



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**

<https://www.mass.gov/dph/boards>  
(617)973-0806 or (800)414-0168

## Community Health Worker (CHW) Certification Application

A Community Health Worker is a public health worker who applies his or her unique understanding of the experience, language and culture of the populations he or she serves in order to carry out one or more of the following roles. (a) providing culturally appropriate health education, information and outreach in community-based settings such as homes, schools, hospitals, clinics, shelters, local businesses and community centers; (b) bridging or culturally mediating between individuals, families, communities and Health and Human Services, including actively building individual and community capacity; (c) assuring that community members access the Health and Human Services they need; (d) providing direct services, such as informal counseling on access to Health and Human Services, social support, care coordination and health screenings; (e) advocating for individual, family and community needs pertaining to access to Health and Human Services; and (f) additional roles as may be identified by the Board that may emerge in the development of Community Health Worker practice.

### HOW TO APPLY

**1. Complete the following sections:**

- Part A: Applicant Information
- Part B: Work Experience as a CHW and information about the Board Approved CHW Education and Training Program completed (if applicable)
- Part C: Reference Information
- Part D: Other Licenses or Certifications (if applicable)
- Part E: Release & Affidavit of Applicant

**2. Complete additional required information:**

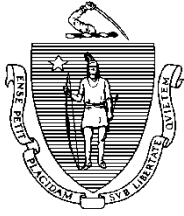
- Three (3) completed and signed reference forms in individual sealed and signed envelopes.
- Be sure to sign the completed application on page 9 with a notary and attach a 2x2 passport photo.
- All applicants must submit their Social Security number (See page 12).
- ALL applicants must submit the signed and notarized Criminal Offender Record Information (CORI) Acknowledgement Form at the end of this application.
- Include a nonrefundable \$35 application fee, as a check or money order payable to Commonwealth of Massachusetts.
- If you hold a professional license or certification issued by a state or national board, you must submit official verification of that license from the board that issued it. (See page 8).
- You must include a National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank Self-

- For Combined Training and Work Experience Pathway applicants, verification of a CHW Education and Training Program completion in an envelope sealed and signed by the Board Approved CHW Education and Training program.
- Query Report. (See page 9).
- Mail all materials (printed on single-sided paper) in one envelope to:

**Board of Certification of Community Health Workers  
250 Washington Street, Boston, MA 02108**

You must provide all required documents. If your application packet is incomplete, it will be returned to you. Be sure to keep a copy of your completed application and all materials you have submitted for your records.

**Answers to frequently asked questions (FAQs) are on the Board's website ([www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)). Statutes and regulations about CHW certification are also on the website; they can also be purchased from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.**



## COMMUNITY HEALTH WORKER CERTIFICATION APPLICATION PACKET CHECKLIST

The items on this checklist must be included for an application to be complete.

**Please complete and include this checklist with your application.  
The Board will not review applications until all of the required documents have been received.**

### **Required for ALL Applicants**

- ☐ Pages 3-12 completed on single-sided paper.
- ☐ Page 11 signed and **notarized**. ***THIS PAGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY***
- ☐ Three (3) completed reference forms printed on single-sided paper, each in individual envelopes sealed and signed by the reference over the envelope seal.
- ☐ 2" x 2" Passport style photo attached to signature page (page 11).
- ☐ Signed and **notarized** Criminal Offender Record Information (CORI) Acknowledgement Form (pp. 13-14). Please submit the latest version of the form available directly on the board's website.  
***THIS PAGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY***
- ☐ Application Fee of \$35. This must be a check or money order payable to the *Commonwealth of Massachusetts*. Fees are nonrefundable and nontransferable. Fees can only be used for your certification application.

### **Check ONE: Verification of Licensure**

- ☐ I now hold, or I have previously held, a professional license or certification as a Registered Nurse, Licensed Social Worker, Emergency Medical Technician, Medical Assistant, Certified Nurse's Assistant, or Medical Doctor, and I have included either a letter of verification from the issuing board OR a copy of the license or certification.

**OR**

- ☐ I have never held such a professional license or certification.

### **NPDB Verification**

- ☐ I now hold, or I have previously held, a professional license as a Registered Nurse, Licensed Social Worker, Emergency Medical Technician, Medical Assistant, Certified Nurse's Assistant, or Medical Doctor, and I have included a copy of my National Practitioner Data Bank- Healthcare Integrity and Protection Data Bank Self-Query Report.

**OR**

- ☒ I have never held such a professional license in healthcare.

*Please keep a copy of all materials you have submitted for your records.*

PART A. APPLICANT INFORMATION		
First Name	Middle Name	Last Name
Maiden/Other Name (if applicable) First Name	Middle Name	Last Name
<b>Current Address</b>  (Number & Street)                      (Apt #)                      (City/Town)                      (State)                      (Zip Code)		
<b>Most Recent Previous Address</b>  (Number & Street)                      (Apt #)                      (City/Town)                      (State)                      (Zip Code)		
Telephone – Preferred	Telephone – Alternate	Preferred Email
Date of Birth (MM/DD/YYYY)	Birthplace (City, State, Country)	
Social Security Number	Mother's Maiden Name	
Height (Feet, inches)	Weight	Eye Color
Preferred Language (in case we need to contact you):		

FOR BOARD USE ONLY		
Application Processing Date: _____	Staff _____	Initials: _____
Application Number: _____	Receipt _____	Number: _____
Certification Number: _____		

## PART B. CHW WORK EXPERIENCE

If applying through the **Work Experience Pathway**, document at least 4,000 hours of CHW work from the past 10 years below.

