



Community Health Worker Advisory Board

Community Health Worker Training Program Application

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.

An electronic copy of the completed application and all supporting documents must be submitted through the [CHWAB online portal](#). The completed application must include Sections 1 through 5, with all necessary attachments. **Please download the application and save it before proceeding to ensure all information is saved.**

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.

Application fee is \$300. The fee must be submitted with application in the form of a personal check, money order or cashier's check. All fees are non-refundable. Please make checks payable to State of CT Treasurer and mail to:

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

Note: CHWAB will keep a copy of your application and all submitted course materials on file.

For any questions, please send an email to: OHS@CT.GOV

Application process:

- All applications are submitted through the [CHWAB online portal](#).
- 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 the CHWAB Review Committee.

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 needed for training programs in communities, and the diversity of communities served when reviewing applications.

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 workers training and certification program, contact OHS@CT.GOV

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 by email at OHS@CT.GOV

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

CHW Core Competencies: Generalist Training Application Checklist

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Section 1: Overview of Training Program 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 (if different from above):	City:	State:	ZIP code:
Main phone number:		Fax number:	
Website:			

Organization Director

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

Contact Person *(if different from director)*

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

1.2 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)

1.3 Educational Accreditation

Is your organization accredited by the Council for Higher Education Accreditation or similar accreditation body?		
No		Yes If yes, please fill in information below
Name of Accrediting Organization:		
Contact Name in Accrediting Organization:	Title:	
Telephone:	Email Address:	
Mailing Address: <i>Street Address/ PO Box</i>		
City	State	Zip Code
Status of Accreditation:		Date of Last Accreditation:

Section 2: Training Content

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:

2.2 Frequency of Trainings

How often do you provide CHW trainings? **Please attach a schedule if available.**

2.3 Methodologies

Describe the program's overall approach to CHW training and the teaching methodologies that guide the program (*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

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)

2.7 Experienced CHW Involvement

Please indicate the aspects of your training program(s) in which CHWs are involved (check all that apply) and describe how CHWs, by worker type are involved.

Curriculum Planning	Curriculum Delivery
Curriculum Development	Training Evaluation
Mentoring	Other

Section 3: Training Program Details

3.1 Collaboration with CBOs

Does your training program collaborate with community-based organizations?

Yes

No

If so, in what ways? Attach 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)*

3.2 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)*

3.3 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)*

3.4 Program Feedback/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. *(300 words)*

3.5 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, including:

- Release information forms
- Records include trainer, trainee, worker type, date and agendas of the training and total contact hours
- Certificate of completion
- Certificate of attendance or participation

(150 words)

Section 4: Instructor Information

4.1 List of Core Instructors/Trainers

Please list the following contact information for each one of your core instructors/trainers:

First Name:	Last Name:
Job Title:	Email Address:
Telephone:	Fax:
Name of Sponsoring Organization:	
Physical Address: <i>(Street Address/PO Box)</i>	<i>(City) (State) (Zip Code)</i>
Mailing Address: <i>(Street Address/PO Box)</i>	<i>(City) (State) (Zip Code)</i>

First Name:	Last Name:
Job Title:	Email Address:
Telephone:	Fax:
Name of Sponsoring Organization:	
Physical Address: <i>(Street Address/PO Box)</i>	<i>(City) (State) (Zip Code)</i>
Mailing Address: <i>(Street Address/PO Box)</i>	<i>(City) (State) (Zip Code)</i>

First Name:	Last Name:
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First Name:	Last Name:		
Job Title:	Email Address:		
Telephone:	Fax:		
Name of Sponsoring Organization:			
Physical Address: <i>(Street Address/PO Box)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Mailing Address: <i>(Street Address/PO Box)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>

First Name:	Last Name:		
Job Title:	Email Address:		
Telephone:	Fax:		
Name of Sponsoring Organization:			
Physical Address: <i>(Street Address/PO Box)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Mailing Address: <i>(Street Address/PO Box)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>

Section 5: Instructor Requirements

Please have each one of your core instructors/trainers complete the following questions in Sections 5.1 and 5.2.

