



New Mexico Department of Health Office of Community Health Workers

Application for State Endorsement of Community Health Worker Training Programs to Utilize the DOH/OCHW Core Competency Curriculum

CHW Core Competencies: Generalist Training Application Instructions

Please read the Application Information thoroughly before beginning your application.

- This application consists of 6 Parts. Applicants must complete the following parts in their entirety:
 - **Part 1:** Overview of Training Program: Sections 1-3
 - **Part 2:** Training Content: Section 1
 - **Part 3:** Instructor Information: Sections 1-6
 - **Part 4:** Designee Signature
 - **Part 5:** Initial Endorsement Fee is \$300 and must be submitted with application and check or money order. Endorsement is good for one year.
Mail To: **NM Department of Health | Public Health Division**
Office of Community Health Workers
Attn: Devona Quam, Director
5300 Homestead Rd NE, Ste 300
Albuquerque, NM 87110
Account: XXXXXX7789
 - **Part 6:** A copy of the completed application and all supporting materials should be compiled into a 3-ring binder. Binders should be organized as follows:
 1. Table of Contents.
 2. A labeled divider for each application Part. Each divided section should contain the relevant pages of the completed application and all supporting materials (follow the Application Checklist for guidance).
 3. Binders should be mailed or hand delivered to the point of contact indicated below:
Devona Quam, Director
NM Department of Health | Office of Community Health Workers
5300 Homestead Road NE, Ste #300
Albuquerque, NM 87110
- Please keep a copy of all your materials.
- Please contact the NM DOH Office of Community Health Workers staff with any questions:
Beatriz Martinez, Southern Coordinator Cell: 505-377-6275 Email: Beatriz.Martinez@doh.nm.gov
Devona Quam, Director Cell: 505-459-7150 Email: Devona.Quam@doh.nm.gov

CHW Core Competencies: Generalist Training Application Checklist

Part I: Overview of Training Program Information

- Section 1: Contact Information
- Section 2: Application Category
- Section 3: Training Summary (A- I)
- Attach promotional materials if available
- Attach training calendar if available
- Attach sample attendance record

Part 2: Training Content

- Section 1: Scope of Work/Practice Tasks
- Attach training agenda that addresses each learning objectives and method(s) in each competency
- Attach evaluation materials

Part 3: Instructor Information

- Section 1: List of Core Instructors/Trainers
- Section 2: Instructor Requirements
- Section 3: Training Experience
- Section 4: CHW Core Competency - list areas of training
- Section 5: Specialty Knowledge and Skills
- Section 6: Training Delivery

Part 4: Signature Page

- Application signed and dated

Part 5: Fee - Initial Endorsement Fee of \$300.00

- Check or money order submitted with application

Part 6: Three Ring Binder

- Application and all supporting materials are clearly legible and ordered by dividing tabs corresponding to the application parts 1-4 as listed above.

PART 1: Overview of Training Program

Section 1: Contact Information

Contact Name: <i>First</i> <i>Middle</i> <i>Last</i>		
Job Title:		
Contact Telephone:	Contact Fax:	Contact Email Address:

Name of Sponsoring Organization:				
Physical Address: <i>Street Address/PO Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
Mailing Address: <i>Street Address/PO Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
Organization Telephone:	Organization Fax:	Website Address:		
Organization Type:				
<input type="checkbox"/> College or University	<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Tribal Government		
<input type="checkbox"/> Community College	<input type="checkbox"/> Government Agency	<input type="checkbox"/> IHS Clinic or Hospital		
<input type="checkbox"/> Community Based- Organization	<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Tribal Clinic or Hospital (638)		
<input type="checkbox"/> Clinic or Hospital	<input type="checkbox"/> Other _____			

Is your organization considered not-for-profit or for profit?
<input type="radio"/> Not <input type="radio"/> For profit

Section 2: Application Category Training Summary

Please mark the category for which you are applying:

<p>Complete CHW Core Competency Training Program</p> <p>Must meet the minimum number of classroom contact hours for each of the Core Competencies for a total of 100 hours.</p> <p>Please indicate the number of hours required for practicum: _____</p>	<p>Partial New Mexico CHW Core Competencies Training Program</p> <p>Please indicate competency areas applying for in the box below.</p>	
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**Check the core competency trainings for which you apply for endorsement.
Please check all boxes that apply.**

