



# CCHW APPLICATION

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Certified Community Health Worker

**LEGACY APPLICATION**

April 1, 2018 – June 30, 2020

298 S. Progress Avenue, Harrisburg, PA 17109

Phone: 804-741-2319 | Fax: 717-540-4458

[www.vacertboard.org](http://www.vacertboard.org) | [info@vacertboard.org](mailto:info@vacertboard.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 5</li> </ul>	
Experience & Supervision Information	<ul style="list-style-type: none"> <li>Page 6</li> <li>Previous organization documentation (if needed).</li> </ul>	
Current Volunteer/Job Description	<ul style="list-style-type: none"> <li>Obtain from organization</li> </ul>	
Supervision Documentation Form	<ul style="list-style-type: none"> <li>Page 7</li> </ul>	
Education Documentation Form	<ul style="list-style-type: none"> <li>Page 8</li> </ul>	
Acknowledgement & Release	<ul style="list-style-type: none"> <li>Page 9, notarized</li> </ul>	
Signed Code of Ethics	<ul style="list-style-type: none"> <li>Page 12</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:

- Mail:** VCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- Email:** [info@vacertboard.org](mailto:info@vacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 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@vacertboard.org](mailto:info@vacertboard.org).*

### REVIEW & APPROVAL PROCESS

- Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
- Staff reviews application. Allow 5- 10 business days for review and processing of your application.
- 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.
- 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@vacertboard.org](mailto:info@vacertboard.org).
- 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 applicant passes the examination. 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.

## 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.

## KNOWLEDGE AREAS: CERTIFIED COMMUNITY HEALTH WORKER

More detail regarding the knowledge and skill areas for each domain can be found in the Content Outline listed on our website at [www.vacertboard.org](http://www.vacertboard.org). Click on Certification, then select Community Health Worker from the dropdown menu. The Content Outline is listed beside the CCHW Application.

## THE ROLE OF THE COMMUNITY HEALTH WORKER

The Virginia Community Health Worker Advisory Group and Virginia Community Health Worker Association submit this document in support of certification of Community Health Workers (CHWs) working in Virginia. Seven (7) domain areas have been identified and defined to ensure that individuals seeking to become “certified community health workers” in the Commonwealth have been trained and have experience in the domains. The term “community health worker,” includes but is not limited to other titles such as outreach worker, lay health promoter, family advocate, peer leader, promotores de salud, and others. Individuals interested in becoming a “certified community health worker” are defined as: *Individual(s) who (i) applies his(her) unique understanding of the experience, language, and culture of the populations he(she) serves to promote healthy living and to help people take greater control over their health and lives and (ii) is trained to work in a variety of community settings, partnering in the delivery of health and human services to carry out one or more of the following roles: (a) providing culturally appropriate health education and information; (b) linking people to direct service providers, including informal counseling; (c) advocating for individual and community needs, including identification of gaps and existing strengths and actively building individual and community capacity.*

## DOMAINS: CERTIFIED COMMUNITY HEALTH WORKER

1. Community Health Concepts and Approaches
2. Service Coordination and System Navigation
3. Health Promotion and Prevention
4. Advocacy, Outreach and Engagement
5. Communication
6. Cultural Humility and Responsiveness
7. Ethical Responsibilities and Professionalism

# CERTIFIED COMMUNITY HEALTH WORKER REQUIREMENTS

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

## EXPERIENCE & SUPERVISION

Qualifying experience is fulfilling the role of a community health worker as outlined in the domains.

The applicant must be currently volunteering or employed in the qualifying position at the time of application. Only volunteering or employment within the last three (3) years may be counted towards the total experience requirement. If the applicant's experience requirement is not fulfilled from their current organization, they must include a letter (on company letterhead) from previous organization(s) verifying their duties and dates with their application.

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

- **Supervision:** 50 hours that may be included in the total experience requirement.

## CURRENT VOLUNTEER/JOB DESCRIPTION

All applicants must include their current volunteer/job description with their application. This document is provided by your organization and must be signed and dated by you and your supervisor. Volunteer/Job descriptions are reviewed as a part of experience verification. If your supervisor does not have your volunteer/job description, you should contact your organization's Human Resource department. The Board does not provide the volunteer/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. There is no time limit on the use of education for initial certification. Education review is available prior to application submission with the use of the Education Review Form on the Board website.

