



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH PROFESSIONS LICENSURE  
**BOARD OF CERTIFICATION OF COMMUNITY HEALTH WORKERS**

239 CAUSEWAY STREET, SUITE 500  
BOSTON, MA 02114  
800-414-0168 OR 617-973-0800

<https://www.mass.gov/orgs/board-of-certification-of-community-health-workers>

[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

## Community Health Worker Education and Training Program Application Instructions

### INTRODUCTION

272 CMR 5.00 establishes the minimum standards and procedures for approval of Community Health Worker Education and Training Programs (hereinafter CHW Training Programs) by the Board of Certification of Community Health Worker (hereinafter Board). In addition, the Board created sub-regulatory guidance on the criteria to be applied by the Board when reviewing training program applications. That guidance can be found here: [www.mass.gov/service-details/laws-and-regulations-board-of-certification-of-community-health-workersXXX](http://www.mass.gov/service-details/laws-and-regulations-board-of-certification-of-community-health-workersXXX).

### APPLICATION PROCESS

CHW Training Programs applying for Board approval must complete the following:

- [Board of Certification of Community Health Workers Training Program Application and respond to any request of the board for more information.](#)
- [Division of Professional Licensure \(DPL\): Office of Private Occupational School Education Licensure Determination Form via the following web page:   
<http://www.mass.gov/ocabr/docs/dpl/os/forms/licensure-determination-form.pdf>](#)
- ~~this application and respond to any requests of the board for more information.~~

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Once submitted, the Bureau of Health Professions Licensure (hereinafter Bureau) will review the application for completeness. When the application is complete, the Board will review the application. If the Board or Bureau staff has questions about your application, you may be contacted during the review process and asked to appear at a Board meeting or to provide additional information. After review of the application and any additional materials submitted, the Board will then notify the program ~~by mail~~ that it:

- 1) Is approved; or
- 2) Is denied approval. The notice will include both the reason and options for reapplication if applicable.

### INSTRUCTIONS AND CHECKLIST

**Submit your CHW Training Program Application along with all the requested information listed below.** We invite concise responses and expect most responses can be answered in fewer than 250 words.

APPLICATION FOR COMMUNITY HEALTH WORKER EDUCATION AND TRAINING PROGRAMS  
BOARD OF CERTIFICATION OF COMMUNITY HEALTH WORKERS • 239 CAUSEWAY STREET, BOSTON, MA 02114  
PHONE: 800-414-0168 • 617-973-0800 • WEBSITE: WWW.MASS.GOV/DPH/BOARDS  
DRAFT 4/9/2018

Please use provided space, which can accommodate 250 words in 12-point font. If you need additional space, you may attach additional pages.

The preferred method for application submission is electronically to the Board of Certification of Community Health Workers at MULTIBOARD.ADMIN@STATE.MA.US. Paper copies can also be mailed to 239 Causeway Street, 5th Floor, Boston, MA 02114.

~~Applications should be submitted by postal mail to the Board of Certification of Community Health Workers, 239 Causeway Street, Boston, MA 02114. The application can also be completed on-line however the supporting documents must be submitted by postal mail along with the completed cover sheet.~~

Failure to provide the requested information will result in a delay in processing your application or denial of your application.

Answers to frequently asked questions (FAQs) are on the Board's website (www.mass.gov/dph/boards).

#### **REQUIRED DOCUMENTS :**

**Application Package.** Please sign and date your application on page xxx.

**Curriculum Form.** Describe how your CHW Training Program prepares participants to practice the CHW Core Competencies by completing the Curriculum Form on page xxx.

**Participant Proficiency Assessment.** Please submit any rubrics, descriptions of methodologies, tests, or other materials related to assessing competency proficiency.

**CHW Training Program Staff List.** Using the attached CHW Training Program staff table, please provide a list and description of training program staff. This list should include administrative and program leadership and faculty/trainers. Please indicate qualifications, including degrees held, experience as a CHW, experience as CHW trainer, and whether they've taken and completed the CHW core competency training.