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- Core Competency 1: The CHW Profession
 - Core Competency 2: Effective Communication
 - Core Competency 3: Interpersonal Skills
 - Core Competency 4: Health Coaching Skills
 - Core Competency 5: Service Coordination Skills
 - Core Competency 6: Capacity Building Skills
 - Core Competency 7: Advocacy Skills
 - Core Competency 8: Technical Teaching Skills
 - Core Competency 9: Community Health Outreach Skills
 - Core Competency 10: Community Knowledge and Assessment

Section 3: Training Summary

Please complete the questions in sections A-H. *NOTE: Text will wrap.*

A. Training Title & Description

1. What is the title of the CHW training(s) for which you are seeking endorsement?

2. Please provide a brief description of the focus of the trainings listed above. Attach separate sheet if needed.

B. Training Recruitment & Enrollment:

1. Please describe the target audience for the CHW training(s) you described (Example: Tribal CHRs, diabetes Promotores).

2. Please describe how you recruit participants for the training(s) described and attach any printed or published promotional materials (brochures, web address, flyers, etc.).

3. Please give detail on any eligibility criteria, application process or registration criteria for the training(s) described.

C. Training Cost and Available Support:

1. Please list in detail any costs associated with the trainings described.

2. Please list in detail any support provided to participants to attend the training.

D. Training Location, Format and Frequency:

1. Please describe the setting and format of the training(s). Example: on-the job, distance learning (include access to link), or community center.

2. How often is the described CHW training(s) provided? Please attach calendar or schedule if available.

E. Training Language:

1. Please indicate the languages in which the described training(s) are available. Check all that apply.

- English Spanish Navajo Other _____

F. Training Attendance:

1. Each endorsed training program must retain an accurate attendance record for all CHW Core Competency trainings held for a period of 5 years. Please attach a sample attendance record that includes the following:

- | | |
|--|------------------------------|
| 1. Name of training and organization | 2. Core Competencies covered |
| 3. Title of training | 4. Total contact hours |
| 5. Dates and locations of training | 6. Instructors Names |
| 7. List of participants with contact information | |

G. Training Approach, Development, and Delivery:

1. Please describe the overall approach to CHW training that guides and informs your training program(s).

2. Please list any features of the described training(s) that accommodate the learning needs of New Mexico's diverse CHW community, and provide an opportunity for CHWs with limited writing or test-taking skills to excel.

3. Please indicate the aspects of your training program(s) in which CHWs are involved. Check all that apply.

- Curriculum Planning Curriculum Delivery (co-trainers) Mentoring
 Curriculum Development Training Evaluation Other _____

3a. Please provide a brief description of the involvement of CHWs in your training program(s) for each of the boxes checked in the previous question, #3.

H. Training Evaluation:

1. Please describe any evaluation used for your training(s) (example: participant feedback, practical exam, knowledge test, etc.).

2. What do participants receive upon completion of the described training(s)? Check all that apply.

Certificate of Completion

Other _____

I. Organization Experience:

1. Approximately how many trainings has your organization provided to CHWs or other health care professionals in the past two years?

2. Complete the information below for the last 3 trainings your organizations has provided to CHWs or other health care professionals. Attach additional pages if needed.

Training Number 1

Dates of Training (MO/DY/YEAR- MO/DY/YEAR):	Location of Training (City):	Number of Hours:
Title of Training:		Target Audience:
Core Competencies Addressed: <input type="checkbox"/> The CHW Profession <input type="checkbox"/> Service Coordination Skills <input type="checkbox"/> Community Health Outreach Skills <input type="checkbox"/> Effective Communication Skills <input type="checkbox"/> Capacity Building Skills <input type="checkbox"/> Community Knowledge & Assessment <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Advocacy Skills <input type="checkbox"/> Clinical Support Skills <input type="checkbox"/> Health Coaching Skills <input type="checkbox"/> Technical Teaching Skills		

