

CCHW Application

Certified Community Health Worker

GRANDPARENTING

May 15, 2016 to November 15, 2017

DIRECTIONS/CHECKLIST

- Official transcript required sent directly from college/university to the RICB Office. High School Diploma/GED proof is required if not sending an official transcript.
- Certificates of attendance for trainings.
- All required documentation to support volunteer or paid experience (i.e. letters from former employers verifying employment, current job description, signed and dated by applicant and supervisor).
- Sign and date the Code of Ethical Conduct.
- Supervision form completed and signed by supervisor.
- Fee of \$100. May be paid by check/money order (payable to RICB) or with Visa, MasterCard or Discover or with One-half of fee is refundable if application is denied. If an employer or organization is covering the cost of your 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.

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certifications requirements within that year, the application will be closed and no refund will be issued.

Keep a photocopy of the entire application. Send your completed application, copies of certificates of attendance, attachments, and fee to:

RICB
298 S. Progress Avenue
Harrisburg, PA 17109
Phone: (401) 349-3822 Fax: (717) 540-4458
Website: www.ricertboard.org Email: info@ricertboard.org

THE ROLE OF THE COMMUNITY HEALTH WORKER

Community Health Workers are frontline public health workers who are trusted members of the community they serve. This trusting relationship enables them to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural responsiveness of service delivery. Community Health Workers build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as engagement, community education, social support and advocacy. Community Health Workers hold a unique position within an often rigid health care system in that they can be flexible and creative in responding to specific individual and community needs.

The unique strength of Community Health Workers is their ability to develop rapport with people and other community members due to shared culture, community residence, chronic condition, disability, language, and life experiences. They are also able to enhance the cultural and linguistic appropriateness of care and help to counteract factors such as social exclusion, poverty, and marginalization. An important role of the Community Health Worker is to advocate for the socioeconomic, environmental, and political rights of individuals and their communities.

Community Health Workers often link people to needed health information and services. Community Health Workers address the social and environmental situations that interfere with an individual or community achieving optimal health and well-being. Community Health Worker's may have various titles as it is used as an umbrella term.

REQUIREMENTS FOR CCHW

Employment

- Six months or 1000 hours of volunteer or paid experience specific to the domains.
- Volunteer and part-time experience is acceptable if it is provided under direct supervision. Actual time spent in a supervised internship, or practicum may be applied toward the employment requirement.
- Supervised work experience must be in the nine CCHW domains.

Supervision

- 50 hours specific to the domains.

Education

- 70 hours of education relevant to domains.
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and RICB approved distance education. There is no limit to the number of distance learning/online education that can be submitted.
- Three college credits are equivalent to 45 hours.
- Education, as defined above, applicant provides to others may also be used providing it is verified in writing by sponsoring school or agency.

Other

- Signed and dated Code of Ethical Conduct.
- Signed, dated and notarized Release.
- Current job description dated and signed by supervisor and applicant.
- Applicant must either live or work in RI at time of application.

Domains

1. Engagement Methods and Strategies
2. Individual and Community Assessment
3. Culturally and Linguistically Appropriate Responsiveness
4. Promote Health and Well-Being
5. Care Coordination and System Navigation
6. Public Health Concepts and Approaches
7. Advocacy and Community Capacity Building
8. Safety and Self-Care
9. Ethical Responsibilities and Professional Skills

Fees

Certification: \$100

CERTIFICATION TIME PERIOD

RICB certification encompasses two calendar years commencing on the date of application approval. Two dates, date of issue and valid through, will appear on the certificate along with a certification number.

APPEAL PROCESS

The purpose of appeal is to determine if RICB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to RICB in writing within 30 days of the notification of the board's action. A person 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. Applicant will be notified in writing as to the findings of the Executive Committee.

RECERTIFICATION

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, RICB requires recertification every two years.

To be recertified as a CCHW, an individual must:

1. Hold a current and valid certificate issued by RICB;
2. Acquire 20 hours of RICB approved education, received within the two year recertification cycle;
3. Verify that you have reviewed, read and will uphold by practice the RICB Code of Ethical Conduct for professional behavior;
4. Complete an application and pay the recertification fee.

LAPSED CERTIFICATION

The completed recertification application should be received at RICB prior to the expiration date. If the application is incomplete, applicant will be notified by phone or email depending on what has been indicated by applicant.

