



CCHW APPLICATION

Certified Community Health Worker

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

Do not apply until all requirements are met.

TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** 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 application, email info@pacertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to PCB. To confirm receipt of application, email PCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. A certificate will be mailed to you within 10 business days.

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.

EDUCATION/TRAINING

REQUIRED: 75 total hours of education from a PCB accredited CHW training program gained with the last five years.

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.

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses, and online education.

Most three-credit college/university courses count as 45 hours.

All education/training must be documented. College courses are documented with an official college transcript. Trainings are documented with copies of training certificates.

WORK EXPERIENCE

REQUIRED: One (1) year of full-time volunteer or paid employment or 2000 hours of part-time of volunteer or paid employment as a Community Health Worker.

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

Qualifying experience can be from multiple employers to accumulate the required years/hours.

If the applicant's work experience requirement is not fulfilled from their current organization, they must include **documentation from previous organizations(s)** verifying their title, duties and dates employed/volunteering with their application. DO NOT submit a resume as proof of previous work experience. Applicant must contact previous organizations and request detailed documentation of their employment from them.

All experience must have occurred within the last five (5) years.

CURRENT VOLUNTEER/JOB DESCRIPTION

REQUIRED: Copy of current Community Health Worker volunteer/job description, obtained from current organization, and which must be signed by both the applicant and their immediate supervisor.

All applicants must include a copy of their current volunteer/job description. This **document is provided by your organization** and must be signed and dated by the applicant and their immediate supervisor.

Job descriptions determine and verify eligible current experience. Job description must clearly delineate community health worker competencies as a primary function of the position.

If you have held different community health worker positions with your current employer, please provide all relevant volunteer/job descriptions with the application.

In lieu of volunteer/job description(s), employer may provide an official position description on organization letterhead. This required documentation must include the applicants' dates of volunteer/employment (to/from) volunteer/employment status (full-time or part-time), title of position, a detailed description of the duties and responsibilities for the position, and the average number of hours per week the applicant worked.

ON-THE-JOB SUPERVISION

REQUIRED: 60 hours of on-the-job supervision of qualifying work experience specific to the domains.

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.

PCB has no requirements for who provides supervision. The person providing supervision is at the discretion of the organization.

Supervision can be provided in an individual, one-on-one setting and/or observation of skills or group supervision setting.

Supervision can be provided by **more than one supervisor.** In this case, provide a copy of page 10 of this application to all the supervisors documenting supervision on your behalf.

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

CERTIFICATION FEE

REQUIRED: \$50
(fee must accompany application and materials)

The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment.

Fee payment information provided on page 7 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to PCB.

Applications received without payment will not be processed.

APPLICATION INFORMATION

GENERAL INFORMATION

Email addresses provided to PCB must be active accounts that are checked regularly. We will not be able to contact you without an email address. Please print legibly.

Applicants must either live or work in PA at the time of application.

APPEAL PROCESS

The purpose of appeal is to determine if PCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to PCB within 30 days of the notification of PCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the PCB Executive Committee who 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.

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 PCB 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 PCB offers will incur a \$50 application change/review fee.

CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the application 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.

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.

CCHW: APPLICANT INFORMATION

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

TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): _____

Applicant Name: _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Date of Birth (mm/dd/yyyy): _____ SSN (last four): _____

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 for Community Health Workers? Yes No
The Code of Ethical Conduct is located at www.pacertboard.org/ethics.

CONTACT INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Primary Email: _____
REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

Secondary Email: _____

DEMOGRAPHICS

Data is never released with identifying information. It is used to report workforce data to state and federal agencies.

What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: _____
- Prefer not to disclose

Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

How do you describe your sexual orientation or sexual identity?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: _____
- Prefer not to disclose

Which best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): _____
- Not listed (please specify): _____
- Prefer not to disclose

What is your yearly income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure
- Prefer not to disclose

Do you have military experience?

- Active duty
- Veteran
- Not Applicable

Language(s) spoken fluently (check all that apply):

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Indigenous Language <input type="checkbox"/> Italian | <ul style="list-style-type: none"> <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog (Filipino) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other, please specify: _____ |
|--|--|

Employment plans for the next two years (check all that apply):

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

What is the highest degree or level of school you have completed?

