

Curriculum Submission Form

Purpose: The CHW Training and Certification Program reviews and approves curricula for DSHS-certified training for CHWs and Instructors to ensure quality training for CHWs and instructors of CHWs. The Curriculum Submission Form serves as a checklist and information for training programs to understand the DSHS curriculum review/approval process and timeline.

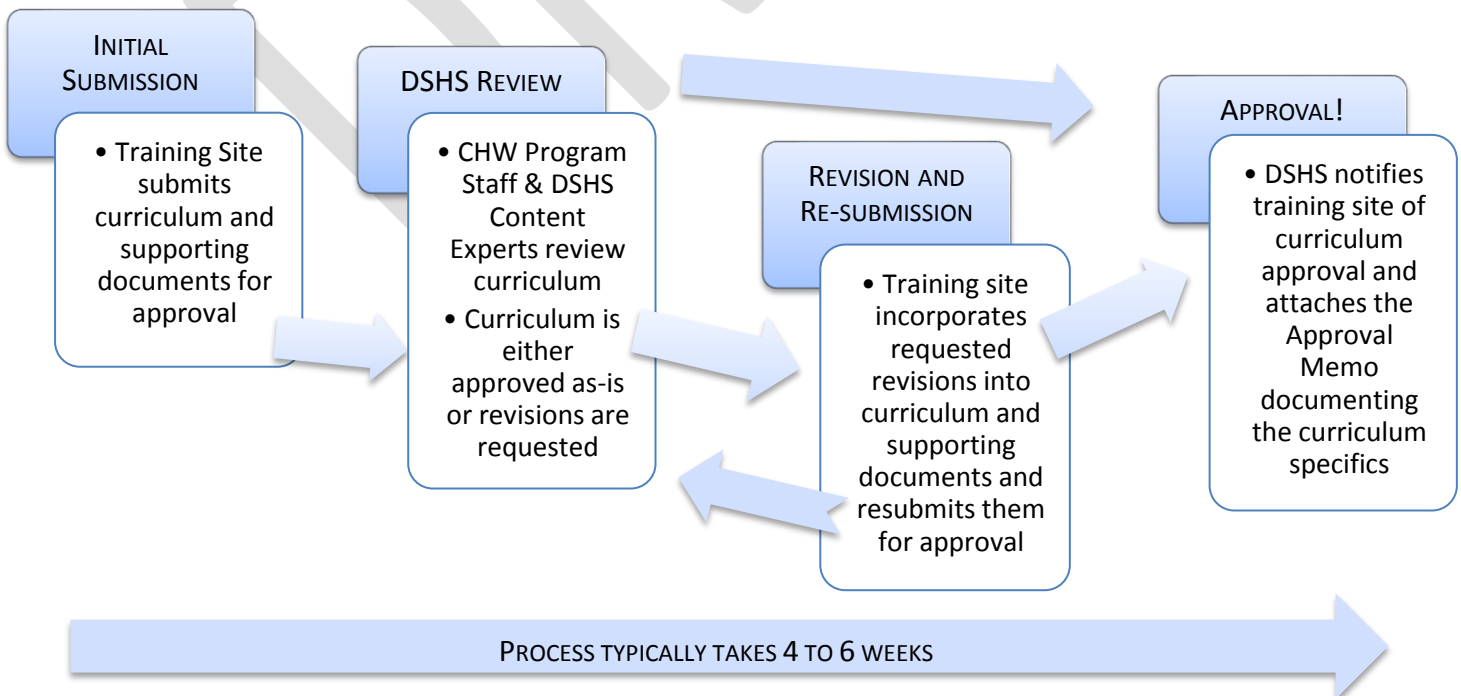
Instructions: Email curriculum outline or presentation along with this form, a sample certificate and, if applicable, the curriculum authorization release letter and/or the field work activity outline to CHW@dshs.state.tx.us. The curriculum review/approval process may take 4-6 weeks, depending on the length of the curriculum and current staff capacity.

The curriculum packet is reviewed by the CHW program staff and other DSHS consultants with substantive expertise on the curriculum topic. DSHS may recommend revisions before a curriculum is approved. Training programs will receive a memo when the curriculum is approved.

