



*Protecting the Citizens  
of Florida*

**CCHW**

# Certified Community Health Worker

This booklet includes:

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms to collect training documents and recommendations.

## Define Yourself as a Professional through Certification.

**Effective Date: July 1, 2016**

## About Us

### Preface

The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization that has been operating in Florida for over 30 years. It currently credentials over 15,000 individuals working in the related fields of addictions, prevention, criminal justice, mental health, child welfare and behavioral health.

The FCB adheres to the highest industry psychometric standards for developing, implementing and administering certification programs and examination instruments. Once certified, each profession is required to strictly observe a Code of Ethical and Professional Conduct and participate in ethical complaint investigation and disciplinary procedures.

### Mission

The FCB serves the public interest by developing, administering and maintaining certification programs that reflect current standards of competent practice for health and human service professionals. Our mission is to protect the health, safety, and welfare of the citizens of Florida by regulating our certified professionals through experience, education, and compliance with professional and ethical standards.

### Property of the Board

Materials submitted to the FCB as part of the certification process are considered property of the Florida Certification Board. Materials include but are not limited to applications, evaluations, transcripts, and certificates. Applicants are encouraged to keep copies of all materials and paperwork submitted for certification. Certification wall certificates and wallet cards are the property of the FCB and must be surrendered upon Board request.

### Board Policy and Procedures

All FCB requirements, policies and procedures are maintained on our website at [www.flcertificationboard.org](http://www.flcertificationboard.org). Applicants and certified professionals are individually responsible for ensuring they are following current FCB policy and procedures.

### Publication and Revision History

Date	Version	Reason for Change
9-1-15	1.0	Original Publication
9-10-15	1.1	Grandparenting period extended until June 30, 2016.
10-12-15	1.2	Renewal date language clarified.
7-1-16	1.3	Grandparenting Period Closed. Language updated to full standards.

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## Certification Process, Standards and Requirements Overview

Certification is a designation awarded to individuals who demonstrate their competency in a given field. Competency is achieved through a combination of education and experience. In order to apply for the Certified Community Health Worker (CCHW) credential, applicants must provide verifiable documentation that demonstrates he or she has the specified educational and experiential background necessary for certification.

This *Certified Community Health Worker (CCHW) Candidate Guide for Application* provides policy requirements and standardized forms designed to assist the applicant to gather mandatory documentation. Some of the forms are to be completed by the applicant and provided directly to the FCB via the electronic application portal or mail; some of the forms are to be provided to former employers, supervisors, personal references, or others to complete and mail directly to the FCB on behalf of the CCHW applicant. Forms mailed to the FCB will be uploaded to the applicant's electronic file by the assigned certification specialist. Each form indicates the individual who must complete the document.

Please carefully read this document PRIOR to applying for certification as it includes information on certification application, award and maintenance process, policy and mandatory forms.

### Application Submission Options

The Florida Certification Board accepts both electronic and hard-copy applications for certification. Throughout this document, you will find directions for both on-line and hard-copy application.

**NOTE: The FCB is currently transitioning to a new on-line database and application vendor. Until the system is complete, all applications are submitted manually and the \$25 data entry fee is waived.**

The preferred method of application is electronic, via our on-line portal. There is a \$25 data entry fee for all hard-copy submissions.

- Individual's submitting electronic applications are encouraged to print out a hard copy of all applicant-completed forms to use as a worksheet *prior* to entering data on-line. Additionally, on-line submission requires the applicant to upload specified supporting documentation to the system. For additional assistance in electronic submission, please contact our offices at **850-222-6314**.
- Individual's submitting hard-copy applications are encouraged to make a complete photocopy of the application, including all supporting documentation, *prior* to submitting the application to the FCB. Hard-copy applications, including all supporting documentation, will be entered into the FCB electronic database by certification specialists.

**A valid email address is required for both on-line and hard-copy application submissions.**

## Description of a Certified Community Health Worker (CCHW)

The CCHW designation is an entry-level credential for front-line health workers who, by virtue of their trusted status in the community, serve as a liaison, link and intermediary between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Examples of job titles that are considered to be Community Health Worker positions include but are not limited to Promotores(as) de Salud; Community Health Educator; Health Communicator; Outreach Worker; or Health Advocate.

## Certification Standards

The following table provides an overview of the certification standards and requirements for candidates to earn and maintain the Certified Community Health Worker (CCHW) credential. Applicants must provide formal, verifiable documentation to support each requirement. If there are any questions regarding the eligibility of supporting documentation for a given requirement, contact the FCB for guidance.

Category	CHW Certification Requirement
Formal Education	High School Diploma, General Equivalency Degree or higher.
CHW-related Work/Volunteer Experience	<p>500 clock hours of formal work and/or volunteer experience providing community health worker services in any of the following domains of practice:</p> <ol style="list-style-type: none"> <li>1. Communication and Education: tasks related to community education.</li> <li>2. Resources: tasks related to linking community members with available health/social services.</li> <li>3. Advocacy: tasks related to advocating for the community's health/social service needs.</li> </ol> <p>Experience is documented and verified by the applicant's immediate work or volunteer supervisor(s) on FCB provided forms.</p> <p>Experience must have been gained within the last 5 years.</p>
Training	<p>30 clock hours of content specific training as follows:</p> <ul style="list-style-type: none"> <li>• Communication and Education: 4 clock hours</li> <li>• Resources: 4 clock hours</li> <li>• Advocacy: 4 clock hours</li> <li>• Foundations of Health: 4 clock hours</li> <li>• Professional Responsibility: 4 clock hours</li> <li>• Electives (may relate to any of the performance domains): 10 clock hours</li> </ul> <p>Training must have been completed within the last 5 years.</p>
Recommendations	Three (3) letters of recommendation for certification:

Category	CHW Certification Requirement
	<ul style="list-style-type: none"> <li>• Supervisory Recommendation: One letter of recommendation must be from an individual who supervised the applicant’s paid or volunteer work in the field.</li> <li>• Personal or other Professional Recommendation: Each applicant may select a professional or personal reference to complete and submit two additional letters of recommendation for certification.</li> </ul>
Written Test	Community Health Worker Exam
Renewal	Biennial (every two years), on October 31st of the renewal year. The first renewal date may be less or more than a two-year period, depending on the initial award date. After the first renewal period, the CCHW credential is issued for a 2-year period, always expiring on October 31 of the renewal year.
Continuing Education	10 clock hours per year. Content must relate to at least one of the CHW performance domains of Communication and Education; Resources; Advocacy; Foundations of Health; or Professional Responsibility.

