



## Community Health Worker Advisory Board

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### Community Health Worker Training Program *Initial and Renewal Application*

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Initial training program application     Renewal training program application

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Organizations interested in offering approved community health worker training programs must complete and submit this application to the Community Health Worker Advisory Board (CHWAB), indicating all program requirements have been met.

Both a hard copy and an electronic copy of the completed application and all supporting documents must be submitted to the CHWAB. The completed application must include Sections 1 through 5, with all necessary attachments.

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:

**Office of Health Strategy**  
Community Health Worker Advisory Board  
450 Capitol Avenue  
Hartford, CT 06134

**Note:** CHWAB 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:  
[OHS@CT.GOV](mailto:OHS@CT.GOV) or CHWAB Email.

## Application process:

- The completed application must be submitted at least 90 days in advance of the first expected class day. The CHWAB may take up to 120 days to review an application.
- If an application is incomplete, CHWAB shall send written notice requesting that additional materials and specifying the date on which the additional materials must be submitted.
- If CHWAB determines that all training program requirements are sufficiently met, CHWAB shall send written notice of approval. If CHWAB determines that training program requirements are not met or are no longer being met, CHWAB may deny, suspend or revoke training program approval.
- The CHWAB 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 Office of Health Strategy and the CHWAB do not discriminate against anyone. This means that OHS|CHWAB 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 OHS or CHWAB treated you differently for any of these reasons.

To file a complaint with the state, you can call the Commission on Human Rights and Opportunities 1-800-477-5737 (TTD 860-541-3400) or write:

### Commission on Human Rights and Opportunities

450 Columbus Boulevard

Hartford, CT 06103-1835

Fax: 860-246-5419

Email: CHRO.Capitol@ct.gov

*"Equal opportunity is the law!"*

**Review committee:** Completed applications will be reviewed by

**Criteria for approval:** Approved training programs should have a deep understanding of the history and purpose of the community health worker, and train community health workers 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 CHWAB-defined requirements, unless a waiver for a specific requirement is approved. In an effort to be inclusive of all communities throughout Connecticut that may benefit from the services of community health workers 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.

**Commented [ML1]:** Who will be reviewing applications? Committee as a whole or a subcommittee?

**Approval period:** The CHWAB 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 the CHWAB 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. The CHWAB contact information for questions, comments or concerns about the program should be included on all student materials and advertising for the program:

This training program has been approved by the Community Health Worker Advisory Board to provide certification training for community health workers. If you have any questions, comments or concerns about Connecticut's community health worker training and certification program, contact [OHS@CT.GOV](mailto:OHS@CT.GOV)

Commented [ML2]: Should there be a CHWAB email?

**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. Criteria for completion means:

1. Attend and complete all required instruction
2. Demonstrate achievement of all assessment requirements, including attendance and
3. Completed 90 hours of training and minimum of 50 hours internship

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

**Questions about community health worker training program approval?** Contact the Community Health Worker Advisory Board [OHS@CT.GOV](mailto:OHS@CT.GOV)

Commented [ML3]: CHWAB Email?

#### Abbreviations used in the application

CBO: Community-based organization  
CHW: Community health worker  
CHWAB: Community Health Worker  
Advisory Board  
DPH: Department of Public Health  
OHS: Office of Health Strategy

## 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. Explain how CHW training fits with the organization's mission and teaching philosophy. (300 words)

##### Type of organization:

- College/university
- Community college
- Community-based organization
- Clinic/hospital
- Coordinated care organization
- Local health department
- State organization or program
- Faith-Based Organization
- Non-Profit Organization
- Other (Please Specify)

**1.5 Instructors:** List names of instructors and their credentials or work experience with CHWs. CHW Instructor should demonstrate the following:

CHW Instructor:

- 3-5 years' experience working as a CHW fulltime
- Proof of completion of a CHW Core Competency Training
- Preferred resident with knowledge of the community and community resources
- Has the knowledge, skills, and competence to effectively teach a curriculum

Non-CHW Instructor

- Has the knowledge, skills and competence to effectively teach a curriculum

***\*Note: The CHW Instructor and non-CHW Instructor should have at least 1000 hours of experience training individuals who provide community health work services including promotores, community health workers, and other health care paraprofessionals and professional in the previous six years.***

Instructor name:	Credentials or work experience:

## 2.0 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:

## Frequency of Trainings

(It is recommended that you at least host one training per year)

**2.3 Methodologies:** 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)

**2.4 Hours of Training:** How many hours of training will be provided? \*Note, this training should be a minimum of 90 hours.

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

**2.6 Language:** In what languages will the training be offered?

English       Spanish       Other \_\_\_\_\_

2.7 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)

## Section 3: Improvement and Evaluation of Curriculum

### 3.1 Evaluation

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.

### 3.2 Collaboration with CBOs

Does your training program collaborate with community-based organizations?

