OFFICE OF COMMUNITY HEALTH WORKERS
300 San Mateo Blvd. NE., Suite 900, Albuquerque, New Mexico, 87108
(505) 222-8685 • FAX: (505) 222-8675
Comm.HealthWorker@state.nm.us
www.nmhealth.org

NEW MEXICO DEPARTMENT OF HEALTH

Application for Community Health Worker State Certification Renewal

Section 1: Renewal Information

- Certificates are valid for two (2) years from the date of issuance.
- **You must renew your certificate every two years.** To renew your certificate, you must complete **thirty (30) hours** of continuing education units (CEU) related to the core competencies during each two-year renewal period.
- **At least fifteen (15)** CEUs must come from a NM Department of Health/Office of Community Health Workers (DOH/OCHW) approved program.
- The **remaining fifteen (15)** may be Self Select and relate to one or more of the core competencies.
- Renewal application must be postmarked **no later than two weeks before** your expiration date.
- If you are renewing your **Specialty I (Clinical Skills)**, there is no additional cost. If you are adding your first or any new Specialties, you must complete the **Specialties Advancement** application and submit it with this application so that it will reflect on your renewal certificate.

Section 2: How to Apply for Certificate Renewal

- Applicants must complete all sections of the application.
- A fee of $45.00 must be submitted with application in the form of a personal check, money order or cashier's check.
- If your certification has lapsed, a fee of $75.00 must be submitted with application in the form of a personal check, money order or cashier's check.
- **All fees are non-refundable**.
- If this is the first time you are renewing your certificate, a background check is not necessary.
- Background checks are required every other recertification period (every four years).
- Mail the application, fee and copies of the CEU training course certificates to:

Attn: Office of Community Health Workers
NM Department of Health-Public Health Division
P.O. Box 25307
Albuquerque, NM
87125 Account:
XXXXXX7789

*NOTE: Please keep a copy of all submitted materials.

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Section 3: Certificate Renewal

Approval of application: Upon approval of your application by DOH/OCHW, you will be sent a new certificate which is valid for two (2) years.

Disapproval of application: Your application for recertification may not be approved if it is incomplete or if you do not meet the requirements for recertification listed in the Rules (7.29.5 NMAC). If your application is not approved, you will receive instructions on resubmission.

Contact Information: For questions or more information, please contact program staff at Comm.HealthWorker@state.nm.us or at (505) 222-8685 Albuquerque office

For a copy of the Rules (7.29.5 NMAC) and other information about certification, please visit the Office of Community Health Workers website at http://nmhealth.org/go/ochw/

Contact Information: For questions or more information, please contact program staff at Comm.HealthWorker@state.nm.us or at (505) 841-5849-Susan Aranda or (505) 222.8685- Carol Hanson. For a copy of the rules and regulations, and other information about certification, please visit the Office of Community Health Workers website at http://nmhealth.org/go/ochw/

CHW Core Competencies for generalist certification/ recertification:

1. The CHW Profession
2. Effective Communication Skills
3. Interpersonal Skills
4. Health Coaching Skills
5. Service Coordination Skills
6. Capacity Building Skills
7. Advocacy Skills
8. Technical Teaching
9. CommunityHealth Outreach Skills
10. Community Knowledge & Assessment

CHW Specialty certification/recertification:

11. (Optional) Clinical Support Skills

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Personal Information

Name: (First) (Middle) (Last)			DOB:
Permanent Address:			
Home Telephone:	Cell:	E-Mail Address:	
Language(s) Used: English ☐ Speak ☐ Read ☐ Write Spanish ☐ Speak ☐ Read ☐ Write Other___________ ☐ Speak ☐ Read ☐ Write		NM CHW Certificate Number: Expiration Date:	

Current Employment or Volunteer Work

Place of Employment	Address	# of Years	Job Title
Name of Supervisor	Work telephone	Work email address	
Type of Business: community-based organization, clinic, hospital, college/university/school, faith-based organization, non-profit organization, local health department, state agency, other (specify)			
Does your employer require certification? ☐ Yes ☐ No			
Does your employer pay for certification? ☐ Yes ☐ No			
Does your employer offer wage increase for certification? ☐ Yes ☐ No			
If paid, how much do you earn per hour? ☐ Less than $7.50 ☐ $7.51-$12.00 ☐ $12.01-$17.00 ☐ $17.01-22.00 ☐ $22.01 or more (All information remains confidential—For internal use only)			

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Continuing Education—DOH/OCHW approved CEUs

Date	Title	Number of hours

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Continuing Education—Self Select Continued

Date	Title	Number of hours

Total Continuing Education hours: ________________

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Please list Certification, Licensure, or Specialty Training received since you were last certified.
For applicants who have obtained additional education, additional Licenses or Certifications: If you currently hold a certificate or license in another professional field, have you ever been subject to disciplinary action against your certificate or license? □ No □ Yes If yes, please explain:

Please read the statement below and sign to indicate you understand and accept the requirements for recertification as a New Mexico Community Health Worker (CHW).

I attest that all the information provided in this document is true and complete. I understand that providing false or misleading information may result in the denial, suspension or revocation of certification.

I give the DOH/OCHW permission to verify any information or references to determine my qualifications. I understand that the application and all supporting documentation become the property of the DOH and are non-returnable.

I agree to abide by the rules and regulations regarding the training and certification of Community Health Workers.

I will report any changes in my contact information to DOH/OCHW.

Printed Name: ______________________________

Signature:________________________________**Date:** ________________