## Fee Schedule

The following table provides the current fee structure to earn and maintain Certified Community Health Worker (CCHW) certification. In the event that the fee schedule changes, the fees posted on the FCB website will take priority.

### ALL FEES ARE NON-REFUNDABLE

Requirement	Fee
Certification Application	<p><b>\$50.</b> This fee is valid for a 12-month period. If the CCHW credential is not earned with 12-months of paying the certification application fee, a continuation fee of \$50 must be paid.</p> <p>This fee must be paid (on-line) or submitted (hard-copy) with the <i>Certification Application: Certified Community Health Worker (CCHW)</i>.</p>
Manual Application Processing Fee	<p><b>This fee is waived until the FCB's on-line application system is operational.</b></p> <p><b>\$25.</b> This fee is required for any manual, hard-copy applications submitted to the FCB. The fee covers the cost of data entry.</p> <p>This fee must be submitted with the <i>Certification Application: Certified Community Health Worker (CCHW)</i>. <i>If this fee is a hardship for you, please contact the Florida Community Health Worker Coalition for financial assistance. For English-speaking applicants, please call 786-441-4815 or Interesados que hablen español, pueden llamar al 305-243-8433.</i></p>
Exam and Proctoring Fees	<p><b>Exam Fee: \$65.</b> This fee must be paid with every exam attempt.</p> <p><b>Proctoring Fee: No more than \$30.</b> The FCB administers all exams through a network of testing sites. Testing sites may charge an additional proctoring fee, not to exceed \$30 for a 2-hour test. This fee is paid directly to the test site.</p>
Criminal Background Report	<p><b>\$20.</b> This fee is required for any applicant who answers, "Yes, I have had a felony or second degree misdemeanor charge in my past" on the CHW application for certification. This fee covers the cost to the FCB to run a criminal history report.</p>
CCHW Biennial Renewal	<p><b>\$100.</b> The CCHW credential renews every two years. This fee must be paid on or before October 31st of the renewal year.</p>

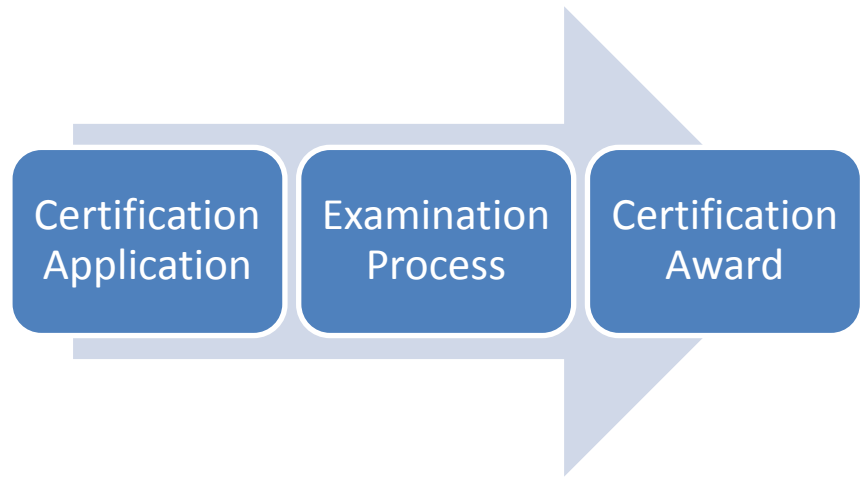
### ALL FEES ARE NON-REFUNDABLE



## Part 1: The Certification Process

Earning a professional credential is a multi-step process; applicants have a maximum of 12-months to earn certification. The 12-month period starts on the day the *Certification Application* and fee(s) are received at the FCB office.

The FCB will provide eligible applicants with directions to continue if the “out-of-time” date is reached.

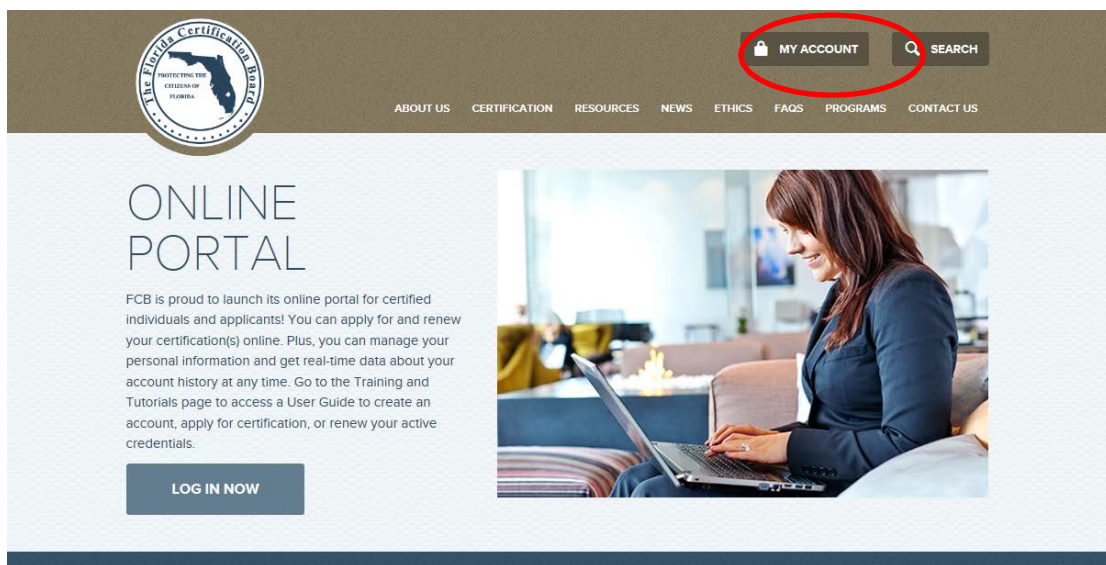


### Individual Certification Account

**ALL APPLICANTS MUST set up an account in the FCB’s electronic certification system. The FCB CAN NOT process any application materials and fees until the account is created.**

*If you do not have access to a computer, please contact the Florida Community Health Worker Coalition for assistance. For English-speaking applicants, please call 786-441-4815 or *Interesados que hablen español, pueden llamar al 305-243-8433.**

You will create your account by logging on to the FCB’s website at [www.flcertificationboard.org](http://www.flcertificationboard.org) and selecting the “My Account” link from the homepage.