Yes      No      The organization is a CBO

If so, in what ways? Attached a signed agreement from the Community Based Organization 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)

### 3.3 Recruitment and Enrollment

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

**Fees:** 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)

### 3.4 Community Need

**Communities of Focus:** Describe communities for which your program has identified a need for CHW 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 Connecticut that may benefit from the services of CHWs will have access to these workers. Describe your awareness of or communication with other CHW programs in your area to ensure that training needs for the community are appropriately met. (150 words)

### 3.5 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)



### 3.6 Academic Credit

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

Yes  No

List educational institutions:

List costs if any:

### 3.7 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)*

### 3.8 Records and Attendance

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
- Certificate of attendance or participation

## Section 4: CHW Training Curriculum

### 4.1 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.

CHWAB approved training programs 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 CHWs. 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. \*Note This training should cover all of the accepted C3 Core Competencies previously decided on by the SIM CHW Advisory Committee. Link: <https://www.c3project.org/>

**Core CHW Roles**

1.	Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2.	Providing Culturally Appropriate Health Education and Information
3.	Care Coordination, Case Management and System Navigation
4.	Providing Coaching and Social Support
5.	Advocating for Individuals and Communities
6.	Providing Direct Service
7.	Implementing Individual and Community Assessments
8.	Conducting Outreach
9.	Participating in Evaluation and Research

**CHW Competencies**

1.	Communication Skills
2.	Interpersonal and Relationship-Building Skills
3.	Service Coordination and Navigation Skills
4.	Capacity Building Skills
5.	Advocacy Skills
6.	Education and Facilitation Skills
7.	Individual and Community Assessment Skills
8.	Outreach Skills
9.	Professional Skills and Conduct
10.	Evaluation and Research Skills
11.	Knowledge Base

#### 4.2 Total hours

	Hours
Internship Hours (Minimum of 50 hours)	Minimum 50 hours
Total Contact Hours in the Complete Curriculum (Core curriculum and worker- specific topics)	90 hours of training

#### 4.3 Core Curriculum for CHWs

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
Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems				
Providing Culturally Appropriate Health Education and Information				
Care Coordination, Case Management, and System Navigation				
Providing Coaching and Social Support				
Advocating for Individuals and Communities				
Building Individual and Community Capacity				
Providing Direct Service				

Implementing Individual and Community Assessments				
Conducting Outreach				
Participating in Evaluation and Research				

**4.4 CHW Competencies**

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
Communication Skills				
Interpersonal and Relationship-Building Skills				
Service Coordination and Navigation Skills				
Capacity Building Skills				
Advocacy Skills				
Education and Facilitation Skills				
Individual and Community Assessment Skills				
Outreach Skills				

Professional Skills and Conduct				Q
Evaluation and Research Skills				
Knowledge Base				

#### 4.5 Internship Requirements

Please describe the CHW Internship experience and how many hours the internship will be. This should be an opportunity for the CHW to observe and practice core CHW skills and services in the field, and to receive additional training, supervision and feedback from professionals working in the public health, healthcare, non-profit and community setting.

**\*Note: This internship is required as part of the training and should be a minimum of 50 hours.**

#### 4.6 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	- Finances and Bookkeeping - Marketing for doulas	In this course, students will....	p 38-40, 45	2.0

## Section 5: Demonstration of successful completion/assessment

### 5.1 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)

<b>Format:</b> Indicate the assessment format(s)  <input type="checkbox"/> Oral exam(s) <input type="checkbox"/> Written exam(s) <input type="checkbox"/> Pre and post tests <input type="checkbox"/> Skills Assessment <input type="checkbox"/> Practice Competency Exam (s) <input type="checkbox"/> Capstone Project or Portfolio <input type="checkbox"/> Evaluation of lived experience or community involvement, if applicable	What are the criteria for passing or failing the examination? (50 words)
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### 5.2 Final examination materials

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

### 5.3 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)

5.4 \_\_\_\_\_ Initial here to agree to the following:

5.4.1 After training, the program:

5.4.1.1 Distributes the CHW application

5.4.1.2 Explains how to apply for CHW licensure, and

5.5 Provide a copy of the certificate of completion showing:

5.5.1 Community experience for CHW

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

5.6.1 Do not complete all instruction, or

5.6.2 Prior experience assessment requirements.

## 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, CHWAB may deny, suspend or revoke training program approval.

I shall indicate the CHW training 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 CHWAB for approval or CHWAB may consider those changes as not meeting the training program requirements. If I do not update CHWAB of these changes, I will risk loss or denial of my training program certification.

I understand that CHWAB 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 CHWAB 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 CHWAB approval must be made available to any student or partnering organization that requests a copy.

I agree to include CHWAB contact information for questions, comments or concerns about the CHW training 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 CHWAB 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 CHW.

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 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 CHWAB.

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### 6.1 Rule

What is the specific training program rule for which a waiver is requested? Reference the specific rule (50 words)

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### 6.2 Need

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

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### 6.3 Justification

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

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### 6.4 Alternatives considered

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

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### 6.5 Duration

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

Start date: \_\_\_\_\_

End date: \_

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I understand that when this waiver expires, the training program must demonstrate full compliance with order to maintain CHWAB 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.

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Director signature

Date