

# APPENDIX D - APPLICATION AND RECERTIFICATION MATERIALS

## Recertification Requirements

Certified Community Health Workers (CCHWs) must complete and document a minimum of **10 hours of continuing education training related to the Community Health Worker Competencies** ([Appendix A](#)).

**Please Note:** All trainings must have been completed within the last two years from recertification application date.

### Submission Guidelines

1. 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**

2. The \$25 fee for recertification must be made via the [KYACHW website](#) annually. 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.



### Recertification Application Materials

|   |
|---|
| <i>Recertification Application</i>        |
| General Application Form                  |
| Continuing Education Tracker              |
| CE Certificates or CE Certification Forms |
| Photo                                     |
| Recertification fee paid to KYACHW        |

### Reporting Continuing Education

Complete the Continuing Education (CE) Tracker and attach copies of certificates or CE Certification Forms for each training, in the **same order as listed on the form**. Send all application materials to the address listed above.

## General Application - Section 1

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

\*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 - RECERTIFICATION**

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|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |

**General Application – Section 3**

| <b>Education History</b>             |                |                       |  |              |
|--------------------------------------|----------------|-----------------------|--|--------------|
| <b>School, College or University</b> | <b>Address</b> | <b>Year Completed</b> | <b>Degree, Diploma, or GED Certificate</b> | <b>Major</b> |
|                                      |                |                       |  |              |
|                                      |                |                       |  |              |
|                                      |                |                       |  |              |
|                                      |                |                       |  |              |

**Certifications, Licenses, or Specialty Training**

Please list any additional certifications, licenses, or specialty training here.

**Community Health Worker Certification Application - RECERTIFICATION**

**General Application - Section 4**

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*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: \_\_\_\_\_



## Photo Guidelines

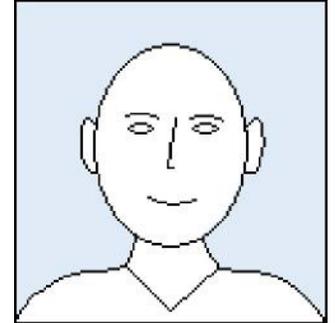
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A photo must be submitted to KDPH in order to fulfill application or renewal requirements for certification as a CHW.

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](mailto:CHW.Certification@ky.gov).

## Application Checklist – *Recertification*

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

## **Recertification Requirements**

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Current resident of Kentucky OR Works in Kentucky

United States legal resident (see CHW Certification manual for clarification)

## **Recertification Application Materials**

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General Application Section 1 complete

General Application Section 2 complete

General Application Section 3 complete

General Application Section 4 complete

Meets 5 KDPH approved CEU requirement

Meets 10 CEU recertification requirement

## **Recertification Application Supplements**

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Photograph

Continuing education tracker complete

Continuing education certificate(s) or forms included

Application Fee paid:                      Online              Check              Invoice