## **Design Group 3 Recommendations**

\*Items highlighted in yellow are included in the <u>survey monkey</u> and require your feedback.

Link to Survey Monkey: <a href="https://www.surveymonkey.com/r/VLK3W53">https://www.surveymonkey.com/r/VLK3W53</a>

- Should CHW training programs apply to be "approved" training vendors to provide CHW Training that is recognized for CHW Certification?
- Still unclear who would be reviewing and approving the training vendors \*\* DPH, CHW Certification Advisory Body, other entity?

Below we put together a sample outline of how the training vendor application might look based on the recommendations made by this group.

## Training vendors should provide the following information, and in some cases meet specific criteria on the following:

Organization	General information (name, address, contact, etc.)		
Information			
Organization	☐ College/University	☐ Local Health Department	
Туре	☐ Community College	☐ Non-Profit Organization	
	☐ Community-Based Organization (CBO)	☐ State Agency	
	☐ Clinic/Hospital	☐ Other (please specify)	
	☐ Faith-based Organization		
Accreditation	Are you accredited by The Council for Higher Education Accreditation or similar accreditation body? If so, please		
	provider this information.		
	*Note: This is not required.		
Recruitment &	Please describe how you plan to recruit and screen participants for training.		
Screening	rease accorde non you plan to recruit and screen participants for training.		
Frequency	Please state how many trainings you anticipate to provide per year.		
,	Sayar a special part of the pa		
	*Note: It is recommended that you at least host one training per year.		
Cost	How much will you charge participants for this training?		
Training	Please describe what training methods you plan to use?		
Method(s)			
	*Note: Training methods should at least be based on Adult Learning Principles, and should include role-play and		
	be interactive.		
Training	Please describe how you plan to deliver this training.  *Note: This training should be conducted in-person or as a hybrid training to include in-person sessions with		
Delivery			
	distance learning in "real-time". Online training will not be allowed.  *Note: At least 40% of the hours of instruction should be taught or co-taught by faculty who are Community		
	Health Workers.		
Instructors	CHW Instructor:		
mstructors	☐ 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/or the 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.		
Hours of	How many hours of training will be provided?		
Training	*Note: This training should be a minimum of 90 hours.		
Core	Explain how you plan to train CHWs on each of the Core Competencies.		
Competencies			
	Link: C3 Core Competencies recommended by SIM CHW Advis	sory Committee	
,		sory Committee	
Internship	Link: C3 Core Competencies recommended by SIM CHW Advis *Note: This training should cover all of the accepted C3 Core	Sory Committee Competencies previously decided on by the SIM	
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	Link: C3 Core Competencies recommended by SIM CHW Advis  *Note: This training should cover all of the accepted C3 Core CHW Advisory Committee.  Please describe the CHW internship experience and how man  *Note: This internship is required as part of the training and s  *Note: This should be an opportunity for the CHW to observe	Competencies previously decided on by the SIM  y hours the internship will be.  should be a minimum of 50 hours. and practice core CHW skills and services in the	
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