



Application for Community Health Worker State Certification Renewal

Section 1: Renewal Information

- Certificates are valid for two (2) years from the date of issuance.
- **You must renew your certificate every two years.** To renew your certificate, you must complete **thirty (30) hours** of continuing education units (CEU) related to the core competencies during each two-year renewal period.
- **At least fifteen (15)** CEUs must come from a NM Department of Health/Office of Community Health Workers (DOH/OCHW) approved program.
- The **remaining fifteen (15)** may be Self Select and relate to one or more of the core competencies.
- Renewal application must be postmarked **no later than two weeks before** your expiration date.
- If you are renewing your **Specialty I (Clinical Skills)**, there is no additional cost. If you are adding your first or any new Specialties, you must complete the **Specialties Advancement** application and submit it with this application so that it will reflect on your renewal certificate.

Section 2: How to Apply for Certificate Renewal

- Applicants must complete all sections of the application.
- A fee of \$45.00 must be submitted with application in the form of a personal check, money order or cashier's check.
- If your certification has lapsed, a fee of \$75.00 must be submitted with application in the form of a personal check, money order or cashier's check.
- **All fees are non-refundable.**
- If this is the first time you are renewing your certificate, a background check is not necessary.
- Background checks are required every other recertification period (every four years).
- Mail the application, fee and copies of the CEU training course certificates to:

**Attn: Office of Community Health Workers
NM Department of Health-Public Health Division
1190 St. Francis Drive, S1109
Santa Fe, NM 875002
Acct# XXXXXX7789**

***NOTE: Please keep a copy of all submitted materials.**



Section 3: Certificate Renewal

Approval of application: Upon approval of your application by DOH/OCHW, you will be sent a new certificate which is valid for two (2) years.

Disapproval of application: Your application for recertification may not be approved if it is incomplete or if you do not meet the requirements for recertification listed in the Rules (7.29.5 NMAC). If your application is not approved, you will receive instructions on resubmission.

Contact Information:

For questions or more information, please contact the Office of Community Health Workers: Email: Comm.HealthWorker@doh.nm.gov or call Monica Ibarra, at (505) 469-9982.

For a copy of the Rules (7.29.5 NMAC) and other information about certification, please visit the Office of Community Health Workers website: <https://www.nmhealth.org/about/phd/pchb/ochw/>

CHW Core Competencies for generalist certification/ recertification:

1. The CHW Profession
2. Effective Communication Skills
3. Interpersonal Skills
4. Health Coaching Skills
5. Service Coordination Skills
6. Capacity Building Skills
7. Advocacy Skills
8. Technical Teaching
9. CommunityHealth Outreach Skills
10. Community Knowledge & Assessment

CHW Specialty certification/recertification:

11. (Optional) Clinical Support Skills



Personal Information

Name:	(First)	(Middle)	(Last)	DOB:
Permanent Address:				
Home Telephone:	Cell:	E-Mail Address:		
Language(s) Used:			NM CHW Certificate Number:	
English	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	Expiration Date:
Spanish	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	
Other _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	

Current Employment or Volunteer Work

Place of Employment	Address	# of Years	Job Title
Name of Supervisor		Work telephone	Work email address
Type of Business: community-based organization, clinic, hospital, college/university/school, faith-based organization, non-profit organization, local health department, state agency, other (specify)			
Does your employer require certification?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your employer pay for certification?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your employer offer wage increase for certification?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If paid, how much do you earn per hour?			
<input type="checkbox"/> Less than \$7.50 <input type="checkbox"/> \$7.51-\$12.00 <input type="checkbox"/> \$12.01-\$17.00 <input type="checkbox"/> \$17.01-22.00 <input type="checkbox"/> \$22.01 or more (All information remains confidential—For internal use only)			



Continuing Education—DOH/OCHW approved CEUs

Date	Title	Number of hours



OFFICE OF COMMUNITY HEALTH WORKERS

5300 Homestead Rd NE, Suite100, Albuquerque, New Mexico, 87110

(505) 469-9982 • FAX: (505) 222-8675

[Community Health Workers \(nmhealth.org\)](http://Community Health Workers (nmhealth.org))

www.nmhealth.org

Continuing Education—Self Select Continued

Date	Title	Number of hours

Total Continuing Education hours: _____



Please list Certification, Licensure, or Specialty Training received since you were last certified.

For applicants who have obtained additional education, 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:

Please read the statement below and sign to indicate you understand and accept the requirements for recertification as a New Mexico Community Health Worker (CHW).

I attest that all 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 to determine my qualifications. I understand that the application and all supporting documentation become the property of the DOH and are non-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:** _____