Thank you for your interest in applying to become an approved curriculum/training site to train Community Health Workers! The Kentucky Department for Public Health and the Community Health Worker Advisory Board are pleased to offer this opportunity to all Community Health Worker training programs.

# Application Requirements

Per the KDPH Community Health Worker program requirements, any program interested in becoming an “approved curriculum” must include at least **40 hours of didactic instruction, and an additional 40 hours of a practicum experience**. Additionally, all programs must train to the standards set forth in the approved Community Health Worker Core Competencies.

Additional requirements for application include:

* Programs must have a physical location in Kentucky
* Programs must have experience in training or sponsoring training Community Health Workers and/or other health care professionals or paraprofessionals.
* Must not be on the Medicaid excluded provider list
* Must include a plan to provide training for CHWs on at least an annual basis. The plan must include a training schedule, registration/enrollment process, class cost, training methodology, course completion requirements, and training evaluations.
* Must include a plan to measure the program improvement and submit a report on an annual basis. The Health Impact Statement template for format is the suggested model.

## Application Timelines

Programs may apply to become approved training sites at any time during the year, however, the CHW Advisory Board meets on a **quarterly basis**. (insert dates?) **Please be aware that the application process can take up to 6 months.** Once KDPH receives the materials, they are sent to the external review team, who will then provide their recommendation to the board. If a program is deemed to meet all of the requirements, they will be notified in writing, and their program information will be listed on the KDPH CHW webpage s an “approved training program.”

### Corrective Action

If a program does not meet the requirements, they will be notified in writing and will receive recommendations for corrective action. A program will have **90 days** from the day they receive notification to make corrections and re-submit their application. Those who receive corrective action may apply **one** additional time during the same calendar year.

Programs who are required to go through the corrective action process do not need to submit their entire curriculum again. They are only required to submit those sections that are designated for correction. Additionally, programs must submit the Correctiive Action Form, which can ben found on the Department for Public Health Community Health Worker webpage. All materials should be submitted to the Community Health Worker Program Manager at the Kentucky Department for Public Health.

## Fees

First time application fees are X AMOUNT. Programs who go through the corrective action process **do not** have to pay the fee a second time. However, if a program is required to go through corrective action a second time (in a different calendar year), they will be required to pay the designated fee again.

## Submission guidelines

Submit all application materials **at the same time via a USB flash drive** to the Kentucky Department for Public Health at the address below:

**Kentucky Department for Public Health**

**Community Health Worker Program**

**275 E. Main Street, HS2W-E**

**Frankfort, KY 40621**

### Application materials

Below is a checklist of required materials that must be **submitted on a flash drive**

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| Curriculum Review Cover Sheet |
| Completed Curriculum Rubric Form |
| All Curriculum Materials |

# Section 1: Program Information

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| --- | --- | --- | --- |
| Program Information | | | |
| **Name of Program:** Click or tap here to enter text. | | | |
| **Program Manager:**Click or tap here to enter text. | | **Title:** Click or tap here to enter text. | |
| **Email:** Click or tap here to enter text. | | **Phone Number:** Click or tap here to enter text. | |
| **Program Address:** Click or tap here to enter text. | | | |
| **City:** Click or tap here to enter text. | **State:** Click or tap here to enter text. | | **Zip Code:** Click or tap here to enter text. |

# Section 2: Instructor Information

Please include the required information for **all** instructors of your curriculum. A resume or CV must be included on the flash drive for each instructor. You may add additional tables if required.

|  |  |
| --- | --- |
| **Instructor Information** | |
| **Instructor Name:**Click or tap here to enter text. | **Resume/CV included**:  Yes  No |
| **Modules/Courses taught:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

|  |  |
| --- | --- |
| **Instructor Information** | |
| **Instructor Name:**Click or tap here to enter text. | **Resume/CV included**:  Yes  No |
| **Modules/Courses taught:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

|  |  |
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| **Instructor Information** | |
| **Instructor Name:**Click or tap here to enter text. | **Resume/CV included**:  Yes  No |
| **Modules/Courses taught:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

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| **Instructor Information** | |
| **Instructor Name:**Click or tap here to enter text. | **Resume/CV included**:  Yes  No |
| **Modules/Courses taught:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

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| **Instructor Information** | |
| **Instructor Name:**Click or tap here to enter text. | **Resume/CV included**:  Yes  No |
| **Modules/Courses taught:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

# Section 3: Curriculum Information

Please fill out a table for **each module/course** in your curriculum. You may add additional tables if required.

**Please Note: A majority of the instruction must be provided in-person with a focus on interactive learning.**

|  |  |
| --- | --- |
| **Curriculum Information** | |
| **Module/Course Name:** | |
| **Setting:**:  In Person  Online  Blended | **Length (in hours):** Click or tap here to enter text. |
| **Course Description:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

|  |  |
| --- | --- |
| **Curriculum Information** | |
| **Module/Course Name:** | |
| **Setting:**:  In Person  Online  Blended | **Length (in hours):** Click or tap here to enter text. |
| **Course Description:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

|  |  |
| --- | --- |
| **Curriculum Information** | |
| **Module/Course Name:** | |
| **Setting:**:  In Person  Online  Blended | **Length (in hours):** Click or tap here to enter text. |
| **Course Description:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

|  |  |
| --- | --- |
| **Curriculum Information** | |
| **Module/Course Name:** | |
| **Setting:**:  In Person  Online  Blended | **Length (in hours):** Click or tap here to enter text. |
| **Course Description:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

|  |  |
| --- | --- |
| **Curriculum Information** | |
| **Module/Course Name:** | |
| **Setting:**:  In Person  Online  Blended | **Length (in hours):** Click or tap here to enter text. |
| **Course Description:**  Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. | |

# Section 4: Observation/Practicum Information

All Community Health Worker programs are required to have an observation/practicum process that is a minimum of 40 hours. During that time, the CHW will work with an experienced mentor to demonstrate the core competencies. The mentor must be able to verify that the CHW meets the Core Competencies.

Please describe your observation/practicum program and the process in which you are able to verify that the CHW in training is able to meet the approved Community Health Worker Core Competencies.

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| --- |
| **Observation/Practicum Information** |
| Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. |

**Please direct any questions to the Community Health Worker Program Manager at:**[**CHW.Certification@ky.gov**](mailto:CHW.Certification@ky.gov)

**Thank you!**