



# CCHW APPLICATION

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Certified Community Health Worker

298 S. Progress Avenue, Harrisburg, PA 17109  
Phone: 717-540-4455 | Fax: 717-540-4458  
[www.pacertboard.org](http://www.pacertboard.org) | [info@pacertboard.org](mailto:info@pacertboard.org)

## APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

**Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.**

REQUIREMENT	DOCUMENTATION	✓
Application Page with payment	<ul style="list-style-type: none"> <li>Page 6</li> </ul>	
Experience & Supervision Information	<ul style="list-style-type: none"> <li>Page 7</li> <li>Previous relevant employment documentation (if needed)</li> </ul>	
Current Volunteer/Job Description	<ul style="list-style-type: none"> <li>Obtain from your employer</li> </ul>	
Supervision Documentation Form	<ul style="list-style-type: none"> <li>Page 8</li> </ul>	
Education	<ul style="list-style-type: none"> <li>Copies of trainings</li> </ul>	
Acknowledgement & Release	<ul style="list-style-type: none"> <li>Page 9, notarized</li> </ul>	
Disciplinary Actions?	<ul style="list-style-type: none"> <li>Include letter of explanation with application</li> </ul>	
Convicted of a felony?	<ul style="list-style-type: none"> <li>Include letter of explanation with application</li> </ul>	
Company paying fee?	<ul style="list-style-type: none"> <li>Include applicant name on payment</li> </ul>	
Copy entire application for records		

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

- 1. Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- 2. Email:** [info@pacertboard.org](mailto:info@pacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 3. Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of your application, email [info@pacertboard.org](mailto:info@pacertboard.org).*

### REVIEW & APPROVAL PROCESS

1. Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
2. Staff reviews application. Allow 5- 10 business days for review and processing of your application.
3. Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your email legibly.
4. If you have not heard from the Board regarding your application, check the Credential Search on the website. If your name does not appear after 10 business days, email [info@pacertboard.org](mailto:info@pacertboard.org).
5. A certificate will be mailed to you automatically within 5-10 business days.

## APPLICATION INFORMATION

### APPEAL PROCESS IF APPLICATION IS DENIED

The purpose of appeal is to determine if the Board accurately, adequately, and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

### CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the application is approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

### FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through the Board does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

### REQUESTS TO CHANGE APPLICATION

Professionals who wish to have their application re-reviewed for another credential the Board offers prior to taking the examination, or after an unsuccessful attempt at the examination will incur a \$50 application change/review fee.

### RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

## ROLE OF THE COMMUNITY HEALTH WORKER

A Community Health Worker (CHW) is a trusted individual who contributes to improved health outcomes in the community. CHWs serve the communities in which they reside or communities with which they may share ethnicity, language, socioeconomic status, or life experiences. The term “community health worker,” includes but is not limited to other titles such as outreach worker, patient navigator and promotores de salud.

A CHW proactively:

- builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy;
- serves as a liaison between communities and health care agencies;
- provides guidance and social assistance to community residents;
- enhances community residents’ ability to effectively communicate with healthcare providers;
- provides culturally and linguistically appropriate health education;
- advocates for individual and community health;
- provides referral and follow-up services or otherwise coordinates care; and
- identifies and helps enroll eligible individuals in federal, state, and local private or nonprofit health and human services programs.

## CERTIFIED COMMUNITY HEALTH WORKER REQUIREMENTS

Prior to submitting your application, applicants must have all requirements completed and documented.

### EXPERIENCE & SUPERVISION

Qualifying experience is based upon an individual providing services that are specific to the community health worker domains.

Only employment within the last five (5) years may be counted towards the total experience requirement.

If the applicant’s experience requirement is not fulfilled from their current employer, they must include a letter (on company letterhead) from previous employer(s) verifying their duties and dates employed with their application.

- **Experience:** one (1) year of full-time volunteer or paid employment or 2000 hours of part-time of volunteer or paid employment.

Supervision is a formal or informal process that is evaluative, and supportive. It can be provided by more than one person, it ensures quality of services, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

- **Supervision:** 60 hours specific to the domains. Hours may be included in the total experience requirement.

## CURRENT VOLUNTEER/JOB DESCRIPTION

All applicants must include their current job description with their application. This document is provided by your employer and must be signed and dated by you and your supervisor. Job descriptions are reviewed as a part of experience verification. If your supervisor does not have your job description, you should contact your organization's Human Resource department. The Board does not provide the job description.

- **Current volunteer/job description:** obtained from employer.

## EDUCATION

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses and online education. If you provide this type of education to other professionals, you may use it towards the education requirement with documentation from the organization or college/university. Most three-credit college/university courses are 45 hours.

- **Education:** 75 total hours of education relevant to the field of community health gained with the last five years. The 75 hours of education must be from a PCB accredited CHW training program. Degrees in community or public health may be considered for partial credit toward the required 75 hours of CHW education. College transcripts must be submitted prior to application for review.

