



**OFFICE OF COMMUNITY HEALTH WORKERS**  
5300 Homestead Road NE, Suite 300, Albuquerque, New Mexico 87110  
Comm.Healthworker@doh.nm.gov

---

## **Community Health Worker (CHW) Continuing Education Unit (CEUs) Application Guidelines for Programs (Organizations/Providers)**

### **Introduction**

The New Mexico Office of Community Health Workers (OCHW) offers formal community health worker continuing education approval for programs that meet specific criteria. These programs may then be used by community health workers to meet the CEU requirement for certification renewal.

### **Approval Process**

- Application must be made by a sponsoring program (organization/provider), not by individual participants.
- Applications must be received at least four (4) weeks prior to the event. Applications received after the event date will not be reviewed or approved.
- The application fee (check or money order) must be paid prior to the review of the application. An annual application fee is \$300.00 for the first year then \$200.00 for subsequent years. Fees are non-refundable. (See [7.29.5.10 Community Health Worker Certification, F. Fees \(h\) and \(i\)](#)).
- The application must be completed and signed in its entirety.

### **CEU Calculation**

To comply with the standard practice in continuing education and professional development, credits are awarded only for technical presentations, lectures, workshops, or structured Q&A sessions. Please note that agenda items such as registration, welcome/introductions, lunch, breaks, general updates, and social events are not included in CEU calculations. CEU calculation is: 60 minutes of instructional contact = 1 CEU; 30 minutes of instructional contact = 0.5 CEU.

### **Maintaining Attendance Records**

It is the responsibility of the sponsoring program to maintain program information as well as attendance records for all participants. Such records should be kept for a minimum of three (3) years and be made available to participants upon request. DOH-OCHW does not require attendance sheets from approved events but may be requested as needed for auditing purposes.

### **Evaluations**

Methods of evaluation to determine effectiveness of the continuing education training needs to be an integral part of each program. There must be an initial statement of objectives for each program to ascertain that desired goals have been reached. Evaluations are for your records but may be requested by DOH-OCHW as needed for auditing purposes.



**OFFICE OF COMMUNITY HEALTH WORKERS**  
5300 Homestead Road NE, Suite 300 Albuquerque, New Mexico 87110  
Comm.Healthworker@doh.nm.gov

---

### **Internet-Based Learning**

For internet-based learning programs, contact hours are determined on content, time to review the content, and an appropriate number of test questions that reflect whether the learning objectives have been met. Post-tests on all distance learning products with a passing score of not less than 70% is required.

### **Promoting DOH-OCHW CEU Approval Status and Issuing Certificates**

Workshop or conference sponsors may advertise that the event offers continuing education for CHWs only **after approval** is given by DOH-OCHW. Events may be advertised if an application has been submitted but has not yet been reviewed. Once CEU approval has been given, the following statement should be added to event materials and must be on CEU certificates, “CHW CEUs Approved by DOH-OCHW.” It is the responsibility of the CEU provider to track attendance and issue certificates.

### **Advertising**

DOH-OCHW will make program information available (course name, date, CEUs approved and contact information) through the email list serve. It is not the responsibility of DOH-OCHW to advertise your event.

### **How to Submit**

Mail-in: a Non-refundable Fee (payable by check or money order), Completed Application, Agenda, Resumes/CVs, and Evaluation Plan to:

Office of Community Health Workers  
NM Department of Health-Public Health Division  
5300 Homestead Road, Suite 300  
Albuquerque, NM 87110

Email: A copy of the application and supporting documents to: [Comm.Healthworker@doh.nm.gov](mailto:Comm.Healthworker@doh.nm.gov)



**OFFICE OF COMMUNITY HEALTH WORKERS**  
5300 Homestead Road NE, Suite 300 Albuquerque, New Mexico 87110  
Comm.Healthworker@doh.nm.gov

---

## Application

Please complete the following application in its entirety. An event/program agenda, resume/CV for each instructor, and evaluation plan must be included with the application.

### **A. Information about your organization**

1. Name of Organization:
2. Organization Point of Contact (POC):
3. Organization Address:
4. Email for POC:
5. Phone Number for POC:
6. Does your organization have a Certified Community Health Worker (CCHW) on staff? If so, please name:

### **B. Information on event/program being proposed for Community Health Worker (CHW) Continuing Education Credit Hours**

1. Event/Program Title:
2. Event/Program Date and Location:
3. Anticipated Audience Size:
4. Anticipated Number of Certified Community Health Workers (CCHWs):
5. Participant Learning Objectives (must have at least 3):
  
6. How did your organization identify the need for this event/program (e.g. needs assessments, request of local CCHWs, evaluations, etc.)? Please describe:



**OFFICE OF COMMUNITY HEALTH WORKERS**  
 5300 Homestead Road NE, Suite 300 Albuquerque, New Mexico 87110  
 Comm.Healthworker@doh.nm.gov

- Total CEUs requesting for this event/program (60 minutes of contact = 1 CEU; 30 minutes of contact = 0.5 CEU):

**C. Evaluation**

- Please include a copy of the evaluation plan and how your organization will use the evaluation results.
- Method for certifying attendance (i.e. registration form, sign-in sheets):

**D. Attestation of Sponsoring Organization**

To comply with the OCHW standards for continuing professional education, the CEU sponsoring program must have:

- A means of responsibility for control over all aspects of the programs to ensure that educational objectives and standards are met.
- A system for selection and supervision of qualified instructors.
- A system for evaluation of programs by participants.
- Presenters who are Certified CHWs and have three (3) years of working experience, **or** non-CHWs who hold a bachelor’s degree or higher from an accredited institution and have three (3) years of experience working with CHWs.

The sponsoring organization acknowledges that the DOH-OCHW reserves the right to monitor or evaluate events/programs which are approved.

\_\_\_\_\_  
 Signature of Organization’s Director

\_\_\_\_\_  
 Date

<b>FOR DOH-OCHW USE ONLY</b>			
<b>Reviewed By:</b>	<b>Date:</b>	<b>Approved</b>	<b>Declined</b>