Registration takes the applicant approximately 5 minutes to complete. Please visit <http://flcertificationboard.org/resources/training-and-tutorials/> to download the *How to Register on the FCB’s Customer Portal* document for step-by-step guidance on the registration process.

## Step 1: Certification Application

Your certification application requires you to document your education, training, experience and other specified indicators of competency. Each requirement must be documented according to FCB policies and procedures, using FCB official forms.

Please be aware that you must seek out current and prior employers, education providers, and references that will provide documentation and verification to support your certification application: these persons must submit information directly to the FCB by email, fax or mail. Unless specified, the FCB will not accept forms and/or documentation that are completed and/or submitted by the certification candidate.

The following forms must be received and approved by FCB certification staff via the on-line application portal email or hard-copy mail as specified below.

<b>Form/Documentation</b>	<b>Individual or entity to complete form/submit documentation to FCB</b>
Certification Application	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Training Documentation	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
CHW-related Work/Volunteer Experience	The employer or entity overseeing CCHW-related paid or volunteer work performed by the applicant. <i>May only be submitted via e-mail, or hard-copy mail.</i>
Recommendation	The individual providing a recommendation of the applicant for certification. <i>May only be submitted via e-mail, or hard-copy mail.</i>

**TIP:** The FCB recommends that you provide each individual or entity who you are asking to complete form(s) and/or submit documentation on your behalf with the following:

- A requested due date for submitting the documents;
- the FCB form;
- the FCB email address of:
  - [admin\\_assist@flcertificationboard.org](mailto:admin_assist@flcertificationboard.org);
  - fax number 850-222-6247; **OR**
  - a stamped envelope, addressed to the FCB as follows:

**Florida Certification Board  
Attn: Certification Operations  
1715 S. Gadsden Street  
Tallahassee, FL 32301**

## Certification Application

**Requirement:** The *Certification Application form* has 8 sections that collect mandatory data for the FCB certification database. All sections must be complete.

### How to Document:

Complete the *Certification Application form*. The Certification Application Fee (\$50) is due with the application. Fees can be paid via check, money order, or credit card (call the office for credit payments).

**FCB Accept/Deny Criteria:** The *Certification Application form* will be approved if all sections are completed; fees are paid; the applicant agrees/acknowledges FCB policy statements; and the applicant's criminal background is approved. Failure to meet these requirements will result in the denial of the *Certification Application form*. If necessary, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

Application Section	Policy Statement
Demographics/Contact Information	Provide all requested information. If information is not available, enter "N/A" or "none". <b>Applicants may not omit social security numbers, primary email address, or mailing address.</b>
Education Background	Provide all requested information.
Work History	Provide your work history for the last 5 years. Attach additional sheets if necessary: be sure to include your name and all information provided on the application. <i>Please note: this section of the application does not satisfy the CHW –related Work/Volunteer Experience requirement.</i>
Recommendations	For tracking purposes, you must provide the names of the three (3) individual's you are asking to provide a Recommendation for Certification. Should a reference change, please contact the FCB to update your application file. <i>Please note: this section of the application does not satisfy the Recommendation requirement.</i>
Background History	You are required to disclose your criminal background history and authorize the FCB to conduct random criminal background checks to assure compliance with the FCB Code of Ethical and Professional Conduct. If you have a felony or first degree misdemeanor in your history, you must pay a \$20 criminal history report fee and may be required to provide official documentation showing release from all court-ordered sanctions.  Please Note: carefully read the FCB Criminal Background Policy and the FCB Code of Ethics which is posted on the FCB website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a> to ensure understanding of policy and requirements. In most instances, as long as you have a clean criminal history for at least 3 years prior to applying for certification, a criminal history will not exclude you from certification. Please DO NOT automatically exclude yourself if you have a criminal background; contact the FCB for guidance.

Application Section	Policy Statement
Ethical and Professional Conduct	You are required to acknowledge certain standards and your professional responsibility in this section. Before completing this section, you must have the most recent copy of the FCB Code of Ethical and Professional Conduct, which is posted on the FCB website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a> .
Assurance and Release	You are required to provide specified assurances and releases to the FCB as part of the certification application process.

### *Content Specific Training Requirement*

**Requirement:** CCHW applicants must complete and document a minimum of **30 clock hours of training, with a minimum number of training clock hours in each performance domain as follows:**

- Communication and Education: 4 clock hours
- Resources: 4 clock hours
- Advocacy: 4 clock hours
- Foundations of Health: 4 clock hours
- Professional Responsibility: 4 clock hours
- Electives (may relate to any of the performance domains): 10 clock hours

**All training must have been completed within the last 5 years.**

Content-specific training for initial application purposes DOES NOT have to be delivered by an FCB approved training provider.

#### **How to Document:**

The applicant completes the *Training Verification form*, attaches copies of eligible training documentation in the same order as listed on the form and uploads (for electronic, on-line application) or mails hard-copy, original forms to the FCB office.

Training documentation must provide the following information:

- Applicant's Name
- Title of course/training/educational event\*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact Clock hours

***\*If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.***

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

If you use college coursework for training credit, you must provide documentation for each entry as follows:

- (1) Make a photo copy of your transcript, number each course you are using to meet training requirement(s),
- (2) print out the course description as published by the educational institution,
- (3) write the number corresponding to the course on your transcript and the course name on the course description, and
- (4) place this document in the appropriate order as is appears on this form.

#### **How to Calculate Content-specific Training Clock hours:**

College coursework is credited at the rate of 15 clock hours per 1 semester hour course.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total clock hours claimed. ***If the total credit clock hours are not listed on the certificate, attach a copy of the training agenda.***

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total clock hours claimed. Please attach a copy of the conference program to your application.