- **Education:** 60 total hours of specific to all of the domains within the last three years. While a specific number of hours per domain is not required, applicants must document hours in each of the seven (7) domains.

## 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:** \$100 *(fee must accompany application and materials)*

# VCB APPLICATION FOR CCHW

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

## 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.**

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

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

**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 \$100 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to VCB*

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: \_\_\_\_\_

Start Date in Current Position: \_\_\_\_\_

How many hours do you 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 organization(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 9) 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).

50 hours of supervision obtained during the 2000 hours of work experience is required. The supervision must be specific to all seven domains.

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.

## CCHW DOMAINS:

- Community Health Concepts and Approaches
- Service Coordination and System Navigation
- Health Promotion and Prevention
- Advocacy, Outreach and Engagement
- Communication
- Cultural Humility and Responsiveness
- Ethical Responsibilities and Professionalism

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

## SUPERVISOR INFORMATION

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

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

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

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

**I attest that I have provided the applicant with at least 50 hours of direct supervision in all seven CCHW domains.**

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

Please provide your qualifications (licenses, certifications, degree, etc.) and demonstration (relationship to CHW, type of supervision provided, how supervision occurred, etc.) of your role in supervising this CHW:

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# CCHW APPLICATION: EDUCATION/TRAINING DOCUMENTATION FORM

60 hours of education/training specific to all the domains within the last three (3) years is required.

Applicants must document that they have had education/training hours in each of the seven (7) domains.

Photocopies of training certificates and/or college transcripts are required to be submitted as proof of the 60 hours of education/training.

<b>CCHW DOMAIN:</b>	<b>NUMBER OF HOURS:</b>
Community Health Concepts and Approaches	_____
Service Coordination and System Navigation	_____
Health Promotion and Prevention	_____
Advocacy, Outreach and Engagement	_____
Communication	_____
Cultural Humility and Responsiveness	_____
Ethical Responsibilities and Professionalism	_____
<b>TOTAL MUST BE AT LEAST 60 HOURS:</b>	_____



# 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 Virginia Certification Board (VCB) 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 VCB 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 VCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize VCB 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 VCB before, during, or after application for certification is made will be investigated by VCB 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 Virginia 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 VCB offers, 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:**

# CERTIFIED COMMUNITY HEALTH WORKER CODE OF ETHICS

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community she or he serves. This trusting relationship enables the CHW 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 competence of service delivery. A CHW also 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.

## PURPOSE OF THIS CODE

The CHW Code of Ethics is based on and supported by the core values adopted by the American Association of CHWs. The Code of Ethics outlined in this document provides a framework for CHWs, supervisors, and employers of CHWs to discuss ethical issues facing the profession. Employers are encouraged to consider this Code when creating CHW programs. The responsibility of all CHWs is to strive for excellence by providing quality service and the most accurate information available to individuals, families, and communities.

The Code of Ethics is based upon commonly understood principles that apply to all professionals within health and social service fields (e.g., promotion of social justice, positive health, and dignity). The Code, however, does not address all ethical issues facing CHWs and the absence of a rule does not imply that there is no ethical obligation present. As professionals, CHWs are encouraged to reflect on the ethical obligations that they have to the communities that they serve, and to share these reflections with others.

## ARTICLE 1: RESPONSIBILITY IN THE DELIVERY OF CARE

CHWs build trust and community capacity by improving the health and social welfare of the client they serve. When a conflict arises among individuals, groups, agencies, or institutions, CHWs should consider all issues and give priority to those that promote the wellness and quality of living for the individual/client. The following provisions promote the professional integrity of CHWs.

### 1.1 Honesty

CHWs are professionals that strive to ensure the best health outcomes for the communities they serve. They communicate the potential benefit and consequences of available services, including the programs they are employed under.

### 1.2 Confidentiality

CHWs respect the confidentiality, privacy, and trust of individuals, families, and communities that they serve. They understand and abide by employer policies, as well as state and federal confidentiality laws that are relevant to their work.

### 1.3 Scope of Ability and Training

CHWs are truthful about qualifications, competencies, and limitations on services they may provide, and should not misrepresent qualifications or competencies to individuals, families, communities or employers.