Documents Required for Submission of New Curriculum

SUBMIT the following documents in a single email to CHW@dshs.state.tx.us:

- Curriculum Submission Form**
- Curriculum presentation and/or Lesson Plan**
- Sample certificate of completion**
- Field Work Outline** (when applicable)
- Curriculum Authorization Release Letter or E-mail** (when applicable) - If curriculum was developed by another entity, please request an email or letter from the curriculum developer granting permission to use the curriculum to train CHWs



Curriculum Submission Information

Date Submitted:	Submitted by:
Training Program:	Authorized by Primary Training Program Contact (list contact name):
Curriculum Title:	
Topic Area(s) or Key words:	
Type of curriculum:	<input type="checkbox"/> CHW training <input type="checkbox"/> Instructor training <input type="checkbox"/> Both
	<input type="checkbox"/> Core training (part of initial training course of at least 160 hours) <input type="checkbox"/> Continuing Education <input type="checkbox"/> Both
<i>Please enter the information below from the course lesson plan and/or presentation:</i>	
Total number of contact hours:	
Number of contact hours by core competency(ies):	
Learner-centered objectives (Describe how learner- centered objectives are appropriate for CHWs or Instructors of CHWs):	
Name and certification # of certified instructor involved in the development or review of curriculum:	
Name and organization of curriculum developer (Note - If curriculum was developed by another entity, include public domain information or documentation of approval by curriculum developer):	

Name and certification # of certified instructor(s) who will teach the curriculum (If planning to use a guest instructor, indicate that here):	
Citations and references for information provided in the curriculum. Internet links (URLs) provided must be active:	
Language of instruction:	<input type="checkbox"/> English <input type="checkbox"/> Spanish * must submit Spanish curriculum for approval <input type="checkbox"/> Other _____
Training method:	<input type="checkbox"/> Face to face <input type="checkbox"/> Distance learning – real time <input type="checkbox"/> Distance learning – online module <input type="checkbox"/> Combination/hybrid (please describe) <input type="checkbox"/> Other
Interactive component - Describe how the curriculum will be interactive and engage learners:	
Literacy level - Describe the process and/or tool you utilized to determine that the literacy level is appropriate:	
Adult Learning Principles - Describe how the curriculum utilizes adult learning principles:	
Evaluation component - Include any pre/post-test or describe other process/tool to be used to evaluate acquisition of skills/knowledge:	
Anticipated course date - Include the anticipated date of the CE course:	Date: _____ <input type="checkbox"/> No date set yet
Sample certificate of completion is attached and includes:	<input type="checkbox"/> Title <input type="checkbox"/> Training Program <input type="checkbox"/> Instructor <input type="checkbox"/> Core competency(ies) covered and contact hours for each

	<input type="checkbox"/> DSHS-certified contact hours (total) <input type="checkbox"/> Identifies if DSHS-certified CEUs for CHWs or Instructors
Would you be willing to share your curriculum with other DSHS-certified CHW/Instructor training programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<i>Field Work Activity</i>	
Field work activity outline is included in submission:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of CEUs requested for completion of field work activity (cannot exceed 5 hours):	
Number of contact hours by core competency(ies):	
Sample certificate of completion is attached and includes:	<input type="checkbox"/> Field Work Title <input type="checkbox"/> Training Program <input type="checkbox"/> Instructor <input type="checkbox"/> Core competency(ies) covered and contact hours for each <input type="checkbox"/> DSHS-certified contact hours (total) <input type="checkbox"/> Identifies if DSHS-certified CEUs for CHWs or Instructors
Anticipated completion/submission date:	Date: _____ <input type="checkbox"/> No date set yet
Requirements for documenting successful completion of activity (photos, reports, evaluations, etc.):	
<i>Guest Instructor:</i>	
Full name of guest instructor	
Amount of time guest instructor will teach (no more than 2 hours of training for CEs or no more than 10% for per core competency of certification course)	
Guest instructor qualifications- must meet at least two. Check which two are met and explain to the side.	

<p>Add a row if more than one guest instructor</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Licensure or certification in field related to training topic, including certification as a CHW. Specify licensure or certification. 2. <input type="checkbox"/> Advanced degree (Master’s or doctorate) in field related to training topic. Specify degree and field. 3. <input type="checkbox"/> Publication [peer-reviewed journal] or research related to training topic. Specify publication or research and topic. 4. <input type="checkbox"/> Current work (agency/employer/ supervisor) related to training topic. Specify current work. 5. <input type="checkbox"/> Other unique qualifications, such as a person with a unique life experience related to training topic (example – cancer survivor). Specify unique qualifications related to topic. 	
<p>For in-person or real-time webinar taught by a guest instructor: Name and certification # of the certified instructor who will be available to assist and/or answer questions as needed for in-person or real-time webinars. Examples might include being present/in attendance, logged into the webinar with the ability to see and answer questions, or available via email.</p>	
<p>For online module or recorded webinar taught by a guest instructor: Name and certification # and the means by which a certified instructor will be available to respond to students’ questions or inquiries about the guest instructor’s presentation at a later time. Examples might be email, online forum, discussion board, etc.</p>	