

Application for Community Health Worker State Certification through: Core Competency Training or Grandfathering Processes

Section 1 A: Eligibility Requirements for Core Competency Training

1. Proof that applicant is at least 18 years of age by submission of a color copy of a photo ID (i.e. Government issued ID or Certificate of Indian Blood Card)
2. Verification of education, including documentation that the applicant has at least a high school diploma or certificate of high school equivalency.
3. Verification of proficiency in the core competencies by providing a certificate of completion from a Department of Health, Office of Community Health Workers (NMDOH/OCHW) Certification Training Program or other NM endorsed training programs that contain an examination component for each of the core competencies. Include copies of the Certificates of Completion provided by the training organization.

***NOTE: To Apply thru Core Competency Training please fill out the following: Application Information, Previous Education & Training, Core Competency Training, Employment/Volunteer Information, Specialty Tracks & Signed Statement.**

Section 1 B: Eligibility Requirements for Grandfathering

1. Proof that applicant is at least 18 years of age by submission of a color copy of a photo ID (i.e. Government issued ID or Certificate of Indian Blood Card)
2. Verification of proficiency in the core competencies through training and/or experience, signed by a current or former supervisor
3. Documentation of 2000 hours of work and/or volunteer experience as a CHW in the 2 (two) years prior to application or documentation of at least half-time paid or volunteer employment as a CHW in the 5 (five) years prior to application. You must verify that you have paid/volunteer experience before 5/21/2014.
4. Two letters of reference.
5. Verification of specialty training certificates that you have successfully completed and may qualify you to be considered as specialist I, II, or III.

***NOTE: To Apply for Grandfathering please fill out the following: Application Information, Previous Education & Training, Employment/Volunteer Information, Generalist Verification of Proficiency, Specialty Tracks & Signed Statement.**

Section 2: Certification Levels and Fees

Applicants may be certified at the following levels:

- **Generalist: \$45**, an applicant who meets the eligibility requirements for certification through grandfathering (see Section 1).
- **Specialist I: \$55**, an applicant who is first certified as a Generalist and has received formal training in one specialty field.
- **Specialist II: \$65**, an applicant who is first certified as a Generalist and has received formal training in two specialty fields.
- **Specialist III: \$75**, an applicant who is first certified as a Generalist and has received formal training in three or more specialty fields.

***NOTE: All applicants will need a background check. Please wait until you have received your letter of approval from OCHW which includes instructions for registering with Cogent.ID for fingerprinting. The background check fee is \$44.00 paid online at the time of registering.**

Section 3: Submission Guidelines

- The fee must be submitted with application in the form of a personal check, money order or cashier's check.
- **All fees are non-refundable.**
- Mail the application, fee and any additional required documentation to:

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

Please keep a copy of all submitted materials and proof of mailing.

Section 4: Review Process

Timeline: The Department of Health (DOH), Office of Community Health Workers, (OCHW) will inform you when your application is approved or disapproved (with an explanation) no later than 30 days from receipt by the OCHW. If your application is approved, you will be required to complete a background check. The results of the background check are confidential, and are the final determining factors in becoming certified by the State of NM.

DISAPPROVAL OF APPLICATION: YOUR APPLICATION FOR CERTIFICATION MAY BE DISAPPROVED IF IT IS INCOMPLETE OR IF YOU DO NOT MEET THE REQUIREMENTS FOR CERTIFICATION LISTED IN THE RULES. IF YOUR APPLICATION IS DISAPPROVED, YOU WILL RECEIVE AN EXPLANATION, AND INSTRUCTIONS ON RESUBMISSION.

Renewal of Certification: Upon completion and approval of the application process, you will be sent a certificate that is valid for two years. You must complete 30 hours of continuing education units, (CEUs) within the two years to be eligible for recertification.

Please send any changes in your address and contact information to DOH/OCHW to ensure that you receive a renewal reminder, and CEU opportunities. You may contact us at the phone number or email address listed above.

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/>

Applicant Information

Name:	(First)	(Middle)	(Last)	DOB:
Permanent Address:				
Home Telephone:	Cell:	E-Mail Address:		
Language(s) Used:			Preferred language	
English	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> English
Spanish	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Spanish
Other _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Other _____

Previous Education and Training

Agency or School	Address	Years Completed	Degree or Diploma	Major

Certification, Licensure, or Specialty Training

Please list any additional certificates, licenses or specialty training here

For applicants who possess additional Licenses or Certifications

If you currently hold a certification or license in another professional field, have you ever been subject to disciplinary action against your certification or license? ___No ___Yes

If yes, please explain:

***If you're applying for certification through DOH-Approved Core Competency Training
 List ALL practical (hands on) CHW experience or formal training***

DOH-Approved Core Competency Training

Please identify the training program you have **SUCCESSFULLY completed that qualifies you for certification as a Community Health Worker. Attach a copy of your Certificate of Completion from the NMDOH/OCHW Certification Training Program or other NM endorsed training programs.**

Training Program: _____

Address: _____

Training Dates: _____

Completion: _____

Employment/Volunteer History (Please list most recent first)

Name of Employer:		Job title:	
Name of direct supervisor:		Total number of hours:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Dates of Employment: Start date:	End date:	Reason for leaving:	
Address:	City:	State:	Zip Code:
Telephone:	Supervisor's telephone:	Supervisor's e-mail address:	

Name of Employer:		Job title:	
Name of direct supervisor:		Total number of hours:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Dates of Employment: Start date:	End date:	Reason for leaving:	
Address:	City:	State:	Zip Code:
Telephone:	Supervisor's telephone:	Supervisor's e-mail address:	

If additional space is needed, please copy this page.