Training Number 2

Dates of Training (MO/DY/YEAR- MO/DY/YEAR):	Location of Training (City):	Number of Hours:
Title of Training:		Target Audience:
Core Competencies Addressed: <input type="checkbox"/> The CHW Profession <input type="checkbox"/> Service Coordination Skills <input type="checkbox"/> Community Health Outreach Skills <input type="checkbox"/> Effective Communication Skills <input type="checkbox"/> Capacity Building Skills <input type="checkbox"/> Community Knowledge & Assessment <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Advocacy Skills <input type="checkbox"/> Clinical Support Skills <input type="checkbox"/> Health Coaching Skills <input type="checkbox"/> Technical Teaching Skills		

Training Number 3

Dates of Training (MO/DY/YEAR- MO/DY/YEAR):	Location of Training (City):	Number of Hours:
Title of Training:		Target Audience:
Core Competencies Addressed: <input type="checkbox"/> The CHW Profession <input type="checkbox"/> Service Coordination Skills <input type="checkbox"/> Community Health Outreach Skills <input type="checkbox"/> Effective Communication Skills <input type="checkbox"/> Capacity Building Skills <input type="checkbox"/> Community Knowledge & Assessment <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Advocacy Skills <input type="checkbox"/> Clinical Support Skills <input type="checkbox"/> Health Coaching Skills <input type="checkbox"/> Technical Teaching Skills		

PART 2: Training Content

Section 1: Scope of Practice Tasks

The following tasks are important to one or more of 6 CHW Roles that make up New Mexico's CHWs Scope of work/practice. Please mark which of the following tasks CHWs will be prepared to do upon completion of your training (check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Identify individuals & families who need assistance | <input type="checkbox"/> Conduct environmental assessments (i.e. home environment, etc.) |
| <input type="checkbox"/> Utilize community health outreach methods and strategies | <input type="checkbox"/> Teach & promote self-sufficiency & problem solving |
| <input type="checkbox"/> Conduct home visits | <input type="checkbox"/> Problem solving |
| <input type="checkbox"/> Promote health literacy | <input type="checkbox"/> Teach health promotion and prevention |
| <input type="checkbox"/> Perform advocacy activities | <input type="checkbox"/> Coach on self-care and management |
| <input type="checkbox"/> Conduct community organizing/activities | <input type="checkbox"/> Support & model behavior change(s) |
| <input type="checkbox"/> Practice cultural sensitivity & cultural competence | <input type="checkbox"/> Apply adult learning principles |
| <input type="checkbox"/> Provide culturally and linguistically – appropriate services | <input type="checkbox"/> Utilize harm reduction principles |
| <input type="checkbox"/> Translate & interpret | <input type="checkbox"/> Lead educational & support groups |
| <input type="checkbox"/> Identify individual strengths and needs | <input type="checkbox"/> Utilize community-based research tools & methods |
| <input type="checkbox"/> Address basic needs (food, shelter, safety) | <input type="checkbox"/> Communicate & represent needs of community to partners & organizations |
| <input type="checkbox"/> Set goals and provide action planning | <input type="checkbox"/> Develop & implement community action plans |
| <input type="checkbox"/> Navigate health & social service systems | <input type="checkbox"/> Conduct interviews (motivational interviewing) |
| <input type="checkbox"/> Facilitate enrollment in health programs & services | <input type="checkbox"/> Data entry and conduct website searches |
| <input type="checkbox"/> Provide moral support | <input type="checkbox"/> Conduct health screenings |
| <input type="checkbox"/> Coordinate referrals, care & follow-up | <input type="checkbox"/> Measure and respond to vital signs |
| <input type="checkbox"/> Provide feedback to medical providers | <input type="checkbox"/> Provide transportation & arrange emergency services |
| <input type="checkbox"/> Promote follow-up/ maintenance of treatment | <input type="checkbox"/> Link to available health/socials services & low/ no cost support programs |
| <input type="checkbox"/> Record and document information | |

PART 3: Instructor Information

Section 1: List of Core Competency Instructors/Trainers

Please list instructors/trainers.

