The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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INDIVIDUAL

CE PROGRAM APPROVED STATUS APPLICATION

Certified Community Health Workers seeking approval for continuing education programs and activities must complete this application. The Board of Certification of Community Health Workers reviews and approves all applications.

I. Instructions

Please submit all of the documents listed below:

1. A description of each Certified Community Health Worker (CHW) training, including the topics covered, the amount of time given to each topic and how the training is related to the role of a CHW

2. Number of continuing education credits requested for the training with any of the following: a syllabus, outline, flyer, agenda and objective or transcript for the training

3. A copy of the certificate given for successful completion of the training or email verification of completion of the training from the training organization

II. Applicant Information

Name: _____ Certification #: _____

Address of Record (Street): _____

City/Town: _____ State _____ Zip Code _____

Email Address: _____ Phone Number _____

III. Individual Attestation

I, _____, have completed the continuing education
(CHW Name)
programs and activities for which I am requesting continuing education credits (CEs) and the information that I have submitted with this application about these programs and activities is true and accurate.

SIGNATURE: _____ DATE: _____

Board Use Only

Approved by Board on: - - / - - / - - - -

1. A description of each Certified Community Health Worker (CHW) training including the topics covered, the amount of time given to each topic and how the training is related to the role of a CHW.

Title:

Training Date/Training Time:

Training Location:

Training Description:

How is this training related to the role of a Community Health Worker?

2. Number of continuing education credits requested for the training with a syllabus, outline and objectives or transcript for the training.

Time:	**Topic:**	**Instructional Time:**
	TOTAL Credits Requesting:	

Learning Objectives:

3. As a result of attending this training, participants should be able to:

Attachments:

4. A copy of the certificate given for successful completion of the training.