## CCHW DOMAINS

1. Community Health Concepts
2. Advocacy and Capacity Building
3. Care Coordination
4. Health Literacy and Education
5. Safety and Self-Care
6. Cultural Competency
7. Communication and Interpersonal Skills
8. Ethical Responsibilities and Professionalism

## FEE

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application fee is refundable if application is denied. If an employer or organization is paying the application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

- **Application Fee:** \$50 *(fee must accompany application and materials)*

# PCB APPLICATION FOR CCHW

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

## TYPE OR PRINT LEGIBLY

Date: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  Self-identify \_\_\_\_\_

Name: \_\_\_\_\_ SSN: (last four) \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

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

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

***If you are submitting education from a college/university for all or part of the 75-hour education requirement, official transcripts must be submitted directly to PCB via e-transcripts or mail. It is suggested you request these three (3) weeks prior to submitting your application.***

College/University: \_\_\_\_\_

Name on Transcript: \_\_\_\_\_

Date Transcript Requested: \_\_\_\_\_ Delivery Method: \_\_\_\_\_

**Have you ever received any disciplinary action from another certification/licensing authority?**  Yes  No

*If yes, provide full details on a separate sheet.*

**Have you read and understood the PCB Code of Ethical Conduct?**  Yes  No

*The Code of Ethical Conduct is located at [www.pacertboard.org](http://www.pacertboard.org), and click on Ethics.*

**Military Experience:**  Not Applicable  Active  Veteran

**Ethnicity:**  American Indian or Alaska Native  Asian  Black or African American  Caucasian  Hispanic  Latino  
 Native Hawaiian or Other Pacific Islander  Not specified: \_\_\_\_\_

**Employment plans for the next two years:**  Increase Hours  Decrease Hours  No Change  Seek Advancement  
 Retire  Move to a different career  Unknown

## PAYMENT INFORMATION

**FEE OF \$50 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to PCB*

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

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

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

# CCHW APPLICATION: EXPERIENCE & SUPERVISION INFORMATION

## CURRENT VOLUNTEER/EMPLOYMENT INFORMATION

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

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Hire Date in Current Position: \_\_\_\_\_

How many hours do you volunteer/work per week? \_\_\_\_\_

**Do you need to document previous volunteer/employment to fulfill the experience requirement?**  Yes  No  
*If yes, a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

**DO NOT SUBMIT A RESUME WITH YOUR APPLICATION. IT WILL NOT BE REVIEWED AND IT DOES NOT FULFILL THE DOCUMENTATION REQUIREMENT FOR EXPERIENCE.**

## CURRENT SUPERVISOR INFORMATION

Immediate Supervisor Name: \_\_\_\_\_

Supervisor Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Average Number of Hours of Supervision Received Per Week: \_\_\_\_\_

**Do you have more than one supervisor or need to document supervision from a previous employer?**  Yes  No  
*If yes, provide copies of the CCHW Application: Supervision Documentation Form (page 8) to all supervisors. Multiple supervision forms can be submitted with your application.*

# CCHW APPLICATION: SUPERVISION DOCUMENTATION FORM

Form to be completed by Applicant's current and/or previous supervisor(s).

This form is not intended to document all experience or supervision hours of the applicant, rather the minimum hours required for the certification.

Supervision is a formal or informal process that is evaluative, and supportive. It can be provided by more than one person, it ensures quality of services, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Applicant Name: \_\_\_\_\_

## SUPERVISOR INFORMATION

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

Position/Title: \_\_\_\_\_

Licenses, Certifications and/or Degrees: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

## SUPERVISION DOCUMENTATION

Supervision was provided in the following Domains (check all that apply):

DOMAIN:	NUMBER OF HOURS:
<input type="checkbox"/> Community Health Concepts	_____
<input type="checkbox"/> Advocacy & Capacity Building	_____
<input type="checkbox"/> Care Coordination	_____
<input type="checkbox"/> Health Literacy & Education	_____
<input type="checkbox"/> Safety & Self-Care	_____
<input type="checkbox"/> Cultural Competency	_____
<input type="checkbox"/> Communication & Interpersonal Skills	_____
<input type="checkbox"/> Ethical Responsibilities & Professionalism	_____
<b>TOTAL NUMBER OF HOURS OF SUPERVISION:</b>	_____

**Supervisor Attestation:** I attest that the above-named applicant is providing providing services that are specific to the community health worker domains and is supervised. **Current supervisors:** I have provided the applicant with their job description, reviewed it with them, signed and dated it. **Previous supervisors (if applicable):** I have provided the applicant with a letter (on company letterhead) listing and verifying their duties and dates employed.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



# CCHW APPLICATION ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Pennsylvania Certification Board (PCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the PCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my credential. Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by PCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize PCB to gather information from third parties regarding education and employment and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood the Release.

\_\_\_\_\_ I either live or work in Pennsylvania at least 51% of the time.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential PCB offers prior to the examination, or after an unsuccessful attempt at the examination I will incur a \$50 change/review fee.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**