(If you're currently in school, please check the highest degree you have completed.)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Less than a high school diploma <input type="checkbox"/> High school degree or equivalent (e.g. GED) <input type="checkbox"/> Trade, Technical or Vocational School <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) | <ul style="list-style-type: none"> <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd) <input type="checkbox"/> Professional degree (e.g. MD, DDS, DVM) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) |
|---|---|

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*

- My employer/organization is mailing payment directly 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: FORMAL EDUCATION

OPTIONAL: Official transcript. If the applicant is not seeking partial credit from a degree toward the 75 hour education requirement, official transcript are not required.

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.

I am including a sealed official transcript with my CCHW application. Yes No

I have ordered an official transcript to be sent to PCB. Yes No

College/University: _____

Name on Transcript: _____

Date Transcript Requested: _____

Delivery Method:

- Mailed to PCB
- Emailed to PCB

CCHW: EDUCATION/TRAINING

REQUIRED: 75 total hours of education from a PCB accredited CHW training program.

I have included copies of training certificates. Yes No

My college transcript provides some of the relevant education. Yes No

CCHW: EXPERIENCE & JOB DESCRIPTION

REQUIRED: One (1) year of full-time volunteer or paid employment or 2000 hours of part-time of volunteer or paid employment as a Community Health Worker.

REQUIRED: Copy of current Community Health Worker volunteer/job description, obtained from current organization, and which must be signed by both the applicant and their immediate supervisor.

CURRENT VOLUNTEER/EMPLOYMENT INFORMATION

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

How many hours do you volunteer/work per week? _____

Total hours/years worked in current position? _____

Do you need to document previous employment to fulfill the experience requirement? Yes No

*If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____

CCHW: ON-THE-JOB SUPERVISION

REQUIRED: 60 hours of on-the-job supervision of qualifying work experience specific to the domains.

Information below is to be completed by applicant's current and/or previous supervisor(s).

This page is to document the supervision hours provided to the applicant, **not their total work hours.**

The total hours of supervision should be 60 hours but could be more depending on the applicants' length of employment or could be less if the applicant was provided supervision from a previous employer.

Applicants may copy this page and provide it to previous supervisors.

Applicant Name: _____

SUPERVISOR INFORMATION

Name: _____

Position/Title: _____

Licenses, Certifications and/or Degrees: _____

Email: _____ Phone: _____

Organization Name: _____

Organization City: _____ Zip: _____

SUPERVISION DOCUMENTATION

Supervision was provided to the above-named applicant in the following Domains:

| 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 | _____ |
| TOTAL NUMBER OF HOURS OF SUPERVISION: | _____ |

Supervisor Attestation:

I attest that the above-named applicant has been provided with supervision as documented above.

Supervisor Signature

Date

CCHW: 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:**

CCHW: CHECKLIST

Applicant Name: _____

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a staff member. Do not apply until all requirements are met.

| REQUIREMENT | DOCUMENTATION | ✓ |
|--|--|---|
| Application page with payment | <ul style="list-style-type: none"> Pages 6 & 7 | |
| Formal Education page (optional) | <ul style="list-style-type: none"> Page 8 | |
| Education | <ul style="list-style-type: none"> Page 8 Copies of training certificates | |
| Volunteer/Work Experience | <ul style="list-style-type: none"> Page 9 Previous relevant volunteer/employment documentation (if needed) | |
| Current job description | <ul style="list-style-type: none"> Obtain from organization | |
| Supervision page | <ul style="list-style-type: none"> Page 10 | |
| Notarized Acknowledgement & Release page | <ul style="list-style-type: none"> Page 11 | |
| Checklist page | <ul style="list-style-type: none"> Page 12 | |
| Disciplinary Actions? | <ul style="list-style-type: none"> Include letter of explanation with application | |
| Convicted of a felony? | <ul style="list-style-type: none"> Include letter of explanation with application | |
| Company paying fee? | <ul style="list-style-type: none"> Include applicant name on payment | |
| Copy entire application for records | | |

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- 2. Email:** 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 application, email info@pacertboard.org.*

I acknowledge, that to the best of my ability, I have submitted a completed application.

Signature: _____ Date: _____