



RHODE ISLAND
CERTIFICATION BOARD

CERTIFIED COMMUNITY HEALTH WORKER SPECIALTY APPLICATION

Cardiovascular Health & Diabetes

APPLICATION INSTRUCTIONS – READ CAREFULLY

The Specialty in Cardiovascular Health & Diabetes is available **only** to those professionals holding a current and valid CCHW credential from RICB and who meet the experience and education requirement. The Specialty in Cardiovascular Health & Diabetes is not a credential but rather an addition to the CCHW credential that indicates the completion of specialized experience and education requirements.

The endorsement can be obtained at any time once the education requirement is met. The expiration date of the endorsement will be the same as the initial, qualifying credential. You must renew the endorsement with your qualifying credential to maintain it. Your endorsement will be added to your certificate of your qualifying credential.

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 *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.*

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.

CARDIOVASCULAR HEALTH & DIABETES SPECIALTY REQUIREMENTS

PREREQUISITE

REQUIRED: Applicants must hold a current, valid and in good standing CCHW.

To renew the endorsement, the prerequisite certification must be renewed.

DOMAINS

1. Heart Disease and Stroke Overview
 - a. Define heart disease and stroke
 - b. Explain what heart disease and stroke have in common
 - c. Define risk factors for heart disease and stroke
 - d. Explain how the heart works
 - e. Explain the role of blood vessels in heart disease and stroke
2. Stroke
 - a. Describe the two main types of stroke
 - b. List major risk factors for stroke
 - c. Describe the warning signs of stroke
 - d. Explain how medicines prevent stroke
 - e. Explain some of the methods used to treat stroke
 - f. Describe the effects of a stroke
 - g. Describe some of the methods used for stroke rehabilitation
 - h. Explain how community health workers can help people who are at risk of stroke and people who already have had a stroke
3. Heart Attack
 - a. Name the risk factors for heart attack
 - b. Describe the warning signs of a heart attack
 - c. Describe how a heart attack is diagnosed
 - d. Describe how a heart attack is treated
 - e. Discuss at least 3 ways a CHW can help reduce the number of heart attacks in the community
4. Heart Failure
 - a. Explain the causes of heart failure
 - b. Describe the signs of heart failure
 - c. Describe tests used for diagnosing heart failure
 - d. Explain how heart failure is treated
 - e. Describe the signs of stress
 - f. Describe how smoking affects the heart
5. Atrial Fibrillation
 - a. Describe atrial fibrillation (AFib)
 - b. Name the risk factors for atrial fibrillation
 - c. Describe the signs of atrial fibrillation
 - d. Discuss stroke as a result of atrial fibrillation
 - e. Discuss treatments for atrial fibrillation, including medicines that may be prescribed
6. High Blood Pressure (Hypertension)
 - a. Explain high blood pressure
 - b. Explain the causes of high blood pressure
 - c. Explain how high blood pressure can be prevented or controlled
 - d. Describe what blood pressure numbers mean

- e. Demonstrate how to measure and record a blood pressure on an adult and a child
- f. Describe how CHWs can help support people in the community who are at risk for high blood pressure or who already have high blood pressure
- g. Describe the emergency signs and symptoms of hypertension/ hypotension
- 7. High Blood Cholesterol
 - a. Describe the different types of blood cholesterol
 - b. Describe the causes of high blood cholesterol
 - c. Explain lifestyle changes (nutrition, smoking, exercise, etc.) that can affect cholesterol levels
- 8. Pre-Diabetes/Diabetes
 - a. Define pre-diabetes and diabetes
 - b. Describe the three types of diabetes
 - c. Describe the short and long-term dangers of diabetes
 - d. Describe the risk factors for pre-diabetes and diabetes
 - e. Explain the steps in preventing and managing diabetes for life by balancing food, physical activity, and medicine
 - f. Describe the tests for diagnosing and managing pre-diabetes and diabetes
 - g. Explain how CHWs can help support people in the community who are at risk of developing diabetes or have been diagnosed with diabetes
 - h. Identify signs and symptoms of hypoglycemia and hyperglycemia
- 9. Healthy Eating and Weight Control
 - a. Discuss why weight control is important to good health
 - b. Describe how to help people lose weight
 - c. Assist others with making healthy food choices
 - d. Read a food label and understand its content
 - e. Describe the DASH eating plan and why it is recommended
 - f. Describe ways that CHWs can assist the community in attaining and maintaining healthy weight and physical activity goals
- 10. Lifestyle Interventions
 - a. List the harmful effects of smoking and second-hand smoke
 - b. Describe methods for helping smokers quit and stay smoke free
 - c. Describe how stress and depression can effect chronic illness
 - d. Discuss ways to manage stress and depression
- 11. Resources
 - a. Describe evidence based self-management programs, tools and strategies that are available for the community
 - b. List the resources available for preventing, managing and controlling chronic disease in the community
 - c. Describe the resources in the community

EDUCATION/TRAINING

REQUIRED: 30 total hours of education/training including: **10** hours in heart disease, **10** hours in diabetes, and **10** hours in one or more of the domains.
CPR/AED training must also be documented.

Education is defined as formal, structured instruction: workshops, seminars, in-services, college/university credit courses and online education.

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

EXPERIENCE

REQUIRED: Three (3) months of full-time experience or 500 hours of part-time experience working in the prevention and management of heart disease, stroke, hypertension, and diabetes.

Qualifying experience is working in the prevention and management of heart disease, stroke, hypertension, and diabetes at the time of application. All or part of previous experience submitted for the CCHW application may be used for the Specialty application, if applicable. All applicants, regardless of previous submission of experience for the CCHW application, will be required to submit documentation of relevant work experience.

The applicant must be currently in the qualifying position at the time of application. Only volunteer positions or paid employment within the last two (2) 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.

CURRENT VOLUNTEER/JOB DESCRIPTION

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.

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.

ENDORSEMENT FEE

REQUIRED: \$50 (fee must accompany the endorsement application).

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 5 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.

CARDIOVASCULAR HEALTH & DIABETES: APPLICANT INFORMATION

Form 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): _____

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: _____

Have you ever received any disciplinary action from another certification or licensing authority since your last application or recertification? Yes No *If yes, provide full details on a separate sheet.*

I have included copies of training certificates and/or college transcript for 30 hours of specific education/training with this application. Yes No

PAYMENT INFORMATION

FEE OF \$50 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)*: _____

CARDIOVASCULAR HEALTH & DIABETES: EXPERIENCE & JOB DESCRIPTION

REQUIRED: Three (3) months of full-time experience or 500 hours of part-time experience as a community health worker working in the prevention and management of heart disease, stroke, hypertension, and diabetes.

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? _____