Comment [ 1]: Form in packet

**CHW Partnership List.** Using the form included in the application , please provide a listing and description of organization in which you have established partnerships.

Comment [ 2]: Form in packet

**Organizational Chart.** Provide an organizational chart that places the CHW Training Program within the Parent Organization and that both shows administrative and program leadership along with all CHW training program staff.

**Recruitment and Admissions.** Please attach marketing and enrollment materials for the CHW training program. These may include, but are not limited to, participant application, brochures, flyers, or copies of targeted emails.

**Financial Information.** Please attach your most recent annual CHW training program budget, and your parent organization's most recent audited financial statements, and ~~the organization's~~ projected operating budget for upcoming state fiscal year.

**CHW Training Program Evaluation Materials.** Please include samples of any participant surveys or other evaluation forms used.

**Application Fee.** Include a nonrefundable \$xx application fee, as a check or money order payable to Commonwealth of Massachusetts. (Note: If you are applying online, you can make your payment online).

**Attestation.** Sign your attestation on page 14 of this application confirming that you have reviewed the following:

1. Attorney General's regulations on for-profit and occupational schools, 940 CMR 31.00 and that your parent organization and your CHW Training Program adhere to the law laid out in 940 CMR 31.00.

2. Financial Disclosure Attestation

**Approval of DPL's Application and Approval, or Exemption.**

- Submission of Licensure Determination Form
- Submission of DPL's Decision
- Submission of DPL's approval if applicable

\*More details about the submission process for this information can be found in the FAQs document

IF YOU HAVE QUESTIONS ABOUT YOUR APPLICATION, YOU MAY CONTACT THE BUREAU AT [MULTIBOARD.ADMIN@STATE.MA.US](mailto:MULTIBOARD.ADMIN@STATE.MA.US) OR [800-414-0168](tel:800-414-0168) OR [617-973-0806](tel:617-973-0806)

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## Application

### PART A. ORGANIZATION INFORMATION

|  |             |             |            |
|--|-------------|-------------|------------|
| <b>Parent Organization Name:</b>   |             |             |            |
| <b>CHW Training Program or Department Name:</b>  |             |             |            |
| <b>Course Name:</b>  |             |             |            |
| <b>Address of Record:</b>  |             |             |            |
| (No. Street)   | (City/Town) | (State)     | (Zip Code) |
| <b>Telephone:</b>  |             | <b>Fax:</b> |            |
| <b>CHW Training Program Administrator's Name:</b>  |             |             |            |
| <b>Email:</b>  |             |             |            |
| <b>Position/Title:</b>   |             |             |            |
| <b>Has your organization had any legal or regulatory challenges in Massachusetts or other state?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide an explanation on a separate sheet.</i> |             |             |            |

### PART B. PROGRAM INFORMATION

|   |  |
|---|--|
| <b>Proposed Core Competency Training Course Title:</b>  |  |
| <b>Total Hours:</b>   |  |
| <b>Tuition Fees for each participant:</b>   |  |
| <b>Is part of the CHW training program offered online?</b><br><b>Check one:</b><br><input type="checkbox"/> Program is offered in-person only<br><input type="checkbox"/> Program <b>completed-offered</b> through a combination of online and classroom instruction (hybrid program)<br>% of program that is offered on-line (max of 70%): _____ |  |
| <b>Training Programs that offer hybrid programs must answer Questions <b>XX – XX</b>.</b>   |  |

**Comment [J4]:** Holding question until Oct meeting

**Comment [ 5]:** Note 30% in Person & 70% Online

Does your program offer an internship or practicum?  Yes  No

Is academic credit offered for all or parts of your program?  Yes  No

If yes, how many credits: \_\_\_\_\_

For what institution, if it is not the parent organization:  
\_\_\_\_\_

### PART C. MISSION & CORE PRINCIPLES

**1. Mission Statement & CHW Training Program Description.** ~~Please provide both your Parent Organization and CHW Training Program's Mission Statement and explain:~~

- a) ~~Please provide both your Parent Organization and CHW Training Program's Mission Statement and explain:~~
- a)b) ~~Explain How how~~ your CHW Training Program's mission aligns with the definition and core values of CHWs.
- b)c) ~~How-Explain how~~ your CHW Training Program ensures that the workforce continues to meet the CHW definition.

