



**Promotor(a)/Community Health Worker Training and Certification Program**

**Renewal Application for Promotor(a)/Community Health Worker Certification**

**Renewal Requirements:**

- Provide certificate of completion for at least 20 hours of continuing education related to the eight (8) CHW core competencies during each two-year renewal period.
- Currently live in Texas
- Submit a recent color photo

**1. All fields must be filled in, do not leave any blanks, if necessary filled in with N/A (non-applicable). Incomplete applications will be returned.**

**2. Continuing Education Unit (CEU) options:**

- **DSHS Certified Continuing Education** - Ten (10) certified hours of continuing education for CHWs must come from participation in a DSHS-approved CHW training program. Five (5) hours of continuing education you completed to renew a Texas license or certification in another health profession may be used to complete these ten (10) certified CEUs. All 20 CEUs may be completed from participating in a DSHS certified training program that provides CEUs.
- **Non-Certified Continuing Education** The remaining ten (10) hours may come from training programs and instructors not certified by DSHS that relate to one or more of the CHW core competencies.

**3. Expired Certificate**

You may renew your expired certificate by completing the required continuing education and submitting the Application for Certificate Renewal if your certificate has been expired for less than one year.

You may not renew a certificate that has been expired for more than one year. You must submit an initial application for CHW certification for approval if you wish to regain your certification.

**4. Mail, e-mail or fax a completed application, copies of the 20 CEU certificates and photo to:**

<p><b>Mail to:</b></p> <p>Texas Department of State Health Services P.O. Box 149347 MC1945 Attn: CHW Training and Certification Program Austin, Texas 78714-9347</p>	<p><b>Email to:</b></p> <p><a href="mailto:chw@dshs.texas.gov">chw@dshs.texas.gov</a></p> <p><b>Fax to:</b></p> <p>512-776-7555</p>
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5. E-mail a recent color photo to [chw@dshs.texas.gov](mailto:chw@dshs.texas.gov) or mail it to the above address. The photo should have a light background that clearly shows your facial features, similar to a passport photo.
6. **Timelines:** DSHS will let you know if your application is approved, denied or incomplete within 90 days.
7. **Approval of Renewal Certification:** If your application is renewed, it will be valid for two (2) years. Send changes to your mailing address and contact information to [chw@dshs.texas.gov](mailto:chw@dshs.texas.gov). This will ensure that you receive CHW program information such as upcoming CHW DSHS-certified CEU trainings.
8. **Denial of Certification:** DSHS may deny your application for certification for any of the following reasons:
  - It is incomplete.
  - You did not send the required CEUs for certification listed in the rules.
  - You have provided false information on the application.

### **Important Information**

DSHS will mail your notice of certification and any correspondence to the mailing address listed on your application.

Keep a copy of all information and the completed application for certification for your records.

By Texas law, an application for certification or licensure is public record.

For more information, please go to: <https://www.dshs.texas.gov/chw.aspx>.

**Contact Information:** For questions or more information, please email program staff at [CHW@dshs.texas.gov](mailto:CHW@dshs.texas.gov)

## Community Health Worker (CHW) Core Competencies

### Communication Skills

- Understand basic principles of verbal and non-verbal communication
- Listen actively, communicate with empathy and gather information in a respectful manner
- Use language confidently and appropriately
- Identify barriers to communication
- Give information to clients and groups in a clear and concise way
- Speak and write in client's preferred language and at appropriate literacy level
- Document activities and services and prepare written documentation
- Collect data and provide feedback to health and human services agencies, funding sources, and community-based organizations
- Gather information in a respectful manner
- Assist in interpreting and/or translating health information

### Interpersonal Skills

- Represent others, their needs, and needs of the community
- Be sensitive, honest, respectful, and empathetic
- Establish relationships, and assist in individual and group conflict resolution
- Understand basic principles of culture, cultural competency, and cultural humility
- Recognize and appropriately respond to the beliefs, values, cultures, and languages of the populations served
- Set personal and professional boundaries
- Provide informal counseling
- Use interviewing techniques (e.g. motivational interviewing)
- Work as a team member
- Act within ethical responsibilities as set forth in Rules regarding Training and Certification of CHWs, Section §146.7. Professional and Ethical Standards found at [www.dshs.texas.gov/mch/chw/progrule.aspx](http://www.dshs.texas.gov/mch/chw/progrule.aspx)
- Maintain confidentiality of client information and act within the Health Insurance Portability and Accountability Act (HIPAA) requirements
- Model behavior change
- Ability to network

### Service Coordination Skills

- Identify and access resources and maintain a current resource inventory
- Help improve access to resources
- Conduct outreach to encourage participation in health events
- Coordinate CHW activities with clinical and other community services
- Develop networks to address community needs
- Coordinate referrals, follow-up, track care and referral outcomes
- Help others navigate services and resources in health and human services systems
- Provide education, assessment and social support to clients and communities

