



CERTIFIED COMMUNITY HEALTH WORKER SPECIALTY APPLICATION

Older Adults

APPLICATION INSTRUCTIONS – READ CAREFULLY

The Specialty in Older Adults 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 Older Adults 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.

OLDER ADULT 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

Introduction to Older Adults

1. Identify components of physical, psychological, and social health and wellbeing as individuals age.
2. Understand longevity trends for diverse populations and their implications for the needs of older adults.
3. Understand how older adults are impacted and interact with their environment.
4. Understand potentials and challenges of the aging process.
5. Identify sources of obstacles and adversity experienced by older adults.
6. Understand how ageism, gender, social class, race, ethnicity, sexual orientation, and identity impact older adults.
7. Understand the preferences and perspectives of older adults to partner with them to meet their needs.

Health and Wellbeing

1. Promote and support health and wellbeing in older adults.
2. Identify, understand, and respond to signs and symptoms of behavioral health disorders (ex: substance use, mental health, gambling, hoarding, psychological abuse, etc.).
3. Understand the continuum of care including prevention, treatment, and recovery for behavioral health disorders.
4. Understand early detection, risk factors and common symptoms for conditions causing dementia.
5. Identify supports and services available to older adults and their caregivers that have been diagnosed with conditions causing cognitive impairment.
6. Identify, understand, and respond to signs and symptoms of chronic health conditions that affect older adults (ex: diabetes, hypertension, cardiovascular disease, cancer, etc.).
7. Identify supports and services available to older adults and their caregivers that have been diagnosed with chronic health conditions.
8. Identify the social determinants of health of older adults (ex: healthy food, financial, transportation, healthcare, etc.).

Resources and Navigation

1. Identify relationships and resources for support and caregiving.
2. Identify resources, services, and programs for older adults.
3. Navigate resources, services, and programs for older adults.
4. Advocate for and empower older adults to support them within systems and care teams.
5. Understand the purpose, eligibility and impact of benefit and entitlement programs for older adults (ex: Social Security, Medicaid and Medicare, supplemental sources of retirement income and the Older American's Act).
6. Identify housing and supportive options for older adults, including aging in community (ex: affordability, independent living, intergenerational housing, assisted living, etc.).
7. Understand and identify predictors, outcomes, and types of elder abuse and neglect including mandatory reporting and duty to warn.

EDUCATION/TRAINING

REQUIRED: 30 hours of education/training specific to the older adult specialty domains.

A maximum of six (6) hours may be used from the initial CCHW application.

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 as a community health worker working with older adults.

Qualifying experience is working with older adults. 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.

The applicant **must be currently volunteering/employed as a community health worker working with older adults** at the time of application.

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.

OLDER ADULT SPECIALTY: 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.

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 older adult 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)*: _____

OLDER ADULT SPECIALTY: EXPERIENCE & VOLUNTEER/JOB DESCRIPTION

REQUIRED: Three (3) months of full-time experience or 500 hours of part-time experience as a community health worker working with older adults.

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? _____