



**RHODE ISLAND**  
C E R T I F I C A T I O N   B O A R D

## CCHW APPLICATION

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Certified Community Health Worker

### APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

**Do not apply until all requirements are met.**

**TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

- 1. Mail:** RICB, 298 S. Progress Avenue, Harrisburg, PA 17109
- 2. Email:** [info@ricertboard.org](mailto:info@ricertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 3. Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@ricertboard.org](mailto:info@ricertboard.org).*

### REVIEW & APPROVAL PROCESS

- 1.** Application submitted to RICB. To confirm receipt of application, email RICB at the above email address.
- 2.** Staff reviews application. Allow up to 10 business days for review and processing.
- 3.** Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
- 4.** A certificate will be mailed to you within 10 business days.

## ROLE OF THE COMMUNITY HEALTH WORKER

Community Health Workers are frontline public health workers who are trusted members of the community they serve. This trusting relationship enables them to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural responsiveness of service delivery.

Community Health Workers build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as engagement, community education, social support and advocacy. Community Health Workers hold a unique position within an often rigid health care system in that they can be flexible and creative in responding to specific individual and community needs.

The unique strength of Community Health Workers is their ability to develop rapport with people and other community members due to shared culture, community residence, chronic condition, disability, language, and life experiences. They are also able to enhance the cultural and linguistic appropriateness of care and help to counteract factors such as social exclusion, poverty, and marginalization.

An important role of the Community Health Worker is to advocate for the socioeconomic, environmental, and political rights of individuals and their communities. Community Health Workers often link people to needed health information and services.

Community Health Workers address the social and environmental situations that interfere with an individual or community achieving optimal health and well-being.

Community Health Worker's may have various titles as it is used as an umbrella term.

## CERTIFIED COMMUNITY HEALTH WORKER REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to RICB directly prior to application.

### DOMAINS

1. Community Health Concepts
2. Advocacy and Capacity Building
3. Care Coordination
4. Health Literacy and Education
5. Safety and Self-Care
6. Cultural Competency
7. Professional Communication and Interpersonal Skills
8. Ethical Responsibilities and Professionalism

### EDUCATION/TRAINING

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**REQUIRED:** 70 total hours of relevant education/training specific to the Community Health Worker domains.

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**Education is defined as** formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses, and online education.

There is **no limit to the amount of online education** that may be submitted.

Most three-credit college/university courses count as 45 hours. One training CE/CEU counts as one hour.

Out of state education is acceptable.

**All education/training must be documented.** College courses are documented with an official college transcript. Trainings are documented with copies of training certificates.

Training certificates must have the applicant's name, title of training, date(s) of training, the number of hours being awarded, and the name of training organization. Training certificates submitted without this required information on them will not be accepted.

If a training title on a certificate of attendance does not clearly indicate the education content, attach a copy of the training description.

Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

**Training must be non-repetitive** meaning the same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

There is **no time limit** on when the education/training was received.

## COMMUNITY HEALTH WORKER EXPERIENCE

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**REQUIRED:** Six (6) months of full-time experience or 1000 hours part-time experience as a community health worker.

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**Qualifying experience** is fulfilling the role of a community health worker as outlined in the domains.

The applicant must be currently in the qualifying position at the time of application. Only volunteer positions or paid employment within the last five (5) years may be counted towards the total experience requirement.

Qualifying work experience can be from multiple organizations to accumulate the required years/hours.

If the applicant's work experience requirement is not fulfilled from their current organization, they must include **documentation from previous organization(s)** verifying their title, duties and dates employed with their application. DO NOT submit a resume as proof of previous experience. Applicant must contact previous organizations and request detailed documentation of their experiences from them.

The applicant **must be currently volunteering/employed as a community health worker** at the time of application.

## CURRENT VOLUNTEER/JOB DESCRIPTION

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**REQUIRED:** Copy of current community health worker volunteer/job description, obtained from current organization, and which must be signed by both the applicant and their immediate supervisor.

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All applicants must include a copy of their current community health volunteer/job description. This **document is provided by your employer** and must be signed and dated by the applicant and their immediate supervisor.

Job descriptions determine and verify eligible current work experience. Job description must clearly delineate community health services as a primary function of the position.

