



# CCHW APPLICATION

## Certified Community Health Worker

### APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

**Do not apply until all requirements are met.**

#### TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** VCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@vacertboard.org](mailto:info@vacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@vacertboard.org](mailto:info@vacertboard.org).*

#### REVIEW & APPROVAL PROCESS

1. Application submitted to VCB. To confirm receipt of application, email VCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from VCB regarding your application after 10 business days, email [info@vacertboard.org](mailto:info@vacertboard.org).
5. Once approved, a certificate will be mailed to you within 10 business days.

### KNOWLEDGE AREAS: CERTIFIED COMMUNITY HEALTH WORKER

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.

## 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.*

## DOMAINS: CERTIFIED COMMUNITY HEALTH WORKER

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

## CERTIFIED COMMUNITY HEALTH WORKER REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to VCB directly prior to application.

### COMMUNITY HEALTH EXPERIENCE

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**REQUIRED:** One (1) year of full-time or 2000 hours of part-time volunteer or paid employment.

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**Qualifying experience** is fulfilling the role of a community health worker as outlined in the domains.

Qualifying experience can be from multiple organizations to accumulate the required years/hours.

If the applicant’s experience requirement is not fulfilled from their current organization, they must include **documentation from previous employer(s)** verifying their title, duties and dates employed with their application. DO NOT submit a resume as proof of previous work experience. Applicant must contact previous employers and request detailed documentation of their employment from them.

The applicant **must be currently volunteering or employed as a community health worker** at the time of application. **Only experience within the last three (3) years may be counted towards the total experience requirement.**

## CURRENT VOLUNTEER/JOB DESCRIPTION

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**REQUIRED:** Copy of current community health worker volunteer/job description, obtained from current organization, and which must be signed by both the applicant and their immediate supervisor.

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All applicants must include a copy of their current community health worker volunteer/job description. This **document is provided by your organization** and must be signed and dated by the applicant and their immediate supervisor.

Volunteer/job descriptions determine and verify eligible current volunteer/work experience. Volunteer/job description must clearly delineate community health work as a primary function of the position.

**If you have held different community health worker positions with your current employer**, please provide all relevant descriptions with the application.

In lieu of volunteer/job description(s), employer may provide an official position description on agency letterhead. This required documentation must include the applicants' dates of employment (to/from) employment status (full-time or part-time), title of position, a detailed description of the duties and responsibilities for the position, and the average number of hours per week the applicant worked.

## SUPERVISION

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**REQUIRED:** 50 hours of supervision of qualifying work experience in the community health worker domains.

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Supervision is a formal or informal process that is evaluative, educative, and supportive. 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.

**VCB has no requirements for who provides supervision.** The person providing supervision is at the discretion of the agency and/or state requirements. Supervision can be provided in an individual, one-on-one setting and/or observation of skills or group supervision setting.

Supervision can be provided by **more than one supervisor**. In this case, provide a copy of page 9 of this application to all the supervisors documenting supervision on your behalf.

## EDUCATION/TRAINING

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**REQUIRED:** 60 total hours specific to all of the domains within the last three years. All 60 hours must be from a VCB accredited CHW training provider.

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There is **no deadline to apply for certification** upon completion of the training.

## CERTIFICATION FEE

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**REQUIRED:** \$100.00 (fee must accompany certification application)

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The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment. Fee payment information provided on page 6 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to VCB.

**Applications received without payment will not be processed.** One-half of the fee is refundable if application is denied.

## APPLICATION INFORMATION

### GENERAL INFORMATION

Email addresses provided to VCB must be active accounts that are checked regularly. We will not be able to contact you without an email address. Please print legibly.

Applicants must either live or work in VA at the time of application.

### APPEAL PROCESS

The purpose of appeal is to determine if VCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to VCB within 30 days of the notification of VCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the VCB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

### FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through VCB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

### REQUESTS TO CHANGE APPLICATION

Professionals who wish to have their application re-reviewed for another credential VCB offers prior to issuing the certification will incur a \$50 application change/review fee.

### CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the application is approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

### RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

# CCHW: APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to VCB.

## TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Have you ever received any disciplinary action from another certification/licensing authority?  Yes  No  
*If yes, provide full details on a separate sheet.*

Have you read and understood the VCB Community Health Worker Code of Ethical Conduct?  Yes  No  
*The Code of Ethical Conduct is located at [www.vacertboard.org/ethics](http://www.vacertboard.org/ethics).*

## CONTACT INFORMATION

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

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

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_  
**REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

Secondary Email: \_\_\_\_\_

## DEMOGRAPHICS

*Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

### What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

### How do you describe your sexual orientation or sexual identity?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Which best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): \_\_\_\_\_
- Not listed (please specify): \_\_\_\_\_
- Prefer not to disclose

**What is your yearly income?**

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure

**Do you have military experience?**

- Active duty
- Veteran
- Not Applicable

**Language(s) spoken fluently (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Korean                       |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Polish                       |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Portuguese                   |
| <input type="checkbox"/> English                | <input type="checkbox"/> Russian                      |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Spanish                      |
| <input type="checkbox"/> German                 | <input type="checkbox"/> Tagalog (Filipino)           |
| <input type="checkbox"/> Indigenous Language    | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Italian                | <input type="checkbox"/> Other, please specify: _____ |