## Community Health Worker (CHW) Core Competencies – Continued

### Capacity-Building Skills

- Identify problems and resources to encourage and help clients solve problems themselves
- Collaborate with local partnerships to improve services, network and build community connections
- Learn new and better ways of serving the community through formal and informal training
- Assess the strengths and needs of the community
- Build leadership skills for yourself and others in the community
- Facilitate support groups
- Organize with others in the community to address health issues or other needs/concerns

### Advocacy Skills

- Participate in organizing others, use existing resources, and current data to promote a cause
- Identify and work with advocacy groups
- Inform health and social service systems and carry out mandatory reporting requirements
- Stay abreast of structural and policy changes in the community and in health and social services systems
- Speak up for individuals or communities to overcome intimidation and other barriers
- Utilize coping strategies for managing stress and staying healthy

### Teaching Skills

- Use methods that promote learning and positive behavior change
- Use a variety of interactive teaching and coaching methods for different learning styles and ages
- Organize presentation materials
- Identify and explain training and education goals and objectives
- Plan and lead classes
- Evaluate the success of an educational program and measure the progress of individual learners
- Use audiovisual materials and equipment to enhance teaching
- Prepare and distribute education materials and present at community events
- Facilitate group discussions and decision making in ways that engage and motivate learners

## Community Health Worker (CHW) Core Competencies- Continued

### Organizational Skills

- Plan and set individual and organization goals
- Plan and set up presentations, educational/training sessions, workshops, and other activities
- Effectively manage time and prioritize activities, yet stay flexible
- Maintain and contribute to a safe working environment
- Gather, document, and report on activities within legal and organization guidelines


### Knowledge Base on Specific Health Issues

- Gain and share basic knowledge of the community, health and social services, specific health issues
- Understand social determinants of health and health disparities
- Stay current on health issues affecting clients and know where to find answers to difficult questions
- Understand consumer rights
- Find information on specific health topics and issues across all ages [lifespan focus], including healthy lifestyles, maternal and child health, heart disease & stroke, diabetes cancer, oral health and behavioral health
- Use and apply public health concepts

# Application Checklist

Use the checklist below to ensure that your application is complete.

- SECTION I. Personal Information**
- Section II. Current Employment or Volunteer Work**
- Section III. Education**
- Section IV. State of Texas Professional License/Certification**
- Section V. Network and/or Association affiliation**
- Section VI. Continuing Education - 20 continuing education hours required.**
- Section VII. Application Signature**

<p><b>Color Photo (Full Face)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Color photo was e-mailed to <a href="mailto:chw@dshs.texas.gov">chw@dshs.texas.gov</a></li><li><input type="checkbox"/> Color photo is attached.</li></ul>	
<p><b>E-mail CHW application questions to: <a href="mailto:chw@dshs.texas.gov">chw@dshs.texas.gov</a></b></p>	

**Keep a copy of all materials submitted for your records.**



**Promotor(a)/Community Health Worker Training and Certification Program**

**Promotor(a)/Community Health Worker Application for Certificate Renewal**

<b>Section I. Personal Information (Please <i>Print</i> or <i>Type</i> all information in ink)</b>					
Last Name		First Name		Middle Name	
Home Address (Street Address)		Apt. #	City	State	Zip Code
Mailing Address (if different from home address)		City	State	Zip Code	County
Mobile/Cell Phone		Home Telephone			
Personal email address		<input type="checkbox"/> <b>No personal email address</b>			

<b>Section II. Current Employment or Volunteer Work</b>					
<input type="checkbox"/> <b>Employment</b>		<input type="checkbox"/> <b>Volunteer</b>		<input type="checkbox"/> <b>None</b>	
Is this a CHW Position? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					
Name of Organization (Volunteer or Employment) Do Not Abbreviate organization name.					
Address (Street address)		City	State	Zip Code	County
Supervisor's Name			Supervisor's Title		
<b>Type of Organization (check one)</b>					
<input type="checkbox"/> Community-Based Organization		<input type="checkbox"/> Retail / Manufacturing		<input type="checkbox"/> Home Health/Long Term Care Facility	
<input type="checkbox"/> College / University /School		<input type="checkbox"/> Non-Profit Organization		<input type="checkbox"/> Clinic / Hospital / Emergency Service	
<input type="checkbox"/> Faith-Based Organization		<input type="checkbox"/> Local Health Department		<input type="checkbox"/> Insurance/Health Plan	
<input type="checkbox"/> State Agency		<input type="checkbox"/> Other (specify) _____			
Current Job Title			Applicant's Work Phone		
			<b>Work status</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Applicant's Work E-mail Address					
How much do you earn per hour? <input type="checkbox"/> < \$9.00 <input type="checkbox"/> \$9.00 - \$15.00 <input type="checkbox"/> \$15.01 - \$25.00 <input type="checkbox"/> \$25.01 or more					