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[REPLY BOX]

**2. Organization's Training History.** Describe ~~A brief summary of your experience offering any kind of CHW training, including the date when the CHW training was first offered, your parent organization's and your CHW training program's history with CHW training or other types of training. If your program has previously offered CHW training, please include the following information:~~

- a) ~~Explain your parent organization's and your CHW training program's history with CHW training or other types of training.~~
- b) ~~If your program has previously offered CHW training, please include the following information: A brief summary of your experience offering any kind of CHW training, including the date when the CHW training was first offered:~~
  - a) ~~The date you first started offering CHW core competency training and how many times it has been offered.~~
  - b) ~~The date you first started offering the current 80 hour CHW core competency training~~  
~~The date you first started offering CHW core competency training and how many times it has been offered.~~
- c) ~~The date you first started offering the current 80 hour CHW core competency training and how many times it has been offered.~~

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[REPLY BOX]

**3. Health Equity and Diversity.**

- a) Describe ~~the-your~~ CHW Training Program's commitment to health equity and how that commitment is incorporated into the training program.
- b) Describe how ~~the-your~~ CHW Training Program addresses the racial, gender, ethnic, sexual orientation, disability, religious, cultural, educational and linguistic diversity of the participants.

[REPLY BOX]

- 4. Partnerships and Connections.** Please use the template form to provide a listing of community partners. ~~who either employ or provide practicum/internship placement for participants or act as a source of recruitment. Additionally, N-~~note any involvement your organization has with national, state or local CHW organizations ~~(e.g. MACHW).~~

[REPLY BOX]

**PART D. PROGRAM CONTENT & DESIGN**

- 1. CHW Education and Training Program's Teaching Philosophy.** Please describe the CHW Training Program's teaching philosophy and how it will or currently reflects the core values of CHW work.

[REPLY BOX]

- 2. Interactive Learning Methods.** Below please list and briefly describe the types of interactive learning methods your CHW Training Program uses, including popular education methods if used.

[REPLY BOX]

- 3. Participant Support.** ~~Describe-~~Please explain the educational support the CHW Training Program and Parent Organization offer to participants, including how both address challenges and life

circumstances that may affect abilities of participants to complete the program. If your participants are working as CHWs, ~~how does please explain~~ the CHW Training Program engage with their employers to ~~ensure encourage~~ full participant participation, learning, and successful completion?

[REPLY BOX]

4. **Learning Environment.** ~~Describe Please explain~~ how ~~both~~ the CHW Training Program ~~and Parent Organization~~ create a supportive, confidential and safe learning environment for participants.

[REPLY BOX]

5. **CHW and Faculty/Trainers.**

- a) Describe your faculty/trainers experience teaching the CHW core competencies
- b) Describe how CHWs and other faculty/trainers are involved in training program design and implementation.
- c) Describe how CHWs are incorporated as trainers or co-trainers in your training program.

[REPLY BOX]

6. **Target Enrollment.** Describe your typical or proposed class size and participant to instructor ratio.

[REPLY BOX]

7. **CHW Training Program's Curriculum.** Please provide a brief overview of the CHW core competency training ~~(including how many times a year the training is offered and how the sessions fit together)~~. Also please explain whether and how the CHW Training Program provides an orientation to the training.

Comment [ 6]: And to the profession?

[REPLY BOX]

8. **Special Health Topics.** To be an approved CHW training program, 64 hours of the 80 hours (80%) must be dedicated to the Core Competencies and at least 16 hours of the training must be dedicated to special health topics for CHWs (20%). Below, list and describe the special health topics the CHW Training Program offers as a part of its proposed training for certification. Describe the process and criteria used to select special health topics.

