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**TRAINING ENTITY**

***CE PROGRAM APPROVED STATUS APPLICATION***

Massachusetts training and educational organizations seeking Approved Status to provide continuing education programs and activities for Certified Community Health Worker 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 a syllabus, outline and objectives or transcript for the training.
3. A copy of the certificate given for successful completion of the training.
4. Instructor(s) resume(s)/bio(s)

**II. Training Entity Information**

Organization Name: \_\_\_\_\_

Business Address (Street): \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List all other names under which the Training Entity conducts or intends to conduct business:

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**III. Training Entity Attestation**

I, \_\_\_\_\_, will ensure that this continuing education activity  
(Print Name and Title of Authorized Signatory)  
meets all applicable program content and administrative guidelines pursuant to 272 CMR 7.03.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Authorized Signatory

**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.

<b>Time:</b>	<b>Topic:</b>	<b>Instructional Time:</b>
	<b>TOTAL Credits Requesting:</b>	

**Learning Objectives:**

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**