There is no grace period. If the recertification is not completed by the expiration date, the individual will no longer hold a CCHW and no further use of the CCHW is permitted until the individual has recertified.

All certified professionals should review the recertification application well in advance of the expiration date. A Reinstatement Fee is due if the recertification is late between one day and one year. After one year, no recertification is possible and applicant would have to reapply for the credential, meeting all current requirements – including passing the examination.

APPLICATION FOR CCHW - GRANDPARENTING

Please type or print only.

Date: _____ Date of Birth: _____ Male Female

Name: _____ SSN: _____
Please print your name as it should appear on your certificate

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Email: _____
(required)

College/University: _____ Name on Transcript: _____

Employer: _____ Position/Title: _____

Employer City: _____ Employer Zip: _____

County: _____ Work Phone: _____ Ext: _____

Dates Employed: _____ Hours per Week: _____

Immediate Supervisor: _____ Title: _____

Phone: _____ Email: _____

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent as a Community Health Worker.

Supervisor's Signature

Why are you pursuing certification? _____
(required)

Have you ever received any disciplinary action from another certification or licensing authority? Yes No
If yes, please explain in full on a separate sheet.

Have you ever been convicted of a felony violation in any state or federal law? Yes No
If yes, please explain in full on a separate sheet.

Have you ever been licensed/certified in any other state? Yes No
If yes, please explain in full on a separate sheet.

Fee of \$100 paid using one of the following: Check/MO (payable to RICB) Credit Card (Visa, MasterCard or Discover)

3-digit code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
(If different than Home Address)

PREVIOUS EMPLOYMENT, IF APPLICABLE

Include letter (on company letterhead) from previous employer verifying your duties and dates employed.

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

SUPERVISION

To Supervisor: Please complete this form indicating applicant's on-the-job supervision. This form is not intended to document applicant's total number of hours worked but rather the hours of on-the-job supervision you have provided the applicant. Supervision is a formal or informal process that is administrative, evaluative, and supportive. It can be provided by more than one person, it ensures quality of care, 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's Name: _____

I hereby attest that a minimum of 50 hours of supervision in the domains have been attained by the above-named applicant.

CCHW DOMAINS

OF HOURS RECEIVED IN EACH

- | | |
|---|-------|
| 1. Engagement Methods and Strategies | _____ |
| 2. Individual and Community Assessment | _____ |
| 3. Culturally and Linguistically Appropriate Responsiveness | _____ |
| 4. Promote Health and Well-Being | _____ |
| 5. Care Coordination and System Navigation | _____ |
| 6. Public Health Concepts and Approaches | _____ |
| 7. Advocacy and Community Capacity Building | _____ |
| 8. Safety and Self-Care | _____ |
| 9. Ethical Responsibilities and Professional Skills | _____ |

TOTAL MUST BE AT LEAST 50 HOURS

Supervisor's Signature

Date

RELEASE

(must be notarized below)

I hereby request that RICB 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 RICB Code of Ethical Conduct;

I hereby 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 manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application 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 RICB to officers, members, and staff of the aforementioned Board;

I consent to authorize RICB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to RICB before, during, or after application for certification is made will be investigated by RICB and could result in the nullification of the application or denial or revocation of certification.

I do hereby submit the following information, assurances and release relating to my initial certification or renewal of certification/licensure with the Rhode Island Board for the Certification of Chemical Dependency Professionals (RICB), Rhode Island Board of Licensing for Chemical Dependency Professional (RIBLCDP) and the Rhode Island Department of Health (RIDOH).

Signature: _____ Date: _____

On this the _____ day of _____, 201____, by me _____

a notary public, the undersigned officer, personally appeared: _____,

known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and

acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I hereby

set my hand and official seal. Sworn and subscribed before me this _____ day of _____,

201____.

Notary Public **SEAL:**

CODE OF ETHICS AND DISCIPLINARY PROCEDURES

The entire Code of Ethics can be found on our website at www.ricertboard.org or may be obtained from the office by emailing info@ricertboard.org.

I have read and understand RICB Code of Ethics and Disciplinary Procedures in its entirety.

I do accept all of the principles of RICB's Code of Ethics and Disciplinary Procedures as prescribed by RICB.

Signature: _____ Date: _____