## Promotor(a)/Community Health Worker Training and Certification Program

### Section III. Education (United States or Other Country)

**Highest Level of Education Completed (check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Kindergarten – 12 <sup>th</sup> Grade                       | <input type="checkbox"/> Some College                                 |
| <input type="checkbox"/> High School Graduate or General Education Development (GED) | <input type="checkbox"/> College/University Degree                    |
| <input type="checkbox"/> Junior College or Technical Degree                          | <input type="checkbox"/> Advanced Degree such as Master’s or Doctoral |

### Section IV. State of Texas Professional License / Certificate

Promotor(a)/Community Health Worker Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Current State of Texas Professional License / Certificate**

If applicable, specify health profession license or certificate type, number, and expiration date.  Yes  No

Name of License / Certification type \_\_\_\_\_ Certification Number / Expiration date \_\_\_\_\_

### V. Network or Association Affiliation

Are you a member of a CHW Network or Association?  Yes  No

Name of Network or Association: \_\_\_\_\_

### Section VI. Continuing Education

**DSHS Certified CEUs – 10 certified hours (CEUs) for CHWs Required – List and attach certificate(s) of completion.**

			Competencies Covered – CEU core competency break down							
Date	Title	Total CEUs per Certificate	Communication	Interpersonal	Service Coord.	Capacity Bldg.	Advocacy	Teaching	Organization	Knowledge
<b>00/00/00</b>	<b>(Example) Course name</b>	<b>4</b>	<b>2</b>			<b>2</b>				
<b>Sub-Total of DSHS Certified CEUs</b>										



## Promotor(a)/Community Health Worker Training and Certification Program

<b>Section VI. Continuing Education – Continued</b>										
<b>Continuing Education completed to renew your Texas license or certification in another health profession</b> (up to 5 hours can be used as Certified CEUs) For the other Texas Health Profession License/Certificate information listed in Section I of the application. Attach certificate(s) of completion.										
			Competencies Covered – CEU core competency break down							
Date	Title	Total CEUs per Certificate	Communication	Interpersonal	Service Coord.	Capacity Bldg.	Advocacy	Teaching	Organization	Knowledge
<b>Sub-Total CEUs from Renewing Texas License in Another Health Profession</b>										

<b>Non-DSHS Certified CEUs – Attach certificate(s) of completion.</b>										
			Competencies Covered – CEU core competency break down							
Date	Title	Total CEUs per Certificate	Communication	Interpersonal	Service Coord.	Capacity Bldg.	Advocacy	Teaching	Organization	Knowledge
<b>Sub-Total Non-DSHS Certified CEUs</b>										

## Promotor(a)/Community Health Worker Training and Certification Program

### SECTION VII. Application Signature

**Please read the following statements carefully. Sign or type your name below to indicate your understanding and acceptance of these statements in the space provided.**

- I certify that all the information provided by me in connection with this application is true and complete. I understand providing false or misleading information, which is used in determining my qualifications may result in the voiding of the application and failure to be granted any certificate or the revocation of any certificate issued and may result in criminal prosecution for tampering with a governmental record under section 37.10 of the Texas Penal Code.
- I agree to abide by Health and Safety Code, Chapter 48 and the rules regarding the training and certification of promotores(as) or community health workers, 25 TAC §§146.1–146.8 located at [www.dshs.texas.gov/chw.aspx](http://www.dshs.texas.gov/chw.aspx). Please call 512-776-2570 or 512-776-2624 to request a copy.
- I give DSHS permission to verify any information or references, which are important in determining my qualifications.
- I will return the certificate and identification card(s) to DSHS upon revocation or suspension of the certificate.
- I understand the application and supporting documentation submitted become the property of DSHS and are nonreturnable.
- I shall advise DSHS of my current address within 30 days of any changes of address.
- I acknowledge that this Application for Certification is not a contract between me and DSHS and does not make me an employee, agent, contractor, or representative of DSHS.

**Signature**

**Date**

### Mail, email or fax complete application to:

**Mail to:**

Texas Department of State Health Services  
P.O. Box 149347 MC1945  
Attn: CHW Training and Certification Program  
Austin, Texas 78714-9347

**Email to:**

[chw@dshs.texas.gov](mailto:chw@dshs.texas.gov)

**Fax to:**

512-776-7555

**E-mail color photo with your full name and date application was submitted to [chw@dshs.texas.gov](mailto:chw@dshs.texas.gov) or mail to above address.**

*The Texas Department of State Health Services awards certification to promotores/community health workers with necessary skills and competencies based on completion of required training and/or relevant experience. Employers are responsible for verification of applicants' personal or background information.*

#### PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Visit [www.dshs.texas.gov](http://www.dshs.texas.gov) for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)