



CCHW APPLICATION

Certified Community Health Worker

298 S. Progress Avenue, Harrisburg, PA 17109
Phone: 401-349-3822 | Fax: 717-540-4458
www.ricertboard.org | info@ricertboard.org

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.

REQUIREMENT	DOCUMENTATION	✓
Application Page with payment	<ul style="list-style-type: none"> Page 7 	
Experience & Supervision Information	<ul style="list-style-type: none"> Page 8 Previous relevant employment documentation (if needed). 	
Current Job Description	<ul style="list-style-type: none"> Obtain from employer. 	
Supervision Documentation Form	<ul style="list-style-type: none"> Page 9 	
Education	<ul style="list-style-type: none"> Copies of trainings 	
Portfolio	<ul style="list-style-type: none"> Complete 3 of 8 categories 	
Acknowledgement & Release	<ul style="list-style-type: none"> Page 10, notarized 	
Disciplinary Actions?	<ul style="list-style-type: none"> Include letter of explanation with application. 	
Convicted of a felony?	<ul style="list-style-type: none"> Include letter of explanation with application. 	
Company paying fee?	<ul style="list-style-type: none"> Include applicant name on payment. 	
Copy entire application for records		

TO SUBMIT YOUR 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 your application, email info@ricertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
2. Staff reviews application. Allow 5- 10 business days for review and processing of your application.
3. Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your email legibly.
4. If you have not heard from the Board regarding your application, check the Credential Search on the website. If your name does not appear after 10 business days, email info@ricertboard.org.
5. A certificate will be mailed to you automatically within 5-10 business days.

APPLICATION INFORMATION

APPEAL PROCESS

The purpose of appeal is to determine if the Board accurately, adequately and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn 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.

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.

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 the Board does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

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.

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

Prior to submitting your application, applicants must have all requirements completed and documented.

EXPERIENCE & SUPERVISION

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.

If the applicant's experience requirement is not fulfilled from their current position, they must include a letter (on company letterhead) from previous organization(s) verifying their duties and dates volunteering/employed with their application.

- **Experience:** Six (6) months of full-time experience or 1000 hours part-time experience.

Supervision is a formal or informal process that is evaluative, and supportive. It can be provided by more than one person, 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.

- **Supervision:** 50 hours specific to the domains. 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 hours may be included in the total experience requirement.

CURRENT VOLUNTEER/JOB DESCRIPTION

All applicants must include their current volunteer/job description with their application. This document is provided by your organization and must be signed and dated by you and your supervisor. Volunteer/Job descriptions are reviewed as a part of experience verification. If your supervisor does not have your volunteer/job description, you should contact your organization's Human Resource department. The Board does not provide the volunteer/job description.

- **Current volunteer/job description:** obtained from employer.

EDUCATION

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses and online education. If you provide this type of education to other professionals, you may use it towards the education requirement with documentation from the organization or college/university. Most three-credit college/university courses are 45 hours. There is no time limit on the use of education for initial certification.

Education review is available prior to application submission with the use of the Education Review Form on the Board website.

- **Education:** 70 total hours of education relevant to the domains.

DOMAINS

1. Engagement Methods and Strategies
2. Individual and Community Assessment
3. Culturally and Linguistically Appropriate Responsiveness
4. Promote Health and Well-Being
5. Care Coordination and System Navigation
6. Public Health Concepts and Approaches
7. Advocacy and Community Capacity Building
8. Safety and Self-Care
9. Ethical Responsibilities and Professional Skills

PORTFOLIO

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.

An applicant will fulfill this requirement by submitting documentation and requirements of at least three (3) of the eight (8) categories listed below. Applicants must choose three unique categories. 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.

1. **Community Experience & 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. 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.
 - a. Leadership experience
 - b. Board participation
 - c. Social support and advocacy
 - d. Education
 - e. Policy development and promotion
 - f. Needs assessments
2. **Research Activities:** Applicant's must submit a summary of how they participated in the research activity and supporting documentation. 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
3. **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 6 hours

4. **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 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
5. **Statement of Professional Experience:** Respond to one of the following. Answers should be 500 – 1000 words (2-4 paragraphs).
 - a. Describe a success story you have had in your role as a CHW.
 - 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.
6. **Achievements/Awards:** Documentation and summary of the award/achievement received.
 - a. Recognition from agency, community, advocacy, professional association, etc.
 - b. Featured in or on TV, radio, print or social media for advancing community health
7. **Resume/Curriculum Vitae (CV):** Applicants may submit a resume or CV. Resumes should be professionally formatted. Applicants who need assistance with developing a resume/CV should speak with their supervisor or use other resources on resume/CV development. All the components below must be included (if they apply) and must include dates and locations.
 - a. Relevant work and/or volunteer experience and internships
 - b. Relevant skills (examples: computer, languages, etc.)
 - c. Highest level of education completed
 - d. Other professional certifications
 - e. Community engagement and fulfillment of community goals
8. **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. Statement from supervisor or colleague evaluating the CHW’s performance
 - c. Documentation of feedback received from the participant or community
 - d. Capacity building