[REPLY BOX]

9. **Collaboration with other Training Partners.** If your program partners with other organizations, agencies or training programs to deliver specific portions of the curriculum, including guest lecturers, co-trainers, alternate training sites or other arrangements, please describe below. Please include contact information for the other organization.

[REPLY BOX]

10. **On-line Learning. (Only training programs offering any on-line learning should complete this question).**

a. Provide an overview of the on-line learning portion of your training and how it fits into the in-person learning. Include the number of hours that are on-line, which competencies are addressed online, and any orientation provided for this portion of the training.

[REPLY BOX]

b. Describe your learning management system and what supports are available for participants. Explain how you provide technical assistance to participants.

[REPLY BOX]

c. Describe the on-line community and how participants interact with each other and with the faculty/trainers.

[REPLY BOX]

d. Describe the ~~methodologies-learning method employed~~ for the on-line training.

[REPLY BOX]



## PART E. QUALIFICATIONS & CAPACITY

1. **Parent Organization and Training Program Relationship.** Please describe the relationship of the CHW Training Program to the Parent Organization. What fiscal, human, information, physical and technological support does the Parent Organization provide to the CHW Training Program? How does this training program fit within the Parent Organization?

Comment [ 7]: We have already asked for an org chart; what are we asking for here?

[REPLY BOX]

2. **Training Site and Accessibility.** Please provide a description of your training site(s), including the location. Please describe how participants will access the site using transportation, time of day classes are offered, and other factors that support participant attendance at the training. Describe how the sites are maintained and operated in accordance with legal requirements to ensure safety, security, health and accessibility.

[REPLY BOX]

3. **Training Capacity.** How many times a year is your CHW Training Program offered?

[REPLY BOX]

4. **Participant Processes and Notification.**

- a. Please describe your policies for admission, credit transfer, attendance, withdrawal, termination, readmission, fees and student financing. Describe how students are notified of these policies. Provide a link to those policies or attach them to the application.

[REPLY BOX]

- b. Please describe any additional rights of participants not described above in 4 a. and the grievance process.

[REPLY BOX]

- c. Describe your process for documenting and maintaining records on matriculation, attendance, faculty/trainer appointments, student performance and participation, grievances and program completion by students.

Comment [JZ8]: Include fees and finances here?

[REPLY BOX]

5. **Recruitment and Admissions.** Describe the application process and how and where the program is marketed to prospective participants. Describe how you educate prospective participants about the CHW profession. Please provide link(s) or attach the application for the program and marketing materials.

## PART F. EVALUATION & ASSESSMENT

### 1. Completion Requirements.

- a. Describe the criteria a participant must fulfill to complete the CHW training program. Describe how the CHW Training Program and/or Parent Organization publish and share its completion requirements with participants.

[REPLY BOX]

- b. If you are currently offering CHW training, please provide the completion rate for your last year of operation (Number of participants who completed training program out of those who enrolled in training program) *(If you are not currently offering CHW training, please write N/A and move to X.)*

[REPLY BOX]

2. **Participant Proficiency Assessment.** How do you assess completion, including core competency proficiency? What options do you provide to participants that do not successfully meet proficiency?

[REPLY BOX]

3. **Needs Assessment.** Describe how your program assesses the training needs of CHWs you serve ~~in~~ your community. What methods do you use? How often is this done?

[REPLY BOX]

4. **CHW Training Program Evaluation.** Describe what methods you use to annually evaluate your programs:

a. Graduation rates;

[REPLY BOX]

b. Effectiveness of faculty/trainers;

[REPLY BOX]

c. Overall participant satisfaction;

[REPLY BOX]

d. Additional evaluation domains your program tracks, if applicable; and

[REPLY BOX]

e. Explain how participant and faculty/trainer feedback is incorporated into the program.

