

# The 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
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https://www.mass.gov/orgs/board-of-certification-of-community-health-workers

KATHLEEN E. WALSH Secretary

ROBERT GOLDSTEIN, MD, PhD Commissioner

> Tel: 617-624-6000 www.mass.gov/dph

#### **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
Fmail Address:	Phone Number

III. <u>Individual Attestation</u>			
programs and activities for which I am requ	, have completed the continuing education CHW Name) grams and activities for which I am requesting continuing education credits (CEs) and the ormation that I have submitted with this application about these programs and activities is		
SIGNATURE:	DATE:		
<b>Board Use Only</b>			
Approved by Board on:/			

	Title:			
	Training Date/Ti	raining Time:		
	Training Locatio	n:		
	Training Descrip	tion:		
	How is this train	ing related to the	role of a Community Health	Worker?
2.		inuing education c ctives or transcript	redits requested for the training t for the training.	with a syllabus,
	Time:	Topic:		Instructional Time:

**TOTAL Credits Requesting:** 

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

## **Learning Objectives:**

related to the role of a CHW.

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

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

4. Instructor(s) resume(s)/bio(s)

### See Attached