

Community Health Worker Certification Application - EXPERIENCE

APPENDIX D - APPLICATION AND RECERTIFICATION MATERIALS

Application Requirements

Thank you for your interest in applying to become a Certified Community Health Worker. The Kentucky Department for Public Health is pleased to offer this opportunity to all aspiring CHWs, and those who are already a part of the profession.

Please carefully read the Application Eligibility and Options and the Application Requirements and Procedures sections of this manual PRIOR to applying for certification.

Submission Guidelines

1. Applicants must submit an “intent to apply” for the CCHW credential via the [KDPH CHW webpage](#).
2. The hard copy application and all supporting documentation must be submitted via certified mail or direct delivery to:

**Kentucky Department for Public Health
Community Health Worker Certification
275 E. Main Street, HS2W-E
Frankfort, Kentucky 40621**

3. The **\$50** fee for certification must be made via the [KYACHW website](#). **This fee is non-refundable.**

Please Note: Applicants are encouraged to make a photocopy of their application, including all supporting documentation, *prior* to submission to KDPH, for their own records.



Application Materials

<i>Application Based on Work Experience</i>
Intent To Apply (online)
General Application
Related Work Experience Form
HR Position Description
Professional Reference
Photo
Application Fee Paid to KYACHW



General Application - Section 1

Applicant Information			
Full Name:			
Last	First	Middle	Maiden
Social Security Number:		Date of Birth: (mm/dd/yy)	
Permanent Address:			
City:	State:	Zip Code:	
Phone Number:		Email:	

*Your social security number is required by state law and federal law for purposes of child support enforcement (42 U.S.C. Section 666), reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 11101 and 45 C.F.R. pt. 60), reporting to law enforcement authorities for investigative/law enforcement purposes and/or as otherwise required by state and federal law.

General Application – Section 2

Employment History				
Please include your last 5 years of employment. Start from your most recent (or current) place of employment. If you need additional space, you may attach another sheet to this form.				
Place of Employment	Address	Start Date	End Date	Job Title



Community Health Worker Certification Application - EXPERIENCE

General Application – Section 3

Education History				
School, College or University	Address	Year Completed	Degree, Diploma, or GED Certificate	Major
Certifications, Licenses, or Specialty Training				
Please list any additional certifications, licenses, or specialty training here.				

Community Health Worker Certification Application - EXPERIENCE

General Application - Section 4

Attestation

I attest that I have read the *Kentucky Community Health Worker Certification Manual* in its entirety.

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 understand that the application and all supporting documentation become the property of the Kentucky Department for Public Health and are not returnable.

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

I acknowledge that I read, reviewed, and accept the Community Health Worker Code of Ethics.

I will report any changes in my contact information to the Kentucky Department for Public Health.

Applicant Name (printed): _____

Applicant Signature: _____

Date: _____



Community Health Worker Certification Application - EXPERIENCE

Related Work Experience

Thank you for taking the time to assist the applicant in order to verify and document their Community Health Worker (CHW) related work or volunteer experience in pursuit of the Certified Community Health Worker (CCHW) designation.

Please carefully read the [Related Work Experience Requirements](#) and [Definition of a Certified Community Health Worker](#) as listed below. If you have any questions as to whether or not specific duties or tasks are eligible to meet Certified Community Health Worker Related Work/Volunteer Experience Requirements, please contact our offices directly at 502-564-7996 or CHW.Certification@ky.gov.

To document that the applicant has related work/volunteer experience, you must complete this form in its entirety and attach an official position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

Please do not ask the applicant to complete any part of this form, except the Related Work Experience Verification Section 1. This form is to be completed by the applicant's employer's personnel office or designee only.

Please return this form to the applicant for submission along with other application materials.

Related Work Experience Requirements

- **2,500 hours** of formal work and/or volunteer experience providing CHW services that address the CHW Core Competencies (See Appendix A).
- Experience must be documented and verified by the applicant's immediate work or volunteer supervisor(s) on the provided form.
- Experience must have been gained **within the last 3 years**.

Definition of a Certified Community Health Worker (CCHW)

The CCHW designation is an entry-level credential for front-line health workers who, by virtue of their trusted status in the community, serve as a link between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.



Community Health Worker Certification Application - EXPERIENCE

Related Work Experience Verification - Section 1

To be completed by the applicant prior to providing to the employer for completion. The applicant's name should appear just as it will on all application materials submitted to KDPH.

Applicant Information	
Please provide your employment history for which you are requesting credit for certification and verification by your employer. Report employment dates only within the past three years prior to this application. Use a separate form for each position and/or employer.	
Applicant Name:	
Employer:	
Type of Position:	<input type="checkbox"/> Paid Full-time <input type="checkbox"/> Paid Part-time <input type="checkbox"/> Volunteer
Position Title:	
Position Start Date:	Position End Date:
Immediate Supervisor Name:	

**STOP:
BEFORE MOVING
FORWARD PLEASE
MAKE SURE YOU
HAVE WORKED AT
LEAST 2,500 HOURS AS
A CHW.**



Related Work Experience Verification - Section 2

To be completed by the employer's personnel office or designee only. An official position description or a letter on agency letterhead with the description of the applicant's duties must accompany this form. Return all documents to the applicant for submission to KDPH. This form and the position description or letter may be returned to the applicant in a sealed envelope if so desired.



