

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

<u><i>Application Based on Training</i></u>
Intent To Apply (online)
General Application
Training Completion Attestation with Mentorship Organization Information
Certificate(s) of Completion
Professional Reference
Photo
Application Fee Paid to KYACHW



Community Health Worker Certification Application - TRAINING

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 - TRAINING

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 - TRAINING

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: _____

Training Completion Attestation

Applicants may submit materials to become a Certified Community Health Worker after successful completion of an approved competency-based training program through a Kentucky Department for Public Health approved organization.

Please Note: Approved training programs must provide at least 40 hours of didactic instruction. An additional 40 hours of mentorship/practicum experience must be attained by the applicant and verified below.

Attach certificate(s) of completion from training program

Training Completion Attestation		
Training Program Name:		
Start Date:	End Date:	
Training Program Address:		
City:	State:	Zip Code:
Training Program Representative Name and Title:		
Training Program Phone Number:	Email:	
Mentorship Organization Name:		
Mentorship Representative OR Supervisor Name:		
Mentor Representative OR Supervisor Title:		
Mentorship Phone Number:	Email:	
I hereby verify that I have successfully completed the above named Community Health Worker training and mentorship.		
Signature of Applicant: _____		Date: _____

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, with the exception of Section 1. This remainder of 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.

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:	



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.

A large, empty rectangular box with a black border, intended for the applicant to provide a professional reference.

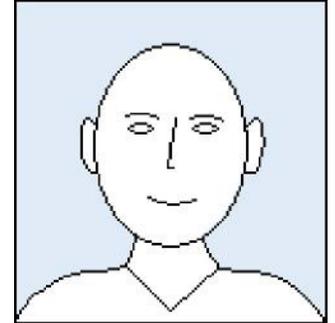
Photo Guidelines

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.