- **Note:** As of November 3, 2022, the CHWAB approved the design of a new CHW Trainer program. Once finalized, new instructors will need to be certified in CT and have at least 3 years of experience working full time as a CHW, proof of completion of the CHW Core Competency Training as well as the corresponding CHW Trainer Program.
 - Individuals serving as CHW instructors prior to November 3, 2022 are not required to fulfill this requirement.
- 5.1 [Education & Work Experience](#)

Instructor Name and Last Name:

1. Have you worked as a CHW for three years or more?

Yes

No

I am exempt from this requirement (*served as instructor prior to Nov 3, 2022*)

2. Have you completed the CHW Core Competency Training and certification?

Yes

No

I am exempt from this requirement (*served as instructor prior to Nov 3, 2022*)

3. Have you completed the CHW Trainer Program?

Yes

No

I am exempt from this requirement (*served as instructor prior to Nov 3, 2022*)

I am currently enrolled and will complete the training prior to start date

4. In what settings have you worked as a CHW? Check all that apply.

Clinical Community

Non-profit organization

College/University/learning institution

Other (*Please specify*)

5. Have you supervised CHWs? CHWs?

No (*Skip to Section 5.2*)

Yes (*Continue to the next question*)

6. Approximately how many CHWs have you supervised?

- 1-5
- 6-10
- 11-15
- More than 15

7. In what settings have you supervised CHWs? Check all that apply.

- Clinical
- Community
- Non-profit organization
- College/University/learning institution
- State or local government
- School-based
- Other (*Please specify*)

5.2 Training Experience

1. In what capacity and/or profession have you provided trainings for CHWs? Check all that apply.

- | | |
|---------------------------------|------------------|
| CHW | Educator/trainer |
| Social Worker | Health Educator |
| MD/Physician | Nurse |
| Other (<i>Please specify</i>) | |

2. Have you provided CHW training as an independent contractor?

- No
- Yes (*Please specify*)

3. Please list the organizations you have represented when providing trainings.

4. In what kind of formats/settings have you trained CHWs?

- | | |
|---------------------------------|--------------------|
| Continuing education | Training center |
| College class | Conference setting |
| Employed/on-the-job | Community setting |
| Other (<i>Please specify</i>) | |

5. When did you last provide trainings for CHWs?

- | | |
|------------------------|----------------|
| Less than 1 year | 1-3 years ago |
| 4-5 years ago | 6-10 years ago |
| More than 10 years ago | |

6. Which languages do you provide CHW training in? Check all that apply?

English

Spanish

Chinese

Other (*Please specify*)

Section 6: CHW Training Curriculum

6.1 Program syllabus and materials

Please fill out this section for each training program.

The following charts breakdown CT CHW essential roles and skills. Attach the training program syllabus and course materials, with a table of contents and pages consecutively numbered.

Please indicate the type of instructional materials utilized for the training. These materials should include:

- Published/certified curricula from another training program (*cite & attach*)
- Published textbook(s) (*cite*)
- Internally developed materials (e.g., instructors' manuals and student handbooks, organized by course; handouts and homework assignments. (*attach*)

CHWAB approved training programs must met the 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 specializations. 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/>

Connecticut 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.	Building Individual and Community Capacity
7.	Providing Direct Service
8.	Implementing Individual and Community Assessments
9.	Conducting Outreach
10.	Participating in Evaluation and Research

Connecticut Core 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

6.2 Total hours

Please describe and attach 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. Please attach any internship, externship or apprenticeship agreements with external organizations. ***See minimum hour requirements below**

Internship, externship, or apprentice hours <i>(Please indicate if hours vary by experience learning opportunity)</i>	Minimum 50 hours
Total contact hours in the Complete Curriculum <i>(Core curriculum and worker-specific topics)</i>	Minimum 90 hours of training

6.3 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.