### 1.4 Quality of Care

CHWs strive to provide high quality services to individuals, families, and communities. They do this through continued education, trainings, and an obligation to ensure the information they provide is up-to-date and accurate.

### **1.5 Referral of Appropriate Services**

CHWs acknowledge when client issues are outside of their scope of practice and refer clients to the appropriate health, wellness, or social support services when necessary.

### **1.6 Legal Obligations**

CHWs have an obligation to report actual or potential harm to individuals within the communities they serve to the appropriate authorities. CHWs have a responsibility to follow requirements set by states, the federal government, and/or their employing organizations. Responsibility of the larger society or specific legal obligations may supersede the loyalty owed to individual community members.

## **ARTICLE 2: PROMOTION OF EQUITABLE RELATIONSHIPS**

CHWs focus their efforts on the well-being of the whole community. They value and respect the expertise and knowledge that each community member possesses. In turn, CHWs strive to create equitable partnerships with communities to address all issues of health and well-being.

### **2.1 Cultural Humility**

CHWs possess expertise in the communities in which they serve. They maintain a high degree of humility and respect for the cultural diversity within each community. As advocates for their communities, CHWs have an obligation to inform employers and others when policies and procedures will offend or harm communities or are ineffective within the communities where they work.

### **2.2 Maintaining the Trust of the Community**

CHWs are often members of their communities and their effectiveness in providing services is derived from the trust placed in them by member of these communities. CHWs do not act in ways that could jeopardize the trust placed in them by the communities they serve.

### **2.3 Respect for Human Rights**

CHWs maintain professional relationship with clients. They establish, respect, and actively maintain personal boundaries between them and their clients.

### **2.4 Anti-Discrimination**

CHWs do not discriminate against any person or group based on race, ethnicity, gender, sexual orientation, age, religion, social status, disability, or immigration status.

### **2.5 Client Relationship**

CHWs maintain professional relationships with clients. They establish, respect, and actively maintain personal boundaries between them and their clients.

## **ARTICLE 3: INTERACTIONS WITH OTHER SERVICE PROVIDERS**

### **3.1 Cooperation**

CHWs place the well-being of those they serve above personal disagreements and work cooperatively with any other person or organization dedicated to providing care to those in need.

### **3.2 Conduct**

CHWs promote integrity in the delivery of health and social services. They respect the rights, dignity, and worth of all people and have an ethical obligation to report any inappropriate behavior (e.g., sexual harassment, racial discrimination, etc.) to the proper authority.

### 3.3 Self-Presentation

CHWs are truthful and forthright in presenting their background and training to other service providers.

## ARTICLE 4: PROFESSIONAL RIGHTS AND RESPONSIBILITIES

The CHW profession is dedicated to excellence in the practice of promoting well-being in communities. Guided by common values, CHWs have the responsibility to uphold the principles and integrity of the profession as they assist families to make decisions impacting their well-being. CHWs embrace the individual, family, and community strengths and build upon them to increase community capacity.

### 4.1 Continuing Education

CHWs should remain up-to-date on any developments that substantially affect their ability to competently render services. CHWs strive to expand their professional knowledge base and competencies through education and participation in professional organizations.

### 4.2 Advocacy for Change in Law and Policy

CHWs are advocates for change and work on impacting policies that promote social justice and hold systems accountable for being responsive to communities.

### 4.3 Enhancing Community Capacity

CHWs assist individuals and communities in moving towards self-sufficiency to promote the creation of opportunities and resources that support their autonomy.

### 4.4 Wellness and Safety

CHWs are sensitive to their own personal well-being (physical, mental, and spiritual health) and strive to maintain a safe environment for themselves and the communities they serve.

### 4.5 Loyalty to the Profession

CHWs are loyal to the profession and aim to advance the efforts of other CHWs.

### 4.6 Advocacy for the Profession

CHWs are advocates for the profession. They are members, leaders, and active participants in local, state, and national professional organizations.

### 4.7 Recognition of Others

CHWs give recognition to others for their professional contributions and achievements.

## I HAVE READ AND WILL ABIDE BY THE ABOVE CHW CODE OF ETHICS.

Applicant Name: \_\_\_\_\_  
**PRINT LEGIBLY**

Applicant Signature: \_\_\_\_\_

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