



# CCHW Application

Certified Community  
Health Worker

---

**LEGACY APPLICATION** *(formerly known as Grandparenting)*

April 1, 2018 – October 1, 2019

## DIRECTIONS/CHECKLIST

- Certificates of attendance for trainings. If using college courses toward the required education/training hours, an official or unofficial college transcript must be provided.
- All required documentation to support volunteer or paid experience (i.e. letters from former employers verifying employment).
- Current job description, signed and dated by applicant and supervisor.
- Sign and date the Code of Ethics.
- Notarized Release form.
- Complete and return pages 6, 7, 8 (if applicable), 9, 10, 11, and 15.
- Fee of \$100. May be paid by check/money order (payable to VCB) or with Visa, MasterCard or Discover. One-half of fee is refundable if application is denied. If an employer or organization is covering the cost of your application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certifications requirements within that year, the application will be closed, and no refund will be issued.

***Keep a copy of the entire application for your records in the event VCB does not receive it and it must be sent again.*** Send your completed application, copies of certificates of attendance, other required documents, and fee to:

VCB  
298 S. Progress Avenue  
Harrisburg, PA 17109  
Phone: 804-741-2319 Fax: 717-540-4458  
Website: [www.vacertboard.org](http://www.vacertboard.org) Email: [info@vacertboard.org](mailto:info@vacertboard.org)

## THE ROLE OF THE COMMUNITY HEALTH WORKER

The Virginia Community Health Worker Advisory Group and Virginia Community Health Worker Association submit this document in support of certification of Community Health Workers (CHWs) working in Virginia. Seven (7) domain areas have been identified and defined to ensure that individuals seeking to become “certified community health workers” in the Commonwealth have been trained and have experience in the domains. The term “community health worker,” includes but is not limited to other titles such as outreach worker, lay health promoter, family advocate, peer leader, promotores de salud, and others. Individuals interested in becoming a “certified community health worker” are defined as: *Individual(s) who (i) applies his(her) unique understanding of the experience, language, and culture of the populations he/she serves to promote healthy living and to help people take greater control over their health and lives and (ii) is trained to work in a variety of community settings, partnering in the delivery of health and human services to carry out one or more of the following roles: (a) providing culturally appropriate health education and information; (b) linking people to direct service providers, including informal counseling; (c) advocating for individual and community needs, including identification of gaps and existing strengths and actively building individual and community capacity.*

The seven domains can be found on the following page.

## REQUIREMENTS FOR CCHW

**EXPERIENCE:** One year full-time or 2000 hours of volunteer or paid work experience as a community health worker specific to the domains within the last three (3) years. Part-time employment is acceptable.

- Current job/volunteer description dated and signed by supervisor and applicant must be submitted with the application. This document is provided by the organization. If no formal description is available, a supervisor may submit a letter on the organizations letterhead detailing the work done by the community health worker.

**SUPERVISION:** 50 hours of supervision obtained during the 2000 hours of work experience. The supervision must be specific to all the domains.

- Supervision is a formal or informal process that is administrative, evaluative, and supportive. It can be provided by more than one person, it ensures quality of care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

**EDUCATION:** 60 hours of education/training specific to all the domains within the last three (3) years. While a specific number of hours per domain is not required, applicants must document hours in each of the seven (7) domains.

- More detail regarding the knowledge and skill areas for each domain can be found in the Content Outline listed on our website at [www.vacertboard.org](http://www.vacertboard.org). Click on Certification, then select Community Health Worker from the dropdown menu. The Content Outline is listed beside the CCHW Application.
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and distance/online education. There is no limit to the number of distance learning/online education that can be submitted.

**OTHER:**

- Signed and dated Code of Ethics.
- Signed, dated and notarized Release.
- Applicant must either live or work in Virginia at time of application.

