

[*Applicant Name*] has applied for Certification as a Community Health Worker in the State of Connecticut and has submitted your name as a supervisory reference. Please complete the following information.

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

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

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

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

A. How long have you known the applicant? Years: \_\_\_\_\_ Months: \_\_\_\_\_

B. Community Health Worker Roles. Please check each role that the applicant performed satisfactorily while under your supervision. A list of tasks included in each role is attached to this form.

**Satisfactory Performance of Community Health Worker Roles**

- 1. Cultural Mediation among Individuals, Communities & Health Social Service Systems \_\_\_\_\_
- 2. Providing Culturally Appropriate Health Education and Information \_\_\_\_\_
- 3. Care Coordination, Case Management, and System Navigation \_\_\_\_\_
- 4. Providing Coaching and Social Support \_\_\_\_\_
- 5. Advocating for Individuals and Communities \_\_\_\_\_
- 6. Building Individual and Community Capacity \_\_\_\_\_
- 7. Providing Direct Service \_\_\_\_\_
- 8. Implementing Individual and Community Assessments \_\_\_\_\_
- 9. Conducting Outreach \_\_\_\_\_
- 10. Participating in Evaluation and Research \_\_\_\_\_

C. Please verify that the applicant completed [*number of hours listed by applicant on application form*] hours performing the roles checked above since [*date 3 years prior to application date*].

Yes, the applicant completed this number of hours \_\_\_\_\_

No, the applicant completed fewer hours \_\_\_\_\_

D. For how many years have you supervised individuals performing the roles checked above? \_\_\_\_\_

E. Community Health Worker Skills. Please check each skill in which the applicant demonstrated proficiency while under your supervision. Proficiency is defined as having the subskills listed with each skill on the list attached to this form.

<b>Proficiency in Community Health Worker Skills</b>			
1. Communication Skills	_____	6. Education and Facilitation Skills	_____
2. Interpersonal and Relationship-building Skills	_____	7. Individual and Community Assessment Skills	_____
3. Service Coordination and Navigation Skills	_____	8. Outreach Skills	_____
4. Capacity Building Skills	_____	9. Professional Skills and Conduct	_____
5. Advocacy Skills	_____	10. Evaluation and Research Skills	_____

F. I certify that the information I provided on this form is true to the best of my knowledge. I further certify that I am not related to the applicant, I do not share the same household as the applicant, and I am not and never have been in a romantic, domestic or familial relationship with the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date