**FCB Accept/Deny Criteria:** Content-specific training will be approved if the training documentation includes all required information; the training was completed within the last 5 years; and there is a clear link between the training event and the content-specific training requirement. Each requirement is verified individually.

Failure to meet these requirements will result in the denial of the training event for certification purposes. If necessary, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

## *Related Work/Volunteer Experience Requirement*

**Requirement:** CCHW applicants must complete 500 clock hours of formal work and/or volunteer experience providing community health worker services in any of the following domains of practice:

1. Communication and Education: tasks related to community education.
2. Resources: tasks related to linking community members with available health/social services.
3. Advocacy: tasks related to advocating for the community's health/social service needs.

Experience is documented and verified by the applicant's immediate work or volunteer supervisor(s) on FCB provided forms.

Experience must have been gained within the last 5 years.

### **How to Document:**

The applicant completes Part 1 of the *Related Work/Volunteer Experience Verification form*. The applicant's current or former employer's personnel officer, volunteer supervisor or designee completes Part 2 of the form and attaches supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided. If multiple employers need to be contacted to document all clock hours, provide a separate form to each employer.

**The applicant may not complete any part of the form, except Part 1 and the applicant may not submit the completed form and/or any supporting documentation to the FCB.** It is FCB policy that Part 2 of this form is completed by the by the applicant's employer's personnel officer, volunteer supervisor, or designee. This person must also submit the completed form directly to the FCB via email or mail: the FCB will not accept *Work/Volunteer Experience Verification forms* completed and/or submitted by the applicant.

**Mail:**

Florida Certification Board  
Attn: Certification Operations  
1715 S. Gadsden Street  
Tallahassee, Florida 32301

**Email:** [admin\\_assist@flcertificationboard.org](mailto:admin_assist@flcertificationboard.org)

**Subject Line:** Work/Volunteer Experience Verification  
(applicant name)

### **How to Calculate Related Work Experience Clock hours:**

Full-time work is credited at the rate of 40 clock hours per week; 1,040 for 6 months; or 2,080 for 1 year.

Part-time work is credited on an hour-for-hour basis.

**FCB Accept/Deny Criteria:** Related work experience will be approved if the Form is completed in full, a position description/narrative of duties is provided; work experience was performed within the last 5 years, and there is a clear link between the duties performed and the duties expected of a Certified Community Health Worker. Failure to meet these requirements will result in the denial of the related work experience for certification purposes. If necessary, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

## *Recommendation for Certification Requirement*

**Requirement:** CCHW applicants must have the following *Recommendation for Certification forms* on-file:

- 1 supervisory letter of recommendation for certification
- 2 character/personal or professional letters of recommendation for certification

**Definition of a Supervisory Recommendation:** For certification purposes, a Supervisory recommendation is provided by an individual who is in a position that includes supervisory responsibilities defined by the organization’s published job description. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant’s volunteer staff is a qualified supervisor.

**Definition of a Character-Personal Recommendation:** For certification purposes, a Character-Personal recommendation is provided by an individual who knows the applicant in a personal capacity. Character-Personal recommendations are often provided by business acquaintances, customers or clients, teachers, trainers, professors, friends or neighbors. The Character-Personal recommendation should discuss the applicant’s traits, such as his or her personality, character, integrity, dependability, and/or insights into work habits, talents and skills. While the recommendation will primarily discuss the applicant’s personality, it should give the FCB an idea of the type of individual applying for certification as a Community Health Worker.

**Recommendations may NOT be provided by a relative, any person sharing the same household, or any person in a romantic, domestic or familial relationship with the applicant.**

### **How to Document:**

The applicant completes Part 1 of the *Recommendation for Certification form*. Each individual providing a Recommendation for Certification will complete Part 2 of the form. Provide a separate form to each individual providing a recommendation.

**The applicant may not complete any part of the form, except Part 1 and the applicant may not submit the completed form and/or any supporting documentation to the FCB.** It is FCB policy that Part 2 of this form is completed by the individual providing the recommendation for certification. This person must also submit the completed form directly to the FCB via email or mail: the FCB will not accept *Recommendation for Certification forms* completed and/or submitted by the applicant.

**Mail:**

Florida Certification Board  
Attn: Certification Operations  
1715 S. Gadsden Street  
Tallahassee, Florida 32301

**Email:** [admin\\_assist@flcertificationboard.org](mailto:admin_assist@flcertificationboard.org)

**Subject Line:** Recommendation for Certification (applicant name)

**FCB Accept/Deny Criteria:** Recommendations for Certification will be approved if the form is completed in full and submitted to the FCB by an individual qualified to provide the recommendation.

## Step 2: Examination Process

**Requirement:** Earn a passing score on the Florida Certified Community Health Worker (CCHW) exam. The CCHW exam is a 100-item, multiple choice test.

Applicants will not be eligible to register for the CCHW exam UNTIL all other certification requirements have been approved by an FCB certification specialist. Applicants will be provided with all information necessary to register for the CCHW exam when they have reached “approved to test” status.

Applicants will have 2 hours to complete the test. The unofficial test score will be provided immediately. FCB psychometricians will review test performance data and issue official scores approximately 3 business days after the test date.

## Step 3: Credential Award

The Certified Community Health Worker (CCHW) credential is issued within 10 business days of the FCB’s receipt of the official test results (approximately 3 business days after the test date).

The credential issue date is the day the applicant earned a passing score on the CCHW exam.

The CCHW credential is issued for a 24-month period, and will always renew on October 31st of the renewal calendar year. Depending on the initial certification award date, first time credential holders may be certified for slightly more or less than a standard 24-month period. The full 24-month renewal cycle will start after the credential is renewed for the first time.

## Application Appeal Process

When an applicant is denied certification, questions the results of the application review process, questions examination results, or is subject to an action by the FCB or its agents that he or she deems unjustified, the applicant has the right to an inquiry and/or an appeal.

An **inquiry** is when an applicant requests a written summary from the FCB that explains the reason for the action in question. A letter requesting an inquiry must be made to the FCB’s Director of Certification, in writing, within 30 calendar days of notification of FCB decision and/or action. An applicant shall be considered notified within 3 days of the date of the FCB’s notification. If the applicant does not agree with the decision and/or rationale of the FCB, he or she may request an appeal.

