

## Required Documentation for Community Health Worker (CHW) Certification through Grandfathering for applicants who were practicing CHWs before May 21, 2014 (effective date of the CHW Act)



### CHECKLIST:

Copy of a color photo I.D. (i.e. Government issued I.D. or Certificate of Indian Blood Card).

Verification of proficiency in the core competencies, signed by a current or former supervisor.

Documentation of the required hours of work or volunteer experience as a CHW.

Two letters of reference.

Verification of proficiency through Certificates of training or letter from a supervisor verifying competency **for those applicants also applying for certification in the Clinical Support Skills Specialty (Specialist I).**

The appropriate application fee, see page 2.

Signature on page 7.

### **Note to all applicants:**

A background check is required if your application is complete and approved by the Department of Health, (DOH). You will be notified by DOH if you are eligible for the background check through the NM Department of Public Safety after your application has been reviewed.

## Application for Community Health Worker State Certification

### Section 1: Eligibility Requirements

- Proof that applicant is at least 18 years of age by submission of a copy of a color photo ID (i.e. Government issued ID or Certificate of Indian Blood Card)
- Verification of proficiency in the core competencies through training and/or experience, signed by a current or former supervisor
- Documentation of 2000 hours of work and/or volunteer experience as a CHW in the 2 (two) years prior to application, **or** documentation of at least half-time paid or volunteer employment as a CHW in the 5 (five) years prior to application
- Two letters of reference.

### Section 2: Certification Levels and Fees

**Applicants may be certified at the following levels:**

**Generalist: \$45**, an applicant who meets the eligibility requirements for certification through grandfathering (see Section 1).

**Specialist I: \$55**, an applicant who meets the requirements for a Generalist and who demonstrates proficiency in clinical support skills. (Core Competency #11).

*All applicants will need a background check. Please wait till you have received your letter of approval from OCHW which includes instructions for registering with Cogent.ID for fingerprinting. The background check fee is \$44.00 paid online at the time of registering.*

### Section 3: Submission Guidelines

- The fee must be submitted with application in the form of a personal check, money order or cashier's check.
- **All fees are non-refundable.**
- Mail the application, fee and any additional required documentation to:

**Attn: Office of Community Health Workers  
NM Department of Health-Public Health Division  
P.O. Box 25307  
Albuquerque, NM 87125  
Account: XXXXXX7789**

Please keep a copy of all submitted materials and proof of mailing.

#### Section 4: Review Process

**Timeline:** The DOH will inform you if your application is approved or disapproved and why no later than 30 days from receipt by the Office of Community Health Workers. If your application is approved, you will be required to complete a background check. The results of the background check are the final determining factor in whether a certificate will be issued.

**Disapproval of application:** Your application for certification may be disapproved if it is incomplete or if you do not meet the requirements for certification listed in the rules. If your application is disapproved, you will receive instructions on resubmission.

**Renewal of Certification:** If your application, including the background check information, is approved, you will be sent a certificate that is valid for 2 years. You must complete 30 hours of continuing education and apply to renew your certificate before it expires or it will no longer be valid. Please send any changes in your address and contact information to the DOH to ensure that you receive a renewal reminder.

**Contact Information:** For questions or more information, please contact program staff at [Comm.HealthWorker@state.nm.us](mailto:Comm.HealthWorker@state.nm.us) or at (505) 827.0015-Santa Fe Office, (575) 528.5145-Las Cruces Office

For a copy of the rules and other information about certification, please visit the Office of Community Health Workers website at <http://nmhealth.org/go/ochw> .

## Application Information

Name:	(First)	(Middle)	(Last)	DOB:
Mailing Address:				
Home Telephone:	Cell:	E-Mail Address:		
Language(s) Used:			Preferred language	
English	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> English
Spanish	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Spanish
Other _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Other _____

## Education and Training

Agency or School	Address	Years Completed	Degree or Diploma	Major

### Certification, Licensure, or Specialty Training

If you currently hold a certificate or license in a professional field, have you ever been subject to disciplinary action against your certificate or license?    \_\_\_No \_\_\_Yes

If yes, please explain:

**Employment/Volunteer History** (Please list most recent first)

<b>Name of Employer :</b>		Job title:		
Name of direct supervisor:		Total number of hours of service:		___ Paid ___ Volunteer
Dates of Employment: Start date:	End date:	Reason for leaving:		
Address:		City:	State:	Zip Code:
Telephone:	Supervisor's telephone:	Supervisor's e-mail address:		

<b>Name of Employer :</b>		Job title:		
Name of direct supervisor:		Total number of hours of service:		___ Paid ___ Volunteer
Dates of Employment: Start date:	End date:	Reason for leaving:		
Address:		City:	State:	Zip Code:
Telephone:	Supervisor's telephone:	Supervisor's e-mail address:		

<b>Name of Employer :</b>		Job title:		
Name of direct supervisor:		Total number of hours of service:		___ Paid ___ Volunteer
Dates of Employment: Start date:	End date:	Reason for leaving:		
Address:		City:	State:	Zip Code:
Telephone:	Supervisor's telephone:	Supervisor's e-mail address:		

**If additional space is needed please copy this page.**

**Generalist: Verification of Proficiency in the Core Competencies**

This form is required of all applicants. At least one signature is required below. Please copy this page if more than one supervisor is completing this form on your behalf.  
 (For a complete description of competencies please refer to the last page of the application)

