

Application for Community Health Worker State Certification Specialist Advancement

Section 1: Eligibility Requirements for Specialist Advancement

1. Verification that the applicant is a Certified Community Health Worker for the State of New Mexico.
2. Verification of education, including documentation that the applicant has completed and received formal training in a specialty field.

Section 2: Certification Levels and Fees

Applicants may be certified at the following levels:

- **Specialist I: \$10.00**, an applicant who is first certified as a Generalist and has received formal training in a specialty field may be advanced to Specialist.
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- **Specialist II: \$20.00**, an applicant who is first certified as a Generalist and has received formal training in two specialty fields.
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- **Specialist III: \$30.00**, an applicant who is first certified as a Generalist and has received formal training in three or more specialty fields.

NOTE: All applicants will only need a background check every four years. If you are due for 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 Specialty Track Advancement application is approved or disapproved (with an explanation) no later than 30 days from receipt by the OCHW. If your application is approved, you might be required to complete a background check, if it has been more than 4 years since your last one. The results of the background check are confidential, and are the final determining factors in becoming certified by the State of New Mexico.

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 new certificate to include your specialty track information with a new number. Your certification date will not change and it will expire two years from the date that it was issued. 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 below.

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 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:

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

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:** _____