An **appeal** may be made to the FCB’s Director of Certification, in writing, within 30 calendar days of notification of FCB decision and/or action on the applicant’s inquiry. An applicant shall be considered notified within 3 days of the date of the FCB’s notification. The written appeal will be provided to the appropriated committee of the FCB’s Behavioral Health Advisory Council for review and action. The applicant will be notified in writing within 5-business days of the committee’s decision. The committee’s decision is final and not subject to further appeal.



## Part 2: Credential Maintenance and Renewal

Maintaining a credential in good standing is very important. To further our mission of public safety, the FCB maintains a public-access database allowing verification of an individual's certification status and ethical history. To remain in good standing, certified professionals must:

1. Actively participate in annual continuing education to maintain a current knowledge and skill base.
2. Follow the FCB Code of Ethical and Professional Conduct.
3. Complete the renewal process in a timely manner.

Please carefully read this section to ensure you understand maintenance and renewal requirements.

### Continuing Education

**Requirement:** CCHWs must complete 10 clock hours of continuing education units (CEUs) per year. One CEU is equal to 50 minutes of instruction.

Training content must be related to at least one of the CCHW performance domains and CEU clock hours must be non-repetitive (i.e., the same course cannot be claimed more than one time during each credentialed period, even if the course was taken annually.)

Continuing education units must be earned from a FCB recognized or approved CEU training provider: some training providers hold approval from other entities that is recognized by the FCB, other training providers apply for and hold FCB Training Provider Status.

FCB Recognized Education and Training Providers: The FCB will honor CEUs issued by any of the following providers:

1. FCB approved education and training providers
2. College or university coursework offered by institutions holding Federal Department of Education and/or Council of Higher Education Accreditation (CHEA) recognized accreditation.
3. Training providers approved to offer CEUs by other state or national professional licensing or certification boards.

FCB Approved Education and Training Providers: The FCB will award FCB Education and Training Provider status and a number to approved applicants. A list of approved FCB Education and Training Providers is maintained on our webpage at [www.flcertificationboard.org](http://www.flcertificationboard.org).

**How to Document Compliance with CEU Requirements:** The certified professional is responsible for maintaining CEU documentation for a minimum of 3 years, in case of audit. Valid documentation includes certificates of completion, official employer training transcripts, or college/university transcripts. Please see *Content Specific Training Requirement* policy for documentation requirements.

**CEU Audit:** Approximately 3 months prior to the credential's expiration date, the FCB will randomly select 20% of the certified population for a CEU audit to ensure compliance with the CEU requirement.

Audited individuals will be notified of such approximately 2 months prior to the credential's expiration date.

Audited individuals must submit CEU documentation to the FCB for review and approval PRIOR to the credential expiration date. Please note: payment of renewal fees and non-submission or denial of submitted CEUs may result in the credential being placed on inactive status.

Although only audited individuals are required to submit CEU documentation to the FCB as part of the renewal process, all CCHWs must maintain documentation of compliance with CEU requirements for 3 years, in case of future audit.

### **How to Calculate CEU Clock hours:**

One CEU is equal to 50 minutes of instruction.

College coursework is credited at the rate of 45-clock clock hours per 3 semester hour course. If the entire course is not related to the core competencies of a Certified Community Health Worker (CCHW), partial credit may be calculated for related topics covered in the overall course.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total clock hours claimed. If the total credit clock hours are not listed on the certificate, attach a copy of the training agenda.

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total clock hours claimed. Please attach a copy of the conference program to your application.

**FCB Accept/Deny Criteria:** CEU documentation will be approved if the documentation includes all required information; the training was completed between the certification award and expiration dates, and there is a clear link between the training event and the scope of service for a Certified Community Health Worker.

Failure to meet these requirements may result in disciplinary or ethical action. Credentials will not be renewed until CEU requirements are satisfied.

## **Credential Renewal**

**Requirement:** Certified Community Health Workers must renew the credential every two years, no later than October 31 of the renewal year.

### **Renewal Notice Process:**

The FCB will send out renewal notices approximately 2 months before the renewal due date. Renewal fees must be paid and, if audited\*, CEU documentation must be approved no later than October 31st of the renewal year.

Individuals who DO NOT meet renewal requirements by October 31st may pay the renewal fee, a \$50 late fee and must submit CEU (regardless of audit status) no later than November 30<sup>th</sup> renewal year.

Individuals who DO NOT meet renewal requirements by December 1<sup>st</sup> of the renewal year will be automatically placed in inactive status and must complete the FCB Reinstatement Process to recertify.

Please note: Should a credential earned during the grandparenting period become inactive or suspended, the individual must take and pass the CCHW exam as part of the credential reinstatement process.

*\* **CEU Audit:** Approximately 3 months prior to the credential's expiration date, the FCB will randomly select 20% of the certified population for a CEU audit to ensure compliance with the CEU requirement.*

*Audited individuals will be notified of such approximately 2 months prior to the credential's expiration date.*

*Audited individuals must submit CEU documentation to the FCB for review and approval PRIOR to the credential expiration date. Please note: payment of renewal fees and non-submission or denial of submitted CEUs may result in the credential being placed on inactive status.*

*Although only audited individuals are required to submit CEU documentation to the FCB as part of the renewal process, all CCHWs must maintain documentation of compliance with CEU requirements for 3 years, in case of future audit.*

## Part 3: Certification Application Forms

Please use this section to preview directions and required forms for certification application. Each form is posted on the FCB website in an editable format. Please download, complete and use the editable forms for all hard-copy submission and to complete Part I of each form that you must provide to another person to complete and submit to the FCB in support of your Certification Application.

### Required Forms, Documentation, and Submission Protocol

Form/Documentation	Individual or entity to complete form/submit documentation to the FCB
Certification Application: Certified Community Health Worker	The individual seeking certification. <i>Until further notice, all applications must be submitted via email or hard copy mail.</i>
Training Documentation	The individual seeking certification. <i>Until further notice, all applications must be submitted via email or hard copy mail.</i>
CHW-related Work/Volunteer Experience	The employer or entity where the applicant performed CCHW related job tasks. <i>May only be submitted via e-mail, or hard-copy mail.</i>
Recommendation	The individual providing a recommendation of the applicant for certification. <i>May only be submitted via e-mail, or hard-copy mail.</i>

## Certified Community Health Worker Application for Certification

This form is to be completed in its entirety by the applicant.