Name of Applicant		Proficient	
		Yes	No
1	The CHW Profession		
2	Effective Communication		
3	Interpersonal		
4	Health Coaching		
5	Service Coordination		
6	Capacity Building		
7	Advocacy		
8	Technical Teaching		
9	Community Health Outreach		
10	Community Knowledge & Assessment		

**Please provide a brief description of applicant’s knowledge and skill in the core competencies and if they were obtained by practical experience, training, or both. (If additional space is needed please attach a separate letter)**

\_\_\_\_\_  
 Supervisor Name

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

\_\_\_\_\_  
 Supervisor’s Place of Employment

\_\_\_\_\_  
 Date



**Verification of Proficiency in Clinical Support Skills: Specialist I:**

If you have completed specialty training in clinical support skills, and meet the criteria for Core Competency #11, you may apply to be certified as a Specialist I. Please complete the table below, and:

- (1) Attach certificates of training, or
- (2) Current or former supervisor’s written statement of your knowledge and skill in the specialty area.  
 Please attach written statement to application.

Specialty Training	Required Hours	Hours Completed	Name of Training	Location or Trainer	Date Completed
Basic Clinical Support Skills (Competency 11)	9				

*See page 8 for description.*

**Please read the statements below and sign to indicate your understanding and acceptance of the requirements for certification as a New Mexico Community Health Worker (CHW).**

I attest that all of the information provided in this document is true and complete. I understand that providing false or misleading information may result in the denial, suspension or revocation of certification.

I give the DOH permission to verify any information or references in order to determine my qualifications. I understand that the application and all supporting documentation become the property of the DOH and are not returnable.

I agree to abide by the rules and regulations regarding the training and certification of Community Health Workers.

I will report any changes in my contact information to the Office of Community Health Workers.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<ul style="list-style-type: none"> <li>• The CHW Profession           <ul style="list-style-type: none"> <li>- Describe scope of practice/work &amp; history of profession</li> <li>- Describe &amp; utilize self-awareness and self-care practices</li> <li>- Describe the CHW code of ethics</li> <li>- Actively practice cultural humility &amp; competence</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Effective Communication Skills           <ul style="list-style-type: none"> <li>- Observation, verbal &amp; non-verbal communication</li> <li>- Negotiate, mediate &amp; resolve conflict</li> <li>- Practice active &amp; reflective listening</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Interpersonal Skills           <ul style="list-style-type: none"> <li>- Establish trust</li> <li>- Demonstrate empathy &amp; compassion</li> <li>- Engage clients &amp; service providers in ways that establish trust and rapport</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Health Coaching Skills           <ul style="list-style-type: none"> <li>- Behavior change strategies, Maintenance &amp; Relapse strategies</li> <li>- Ability to provide motivational interviewing techniques</li> <li>- Identify &amp; strategize coaching interventions using the stages of change model</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Service Coordination Skills           <ul style="list-style-type: none"> <li>- Identify high risk clients or clients with unmet needs</li> <li>- Ability to navigate &amp; link clients to services</li> <li>- Train clients how to follow-up on referrals &amp; provide support as needed</li> <li>- Record &amp; maintain information on clients, referrals &amp; appointments</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Capacity Building Skills           <ul style="list-style-type: none"> <li>- Build personal leadership skills, support the development of leadership skills in others</li> <li>- Promote &amp; support clients, families and communities to obtain, understand &amp; use health information</li> <li>- Mobilize individuals, families &amp; communities to identify &amp; pursue community goals</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Advocacy Skills           <ul style="list-style-type: none"> <li>- Ability to speak on behalf of individuals &amp; organizations</li> <li>- Ability to educate on health &amp; social service systems and work for change in practice &amp; policies</li> <li>- Be aware of common challenges to human &amp; civil rights</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Technical Teaching Skills           <ul style="list-style-type: none"> <li>- Plan &amp; organize presentations, training sessions, workshops &amp; other activities</li> <li>- Evaluate the effectiveness of a training program</li> <li>- Identify &amp; explain the training program goals &amp; objectives</li> <li>- Utilize adult learning principles</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Health Outreach Skills           <ul style="list-style-type: none"> <li>- Define communities to be served by outreach</li> <li>- Support the development of leadership skills in others</li> <li>- Build positive reputation in communities for outreach</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Community Knowledge &amp; Assessment           <ul style="list-style-type: none"> <li>- Identify community knowledge &amp; strengths</li> <li>- Identify community needs &amp; priorities</li> <li>- Share results with communities in a way that's clear and understood</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Clinical Support skills           <ul style="list-style-type: none"> <li>- Blood Pressure: Technique, Interpretation &amp; Coaching</li> <li>- Height, Weight &amp; BMI: Technique &amp; Interpretation</li> <li>- Blood Glucose Technique, Interpretation &amp; Coaching</li> <li>- A1C- Interpretation &amp; Coaching: Dangers of high and low blood sugar, ideal A1C range,</li> <li>- Cholesterol Interpretation &amp; Coaching: HDL, LDL, Triglycerides, lipid panel, high cholesterol and results</li> <li>- Oxygen Saturation, Pulse, Respiration Rate &amp; Temperature: Technique &amp; Interpretation &amp; Coaching</li> </ul> </li> </ul> <p>For additional information on clinical skills requirements please contact the Office of Community Health Workers at <a href="mailto:Comm.HealthWorker@state.nm.us">Comm.HealthWorker@state.nm.us</a></p>