**FEE:** \$100 (*fee must accompany application materials*)

**CCHW DOMAINS**

1. Community Health Concepts and Approaches
2. Service Coordination and System Navigation
3. Health Promotion and Prevention
4. Advocacy, Outreach and Engagement
5. Communication
6. Cultural Humility and Responsiveness
7. Ethical Responsibilities and Professionalism

**CERTIFICATION TIME PERIOD**

VCB certification encompasses two calendar years commencing on the date of application approval. Two dates, date of issue and valid through, will appear on the certificate along with a certification number. A formal CCHW certificate will be mailed to all who are approved for the CCHW credential.

**APPEAL PROCESS IF APPLICATION IS DENIED**

The purpose of appeal is to determine if VCB accurately, adequately and fairly reviewed a candidates' application. A letter requesting an appeal must be made to VCB in writing within 30 days of the notification of the application denial. A person shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the VCB Executive Committee who in turn will thoroughly review the entire application and materials to determine whether the applicant should have been denied. Applicant will be notified in writing as to the findings of the Executive Committee.

**RECERTIFICATION**

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, VCB requires recertification every two years.

To be recertified as a CCHW, an individual must:

1. Hold a current and valid CCHW issued by the Virginia Department of Health;
2. Acquire 30 hours of education relevant to the CCHW domains, received within the two-year recertification cycle;
3. Verify that you have reviewed, read and will uphold by practice the VCB Code of Ethics for professional behavior;
4. Complete the recertification application and pay the recertification fee.

## **LAPSED CERTIFICATION**

The completed recertification application should be received by VCB prior to the expiration date. If the application is incomplete, applicant will be notified by email.

There is no grace period. If the recertification is not completed by the expiration date, the individual will no longer hold a CCHW and no further use of the CCHW is permitted until the individual has recertified.

All certified professionals should review the recertification application well in advance of the expiration date. A Reinstatement Fee is due if the recertification is late between one day and one year. After one year, no recertification is possible, and applicant would have to reapply for the credential, meeting all current requirements.

# VCB APPLICATION FOR CCHW - LEGACY

Please type or print only.

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Please print your name as it should appear on your certificate*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

*The following information requested is from you as volunteering or employed as a Community Health Worker.*

Organization: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby attest that the applicant is working or volunteering as a Community Health Worker and that the information above relative to this employment is true and correct. I have provided the CHW with a signed and dated copy of his/her job description to include with this application.

\_\_\_\_\_  
*Supervisor's Signature*

1. Have you ever received any disciplinary action from another certification or licensing authority?  
 Yes  No *If yes, provide full details on a separate sheet.*
2. Have you ever been convicted of a felony violation in any state or federal law?  
 Yes  No *If yes, explain in full on a separate sheet. **Your response will not be a barrier to receiving certification.***

Why are you pursuing certification? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Race (check all that apply):**  American Indian or Alaska Native  Black or African American  Asian  
 Native Hawaiian or Other Pacific Islander  Latino  Hispanic  Caucasian  Other:  
\_\_\_\_\_

**Highest level of education?**  High school diploma/GED  Associate's degree  Bachelor's degree  
 Master's degree  Doctorate degree

***Fee of \$100 can be paid using one of the following:***

**Payment (circle one):** Check Money Order VISA MasterCard Discover

*Personal or corporate checks & money orders made payable to VCB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_

*(If different than Home Address)*

Email address for receipt *(if paying by credit card only)*: \_\_\_\_\_

**TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

**Mail:**

VCB

298 S. Progress Avenue

Harrisburg, PA 17109

**Email:**

[info@vacertboard.org](mailto:info@vacertboard.org)

***Please allow 5-10 business days for review and processing of your application.***

**To confirm receipt of your application or check on the status, please email**

**[info@vacertboard.org](mailto:info@vacertboard.org)**

**PREVIOUS RELEVANT EMPLOYMENT, IF APPLICABLE**

*Include letter (on company letterhead) from previous employer verifying your duties and dates employed.*

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_



## SUPERVISION

50 hours of supervision obtained during the 2000 hours of work experience is required. The supervision must be specific to all seven domains.