**If you have held different positions with your current employer**, please provide all relevant job descriptions with the application.

In lieu of job description(s), employer may provide an official position description on agency letterhead. This required documentation must include the applicants' dates of employment (to/from) employment status (full-time or part-time), title of position, a detailed description of the duties and responsibilities for the position, and the average number of hours per week the applicant worked.

## ON-THE-JOB SUPERVISION

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**REQUIRED:** 50 hours of on-the-job supervision of qualifying work experience in the community health worker domains.

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While a minimum number of hours per domain is not required, applicants and supervisors are encouraged to work towards supervision in all domains throughout the span of the CHW's work/volunteer experience.

Supervision is a formal or informal process that is evaluative, educative, and supportive. It ensures quality of care and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

**RICB has no requirements for who provides supervision.** The person providing supervision is at the discretion of the agency and/or state requirements.

Supervision can be provided in an individual, one-on-one setting and/or observation of skills or group supervision setting.

Supervision can be provided by **more than one supervisor**. In this case, provide a copy of page 12 of this application to all the supervisors documenting supervision on your behalf.

## PORTFOLIO

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**REQUIRED:** Documentation and requirements of at least three (3) of the six (6) categories.

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A portfolio is a collection of personal and professional activities and achievements. It is highly personalized, and no two applicants will submit the same documentation.

Applicants must complete a total of three (3) categories. The first category is mandatory for all applicants. Multiple submissions in one category will only count as fulfilling one (1) of the three (3) required.

The applicant should submit what they feel best supports and describes their experiences under their chosen categories. When selecting a category and submitting the documentation, the CHW should use the opportunity to highlight the value and commitment to not only the profession, but the community served.

**Competency as a Community Health Worker must be demonstrated in each category submitted with the application.**

### Categories

1. **MANDATORY: Statement of Professional/Volunteer Experience:** Respond to one of the following. Answers should be at least 1000 words (4 paragraphs).
  - a. Describe a success story you have had in your role as a CHW. Names and identifying information should be redacted.
  - b. What resources (systems, agencies, etc.) have you helped people connect to?
  - c. Describe your areas of expertise related to community health.
  - d. Describe how you have applied training as a CHW to your professional life.
  - e. Briefly describe strengths and opportunities for improvement in your professional life.
  - f. Describe your motivation to work in community health.
2. **Community Experience and Involvement:** Applicant must submit three (3) letters from an organization(s) that the applicant has volunteered/worked with in one or more of the areas listed.
  - a. One letter from current supervisor
  - b. One letter from outside organization/provider
  - c. One letter from a colleague (in current or another organization)

The letters should clearly describe the applicant's impact as a CHW and the value added to the community served. When possible, letters should be on the organization's letterhead. *Examples may include:*

- a. Leadership experience
  - b. Board participation
  - c. Social support and advocacy
  - d. Community education
  - e. Policy development and promotion
  - f. Needs assessments
  - g. Awards/recognition summary
3. **Community Impact/Research Activities:** Applicant's must submit a summary of how they participated in the research activity and supporting documentation. Summary should be at least 1000 words (4 paragraphs) and also include how the research informs their work as a CHW. Examples of research activities include:
    - a. Data collection – qualitative and quantitative
    - b. Focus groups – either facilitating or participating
    - c. Panels – either facilitating or participating
    - d. Surveys – developing, conducting and interpreting data
    - e. Community mapping/Community resources –finding resources for the population served
    - f. Dissemination of research – publication and how it was disseminated is required
  4. **College Level Courses/Advanced or Specialized Training:** Applicants that complete education relevant to the CHW domains, in addition to the 70 hours, must submit documentation and a summary of the education. Education must be completed within the last 10 years prior to the date of application. Acceptable forms of education include:
    - a. College course – a degree does not need to be completed for the course to count

- b.** Advanced/specialized training - multiple topic areas can be submitted, must total 30 hours
- 5. Community Publications, Presentations & Projects:** Applicants who have completed one or more of the following should submit documentation and a summary of their participation.
  - a.** Newsletters to the community
  - b.** Poster/PowerPoint Presentations
  - c.** Brochure development
  - d.** Curriculum and training development
  - e.** Facilitating trainings
  - f.** Resource guide development
  - g.** Community programming/workshops
  - h.** Promotion: TV, radio, social media, website management, etc.
  - i.** Community event organization and participation
- 6. Performance Evaluation:** Evaluations should highlight the applicant’s abilities as a CHW and must be completed within two years prior to the application date.
  - a.** Copy of an agency or participant evaluation
  - b.** Documentation of feedback received from the individual served or community served. The process for soliciting this feedback must be included with the submission.