Name: First Last		
Job Title:		
Telephone:	Fax:	Email Address:

Name: First Last		
Job Title:		
Telephone:	Fax:	Email Address:

Name: First Last		
Job Title:		
Telephone:	Fax:	Email Address:

Name: First Last		
Job Title:		
Telephone:	Fax:	Email Address:

Name: First Last		
Job Title:		
Telephone:	Fax:	Email Address:

Section 2: Instructor Requirements

Please have each one of your core instructors/trainers complete the following questions.

- A Non-CHW instructor will need to have at least three years of experience working with CHWs and have a bachelor's degree or higher from an accredited institution. Please attach letter of reference for each instructor.
- A Certified CHW will need to have five consecutive years of experience. Please attach letter of reference for each instructor.

2A: Contact Information

Name:		First	Last	
Job Title:				
Telephone:		Fax:		Email Address:
Name of Sponsoring Organization:				
Physical Address: Street Address/PO Box			City	State
Mailing Address: Street Address/PO Box			City	State
			State	Zip Code
			State	Zip Code

2B: Education & Work Experience

1. Have you worked as a CHW?

- No (**Skip to question #3**)
 Yes, indicate length of time _____

2. In what settings have you worked as a CHW? Check all that apply.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Government |
| <input type="checkbox"/> Community | <input type="checkbox"/> School-based |
| <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> College/University/learning institution | |

3. In what settings have you worked with CHWs? Check all that apply.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Government |
| <input type="checkbox"/> Community | <input type="checkbox"/> School-based |
| <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> College/University/learning institution | |

2B continued: Education & Work Experience

4. Have you supervised CHWs?

- No **(Skip to Section 3: Training Experiences)**
 Yes

5. Approximately how many CHWs have you supervised?

- 1-5 11-15
 6-10 More than 15

6. In what settings have you supervised CHWs? Check all that apply.

- Clinical Government
 Community School-based
 Non-profit organization Other
 College/University/learning institution

Section 3: Training Experience

1. In what capacity and/or profession have you provided trainings for CHWs? Check all that apply.

- CHW Nurse MD/ Physician
 Social Worker Educator/trainer Other _____

2. Have you provided CHW training(s) as an independent contractor?

- No
 Yes Please specify: _____

3. Please list the organizations you have represented when providing trainings (Examples: Project ECHO, Navajo Nation CHR Program, or Southern Area Health Education Center, etc.).

4. In what kind of formats/settings have you trained CHWs?

- College class Training center
 Employer/On-the-Job Conference setting
 Community setting Other _____

5. How many years have you trained CHWs in New Mexico?

- Less than 1 year 6-10 years
 1-3 years More than 10 years
 4-5 years

6. When did you last provide trainings for CHWs?

- Less than 1 year ago 6-10 years ago
 1-3 years ago More than 10 years ago
 4-5 years ago

7. Which languages have your provided CHW training in? Check all that apply.

- English Navajo
 Spanish Other _____

Section 4: CHW Core Competencies

Please indicate the areas you provide training for each of the 10 NM CHW core competencies. Check all that apply.

1. The CHW Profession

- | | |
|--|---|
| <input type="checkbox"/> CHW scope of practice and history of the profession | <input type="checkbox"/> Client centered approach |
| <input type="checkbox"/> CHW code of ethics, professional boundaries and self-care | <input type="checkbox"/> Cultural humility and competency |
| <input type="checkbox"/> Public health concepts and approaches | <input type="checkbox"/> Organizational & professional skills |
| <input type="checkbox"/> CHW certification & professional development | |

2. Effective Communication Skills

- | | |
|---|--|
| <input type="checkbox"/> Observation & non-verbal communication | <input type="checkbox"/> Negotiate, mediate & resolve conflict |
| <input type="checkbox"/> Verbal communication | <input type="checkbox"/> Documentation |

3. Interpersonal Skills

- Establish trust
- Build relationships
- Demonstrate empathy & compassion

4. Health Coaching Skills

- Health promotion and disease prevention
- Behavior change strategies (motivational interviewing, goal setting & self-management support)
- Maintenance and relapse prevention (disease management)

5. Service Coordination Skills

- Case finding & recruitment
- Navigation and linking to services
- Case management and care coordination

6. Capacity Building Skills

- | | |
|--|---|
| <input type="checkbox"/> Strength-based approach | <input type="checkbox"/> Community organizing |
| <input type="checkbox"/> Individual empowerment | <input type="checkbox"/> Leadership develop |
| <input type="checkbox"/> Health literacy | |

7. Advocacy Skills

- Speak on behalf of individuals and communities
- Educate health & social service systems
- Work for change in practices & policies

Section 4: CHW Core Competencies continued

Check all that apply.