Partial, incomplete or illegible applications will be returned to the applicant. All statements provided on this application are subject to verification. False statements, omissions, alterations to the application, failure to supply requested information and/or failure to agree to follow Florida Certification Board (FCB) policies and procedures may be grounds to disqualify an applicant from certification.

**Section 1: Contact and Demographic Information.** Please provide all requested information. Enter None or N/A as appropriate.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle/Maiden Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Primary Email Address

\_\_\_\_\_  
Home Phone

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

\_\_\_\_\_  
Home Address Line 1

\_\_\_\_\_  
Home Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
County

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Current Position Title

\_\_\_\_\_  
Employer's Webpage Address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Work Address Line 1

\_\_\_\_\_  
Work Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
County

Although the following information is not mandatory, it is requested to assist the FCB in its commitment to equal certification opportunity and affirmative action. It is unlawful for an organization to fail to certify or refuse certification to any individual because of race, color, religion, national origin, marital status or disability.

I prefer NOT to provide the FCB with my voluntary demographic information.

**Race:**  Black  White  Native American/Alaskan Native  Asian/Pacific Islander  Multi-racial

**Ethnicity:**  Hispanic/Latino  Non-Hispanic/Latino **Gender:**  Female  Male  Transgender

**Certified Community Health Worker  
Application for Certification**

**Section 2: Education Background.** List each degree/diploma you have earned starting with the most recent award. Add additional pages if necessary.

**Most Recent Degree**

**Degree Type:**  None  HSD/GED  AA/AS  BA/BS  MA/MS/MEd  PhD  MD/OD  Other

**School Name:** \_\_\_\_\_

**School Location:** \_\_\_\_\_  
City State

**Is the name on your transcript the same as on your application for certification?**  Yes  No

**If “no” provide your name as it is listed on your transcript:** \_\_\_\_\_

**Have you previously submitted this official transcript to the FCB for another credential?**  Yes  No

**If “yes” provide the credential name and number:** \_\_\_\_\_

**Second Most Recent Degree**

**Degree Type:**  None  HSD/GED  AA/AS  BA/BS  MA/MS/MEd  PhD  MD/OD   
Other

**School Name:** \_\_\_\_\_

**School Location:** \_\_\_\_\_  
City State

**Is the name on your transcript the same as on your application for certification?**  Yes  No

**If “no” provide your name as it is listed on your transcript:** \_\_\_\_\_

**Have you previously submitted this official transcript to the FCB for another credential?**  Yes  No

**If “yes” provide the credential name and number:** \_\_\_\_\_

**Section 3: Work History.** Please list your employment history for the last five (5) years. Report employment dates in the following format: May 2009 – Aug 2011. Add additional pages if necessary.

**Employer:** \_\_\_\_\_

**Type of Position (select all that apply):**  Full-time  Part-time  Paid  Volunteer

**Employer Webpage Address:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Employment Dates:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Describe Duties:** \_\_\_\_\_

**Certified Community Health Worker  
Application for Certification**

**Section 3 Continued: Work History.** Please list your employment history for the last five (5) years. Report employment dates in the following format: May 2009 – Aug 2011. Add additional pages if necessary.

**Employer:** \_\_\_\_\_

**Type of Position (select all that apply):**    Full-time    Part-time    Paid    Volunteer

**Employer Webpage Address:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Employment Dates:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Describe Duties:**

**Section 4: Recommendations.** You are required to have three (3) professional letters of recommendation as part of your FCB application file: one must be a Supervisory Recommendation and two may be a Character/Personal Recommendation or Supervisory Recommendation. Please carefully read the Candidate Guide for Application for full requirements.

A specific form is used for each type of recommendation – the Recommendation for Certification Form. These are to be completed by persons (non-relatives only) who have direct professional knowledge of your work, skills and character. It is expected that you have given the Recommendation for Certification Form to specific people who will complete the form and submit it to the FCB via mail, email or fax. For tracking purposes, it is important that we have the names of the persons who will be submitting the forms in support of your application for certification.

Please list your anticipated references below. Should a reference change, please contact the FCB to update your application file.

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

**Type:**    Supervisory Recommendation    Character/Personal Recommendation

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

**Type:**    Supervisory Recommendation    Character/Personal Recommendation

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

**Type:**    Supervisory Recommendation    Character/Personal Recommendation

**Section 5: Background History Part A.**

As a condition of my candidacy for certification with the Florida Certification Board (FCB), I understand that the FCB will conduct a criminal background check. I understand that once certified I may be selected for random audit to assure compliance with the FCB Code of Ethics.    Yes    No

By checking the affirmative box below, I authorize the FCB and/or any other company authorized by the FCB to access such information as may be necessary to conduct a criminal background check.    Yes    No

I release from liability all persons and entities supplying such information. I indemnify the Florida Certification Board and/or any other company authorized by the FCB against any liability which may result from making such requests.    Yes    No

**Certified Community Health Worker  
Application for Certification**

**Section 5 Background History Part B.**

Have you ever been convicted, pled nolo contendere, or had an adjudication of guilt withheld for any crime which is a felony or 1<sup>st</sup> degree misdemeanor?  yes  no If you answered "yes", you must pay an additional \$20 for a criminal history report and you must provide the following information for each charge. Attach additional pages as necessary.

Charge: \_\_\_\_\_

Date and Location Charge Took Place: \_\_\_\_\_

Disposition of Charge:       guilty                       not-guilty                       dismissed                       other

Sanctions Applied: \_\_\_\_\_

Date of Release from Sanctions: \_\_\_\_\_

Description of Incident/Charge(s):

**Section 6: Ethical and Professional Conduct.** You are required to acknowledge certain standards and your professional responsibility in this section. Before completing this section, you must have the most recent copy of the FCB Code of Ethics, which is posted on the FCB website at [www.flcertificationboard.org](http://www.flcertificationboard.org).

By checking the acknowledgement box below, I affirm that I understand that I am required to follow the professional standards of conduct detailed in the FCB Code of Ethics. I also affirm that I understand that the FCB Code of Ethics applies to both certification applicants and certified individuals.