## CERTIFICATION FEE

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**REQUIRED:** \$125.00 (fee must accompany certification application)

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The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment. Fee payment information provided on page 9 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to RICB.

**Applications received without payment will not be processed.**

One-half of the fee is refundable if application is denied.

## APPLICATION INFORMATION

### GENERAL INFORMATION

Email addresses provided to RICB must be active accounts that are checked regularly. We will not be able to contact you without an email address. Please print legibly.

Applicants must either live or work in RI at the time of application.

### APPEAL PROCESS

The purpose of appeal is to determine if RICB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to RICB within 30 days of the notification of RICB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the RICB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

## **FELONIES & DISCIPLINARY ACTIONS**

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through RICB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

## **REQUESTS TO CHANGE APPLICATION**

Professionals who wish to have their application re-reviewed for another credential RICB will incur a \$50 application change/review fee.

## **CERTIFICATION TIME PERIOD**

Certification encompasses two calendar years beginning on the date the applicant passes the examination. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

## **RECERTIFICATION**

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

# CCHW: APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to RICB.

## TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Pronouns: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Have you ever received any disciplinary action from another certification/licensing authority?  Yes  No  
*If yes, provide full details on a separate sheet.*

Have you read and understood the RICB Code of Ethical Conduct?  Yes  No  
*The Code of Ethical Conduct is located at [www.ricertboard.org/ethics](http://www.ricertboard.org/ethics)*

## CONTACT INFORMATION

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

***REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.***

Secondary Email: \_\_\_\_\_

## DEMOGRAPHICS

*Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

### What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

### How do you describe your sexual orientation or sexual identity?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Which best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): \_\_\_\_\_
- Not listed (please specify): \_\_\_\_\_
- Prefer not to disclose



**What is your yearly income?**

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure
- Prefer not to disclose

**Do you have military experience?**

- Active duty
- Reserve
- National Guard
- Veteran
- Not Applicable

**Language(s) spoken fluently (check all that apply):**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> American Sign Language</li> <li><input type="checkbox"/> Arabic</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> English</li> <li><input type="checkbox"/> French</li> <li><input type="checkbox"/> German</li> <li><input type="checkbox"/> Indigenous Language</li> <li><input type="checkbox"/> Italian</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Korean</li> <li><input type="checkbox"/> Polish</li> <li><input type="checkbox"/> Portuguese</li> <li><input type="checkbox"/> Russian</li> <li><input type="checkbox"/> Spanish</li> <li><input type="checkbox"/> Tagalog (Filipino)</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Other, please specify: _____</li> </ul> |
|--|--|

**Employment plans for the next two years (check all that apply):**

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

**What is the highest degree or level of school you have completed?**

*(If you're currently in school, please check the highest degree you have completed.)*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than a high school diploma</li> <li><input type="checkbox"/> High school degree or equivalent (e.g. GED)</li> <li><input type="checkbox"/> Trade, Technical or Vocational School</li> <li><input type="checkbox"/> Some college, no degree</li> <li><input type="checkbox"/> Associate degree (e.g. AA, AS)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Bachelor's degree (e.g. BA, BS)</li> <li><input type="checkbox"/> Master's degree (e.g. MA, MS, MEd)</li> <li><input type="checkbox"/> Professional degree (e.g. MD, DDS, DVM)</li> <li><input type="checkbox"/> Doctorate (e.g. PhD, EdD)</li> </ul> |
|---|---|

## PAYMENT INFORMATION

**FEE OF \$125 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- Check    Money Order    VISA    MasterCard    Discover    American Express

*Checks & Money Orders made payable to RICB*

- My employer/organization is mailing payment directly to RICB.

- The following organization will be paying for my application: \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

## CCHW: EDUCATION/TRAINING

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**REQUIRED:** 70 total hours of relevant education/training specific to the Community Health Worker domains.

