



RHODE ISLAND
CERTIFICATION BOARD

ENDORSEMENT APPLICATION

Certificate of Competency in Supporting Children and Individuals with Special Needs and Their Families

APPLICATION INSTRUCTIONS – READ CAREFULLY

The Certificate of Competency in Supporting Children and Individuals With Special Needs and Their Families is an endorsement available **only** to those professionals who are a resident of or work in Rhode Island and have a certification, that is valid and in good standing, as a **Certified Community Health Worker (CCHW)**. The applicant must also be eighteen (18) years of age.

The expiration date of the endorsement will be the same as the expiration date of your CCHW credential. You must renew the endorsement with your CCHW credential to maintain it.

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 the application. Applications with pending problems will be held open for one year from the date of receipt after which they will be closed.
4. A certificate will be mailed to you within 10 business days.

SUPPORTING CHILDREN AND INDIVIDUALS WITH SPECIAL NEEDS AND THEIR FAMILIES ENDORSEMENT REQUIREMENTS

PREREQUISITE

REQUIRED: Applicants must hold a current, valid and in good standing credential through RICB as a CCHW.

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

Professionals certified with RICB will receive the designation on their CCHW certificate. The endorsement will have the same expiration date as their CCHW credential.

KNOWLEDGE AREAS

1. Recognize, respect, and understand the family's belief systems, traditions, and values and how they impact health choices and behavior.
2. Provide peer support services to families and guardians.
3. Support the child, individual, guardian and/or family's ability to participate in making decisions about care.
4. Recognize the social, behavioral, environmental and health care needs of children, individuals and/or their families, and/or guardians.
5. Knowledge of providers, community-based programs, supports, healthcare and other resources that serve families and guardians (e.g., support groups, mental health services, housing, food insecurity, etc.).
6. Knowledge of physical, developmental, and behavioral health needs of the child and/or individual served (e.g., oral health, medical, assistive technology, therapies, etc.).
7. Bridge the gap between collaborative entities when working with children, individuals and/or families from diverse cultures (e.g., providers, community agencies, faith-based organizations, etc.).
8. Collaborate with community partners, networks, and resources (e.g., warm hand-offs, community meetings, Unite Us, etc.).
9. Educate and assist organizations and healthcare providers to understand the needs of children and/or individuals (e.g., dental and medical practices).
10. Understand child development (e.g., stages, theories, social and emotional, milestones, etc.).
11. Knowledge of neurodevelopmental disorders (e.g., developmental delays, intellectual disabilities, learning disabilities, communication disorders, etc.).
12. Knowledge of providers, community-based programs, supports, healthcare and other resources that serve children, and individuals (e.g., oral health, education, early care and education, social services, transition to adulthood, etc.).
13. Knowledge of resources for special considerations, accommodations and/or services (interpretation, closed captioning, large print documents, etc.).
14. Knowledge of services, referral procedures, and eligibility requirements (e.g., financial, legal, immigration, medical, regulations, etc.).
15. Identify barriers to accessing care and services.
16. Assist children, individuals, families and/or guardians to develop self-advocacy skills (e.g., education, community groups, state systems, etc.).
17. Assist the child, individual, family and/or guardian in understanding and navigating systems (e.g., healthcare, education, state systems, etc.).
18. Knowledge of trauma-informed care and the effects of trauma on the child, individual, family and/or guardian.
19. Understand the purpose, eligibility, and impact of benefit programs for children, individuals, families and/or guardians (e.g., health insurance, WIC/SNAP, social security, etc.).
20. Knowledge of the transition to adulthood (e.g., education, healthcare, long-term care, workforce readiness, etc.).
21. Recognize the impact of transition to adulthood on the individual and/or family/guardian (e.g., safety concerns, financial, independence, etc.).
22. Knowledge of skill development for individuals and/or families/guardians (e.g., life skills, independent living, vocational, higher education, etc.).
23. Knowledge of disability rights, laws, and regulations.
24. Knowledge of special education eligibility and regulations.
25. Ability to communicate at the level of the child, individual, family and/or guardian.
26. Understand personal and professional bias(es) that impact the delivery of services.
27. Understand the scope and boundaries within the profession, organization(s), and/or systems of care.
28. Maintain boundaries that balance professional and personal relationships.

EDUCATION/TRAINING

REQUIRED: 30 hours of education/training specific to supporting children and individuals with special needs and their families knowledge areas.

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

EXPERIENCE

REQUIRED: Three (3) months of full-time experience or 500 hours of part-time experience as a CCHW working with children and individuals with special needs and their families within the last three (3) years.

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 three (3) 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 experience requirement is not fulfilled from their current organization, they must include documentation from previous employer(s)/organizations verifying their title, duties, and dates employed/volunteered, with their application.

A resume may not be used as proof of previous work or volunteer experience.

SUPERVISION

REQUIRED: 25 hours of supervision specific to the knowledge areas.

This section of the document is to document the supervision hours provided to the applicant, **not their total work hours.**
Recertification: 6 hours

ENDORSEMENT FEE

REQUIRED: \$100 (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 3 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 applicants to RICB.

Applications received without payment will not be processed.

SUPPORTING CHILDREN AND INDIVIDUALS WITH SPECIAL NEEDS AND THEIR FAMILIES

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

TYPE OR PRINT LEGIBLY

RICB CHW CREDENTIAL: _____ **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 education/training specific to supporting children and individuals with special need and their families with this application. ☐ Yes ☐ No

PAYMENT INFORMATION

FEE OF \$100 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: _____ - _____ - _____ - _____

☐ My employer/organization is mailing payment directly to the RICB

The following organization will be paying for my application: _____

Name on card: _____ Exp. Date: _____ CVV (3 digits): _____

Billing address: _____
(If different than the home address)

Email for receipt (if paying by credit card only): _____

EXPERIENCE

REQUIRED: Currently employed in a relevant position to supporting children and individuals with special needs and their families and documentation of three (3) months of full-time or 500 hours of part-time employment or volunteer experience.

CURRENT EMPLOYMENT/VOLUNTEER INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

I have attached my current 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, submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.

SUPERVISION

REQUIRED: 25 hours of supervision specific to the knowledge areas.

SUPERVISOR INFORMATION

Name: _____

Position/Title: _____

Licenses, Certifications and/or Degrees: _____

Email: _____ Phone: _____

Supervisor Attestation:

I attest that the above-named applicant has a minimum of 25 hours of supervision specific to the knowledge areas as documented above and

- Is currently employed in a relevant position to supporting children and individuals with special needs and their families and has documentation of three (3) months of full-time, **OR**
- Has 500 hours of part-time employment or volunteer experience, and

Supervisor Signature

Date