I acknowledge.       I do not acknowledge.

By checking the acknowledgement box below, I affirm that I have received a copy of the FCB Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

I acknowledge.       I do not acknowledge.

By checking the acknowledgement box below, I further affirm that I have read and understand all of my obligations, duties, and responsibilities under each principle and provision of the FCB Code of Ethics. I will read and understand all future amendments and modifications to the FCB Code of Ethics.

I acknowledge.       I do not acknowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Certified Community Health Worker  
Application for Certification**

**Section 7: Assurance and Release.**

I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omission shall result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and its Advisory Boards, Councils and review committees.

I further agree to hold the FCB, its board members, employees and examiners free from any civil liability for damages for complaints by reason for any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification.

I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the level of certification for which I am applying.

I acknowledge.     I do not acknowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Certified Community Health Worker Training Verification Form

**Requirement:** Community Health Worker (CHW) applicants must complete and document a minimum of **30 hours of content specific training as follows:**

- Communication and Education: 4 hours
- Resources: 4 hours
- Advocacy: 4 hours
- Foundations of Health: 4 hours
- Professional Responsibility: 4 hours
- Electives (may relate to any of the performance domains): 10 hours

**All training must have been completed with the last 5 years.**

**How to Document:** The applicant completes the Training Verification Forms, attaches copies of eligible training documentation in the same order as listed on the form and uploads (for electronic, on-line application) or mails hard-copy, original forms to the FCB office.

Training documentation must provide the following information:

- Applicant's Name
- Title of course/training/educational event\*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact/Clock Hours

*\*If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.*

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

If you use college coursework for training credit, you must provide documentation for each entry as follows: (1) Make a photo copy of your transcript, number each course you are using to meet training requirement(s), print out the course description as published by the educational institution, write the number corresponding to the course on your transcript and the course name on the course description. Place this document in the appropriate order as is appears on this form.

### **How to Calculate Content-specific Training Hours:**

College coursework is credited at the rate of 15 clock hours per 1 semester hour course.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. If the total credit hours are not listed on the certificate, attach a copy of the training agenda.

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.

**Certified Community Health Worker  
Training Verification Form (1 of 6)**

**Training Topic: Communication and Education**

**Training Requirement: Minimum of 4 hours of training in topics directly related to Communication and Education.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

**Certified Community Health Worker  
Training Verification Form (2 of 6)**

**Training Topic: Resources**

**Training Requirement: Minimum of 4 hours of training in topics directly related to Resources.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

**Certified Community Health Worker  
Training Verification Form (3 of 6)**

**Training Topic: Advocacy**

**Training Requirement: Minimum of 4 hours of training in topics directly related to Advocacy.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

**Certified Community Health Worker  
Training Verification Form (4 of 6)**

**Training Topic: Foundations of Health**

**Training Requirement: Minimum of 4 hours of training in topics directly related to Foundations of Health.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

**Certified Community Health Worker  
Training Verification Form (5 of 6)**

**Training Topic: Professional Responsibility**

**Training Requirement: Minimum of 4 hours of training in topics directly related to Ethical and Professional Responsibility.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

**Certified Community Health Worker  
Training Verification Form (6 of 6)**

**Training Topic: Electives**

**Training Requirement: Minimum of 10 hours of training in topics directly related to any of the CCHW performance domains.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only



## **Certified Community Health Worker Related Work Experience Verification Form**

### **Directions**

Thank you for taking the time to assist the applicant named above to verify and document his or her CHW-related work or volunteer experience in pursuit of the Certified Community Health Worker (CCHW) designation.

Please carefully read the Description of a Certified Community Health Worker and the Related Work Experience Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet Certified Community Health Worker Related Work/Volunteer Experience Requirements, please contact our offices directly at 850-222-6314.

To document the applicant's related work/volunteer experience you must complete this form in its entirety and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the applicant's employer's personnel officer or designee only.

Upon completion, please submit the form and supporting documentation directly to the FCB via mail or email: the FCB will not accept Work/Volunteer Experience Verification documentation completed and/or submitted in part or whole by the applicant.

**Mail:**

Florida Certification Board  
Attn: Certification Operations  
1715 South Gadsden Street  
Tallahassee, FL 32301

**Email:** [admin\\_assist@flcertificationboard.org](mailto:admin_assist@flcertificationboard.org)

**Subject Line:** Work/Volunteer Experience Verification (applicant name)

### **Description of a Certified Community Health Worker (CCHW)**

The CCHW designation is an entry-level credential for front-line public health workers who, by virtue of their trusted status in the community, serves as a liaison, link and intermediary between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

### **Related Work Experience Requirements**

**500 hours** of formal work and/or volunteer experience providing community health worker services in any of the following domains of practice:

1. Communication and Education: tasks related to community education.
2. Resources: tasks related to linking community members with available health/social services.
3. Advocacy: tasks related to advocating for the community's health/social service needs.

Experience is documented and verified by the applicant's immediate work or volunteer supervisor(s) on FCB provided forms.

Experience must have been gained within the last 5 years.

## Certified Community Health Worker Related Work Experience Verification Form

**Part 1: To be completed by the applicant prior to providing to the employer for completion.**

**Applicant Information.** Please list your employment history for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each position and/or employer.

**Employer:** \_\_\_\_\_

**Type of Position (select all that apply):**  Full-time  Part-time  Paid

**Position Title:** \_\_\_\_\_

**Employment Dates:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Part 2: To be completed by the personnel officer or designee only.**

### Section A: Verifier's Information

\_\_\_\_\_  
**Last Name** **First Name**

\_\_\_\_\_  
**Title** **Employer**

\_\_\_\_\_  
**Employer Webpage Address** **Business Phone**

\_\_\_\_\_  
**Work Address Line 1**

\_\_\_\_\_  
**Work Address Line 2**

\_\_\_\_\_  
**City** **State**

\_\_\_\_\_  
**Zip code** **County**

### Section B: Experience Attestation

I have read and understand the work/volunteer experience requirements for Community Health Worker (CCHW) certification. The following information can be verified by employment records maintained by the agency.