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I have included copies of training certificates.  Yes  No

I have included a copy of my training tracking system/learning management system report.  Yes  No

My college transcript provides all or some of the relevant education.  Yes  No

# CCHW: EXPERIENCE & VOLUNTEER/JOB DESCRIPTION

**REQUIRED:** Six (6) months of full-time experience or 1000 hours part-time experience as a community health worker.

**REQUIRED:** Copy of current community health worker volunteer/job description, obtained from current employer, and which must be signed by both the applicant and their immediate supervisor.

## CURRENT EMPLOYMENT INFORMATION

Employer Name: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Current Position: \_\_\_\_\_

**How many hours do you work per week?** \_\_\_\_\_

**Total hours/years worked in current position?** \_\_\_\_\_

**I have attached my current community health worker job description, dated and signed by both me and my supervisor.**  Yes  No

**Do you need to document previous employment to fulfill the experience requirement?**  Yes  No

*If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

## PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

*Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.*

Organization Name: \_\_\_\_\_

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

**How many hours did you work per week?** \_\_\_\_\_

**Total hours/years worked in previous position?** \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

**How many hours did you work per week?** \_\_\_\_\_

**Total hours/years worked in previous position?** \_\_\_\_\_

# CCHW: ON-THE-JOB SUPERVISION

**REQUIRED:** 50 hours of on-the-job supervision of qualifying work experience in the community health worker domains.

Information below is to be completed by applicant's current and/or previous supervisor(s).

This page is to document the supervision hours provided to the applicant, **not their total work hours.**

The total hours of supervision should be equal to the hours listed above but could be more depending on the applicants' length of employment or could be less if the applicant was provided supervision from a previous employer.

Applicants may copy this page and provide it to previous supervisors.

Applicant Name: \_\_\_\_\_

## SUPERVISOR INFORMATION

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Licenses, Certifications and/or Degrees: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

## SUPERVISION DOCUMENTATION

Supervision was provided to the above-named applicant in the following Domains:

DOMAIN:	NUMBER OF HOURS:
<input type="checkbox"/> Community Health Concepts	_____
<input type="checkbox"/> Advocacy and Capacity Building	_____
<input type="checkbox"/> Care Coordination	_____
<input type="checkbox"/> Health Literacy and Education	_____
<input type="checkbox"/> Safety and Self-Care	_____
<input type="checkbox"/> Cultural Competency	_____
<input type="checkbox"/> Professional Communication and Interpersonal Skills	_____
<input type="checkbox"/> Ethical Responsibilities & Professionalism	_____
<b>TOTAL NUMBER OF HOURS OF SUPERVISION:</b>	_____

### Supervisor Attestation:

I attest that the above-named applicant has been provided with supervision as documented above.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# CCHW: PORTFOLIO CHECKLIST

**REQUIRED:** Documentation and requirements of at least three (3) of the six (6) categories.

Applicants must choose three unique categories. Multiple submissions in one category will only count as fulfilling one (1) of the three (3) required.

Applicant Name: \_\_\_\_\_

Indicate which categories you are submitting with your CCHW application.

CATEGORY:	BRIEFLY DESCRIBE TYPE OF DOCUMENTATION INCLUDED
<input type="checkbox"/> <b>Mandatory:</b> Statement of Professional/Volunteer Experience	
<input type="checkbox"/> Community Experience and Involvement	
<input type="checkbox"/> Community Impact/Research Activities	
<input type="checkbox"/> College Level Courses/Advanced or Specialized Training	
<input type="checkbox"/> Community Publications, Presentations and Projects	
<input type="checkbox"/> Performance Evaluation	

# CCHW: ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Rhode Island Certification Board (RICB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the RICB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by RICB to officers, members, and staff of the aforementioned Board;
- I consent to authorize RICB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to RICB before, during, or after application for certification is made will be investigated by RICB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood this Acknowledgements and Release.

\_\_\_\_\_ I either live or work in Rhode Island.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied or cancelled prior to the examination and no refund will be issued if application is denied or cancelled after examination.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential RICB offers prior to the examination, or after an unsuccessful attempt at the examination I will incur a \$50 change/review fee.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**