8. Technical Teaching Skills

- Adult Learning
- Effective Meetings
- Health Education with individuals and groups

9. Health Outreach Skills

- Indications for using outreach
- Planning and conducting health outreach including home visiting

10. Community Knowledge and Assessment

- Gather community knowledge and strengths
- Identify community needs and priorities

Section 5: Specialty Knowledge and Skills

Please indicate the areas you provide training, for each of the areas below.

1. Relating to Clinical Skills

- | | |
|---|---|
| <input type="checkbox"/> Conducting self-care screenings | <input type="checkbox"/> First Responder/ EMT |
| <input type="checkbox"/> Basic laboratory skills | <input type="checkbox"/> CPR/ First Aid |
| <input type="checkbox"/> Medical assistant (MA) or nursing assistant (CAN) skills | <input type="checkbox"/> Obtain/maintaining medical devices (ex. hearing aids, glasses, dentures) |
| | <input type="checkbox"/> Other _____ |

2. Eligibility, Enrollment & Enabling Services

- | | |
|--|---|
| <input type="checkbox"/> PE MOSSA determiner | <input type="checkbox"/> Interpretation |
| <input type="checkbox"/> Pharmacy patient assistance | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Housing |

3. Specialty Content Areas

- Chronic disease (diabetes, obesity, tobacco cessation, cancer, heart disease, asthma, Hep C, etc.)
- Sexual & reproductive health (HIV, STDs, pregnancy prevention, etc.)
- Infectious disease (TB, Flu, immunizations, food handling, etc.)
- Maternal & child health (nutrition, developmental screenings, breastfeeding, parenting, child development, etc.)
- Behavioral health (addictions, violence prevention, mental illness, crisis intervention)
- Environmental health (toxins, contaminants, or pollutants of water, soil, or air)
- Oral, ocular, and aural health (dental care, vision and hearing)
- Fitness and exercise
- Nutrition
- Emergency (a state especially of need for help or relief created by some unexpected event)
- Emergency preparedness
- Health outreach to special populations (seniors, homeless, youth, immigrants & refugees, LGBT, etc.)
- Other _____

Section 6: Training Delivery

1. What type of training methods do you use? Check all that apply

- Mentoring
- Guest Speakers
- Books/articles/references
- Formal training (established objectives, learning methods to meet the objectives and an evaluation component to determine if the objectives have been met)
- Published Training Curriculum
- Other _____

2. How is your training evaluated upon completion? Check all that apply.

- Survey regarding quality or satisfaction
- Skills test
- Pre & post knowledge test
- Exam
- Other _____

3. Please use the space below to provide any additional comments to describe your education and work experience as it applies to training CHWs.

PART 4: Designee Signature

****Note:** This application must be signed and dated by the organization's Chief Executive Officer or designee.

- Please read and sign the statement below to indicate your understanding and acceptance.

As an Authorized Representative of _____ I certify that all of the information provided in this application is true and complete. I understand that providing false or misleading information may result in the voiding of this application or the revocation of any endorsement issued.

- I agree to abide by the rules and regulations regarding the training and certification of Community Health Workers.
- The copyright for this course material is with the New Mexico Department of Health, Office of Community Health Workers.
- The course materials may be reproduced and used to conduct non-profit systematic certification training for New Mexico Community Health Workers (CHWs), Community Health Representatives (CHRs), and Community Promotor/a.
- The materials should not be used for any commercial or profit-making activity unless specific permission is granted by the NMDOH/OCHW.
- The Office of Community Health Workers reserves the right to monitor or evaluate Core Competency Training programs which are approved and shall be conducted during scheduled and unannounced site visits to approved program site/s listed within the application.

Printed Name: _____

Title: _____

Signature: _____

Date: _____