



# CCHW Specialty Application

Certified Community  
Health Worker Specialty in  
Cardiovascular Health &  
Diabetes

---

## OVERVIEW

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.

## DIRECTIONS/CHECKLIST

- Certificates of attendance for trainings. Only copies should be sent. Please keep the originals for your records.
- All required documentation to support volunteer or paid experience (i.e. letters from former employers verifying employment, current job description, signed and dated by applicant and supervisor).
- All required documentation to support education/training.
- Fee of \$50. May be paid by check/money order (payable to RICB) or with Visa, MasterCard or Discover. One-half of fee is refundable if application is denied. If an employer or organization is covering the cost of your 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.

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certifications requirements within that year, the application will be closed, and no refund will be issued. Keep a photocopy of the entire application.

## REQUIREMENTS FOR CCHW – CARDIOVASCULAR HEALTH & DIABETES SPECIALTY

**PREREQUISITE:** Applicant must hold a current and valid CCHW credential with RICB.

**EXPERIENCE:** Three months or 500 hours of paid or volunteer work experience within the past two years in the prevention and management of heart disease, stroke, hypertension, and diabetes.

- *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.*
- Volunteer and part-time experience is acceptable if it is provided under direct supervision. Actual time spent in a supervised internship, or practicum may be applied toward the employment requirement.
- Current job/volunteer description dated and signed by supervisor and applicant. This is provided to the applicant by the organization. RICB does not supply template job descriptions to applicants.

**EDUCATION:** 30 hours of education/training within the past two year, of which, 10 hours must be in heart disease; 10 hours must be in diabetes; and the remaining 10 hours must be relevant to one or more of the domains. Applicants must also document CPR/AED training as a part of their 30 hours.

- *All applicants, regardless of previous submission of education for the CCHW application, will be required to submitted documentation of the above education requirement as a part of the Specialty application.*
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and RICB approved distance education. There is no limit to the number of distance learning/online education that can be submitted.
- Three college credits are equivalent to 45 hours.
- Education, as defined above, applicant provides to others may also be used providing it is verified in writing by sponsoring school or agency.

**FEE:** \$50

### 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

## **CERTIFICATION TIME PERIOD**

The Cardiovascular Health & Diabetes Specialty expiration date will match the expiration date of the CCHW credential. Two dates, date of issue and valid through, will appear on the certificate along with a certification number.

## **APPEAL PROCESS**

The purpose of appeal is to determine if RICB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to RICB in writing within 30 days of the notification of the board's action. A person 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. Applicant will be notified in writing as to the findings of the Executive Committee.

## **RECERTIFICATION**

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, RICB requires recertification every two years.

To be recertified as a CCHW with a Specialty in Cardiovascular Health & Diabetes, an individual must:

1. Hold a current and valid CCHW issued by RICB;
2. Acquire 6 hours education. These hours can be included in the hours required for the CCHW renewal.
3. Verify that you have reviewed, read and will uphold by practice the RICB Code of Ethical Conduct for professional behavior;
4. Complete an application and pay the recertification fee.

# APPLICATION FOR CCHW – CARDIOVASCULAR HEALTH & DIABETES SPECIALTY

Please type or print only.

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  Other

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

*Please print your name as it should appear on your certificate*

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

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Name on Transcript: \_\_\_\_\_  
*(if applicable)*

## RELEVANT CHW EXPERIENCE

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

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

Dates providing services: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
*Ex: Mar 1, 2017-present*

Immediate Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

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

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent as a Community Health Worker in the prevention and management of heart disease, stroke, hypertension and diabetes..

\_\_\_\_\_  
*Supervisor's Signature*

Why are you pursuing certification?  
*(required)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Have you ever been convicted of a felony violation in any state or federal law?  Yes  No  
*If yes, please explain in full on a separate sheet.*

**Race (check all that apply):**  American Indian or Alaska Native  Black or African American  Asian  
 Native Hawaiian or Other Pacific Islander  Latino  Hispanic  Caucasian  Other: \_\_\_\_\_

**What best describes your employment plans for the next 12 months (select one)?**  Increase hours  Decrease hours  Retire  No change  Seek career advancement  Move to a different career  Unknown

***Fee of \$50 can be paid using one of the following:***

**Payment (circle one):** Check Money Order VISA MasterCard Discover

*Checks & Money Orders made payable to RICB*

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

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_

*(If different than Home Address)*

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

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

**Mail:**

RICB

298 S. Progress Avenue

Harrisburg, PA 17109

**Email:**

[info@ricertboard.org](mailto:info@ricertboard.org)

**Please allow 5-10 business days for review and processing of your application.**

**To confirm receipt of your application, or check on the status you must email**

**[info@ricertboard.org](mailto:info@ricertboard.org).**

**PREVIOUS CHW EMPLOYMENT, IF APPLICABLE**

*Include letter (on company letterhead) from previous employer verifying your duties and dates employed.*

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

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

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

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_