Supervision is a formal or informal process that is administrative, evaluative, and supportive. It can be provided by more than one person, it ensures quality of care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

The CCHW domains:

Community Health Concepts and Approaches  
Service Coordination and System Navigation  
Health Promotion and Prevention  
Advocacy, Outreach and Engagement  
Communication  
Cultural Humility and Responsiveness  
Ethical Responsibilities and Professionalism

**I attest that I have provided the applicant with at least 50 hours of direct supervision in all seven CCHW domains.**

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

Please provide your qualifications (licenses, certifications, degree, etc.) and demonstration (relationship to CHW, type of supervision provided, how supervision occurred, etc.) of your role in supervising this CHW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION/TRAINING

60 hours of education/training specific to all the domains within the last three (3) years is required.

Applicants must document that they have had education/training hours in each of the seven (7) domains.

Photocopies of training certificates and/or college transcripts are required to be submitted as proof of the 60 hours of education/training.

<b>The CCHW domains</b>	<b>Hours of education/training per domain</b>
Community Health Concepts and Approaches	_____
Service Coordination and System Navigation	_____
Health Promotion and Prevention	_____
Advocacy, Outreach and Engagement	_____
Communication	_____
Cultural Humility and Responsiveness	_____
Ethical Responsibilities and Professionalism	_____
<b>TOTAL MUST BE AT LEAST 60 HOURS:</b>	_____

**RELEASE** (must be notarized below)

I hereby request that VCB grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the VCB Code of Ethics;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by VCB to officers, members, and staff of the Board;

I consent to authorize VCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to VCB before, during, or after application for certification is made will be investigated by VCB and could result in the nullification of the application or denial or revocation of certification.

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

On this the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, by me \_\_\_\_\_ a notary public, the undersigned officer, personally appeared: \_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereby set my hand and official seal. Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Notary Public **SEAL:**

# CERTIFIED COMMUNITY HEALTH WORKER CODE OF ETHICS

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community she or he serves. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

## PURPOSE OF THIS CODE

The CHW Code of Ethics is based on and supported by the core values adopted by the American Association of CHWs. The Code of Ethics outlined in this document provides a framework for CHWs, supervisors, and employers of CHWs to discuss ethical issues facing the profession. Employers are encouraged to consider this Code when creating CHW programs. The responsibility of all CHWs is to strive for excellence by providing quality service and the most accurate information available to individuals, families, and communities.

The Code of Ethics is based upon commonly understood principles that apply to all professionals within health and social service fields (e.g., promotion of social justice, positive health, and dignity). The Code, however, does not address all ethical issues facing CHWs and the absence of a rule does not imply that there is no ethical obligation present. As professionals, CHWs are encouraged to reflect on the ethical obligations that they have to the communities that they serve, and to share these reflections with others.

### Article 1: Responsibility in the Delivery of Care

CHWs build trust and community capacity by improving the health and social welfare of the client they serve. When a conflict arises among individuals, groups, agencies, or institutions, CHWs should consider all issues and give priority to those that promote the wellness and quality of living for the individual/client. The following provisions promote the professional integrity of CHWs.

#### 1.1 Honesty

CHWs are professionals that strive to ensure the best health outcomes for the communities they serve. They communicate the potential benefit and consequences of available services, including the programs they are employed under.

#### 1.2 Confidentiality

CHWs respect the confidentiality, privacy, and trust of individuals, families, and communities that they serve. They understand and abide by employer policies, as well as state and federal confidentiality laws that are relevant to their work.

#### 1.3 Scope of Ability and Training

CHWs are truthful about qualifications, competencies, and limitations on services they may provide, and should not misrepresent qualifications or competencies to individuals, families, communities or employers.