FEES

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application fee is refundable if application is denied. If an employer or organization is paying the application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

- **Application Fee:** \$125 *(fee must accompany application and materials)*

RICB APPLICATION FOR CCHW

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

TYPE OR PRINT LEGIBLY

Date: _____ DOB: _____ Male Female Self-identify _____

Name: _____ SSN: (last four) _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

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

College/University: _____

Name on Transcript: _____

Date Transcript Requested: _____ Delivery Method: _____

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, and click on Ethics.

Military Experience: Not Applicable Active Veteran

Ethnicity: American Indian or Alaska Native Asian Black or African American Caucasian Hispanic Latino
 Native Hawaiian or Other Pacific Islander Not specified: _____

Employment plans for the next two years: Increase Hours Decrease Hours No Change Seek Advancement
 Retire Move to a different career Unknown

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

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 APPLICATION: EXPERIENCE & SUPERVISION INFORMATION

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Hire Date in Current Position: _____

How many hours do you work per week? _____

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.*

DO NOT SUBMIT A RESUME WITH YOUR APPLICATION. IT WILL NOT BE REVIEWED AND IT DOES NOT FULFILL THE DOCUMENTATION REQUIREMENT FOR EXPERIENCE.

CURRENT SUPERVISOR INFORMATION

Immediate Supervisor Name: _____

Supervisor Position/Title: _____

Email: _____ Phone: _____

Average Number of Hours of Supervision Received Per Week: _____

Do you have more than one supervisor or need to document supervision from a previous employer? Yes No

If yes, provide copies of the CCHW Application: Supervision Documentation Form (page 9) to all supervisors. Multiple supervision forms can be submitted with your application.

PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE) – LETTER (ON COMPANY LETTERHEAD) FROM PREVIOUS EMPLOYER(S) VERIFYING YOUR DUTIES & DATES EMPLOYED MUST BE INCLUDED WITH YOUR APPLICATION.

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____

How many hours did you work per week? _____

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____

How many hours did you work per week? _____

CCHW APPLICATION: SUPERVISION DOCUMENTATION FORM

Form to be completed by Applicant's current and/or previous supervisor(s).

This form is not intended to document all experience or supervision hours of the applicant, rather the minimum hours required for the certification. Please note: the standard hours accepted for supervision is two (2) hours per week. If you document more than that for the applicant (your supervisee) you will need to provide documentation to the Board for the hours to be accepted. This will delay the approval of your supervisee's application.

Supervision is a formal or informal process that is evaluative, and supportive. It can be provided by more than one person, 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.

Applicant Name: _____

SUPERVISOR INFORMATION

Name: _____

Position/Title: _____

Licenses, Certifications and/or Degrees: _____

Email: _____ Phone: _____

Employer Name: _____

Employer City: _____ Zip: _____

SUPERVISION DOCUMENTATION

Supervision was provided in the following Domains (check all that apply):

DOMAIN:	NUMBER OF HOURS:
<input type="checkbox"/> Engagement Methods & Strategies	_____
<input type="checkbox"/> Individual & Community Assessment	_____
<input type="checkbox"/> Culturally & Linguistically Appropriate Responsiveness	_____
<input type="checkbox"/> Promote Health & Well-Being	_____
<input type="checkbox"/> Care Coordination & System Navigation	_____
<input type="checkbox"/> Public Health Concepts & Approaches	_____
<input type="checkbox"/> Advocacy & Community Capacity Building	_____
<input type="checkbox"/> Safety & Self-Care	_____
<input type="checkbox"/> Ethical Responsibilities & Professional Skills	_____
TOTAL NUMBER OF HOURS OF SUPERVISION:	_____

Supervisor Attestation: I attest that the above-named applicant is working role of a community health worker as outlined in the domains and is supervised. **Current organizations:** I have provided the applicant with their job description, reviewed it with them, signed and dated it. **Previous organizations (if applicable):** I have provided the applicant with a letter (on company letterhead) listing and verifying their duties and dates employed.

Supervisor Signature

Date

CCHW APPLICATION 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 credential. 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 and employment 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 the Release.

_____ I either live or work in Rhode Island at least 51% of the time.

_____ I understand one-half of the application fee is refundable if application is denied.

_____ 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 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:**