Applicant's Position Description Attached?  Yes  No\*

\*If no, please attach a written description of the applicant's duties on agency letterhead.

Applicant's Dates of Employment/Volunteer Work: \_\_\_\_\_

Type of Position (select all that apply):  Full-time  Part-time  Paid  Volunteer

Average number of hours per week providing related services: \_\_\_\_\_

By my signature, I attest that the above material is true to the best of my knowledge.

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

# Certified Community Health Worker Supervisory Recommendation for Certification Form

## **Directions**

Thank you for taking the time to provide a Supervisory Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Certified Community Health Worker (CCHW) designation.

Please carefully read the [Definition of a Supervisory Recommendation](#) and the [Description of a Certified Community Health Worker](#). Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a Certified Community Health Worker (CCHW), please contact our offices directly at 850-222-6314.

This Supervisory Recommendation for Certification Form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the FCB via mail or email: the FCB will not accept Supervisory Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

**Mail:**

Florida Certification Board  
Attn: Certification Operations  
1715 South Gadsden Street  
Tallahassee, FL 32301

**Email:** [admin\\_assist@flcertificationboard.org](mailto:admin_assist@flcertificationboard.org)

**Subject Line:** Supervisory Recommendation (applicant name)

**Definition of a Character-Personal Recommendation:** For certification purposes, a Supervisory recommendation is provided by an individual who is in a position that includes supervisory responsibilities defined by the organization's published job description. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

*A Supervisory Recommendation for Certification may not be provided by a peer, subordinate, relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.*

## **Description of a Certified Community Health Worker (CCHW)**

The CCHW designation is an entry-level credential for front-line health workers who, by virtue of their trusted status in the community, serves as a liaison, link and intermediary between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

## Certified Community Health Worker Supervisory Recommendation for Certification Form

**Part 1: To be completed by the applicant before giving this form to the individual providing the applicant with a Supervisory Recommendation for Certification as a Community Health Worker (CCHW).**

**Applicant Information.** For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Supervisory Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a Supervisory recommendation for certification.

**Your name:** \_\_\_\_\_

**Name of individual providing the recommendation:** \_\_\_\_\_

**Part 2: To be completed by the individual providing the applicant with a Supervisory Recommendation for Certification as a Community Health Worker.**

**Section A: Contact Information.** Please write "none" or "N/A" as necessary.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Primary Email Address

\_\_\_\_\_  
Primary Phone Number

home  cell  work

\_\_\_\_\_  
Phone Type

\_\_\_\_\_  
Contact Address Line 1

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
County

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Webpage Address

\_\_\_\_\_  
Business Phone

**Section B: Nature of Relationship with Applicant for Certification.** Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a Supervisory Recommendation for Certification as a Community Health Worker (CCHW).

**Certified Community Health Worker  
Supervisory Recommendation for Certification Form**

**Section C: Recommendation.** Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a Certified Community Health Worker (CCHW). Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a Certified Community Health Worker.

**Section D: Attestation.**

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform CHW-related services at the level expected of a CCHW.

I affirm.     I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm.     I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a Community Health Worker (CCHW).

I affirm.     I do not affirm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Certified Community Health Worker Character/Personal Recommendation for Certification Form

### **Directions**

Thank you for taking the time to provide a Character/Personal Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Certified Community Health Worker (CCHW) designation.

Please carefully read the Definition of a Character/Personal Recommendation and the Description of a Certified Community Health Worker. Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a Certified Community Health Worker (CCHW), please contact our offices directly at 850-222-6314.

This Character/Personal Recommendation for Certification Form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the FCB via mail or email: the FCB will not accept Character/Personal Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

**Mail:**

Florida Certification Board  
Attn: Certification Operations  
1715 South Gadsden Street  
Tallahassee, FL 32301

**Email:** [admin\\_assist@flcertificationboard.org](mailto:admin_assist@flcertificationboard.org)

**Subject Line:** Character/Personal Recommendation (applicant name)

**Definition of a Character-Personal Recommendation:** For certification purposes, a Character-Personal recommendation is provided by an individual who knows the applicant in a personal capacity. Character-Personal recommendations are often provided by business acquaintances, customers or clients, teachers, trainers, professors, friends or neighbors. The Character-Personal recommendation should discuss the applicant's traits, such as his or her personality, character, integrity, dependability, and/or insights into work habits, talents and skills. While the recommendation will primarily discuss the applicant's personality, it should give the FCB an idea of the type of individual applying for certification as a Community Health Worker.

*A Character/Personal Recommendation for Certification may not be provided by a peer, subordinate, relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.*

### **Description of a Certified Community Health Worker (CCHW)**

The CCHW designation is an entry-level credential for front-line health workers who, by virtue of their trusted status in the community, serves as a liaison, link and intermediary between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

# Certified Community Health Worker Character/Personal Recommendation for Certification Form

**Part 1: To be completed by the applicant before giving this form to the individual providing the applicant with a Character/Personal Recommendation for Certification as a Community Health Worker (CCHW).**

**Applicant Information.** For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Character/Personal Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a Character/Personal recommendation for certification.

Your name: \_\_\_\_\_

Name of individual providing the recommendation: \_\_\_\_\_

**Part 2: To be completed by the individual providing the applicant with a Character/Personal Recommendation for Certification as a Community Health Worker.**

**Section A: Contact Information.** Please write "none" or "N/A" as necessary.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Primary Email Address

\_\_\_\_\_  
Primary Phone Number

home  cell  work

\_\_\_\_\_  
Phone Type

\_\_\_\_\_  
Contact Address Line 1

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
County

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Webpage Address

\_\_\_\_\_  
Business Phone

**Section B: Nature of Relationship with Applicant for Certification.** Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a Character/Personal Recommendation for Certification as a Community Health Worker (CCHW).

**Certified Community Health Worker  
Character/Personal Recommendation for Certification Form**

**Section C: Recommendation.** Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a Certified Community Health Worker (CCHW). Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a Certified Community Health Worker.

**Section D: Attestation.**

I hereby affirm that I have a direct, personal relationship with the certification applicant listed in Part 1 of this form.

I affirm.     I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm.     I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a Community Health Worker (CCHW).

I affirm.     I do not affirm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





*Protecting the Citizens  
of Florida*

**Community  
Health  
Worker**

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