

## **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 color copy of a photo ID (i.e. Government issued ID or Certificate of Indian Blood Card)
- Verification of education, including documentation that the applicant has at least a high school diploma or certificate of high school equivalency.
- Verification of proficiency in the core competencies by providing a certificate of completion from a Department of Health, Office of Community Health Workers (NMDOH-OCHW) Certification Training Program or other NM endorsed training programs that contain an examination component for each of the core competencies. Include copies of the Certificates of Completion provided by the training organization.

### **Section 2: Submission Guidelines**

- The fee must be submitted with the 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.

### **Section 3: Certification Levels and Fees**

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

**Generalist: \$45**, See Section 1, Page 1 of this document

**Specialist I: \$55**, an applicant who is first certified as a Generalist and then demonstrates proficiency in clinical support skills or has received formal training. (Core Competency #11).

**Training for additional levels of Specialty Certification will be available at a later date.**

**All applicants will need a background check *after* OCHW approves your application. Fee is \$44.00**

### **Section 4: Review Process**

**Timeline:** The Department of Health (DOH) will inform you if your application is approved or disapproved with an explanation 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, which will be kept confidential, 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 two years. You must complete 30 hours of continuing education and apply to renew your certificate within two years or it will no longer be valid. Please send any changes in your address and contact information to DOH-OCHW 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/>

### Applicant Information

<b>Name:</b>			<b>(First)</b>	<b>(Middle)</b>	<b>(Last)</b>	<b>DOB:</b>
<b>Permanent Address:</b>						
<b>Home Telephone:</b>		<b>Cell:</b>		<b>E-Mail Address:</b>		
<b>Language(s) Used:</b>				<b>Preferred language</b>		
English	<b>Speak</b>	<b>Read</b>	<b>Write</b>	English		
Spanish	<b>Speak</b>	<b>Read</b>	<b>Write</b>	Spanish		
Other _____	<b>Speak</b>	<b>Read</b>	<b>Write</b>	Other _____		

### Previous Education and Training

Agency or School	Address	Years Completed	Degree or Diploma	Major

**Certification, Licensure, or Specialty Training**  
*Please list any additional certificates, licenses or specialty training here*

**For applicants who possess additional Licenses or Certifications**

If you currently hold a certificate or license in another professional field, have you ever been subject to disciplinary action against your certificate or license?                      No            Yes

If yes, please explain:

**List ALL practical (hands on) CHW experience or formal training**

Agency, School or Training Program	Address	Training Dates	Completion? Yes/No

**Please identify the training program you have completed that qualifies you for Certification as a Community Health Worker. Attach a copy of your Certificate of Completion from the NMDOH/OCHW Certification Training Program or other NM endorsed training program.**

**Training Program:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Training Dates:** \_\_\_\_\_

**Completion:** \_\_\_\_\_

## Current Employment

Place of Employment	Address	# of Years Employed	Job Title

**Please attach a copy of your high school diploma or GED certificate.**

## Specialist I: Please provide proof of basic clinical support skills training

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 attach certificates of training.

Specialty Training	Required Hours	Hours Completed	Name of Training	Location or Trainer	Date Completed
Basic Clinical Support Skills (Competency 11)	16				

**OFFICE OF COMMUNITY HEALTH WORKERS**  
300 San Mateo Blvd., Suite 900, Albuquerque, New Mexico, 87108  
(505) 222-8685 • FAX: (505) 222-8675  
[Comm.HealthWorker@state.nm.us](mailto:Comm.HealthWorker@state.nm.us)  
[www.nmhealth.org](http://www.nmhealth.org)



**Please read the statement below and sign to indicate you understand and accept 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-OCHW 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 DOH/OCHW.

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

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