

# **COMMUNITY HEALTH WORKER (CHW) TRAINING ACCREDITATION APPLICATION**

## **CHW ACCREDITATION INFORMATION**

PCB has established an accreditation process (both full and partial) for organizations who wish to provide CHW training for initial CHW certification. Candidates applying for the CHW credential must obtain their 75 hours of training from a PCB accredited organization. Accredited organizations may offer the full 75 or more CHW training hours or partial (less than 75 hours) CHW training hours.

### **BENEFITS OF BEING AN ACCREDITED TRAINING ORGANIZATION**

- Assured of offering training that candidates for CHW certification must acquire.
- Organization can market trainings as accredited and eligible for certification.
- Accredited training organizations are listed on the PCB website which is the first-place professionals seeking certification are directed for training. The website is searchable by organization, topic, region, credential, online or in person training and date.

### **REQUIREMENTS FOR THE ORGANIZATION**

1. Trainings eligible for PCB accreditation must be in the CHW domains
2. Trainings must use a formal structure
3. Trainings must occur in Pennsylvania unless the organization is an online provider
4. Each training must be submitted
5. Trainings can be submitted any time during the one-year accreditation period

### **REQUIREMENTS FOR TRAININGS SUBMITTED**

- CV or Resume of trainer(s) must be submitted
- Copy of the Evaluation Form must be submitted
- Copy of certificate or transcript provided to the student/participant
- A draft of any marketing material promoting this training must be submitted
- Documentation of course/training information including summary, goals, objectives, and a daily schedule (ex: program documentation, course syllabus, etc.)
- Trainings may be more than the required 75 hours for the CHW credential, but 75 hours is the minimum
- Trainings can be submitted any time during the one-year accreditation period
- When calculating hours, exclude breaks
- Trainings must cover the 8 CHW domains listed below:
  - Community Health Concepts
  - Advocacy and Capacity Building
  - Care Coordination
  - Health Literacy and Education

- Safety and Self-Care
  - Cultural Competency
  - Communication and Interpersonal Skills
  - Ethical Responsibilities and Professionalism
- Full accreditation: for programs offering 75 hours or more
  - Partial accreditation: for programs offering less than 75 hours

## **REQUIREMENTS FOR THE ACCREDITED ORGANIZATION**

Provide a certificate of attendance or transcript to each attendee. The certificate or transcript must have the attendee's name, the exact title of the training, name of the organization, the date(s) of the training and the total number of hours awarded to each attendee. Do not change the title or date of the training without notifying PCB in writing. You must indicate on the certificate that the program is a CHW Accredited Training Program.

If an attendee must leave the training prior to its completion, their certificate of attendance must reflect the exact amount of time attended. The accredited organization may work with the attendee to assist them in making up any missed classes/trainings.

## **ACCREDITATION AGREEMENT TERMS & CONDITIONS**

1. The agreement period is one-year.
2. A predetermined, non-refundable fee is set by PCB for the accreditation process; fee is paid at the beginning of the agreement.
3. Upon review and approval of the agreement, the organization will receive an assigned PCB accreditation number which will be used and referred to throughout the one-year agreement period.
4. The organization must establish one contact person who will correspond with PCB. This will be the only person whom PCB will provide information to regarding training approval and is the only person who should submit training approval applications to PCB.
5. Prior to the end of the agreement year, information on renewing your accreditation will be sent to the contact person. Renewal process requires submission of any changes to the CHW training program and/or instructors and annual accreditation fee of \$250 for full and \$150 for partial accreditation.

# CHW ACCREDITATION APPLICATION

Form can be completed and saved. You may then print the appropriate pages to submit to PCB.

## TYPE OR PRINT LEGIBLY

**CHECK ONE:**  Application for full accreditation (75+ hrs.)  Application for partial accreditation (less than 75 hrs.)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

I agree to adhere to PCB's requirements, terms, and conditions for accreditation. Failure to do so could result in cancellation of accreditation with PCB or the denial of trainings submitted. This agreement is effective for one-year from date of processing and receipt of payment. I understand the contact person above is the only person who is to submit accreditation trainings to PCB.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT INFORMATION

**PAYMENT (CHECK ONE):**  Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to PCB*

**ACCREDITATION LEVEL:**  Full - \$250  Partial - \$150

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Email address for receipt (*credit card only*): \_\_\_\_\_

## TRAINING INFORMATION

**Form can be submitted multiple times throughout the year as trainings are scheduled.**

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

***The title on your certificate of attendance or transcript must reflect the exact wording above.***

Dates of Training(s): \_\_\_\_\_

Location: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Name(s) and Credential(s) of Instructor(s): \_\_\_\_\_

Name(s) and Credential(s) of Instructor(s): \_\_\_\_\_

Name(s) and Credential(s) of Instructor(s): \_\_\_\_\_

Name(s) and Credential(s) of Instructor(s): \_\_\_\_\_

Name(s) and Credential(s) of Instructor(s): \_\_\_\_\_

Name(s) and Credential(s) of Instructor(s): \_\_\_\_\_

Name(s) and Credential(s) of Instructor(s): \_\_\_\_\_

Name(s) and Credential(s) of Instructor(s): \_\_\_\_\_

ATTACH A SEPARATE SHEET IF MORE INSTRUCTORS NEED TO BE INCLUDED.

**TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

- **EMAIL:** [education@pacertboard.org](mailto:education@pacertboard.org) *NOTE: Only PDFs are acceptable. PCB does not accept photos of applications.*
- **FAX:** 717-540-4458
- **MAIL:** PCB: 298 S. Progress Avenue | Harrisburg, PA 17109