding support measures		Breastfeeding class, day 6	In this course, students will	p. 23-28	4
1.	Anatomy and physiology of labor, birth, maternal postpartum, neonatal transition and breastfeeding				
2.	Labor coping strategies, comfort measures and non-pharmacological techniques for pain management				
3.	The reasons for procedures of, and risks and benefits of common medical interventions, medications, and Cesarean birth				
4.	Emotional and psychosocial support of women and their support team				
5.	Birth doula scope of practice, standards of practice, and basic ethical principles				
6.	The role of the doula with members of the birth team				
7.	Communication skills, including				

	Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
	active listening, cross cultural communication, and inter-professional communication				
8.	Self-advocacy and empowerment techniques				
9.	Breastfeeding support measures				
10	Postpartum support measures for the mother and baby relationship				
11	Perinatal mental health				
12	Family adjustment dynamics				
13	Evidence-informed educational and informational strategies				
14	Community resource referrals				
15	Professional conduct, including relationship boundaries and maintaining confidentiality				
16	Self-Care				

Additional requirement for doula-course offered separate from the 28-hour doula training (*not required for training program approval but needed by individual doulas for state certification. It is optional but ideal if a doula training program can also offer pathways of completion for some or all of these additional certification requirements.*)

	Required contact hours or criteria
1. Does this organization offer Cultural Competency training? If yes, please attach all training criteria. If no, how will the program assist participants in obtaining Cultural Competency training?	<input type="checkbox"/> Yes <input type="checkbox"/> No (six hours)
2. Does this organization offer additional training in one or more of the following topics as they relate to doula care?	<input type="checkbox"/> Yes <input type="checkbox"/> No (six hours)
a. Inter-profession collaboration	hours
b. Health Insurance Portability and Accountability Act (HIPAA) compliance	hours

c. Trauma-informed care	hours
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If yes, please attach all training criteria.

If no, how will the program assist participants in obtaining six hours of additional training in the above categories?

3. Does this organization offer an Oregon Health Authority approved Oral Health Training? Please attach separate application to receive approval of an Oral Health Training. See topic requirements at OAR 410-180-0365)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does this organization offer certification for Adult and Infant CPR? If no, how will the program assist participants in obtaining Adult and Infant CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your training program or organization support doulas in completing the other state certification requirements, such as creating a resource list, attending three births and three postpartum visits, and support the doula in completing a state certification application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please explain how the organization help the doula complete these additional requirements.</p> <p>If no, how will the program direct the doula to complete these additional requirements?</p>	

3b.3 List major topics in the training that are outside the scope of the minimum required topics as well (e.g. *Postpartum Training, business skills, etc.*)

Additional topic	Courses or modules covering this topic	Learning objectives	Course materials page number	Approximate contact hours
Example: Starting your own doula business	<ul style="list-style-type: none"> - Finances and Bookkeeping - Marketing for doulas 	In this course, students will....	p 38-40, 45	2.0

Section 4: Demonstration of successful completion

4.1 Final assessment method

Describe how the training program will assess for the acquisition of knowledge and mastery of skills by each student during or at the end of training. This final examination or series of examinations must assess for the competencies covered in each curriculum topic. (150 words)

<p>Format: Indicate the assessment format(s)</p> <p><input type="checkbox"/> Oral exam(s)</p> <p><input type="checkbox"/> Written exam(s)</p> <p><input type="checkbox"/> Practical competency exam(s)</p> <p><input type="checkbox"/> Evaluation of lived experience or community involvement, if applicable</p>	<p>What are the criteria for passing or failing the examination? (50 words)</p>
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4.2 Final examination materials

Attach available sample exams, exam rubrics or other exam materials.

4.3 Additional criteria for successful completion

Aside from passing the final exam, describe all other criteria that must be met by students in order to successfully complete the training program (e.g. *minimum attendance, makeup classes for absences, class participation, and completion of in-class or homework assignments*). Describe the difference in criteria for a certificate of attendance and a certificate of completion. Include a sample of both. (150 words)

4.4 _____ Initial here to agree to the following:

- After training, the program:
 - Distributes the THW application
 - Explains how to apply for THW registry, and
 - If applicable, explains the process to become a Medicaid provider.

4.5 Provide a copy of the certificate of completion showing:

- Community experience for CHW, or
- Lived experience for PSS, PWS, FSS, and YSS.

Explain the process for verification.

4.6 Provide a copy of a certificate of attendance or participation for persons who:

- Do not complete all instruction, or
- Prior experience assessment requirements.

This certificate will not qualify a person for application for the registry.

Section 5: Signature

Please read all of the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

I understand that if training program requirements are not met or are no longer being met, OHA may deny, suspend or revoke training program approval.

I shall indicate the THW worker and subworker type in the name or advertisement of each training.

I understand that before the training program makes any substantive change in the curriculum or persons delivering the program, I have an affirmative responsibility to submit those changes to OHA for approval or OHA may consider those changes as not meeting the training program requirements. If I do not update OHA/OEI of these changes, I will risk loss or denial of my training program certification.

I understand that OHA may conduct site visits of training programs, either prior to approving a training program or at any time during the approval period.

I understand that the organization must apply to renew its approval status every three years, and that the renewal application must be submitted at least 6 months prior of the date of approval expiration.

I shall advise OHA of any changes to the organization contact information within 30 days of such changes.

I understand that during the training program approval period, the written notice of OHA approval must be made available to any student or partnering organization that requests a copy.

I agree to include OHA contact information for questions, comments or concerns about the THW Program on all student materials and advertising for the program.

I agree to issue a letter/certificate of attendance or completion to students following successful attendance or completion of the training program or a letter/certificate of attendance/participation for students who do not meet the criteria for successful completion.

I agree to verify the names of successful training program graduates to OHA when those individuals apply for certification and registry enrollment, without imposing additional costs on the individuals.

I agree to abide by the rules regarding the training and certification of traditional health workers.

OAR 410-180 located at:

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1741>

I certify that all the information contained in this application is true and accurate to the best of my knowledge and understanding. I understand providing false, incomplete or misleading information may result in the denial of the application or revocation of training program approval.

I understand that my program can be suspended and terminated if I do not abide by or follow OAR 410-180/ State policy.

Section 6 (Optional): Waivers

Under special circumstances, training program applicants may request a temporary waiver from a training program requirement. A training program may not act on or implement a waiver until it has received written approval from OHA.

6.1 Rule

What is the specific training program rule for which a waiver is requested? Reference the specific OAR section and subsection(s). *Example: OAR 333-002-0370, Section 1(w), "Health Across the Life Span."* The rules can be found at:

http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_180.html (50 words)

6.2 Need

Identify the special circumstances that necessitate the application for a waiver. (150 words)

6.3 Justification

Explain how the proposed waiver is desirable to maintain or improve the training of THWs. (200 words)

6.4 Alternatives considered

Describe alternatives that were considered, if any, and why alternatives, including compliance, were not selected. (150 words)

6.5 Duration

What is the proposed duration of the waiver (*not to exceed one academic year*)?

Start date: _____ End date: _____

I understand that when this waiver expires, the training program must demonstrate full compliance with OAR 410-180 in order to maintain OHA approval. I certify that all the information contained in this waiver is true and accurate to the best of my knowledge and understanding. I understand providing false, incomplete or misleading information may result in the denial of the waiver or revocation of training program approval.

Director signature

Date