



CCHW SPECIALITY APPLICATION

Certified Community Health Worker Specialty in
Cardiovascular Health & Diabetes

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	<ul style="list-style-type: none">• Page 8	
Current Job Description	<ul style="list-style-type: none">• Obtain from employer.	
Education	<ul style="list-style-type: none">• Copies of trainings	
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.

OVERVIEW: CARDIOVASCULAR HEALTH & DIABETES SPECIALTY

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.

CARDIOVASCULAR HEALTH & DIABETES SPECIALTY REQUIREMENTS

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

PREREQUISITE

The applicant must hold a current credential through RICB.

- **RICB Credential:** CCHW

EXPERIENCE & SUPERVISION

Qualifying experience is 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.

The applicant must be currently working 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.

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:** Three (3) months of full-time experience or 500 hours part-time experience.

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.

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:** 30 total hours of education within the past two years per the following breakdown:
 - 10 hours must be in heart disease
 - 10 hours must be in diabetes
 - 10 hours must be relevant to one (1) or more of the domains
 - Applicants must also document CPR/AED training as a part of their 30 hours.

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

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: \$50** *(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 \$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

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 ORGANIZATION INFORMATION

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

How many hours do you volunteer/work per week? _____

Do you need to document previous volunteer/employment to fulfill the experience requirement? Yes No
If yes, 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.