[REPLY BOX]

Signature of Parent Organization Authorized Signatory

Date

\_\_\_\_\_  
Signature of CHW Training Program Administrator

\_\_\_\_\_  
Date

Submit this application to the Board of Certification of Community Health Workers, 239 Causeway Street, Boston, MA 02114. The preferred method for application submission is electronically to the Board of Certification of Community Health Workers at [MULTIBOARD.ADMIN@STATE.MA.US](mailto:MULTIBOARD.ADMIN@STATE.MA.US). Paper copies can also be mailed to 239 Causeway street, 5th Floor, Boston, MA 02124. The Board will notify you whether your program has met the standards for program approval.

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## **CHW Education and Training Program Application: Curriculum Form**

Please complete this form as part of your program's application. You will need to fill out a form for each session of your program and attach the completed forms to your application package. If you have questions, you may contact **XXX-XXX-XXXX**.

**CHW Training Program Name.** Name of CHW Training Program, should match the Title in Part II of the application packet.

**Learning Objectives.** Each session should include specific learning objectives. There is no limit on the number of learning objectives covered.

**Core Competencies Addressed.** Each session must address at least one core competency. You only need to list the number of the corresponding core competency in this box; you do not need to list the competency titles.

**Training Methods Used.** List the various teaching methodologies and activities used, including lecture, small group discussions, role-playing or scenarios, videos, etc.

**Additional Notes about the Session.** This section is optional. List any other details about the session described above in this space.

|   |  |
|---|--|
| Training Program Title:                                   |  |
| Session #   | Session Title/Topic:   |
| Learning Objectives including Core Competencies addressed |  |
| Participants will be able to:                             |  |
| 1)  |  |
| 2)  |  |
| Core Competency(ies) Addressed:                           |  |
| Length of Session per competency (hours):                 | Session is offered: <input type="checkbox"/> in person <input type="checkbox"/> online |
| Training Methods Used:                                    |  |
| Session Instructor(s) (please note if CHW Co-Trainer):    |  |
| Additional Note about this Session:                       |  |

**Comment [JZ9]:** Need to add a box that tells how much and what parts are on-line as applicable

**Core Competencies Matrix**

| <b>CORE<br/>COMPETENCIES</b>                    | <b>SESSIONS</b> |  |  |  |  |  |  |  |  |  |
|---|-----------------|--|--|--|--|--|--|--|--|--|
|   |                 |  |  |  |  |  |  |  |  |  |
| 1. Outreach Methods and Strategies              |                 |  |  |  |  |  |  |  |  |  |
| 2. Individual and Community Assessment          |                 |  |  |  |  |  |  |  |  |  |
| 3. Effective Communication                      |                 |  |  |  |  |  |  |  |  |  |
| 4. Cultural Responsiveness and Mediation        |                 |  |  |  |  |  |  |  |  |  |
| 5. Education to Promote Healthy Behavior Change |                 |  |  |  |  |  |  |  |  |  |
| 6. Case Coordination and Systems Navigation     |                 |  |  |  |  |  |  |  |  |  |
| 7. Use of Public Health Concepts and Approaches |                 |  |  |  |  |  |  |  |  |  |
| 8. Advocacy and Community Capacity Building     |                 |  |  |  |  |  |  |  |  |  |
| 9. Documentation                                |                 |  |  |  |  |  |  |  |  |  |
| 10. Professional Skills and Conduct             |                 |  |  |  |  |  |  |  |  |  |

**ATTESTATION**

I am aware and have submitted an application for licensure or exemption from licensure from the Division of Professional Licensure (DPL), Office of Private Occupational School Education in accordance with M.G.L. c. 112 §263 and 230 CMR 12.00 through 17.00.

I am aware of and have reviewed the Attorney General's regulations on for-profit and occupational schools, 940 CMR 31.00. By signing this attestation, I confirm that my Parent Organization and my CHW Training Program adhere to the law laid out in 940 CMR 31.00.

\_\_\_\_\_  
Signature of Parent Organization Authorized Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CHW Training Program Administrator

\_\_\_\_\_  
Date

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