Core Curriculum Topics *(Upload additional documents if necessary)*

Core Roles	Sub-roles	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods	Course(s) or module(s) covering this topic including course materials page numbers
1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems	1.a Educating individuals and communities about how to use health and social service systems (Including understanding how systems operate)				
	1.b Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards)				
	1.c Building health literacy and cross-cultural communication				
2. Providing Culturally Appropriate Health Education and Information	1.a Conducting health promotion and disease prevention education in a manner that matches linguistic, cultural, and developmental needs of participants or community				
	1.b Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)				
3. Care Coordination, Case Management, and System Navigation	3.a Participating in care coordination and/or case management				
	3.b Making referrals and providing follow-up				
	3.c Facilitating transportation to services and helping to address other barriers to services				
	3.d Documenting and tracking individual and population level data				
	3.e Informing people and systems about community assets and				
	3.f Facilitating the participant-provider relationship and effective communication				

4. Providing Coaching and Social Support	4.a	Providing individual support and coaching				
	4.b	Motivating and encouraging people to obtain care and other services				
	4.c	Supporting self-management of disease prevention and management of health conditions (including chronic disease)				
	4.d	Planning and/or leading support groups				
5. Advocating for Individuals and Communities	5.a	Advocating for the needs and perspectives of communities				
	5.b	Connecting to resources and advocating for basic needs (e.g., food and housing)				
	5.c	Conducting policy advocacy				
6. Building Individual and Community Capacity	6.a	Building individual capacity				
	6.b	Building community capacity				
	6.c	Training and building individual capacity with CHW peers and among groups of CHWs				
	6.d	Identifying gaps in available resources and recommending improvements				
7. Providing Direct Service	7.a	Providing referrals and identifying basic needs to basic screening tests (e.g., height & weight, blood pressure)				
	7.b	Connecting to basic services (e.g., first aid, diabetic foot checks)				
	7.c	Assisting in meeting basic needs (e.g., direct provision of food and other resources)				
	7.d	Conducting mental health screening				
8. Implementing Individual and Community Assessments	8.a	Participating in design, implementation, and interpretation of individual-level assessments (e.g., home environmental assessment)				
	8.b	Participating in design, implementation, and interpretation of community-level assessments (e.g., windshield survey of community assets and challenges, community asset mapping)				
9. Conducting Outreach	9.a	Case-finding/recruitment of individuals, families, and community groups to services and systems				

	9.b	Follow-up on health and social service encounters with individuals, families, and community groups				
	9.c	Home visiting to provide education, assessment, and social support				
	9.d	Presenting at local agencies and community events				
10. Participating in Evaluation and Research	10.a	Engaging in evaluating CHW services and programs				
	10.b	Identifying and engaging community members as research partners, including community consent processes				
	10.c	Participating in evaluation and research: i) Identification of priority issues and evaluation/research questions ii) Development of evaluation/research design and methods iii) Data collection and interpretation iv) Sharing results and findings v) Engaging stakeholders to take action on findings				

Core Competencies Skills (part 1 of 6)

Skills	Sub-skills	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods	Course(s) or module(s) covering this topic
1. Communication	1.a Ability to use language confidently				
	1.b Ability to use language in ways that engage and motivate				
	1.c Ability to communicate using plain and clear language				
	1.d Ability to communicate with empathy				
	1.e Ability to listen actively				
	1.f Ability to prepare written communication including electronic communication (e.g., email, telecommunication device for the deaf)				
	1.g Ability to document work				
	1.h Ability to communicate with the community served (may not be fluent in language of all communities served)				
	1.i Ability to negotiate and advocate on behalf of participants				
2. Interpersonal and Relationship Building	2.a Ability to provide coaching and social support				
	2.b Ability to conduct self-management coaching				
	2.c Ability to use interviewing techniques (e.g. motivational interviewing)				
	2.d Ability to work as a team member e. Ability to manage conflict				
	2.e Ability to practice cultural humility				