Generalist: Verification of Proficiency in the Core Competencies

This form is required of all applicants. At least one signature is required below. Please copy this page if more than one supervisor is completing this form on your behalf.
 (For a brief description of competencies please refer to the last page of the application)

Name of Applicant			
Competency		Proficient	
		Yes	No
1	The CHW Profession		
2	Effective Communication		
3	Interpersonal		
4	Health Coaching		
5	Service Coordination		
6	Capacity Building		
7	Advocacy		
8	Technical Teaching		
9	Community Health Outreach		
10	Community Knowledge & Assessment		

Please provide a brief description of applicant’s knowledge and skill in the core competencies and if they were obtained by practical experience, training, or both. (If additional space is needed please attach a separate page)

 Supervisor Name

 Supervisor Signature

 Supervisor’s Place of Employment

 Date

Verification of Specialties

Specialist I: Please provide proof of specialty training

If you have completed specialty training in any specialty field, and meet the criteria, you may apply to be certified as a Specialist I. Please complete the table below and attach certificates of training.

Specialty Training	Hours Completed	Name of Training	Location or Trainer	Date Completed

Specialist II: Please provide proof of specialty training

If you have completed specialty training in any two specialty fields, and meet the criteria, you may apply to be certified as a Specialist II. Please complete the table below and attach certificates of training.

Specialty Training	Hours Completed	Name of Training	Location or Trainer	Date Completed

Specialist III: Please provide proof of specialty training

If you have completed specialty training in any three or more specialty fields, and meet the criteria, you may apply to be certified as a Specialist III. OCHW will only acknowledge the first three specialties listed. Please complete the table below and attach certificates of training.

Specialty Training	Hours Completed	Name of Training	Location or Trainer	Date Completed

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

I attest that all of 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 in order to determine my qualifications. I understand that the application and all supporting documentation become the property of the DOH and are not 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:** _____

<ul style="list-style-type: none"> • The CHW Profession <ul style="list-style-type: none"> - Describe scope of practice/work & history of profession - Describe & utilize self-awareness and self-care practices - Describe the CHW code of ethics - Actively practice cultural humility & competence
<ul style="list-style-type: none"> • Effective Communication Skills <ul style="list-style-type: none"> - Observation, verbal & non-verbal communication - Negotiate, mediate & resolve conflict - Practice active & reflective listening
<ul style="list-style-type: none"> • Interpersonal Skills <ul style="list-style-type: none"> - Establish trust - Demonstrate empathy & compassion - Engage clients & service providers in ways that establish trust and rapport
<ul style="list-style-type: none"> • Health Coaching Skills <ul style="list-style-type: none"> - Behavior change strategies, Maintenance & Relapse strategies - Ability to provide motivational interviewing techniques - Identify & strategize coaching interventions using the stages of change model
<ul style="list-style-type: none"> • Service Coordination Skills <ul style="list-style-type: none"> - Identify high risk clients or clients with unmet needs - Ability to navigate & link clients to services - Train clients how to follow-up on referrals & provide support as needed - Record & maintain information on clients, referrals & appointments
<ul style="list-style-type: none"> • Capacity Building Skills <ul style="list-style-type: none"> - Build personal leadership skills, support the development of leadership skills in others - Promote & support clients, families and communities to obtain, understand & use health information - Mobilize individuals, families & communities to identify & pursue community goals
<ul style="list-style-type: none"> • Advocacy Skills <ul style="list-style-type: none"> - Ability to speak on behalf of individuals & organizations - Ability to educate on health & social service systems and work for change in practice & policies - Be aware of common challenges to human & civil rights
<ul style="list-style-type: none"> • Technical Teaching Skills <ul style="list-style-type: none"> - Plan & organize presentations, training sessions, workshops & other activities - Evaluate the effectiveness of a training program - Identify & explain the training program goals & objectives - Utilize adult learning principles
<ul style="list-style-type: none"> • Health Outreach Skills <ul style="list-style-type: none"> - Define communities to be served by outreach - Support the development of leadership skills in others - Build positive reputation in communities for outreach
<ul style="list-style-type: none"> • Community Knowledge & Assessment <ul style="list-style-type: none"> - Identify community knowledge & strengths - Identify community needs & priorities - Share results with communities in a way that's clear and understood
<ul style="list-style-type: none"> • Clinical Support skills <ul style="list-style-type: none"> - Blood Pressure: Technique, Interpretation & Coaching - Height, Weight & BMI: Technique & Interpretation - Blood Glucose Technique, Interpretation & Coaching - A1C- Interpretation & Coaching: Dangers of high and low blood sugar, ideal A1C range, - Cholesterol Interpretation & Coaching: HDL, LDL, Triglycerides, lipid panel, high cholesterol and results - Oxygen Saturation, Pulse, Respiration Rate & Temperature: Technique & Interpretation & Coaching <p style="text-align: center;">For additional information on clinical skills requirements please contact the Office of Community Health Workers at Comm.HealthWorker@state.nm.us</p>