#### **1.4 Quality of Care**

CHWs strive to provide high quality services to individuals, families, and communities. They do this through continued education, trainings, and an obligation to ensure the information they provide is up-to-date and accurate.

#### **1.5 Referral of Appropriate Services**

CHWs acknowledge when client issues are outside of their scope of practice and refer clients to the appropriate health, wellness, or social support services when necessary.

#### **1.6 Legal Obligations**

CHWs have an obligation to report actual or potential harm to individuals within the communities they serve to the appropriate authorities. CHWs have a responsibility to follow requirements set by states, the federal government, and/or their employing organizations. Responsibility of the larger society or specific legal obligations may supersede the loyalty owed to individual community members.

### **Article 2: Promotion of Equitable Relationships**

CHWs focus their efforts on the well-being of the whole community. They value and respect the expertise and knowledge that each community member possesses. In turn, CHWs strive to create equitable partnerships with communities to address all issues of health and well-being.

#### **2.1 Cultural Humility**

CHWs possess expertise in the communities in which they serve. They maintain a high degree of humility and respect for the cultural diversity within each community. As advocates for their communities, CHWs have an obligation to inform employers and others when policies and procedures will offend or harm communities or are ineffective within the communities where they work.

#### **2.2 Maintaining the Trust of the Community**

CHWs are often members of their communities and their effectiveness in providing services is derived from the trust placed in them by member of these communities. CHWs do not act in ways that could jeopardize the trust placed in them by the communities they serve.

#### **2.3 Respect for Human Rights**

CHWs maintain professional relationship with clients. They establish, respect, and actively maintain personal boundaries between them and their clients.

#### **2.4 Anti-Discrimination**

CHWs do not discriminate against any person or group based on race, ethnicity, gender, sexual orientation, age, religion, social status, disability, or immigration status.

#### **2.5 Client Relationship**

CHWs maintain professional relationships with clients. They establish, respect, and actively maintain personal boundaries between them and their clients.

## **Article 3: Interactions with Other Service Providers**

### **3.1 Cooperation**

CHWs place the well-being of those they serve above personal disagreements and work cooperatively with any other person or organization dedicated to providing care to those in need.

### **3.2 Conduct**

CHWs promote integrity in the delivery of health and social services. They respect the rights, dignity, and worth of all people and have an ethical obligation to report any inappropriate behavior (e.g., sexual harassment, racial discrimination, etc.) to the proper authority.

### **3.3 Self-Presentation**

CHWs are truthful and forthright in presenting their background and training to other service providers.

## **Article 4: Professional Rights and Responsibilities**

The CHW profession is dedicated to excellence in the practice of promoting well-being in communities. Guided by common values, CHWs have the responsibility to uphold the principles and integrity of the profession as they assist families to make decisions impacting their well-being. CHWs embrace the individual, family, and community strengths and build upon them to increase community capacity.

### **4.1 Continuing Education**

CHWs should remain up-to-date on any developments that substantially affect their ability to competently render services. CHWs strive to expand their professional knowledge base and competencies through education and participation in professional organizations.

### **4.2 Advocacy for Change in Law and Policy**

CHWs are advocates for change and work on impacting policies that promote social justice and hold systems accountable for being responsive to communities.

### **4.3 Enhancing Community Capacity**

CHWs assist individuals and communities in moving towards self-sufficiency to promote the creation of opportunities and resources that support their autonomy.

### **4.4 Wellness and Safety**

CHWs are sensitive to their own personal well-being (physical, mental, and spiritual health) and strive to maintain a safe environment for themselves and the communities they serve.

### **4.5 Loyalty to the Profession**

CHWs are loyal to the profession and aim to advance the efforts of other CHWs.

### **4.6 Advocacy for the Profession**

CHWs are advocates for the profession. They are members, leaders, and active participants in local, state, and national professional organizations.

### **4.7 Recognition of Others**

CHWs give recognition to others for their professional contributions and achievements.

**I have read and will abide by the above CHW Code of Ethics.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_