Community Health Worker Certification Application - EXPERIENCE

Part A: Verifier's Information Employer's personnel office or designee only.		
Last Name:	First Name:	
Title:	Email:	
Business Phone:	Employer Website:	
Work Address:		
City:	State:	Zip Code:

Part B: Related Experience Attestation		
I have read and understand the work/volunteer experience requirements for Community Health Worker certification according to the competencies in Appendix A. Employment records maintained by the agency can verify the following information.		
Applicant's Official Position Description Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**An official position description or a letter on agency letterhead with the description of the applicant's duties must accompany this form. **		
Dates of Employment /Volunteer Work:	Start Date:	End Date:
Type of Position:	<input type="checkbox"/> Paid Full-Time	<input type="checkbox"/> Paid Part-Time
<input type="checkbox"/> Volunteer		
Average number of hours worked per week:		
TOTAL number of hours worked (weekly hours X weeks worked) :		



Community Health Worker Certification Application - EXPERIENCE

<p>Please initial next to each competency that you witnessed the applicant meet during employment. For further detail regarding each competency, refer to Appendix A.</p>	
	<p>Communication</p>
	<p>Use of Public Health Concepts and Approaches</p>
	<p>Organizational and Community Outreach</p>
	<p>Advocacy and Community Capacity Building</p>
	<p>Care Coordination and System Navigation</p>
	<p>Health Coaching</p>
	<p>Documentation, Reporting and Outcomes Measurement</p>
	<p>Legal, Ethical and Professional Conduct</p>
<p>By my signature, I attest that the above material is true to the best of my knowledge.</p>	
<p>Signature:</p>	
<p>Date:</p>	



Community Health Worker Certification Application - EXPERIENCE

Professional Reference

Thank you for taking the time to provide a professional reference letter for the applicant. Your feedback is a critical component of the application process and directly assists the applicant's pursuit of the Certified Community Health Worker (CCHW) designation.

Please carefully read the [Definition of a Professional Reference](#) and the [Definition of a Certified Community Health Worker](#) below. Based on your relationship and direct experiences with the applicant, carefully consider their appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a CCHW, please contact our offices directly at 502-564-7996 or CHW.Certification@ky.gov.

Please do not ask the applicant to complete any part of this form, except the Professional Reference Section 1. This form is to be completed only by the individual providing a reference for the applicant.

Please return this form and your reference letter to the applicant for submission along with other application materials.

Definition of a Professional Reference

Former employers, supervisors, teachers, trainers, peers, and professional mentors may provide professional references. The reference should discuss the applicant's traits, such as personality, character, integrity, dependability, as well as insights into the applicant's qualifications, work habits, talents and skills.

Definition of a Certified Community Health Worker (CCHW)

The CCHW designation is an entry-level credential for front-line health workers who, by virtue of their trusted status in the community, serves as a link between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.



Community Health Worker Certification Application - EXPERIENCE

Professional Reference - Section 1

To be completed by the applicant before giving it to the individual providing the reference. The applicant’s name should appear just as it will on all application materials submitted to the Kentucky Department for Public Health (KDPH).

Applicant Information
For tracking purposes, it is important that we have your name and the name of the person who will be providing a reference in support of your application for certification.
Use a separate form for each individual providing a reference.
Applicant Name:
Name of individual providing reference:

Professional Reference - Section 2

To be completed by the individual providing the reference for the applicant. A letter of reference must accompany this form, using the box below. Return all documents to the applicant for submission to KDPH. This form and the letter may be returned to the applicant in a sealed envelope if so desired.

Part A: Reference Contact Information Please write “none” or “N/A” as necessary.			
Full Name:			
Last	First	Middle	Maiden
Primary Email:		Primary Phone Number:	
Address:			
City:	State:	Zip Code:	
Title:		Employer:	
Business Phone:		Employer Webpage:	



Community Health Worker Certification Application - EXPERIENCE

Part B: Professional Reference

Please use this space to complete your letter of reference for the applicant. You may attach a letter of reference if you prefer.

Large empty rectangular box for writing the professional reference.

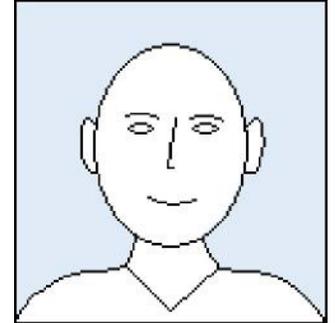
Photo Guidelines

A photo must be submitted to KDPH in order to fulfill application or renewal requirements for certification as a CHW.

All photos are for use as identification and should meet the following guidelines.

Photo Specifications

- Photo must be in color and sized correctly (**no smaller** than a 2”x2” square (see example))
- Photo must be labeled on the back with the applicant’s **full name** as it appears on the application
- Use a **plain, light background** (without objects in the background); subject’s outline should not blend into the background
- Photo must be **clear**, not fuzzy, dark or with shadows
- Capture the **subject’s frontal view** (per diagram-not profile nor slight profile)
- Subject should look as they **normally do on a day to day basis and show all their facial features with natural skin tones** (i.e., no “glamour shots”)
- **Do not wear a hat or head covering**, so hair can be seen (unless worn for religious or medical purposes)
- Photo must be **recent, taken within the last six months**
- Do not staple the photo to application; paper clip is acceptable
- Photo must be verifiable that the subject in the photo is the applicant



For questions or clarification, please contact the Kentucky Department for Public Health

Community Health Worker Program at 502-564-7996 or CHW.Certification@ky.gov.

Application Checklist – *Experience*

Please use this checklist to help keep track of your application materials.

Applicant Requirements

At least 18 years old
Current resident of Kentucky OR Works in Kentucky
United States legal resident (see manual for clarification)
Meets 2500 hr. work experience requirement
Intent to Apply (SurveyMonkey)

Application Materials

General Application Section 1 complete
General Application Section 2 complete
General Application Section 3 complete
General Application Section 4 complete
Training Completion Attestation form complete (including mentorship information)

Application Supplements

Photograph
Official position description or HR letter
Professional Reference
Application Fee paid: Online Check Invoice