Core Competencies Skills *(continued, part 2 of 6)*

Skills	Sub-skills	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods	Course(s) or module(s) covering this topic
3. Service Coordination & Navigation	3.a Ability to coordinate care (including identifying and accessing resources and overcoming barriers) in a way that is person-centered				
	3.b Ability to identify and access resources and overcome barriers				
	3.c Ability to make appropriate referrals				
	3.d Ability to facilitate development of an individual and/or group action plan and goal attainment				
	3.e Ability to coordinate CHW activities with clinical and other community services				
	3.f Ability to follow-up and track care and referral outcomes				
4. Capacity Building	4.a Ability to help others identify goals and develop to their fullest potential				
	4.b Ability to work in ways that increase individual and community empowerment				
	4.c Ability to network, build community connections, and build coalitions				
	4.d Ability to teach self-advocacy skills				
	4.e Ability to conduct community organizing				
5. Advocacy	5.a Ability to contribute to policy development				
	5.b Ability to advocate for policy change				
	5.c Ability to speak up for individuals and communities				

Core Competencies Skills *(continued, part 3 of 6)*

Skills	Sub-skills	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods	Course(s) or module(s) covering this topic
6. Education and Facilitation Skills	6.a Ability to use empowering and learner-centered teaching strategies				
	6.b Ability to use a range of appropriate and effective educational techniques				
	6.c Ability to facilitate group discussions and decision-making				
	6.d Ability to plan and conduct classes and presentations for a variety of groups				
	6.e Ability to seek out appropriate information and respond to questions about pertinent topics				
	6.f Ability to find and share requested information				
	6.g Ability to collaborate with other educators				
	6.h Ability to collect and use information from and with community members				
7. Individual & Community Assessment	7.a Ability to participate in individual assessment through observation and active inquiry				
	7.b Ability to participate in community assessment through observation and active inquiry				
8. Outreach	8.a Ability to conduct case-finding, recruitment and follow-up				
	8.b Ability to prepare and disseminate materials				
	8.c Ability to build and maintain a current resources inventory				

Core Competencies Skills *(continued, part 4 of 6)*

Skills	Sub-skills	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods	Course(s) or module(s) covering this topic
9. Professional Skills and Conduct	9.a Ability to set goals and to develop and follow a work plan				
	9.b Ability to balance priorities and to manage time				
	9.c Ability to apply critical thinking techniques and problem solving				
	9.d Ability to use pertinent technology				
	9.e Ability to pursue continuing education and life-long learning opportunities				
	9.f Ability to maximize personal safety while working in community and/or clinical settings				
	9.g Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])				
	9.h Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements follow mandatory reporting protocols				
	9.i Ability to participate in professional development of peer CHWs and in networking among CHW groups				
	9.j Ability to set boundaries and practice self-care				
	9.k Ability to work in teams				
	9.l Describe & access national & state CHW professional organizations & training resources				
	9.m Explain the CT CHW voluntary certification policy and process for obtaining certification (including different pathways)				
	9.n Identify and utilize tools and resources for CHW professional development				
	9.o Describe the history, role and impact of CHWs/CHRs in improving individual and community health				
	9.p Describe the CT CHW Scope of Practice				

Core Competencies Skills *(continued, part 5 of 6)*

Skills	Sub-skills	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods	Course(s) or module(s) covering this topic
10. Evaluation and Research	10.a Engaging in evaluating CHW services and programs				
	10.b Identifying and engaging community members as research partners, including community consent processes				
	10.c Participating in evaluation and research: i) Identification of priority issues and evaluation/research questions ii) Development of evaluation/research design and methods iii) Data collection and interpretation iv) Sharing results and findings v) Engaging stakeholders to take action on findings				
11. Knowledge Base	11.a Knowledge about social determinants of health and related disparities				
	11.b Knowledge about pertinent health issues				
	11.c Knowledge about healthy lifestyles and self-care				
	11.d Knowledge about mental/behavioral health issues and their connection to physical health				
	11.e Knowledge about health behavior theories				
	11.f Knowledge of basic public health principles				
	11.g Knowledge about the community served				

Core Competencies Skills *(continued, part 6 of 6)*

Skills	Sub-skills	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods	Course(s) or module(s) covering this topic
12. Additional Knowledge of CHWs & Certification in CT	12.a Describe national & state CHW professional organizations & training resources				
	12.b Explain the CT CHW voluntary certification policy& process for obtaining certification (including different pathways)				
	12.c Identify and utilize tools and resources for CHW professional development				
	12.d Describe the history, role, & impact of CHWs/CHRs in improving individual & community health				
	12.e Describe the CT CHW Scope of Practice				

Section 7: Specialty Knowledge

Please indicate the areas you provide training in for each of the areas below. Check all that apply.