**Employment plans for the next two years (check all that apply):**

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

**What is the highest degree or level of school you have completed?**

*(If you're currently in school, please check the highest degree you have completed.)*

- |  |  |
|--|--|
| <input type="checkbox"/> High school degree or equivalent (e.g. GED) | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS)         |
| <input type="checkbox"/> Trade, Technical or Vocational School       | <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd)      |
| <input type="checkbox"/> Some college, no degree                     | <input type="checkbox"/> Professional degree (e.g. MD, DDS, DVM) |
| <input type="checkbox"/> Associate degree (e.g. AA, AS)              | <input type="checkbox"/> Doctorate (e.g. PhD, EdD)               |

**PAYMENT INFORMATION**

**FEE OF \$100 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- Check    Money Order    VISA    MasterCard    Discover    American Express

*Checks & Money Orders made payable to VCB*

- My employer/organization is mailing payment directly to VCB.

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

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

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

## CCHW: EDUCATION/TRAINING

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**REQUIRED:** 60 total hours specific to all of the domains within the last three years. All 60 hours must be from a VCB accredited CHW training provider.

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I have included a documentation of training.  Yes  No

# CCHW: EXPERIENCE & VOLUNTEER/JOB DESCRIPTION

**REQUIRED:** One (1) year of full-time or 2000 hours of part-time volunteer or paid employment.

**REQUIRED:** Copy of current community health worker volunteer/job description, obtained from current organization, and which must be signed by both the applicant and their immediate supervisor.

## CURRENT EMPLOYMENT INFORMATION

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

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Current Position: \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_

Total hours/years worked in current position? \_\_\_\_\_

I have attached my current community health worker volunteer/job description, dated, and signed by both me and my supervisor.  Yes  No

Do you need to document previous employment to fulfill the experience requirement?  Yes  No

*If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

## PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

*Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.*

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

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

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

How many hours did you work per week? \_\_\_\_\_

Total hours/years worked in previous position? \_\_\_\_\_

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

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

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

How many hours did you work per week? \_\_\_\_\_

Total hours/years worked in previous position? \_\_\_\_\_



# CCHW: SUPERVISION

**REQUIRED:** 50 hours of supervision of qualifying work experience in the community health worker domains.

Information below is to be completed by applicant's current and/or previous supervisor(s).

This page is to document the supervision hours provided to the applicant, not their total work hours.

The total hours of supervision should be 50 hours but could be more depending on the applicants' length of employment or could be less if the applicant was provided supervision from a previous employer.

Applicants may copy this page and provide it to previous supervisors.

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

## SUPERVISOR INFORMATION

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

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

Licenses, Certifications and/or Degrees: \_\_\_\_\_

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

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

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

## SUPERVISION DOCUMENTATION

Supervision was provided to the above-named applicant in the following Domains:

### CCHW DOMAIN:

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  
**TOTAL MUST BE AT LEAST 50 HOURS**

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

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

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:

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

# CCHW: ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Virginia Certification Board (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 Ethical Conduct;
- I 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 information relative to my application;
- Falsification of any documents 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 aforementioned Board;
- I consent to authorize VCB to gather information from third parties regarding education, employment and/or supervision 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.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood this Acknowledgements and Release.

\_\_\_\_\_ I either live or work in Virginia at least 51% of the time.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential VCB offers prior to the issuance of the certification I will incur a \$50 change/review fee.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

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

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **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.**

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

**PRINT LEGIBLY**

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

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

# CCHW: CHECKLIST

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

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

**Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a staff member. Do not apply until all requirements are met.**

REQUIREMENT	DOCUMENTATION	✓
Application page with payment	<ul style="list-style-type: none"> <li>Page 5 &amp; 6</li> </ul>	
Education	<ul style="list-style-type: none"> <li>Copies of training documents</li> </ul>	
Volunteer/Work Experience	<ul style="list-style-type: none"> <li>Page 8</li> <li>Previous relevant employment documentation (if needed)</li> </ul>	
Current volunteer/job description	<ul style="list-style-type: none"> <li>Obtain from employer</li> </ul>	
Supervision page	<ul style="list-style-type: none"> <li>Page 9</li> </ul>	
Acknowledgement & Release page	<ul style="list-style-type: none"> <li>Page 10, notarized</li> </ul>	
Signed Code of Ethics page	<ul style="list-style-type: none"> <li>Page 13</li> </ul>	
Checklist page	<ul style="list-style-type: none"> <li>Page 14</li> </ul>	
Disciplinary Actions?	<ul style="list-style-type: none"> <li>Include letter of explanation with application</li> </ul>	
Convicted of a felony?	<ul style="list-style-type: none"> <li>Include letter of explanation with application</li> </ul>	
Company paying fee?	<ul style="list-style-type: none"> <li>Include applicant name on payment</li> </ul>	
Copy entire application for records		

## TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- 1. Mail:** VCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- 2. Email:** [info@vacertboard.org](mailto:info@vacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 3. Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@vacertboard.org](mailto:info@vacertboard.org).*

**I acknowledge, that to the best of my ability, I have submitted a completed application.**

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