6.1 Clinical Skills

Conducting self-care screenings	First Responder/ EMT
Basic laboratory skills	CPR/ First Aid
Medical assistant (MA) or nursing assistant (CNA) skills	
Obtain/maintaining medical devices (ex. Hearing Aids, glasses, dentures)	

6.2 Eligibility, Enrollment, & Enabling Services

Presumptive Eligibility/Medicaid On- Site Application Assistance (PE MOSSA) determiner

Pharmacy patient assistance

Employment

Housing

6.3 Specialty Content Areas

Chronic Disease (Diabetes, obesity, tobacco cessation, cancer, heart disease, asthma, Hep C, etc.)

Sexual & Reproductive Health (HIV, STDs, pregnancy prevention, etc)

Infectious Disease (TB, Flu, immunizations, food handling, etc)

Maternal & Child Health (nutrition, developmental screenings, breastfeeding, parenting, child development, etc.)

Behavioral Health (addictions, violence prevention, mental illness, crisis intervention)

Environmental Health (toxins, contaminants, or pollutants of water, soil, or air)

Oral, Ocular, and Aural Health (vision, hearing, dental care, etc.)

Fitness and exercise

Nutrition

Emergency

Emergency preparedness

Health Outreach to special populations (seniors, homeless, youth, immigrants & refugees; LGBT, etc.)

Other (*Please specify*)

6.4 Additional Topics Curriculum Chart

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 Optional topics					
Additional Topic	Courses or modules covering topic	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods	Course(s) or module(s) covering this topic

Section 8: Training Delivery

1. What type of training methods do you use? Check all that apply

Mentoring

Group briefings/guest speakers

Books articles/references

Publish Training Curriculum

Formal training (established objectives, learning methods to meet the objectives and an evaluation component to determine if the objectives have been met)

Other (*Please specify*)

2. How is your training evaluated upon completion? Check all that apply.

Survey regarding quality or satisfaction

Skills test

Pre & post knowledge test

Exam

Other (*Please specify*)

3. Please use the space below to provide any additional comments to describe your education and experience as it applies to CHW training. (*Attach an additional document if necessary*)

Section 9: Demonstration of Successful Completion/Assessment

9.1 Final assessment method

1. **Assessment:** 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)*

2. **Format:** Indicate the assessment format(s). Check all that apply.
 - Oral exam(s)
 - Written exam(s)
 - Pre- and post-test skills assessment
 - Practice competency exam(s), capstone project, or portfolio
 - Evaluation of lived experience of community involvement, if applicable
 - Resource binder
 - Presentation or outreach table

3. **Criteria:** What are the criteria for passing or failing the examination? *(50 words)*

9.2 Final examination materials

Please attach available sample exams, exam rubrics or other exam materials.

9.3 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)*

9.4 Certificate of Completion

Initial here to agree to the following:

After training, the program will:

- Explain how to apply for CHW licensure and online application process,
- Provide a copy of the certificate of completion of training from approved training vendor
- Provide a letter certifying portions completed for students who do not complete full training

Section 10: 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.

I understand I must notify any changes to the CHWAB regarding persons delivering their training and certify they meet the requirements.

I understand I would still have to report any substantive changes to the curriculum for approval by the CHWAB.

Director signature

Date

Section 11: (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.

11.1 Rule

What is the specific training program rule for which a waiver is requested? Reference the specific rule. **(Please upload an attachment of 50 words)**

11.2 Need

Identify the special circumstances that necessitate the application for a waiver. **(Please upload an attachment of 150 words)**

11.3 Justification

Explain how the proposed waiver is desirable to maintain or improve the training of THWs. **(Please upload an attachment of 200 words)**

11.4 Alternatives considered

Describe alternatives that were considered, if any, and why alternatives, including compliance, were not selected. **(Please upload an attachment of 150 words)**

11.5 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 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.

Director signature

Date