If applying through the **Combined Training and Work Experience Pathway**, document at least 2,000 of CHW work from the past 10 years below

**Instructions:** Please list your job experience as a CHW. **In order for your job experience to be counted toward the required number of hours, it must fit within the definition and scope of practice of a Community Health Worker.** If you are unsure about a job, please refer to the definition of a Community Health Worker and CHW Scope of Practice (<https://www.mass.gov/law-library/272-cmr>). This information is also listed at the top of page 1 of this application.

- Both paid and unpaid work may count toward work experience hours. If you completed unpaid work and did not have a job title, you may list “Volunteer” or “Intern” in the **Job Titles** box.
- **Total Hours** should be the total number of hours you worked while you held the position. For example, if you worked 40 hours a week for 6 months (or 24 weeks), you would list “960” hours (24 weeks x 40 hours = 960 hours). Only include time where your job duties fit within the CHW scope of practice. For example, if you worked 40 hours a week for 6 months at an organization, but 20 hours of your work each week was not CHW work, you would only list 480 hours (24 weeks x 20 hours = 480 hours).
- For the **Work Experience Only Pathway**, you must have completed at least 4,000 hours of CHW work experience.
- For the **Combined Training and Work Experience Pathway**, you must have completed a Board approved CHW Education and Training Program and have completed at least 2,000 hours of CHW work experience.
- If you need more space, submit copies of the next page.

### POSITION 1. (MOST RECENT OR CURRENT)

Organization Name & Address	Job Title(s)	Type of Work
		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Internship/Practicum
Dates Worked (Month/Year)	Total Hours CHW Work	
Start:		
End:		
Supervisor or Individual Who Can Verify Your Work Experience	Job Duties (check all that apply)	
Name: _____  Phone Number: _____  Position: _____	<input type="checkbox"/> Health education <input type="checkbox"/> Coordinating care including referrals <input type="checkbox"/> Informal support and/or counseling <input type="checkbox"/> Advocacy for individuals and/or communities <input type="checkbox"/> Community or individual needs assessment <input type="checkbox"/> Activities to increase community and/or individual capacity <input type="checkbox"/> Disease prevention and management <input type="checkbox"/> Outreach <input type="checkbox"/> Other (Explain) _____	

**POSITION 2.**

Organization Name & Address	Job Title(s)	Type of Work
		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Internship/Practicum
<b>Dates Worked (Month/Year)</b>		<b>Total Hours CHW Work</b>
Start:		
End:		
<b>Supervisor or Individual Who Can Verify Your Work Experience</b>	<b>Job Duties (check all that apply)</b>	
Name: <input type="text"/>	<input type="checkbox"/> Health education <input type="checkbox"/> Coordinating care including referrals <input type="checkbox"/> Informal support and/or counseling <input type="checkbox"/> Advocacy for individuals and/or communities <input type="checkbox"/> Community or individual needs assessment <input type="checkbox"/> Activities to increase community and/or individual capacity <input type="checkbox"/> Disease prevention and management <input type="checkbox"/> Outreach <input type="checkbox"/> Other (Explain) _____	
Phone Number: <input type="text"/>		
Position: <input type="text"/>		

**POSITION 3.**

Organization Name & Address	Job Title(s)	Type of Work
		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Internship/Practicum
<b>Dates Worked (Month/Year)</b>		<b>Total Hours CHW Work</b>
Start:		
End:		
<b>Supervisor or Individual Who Can Verify Your Work Experience</b>	<b>Job Duties (check all that apply)</b>	

**Name:**

**Phone Number:**

**Position:**

- ☐ Health education
- ☐ Coordinating care including referrals
- ☐ Informal support and/or counseling
- ☐ Advocacy for individuals and/or communities
- ☐ Community or individual needs assessment
- ☐ Activities to increase community and/or individual capacity
- ☐ Disease prevention and management
- ☐ Outreach
- ☐ Other (Explain) \_\_\_\_\_

DEPARTMENT OF HEALTH STAFF USE ONLY

Community Health Work Total Hours: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**THIS SECTION IS FOR THE COMBINED TRAINING AND WORK EXPERIENCE PATHWAY APPLICANTS ONLY**

Combined Training and Work Experience Pathway applicants must complete a Board Approved CHW Education and Training Program and have completed at least 2,000 hours of CHW work experience in the last ten years. A list of approved training programs is available at: <https://www.mass.gov/how-to/board-approved-training-and-education-programs>. Please list the Board Approved CHW Education and Training program that you completed below.

Training Program Provider/Organization:

Training Course or Program Name:

Location of Training Program (City/Town):

Date of Completion (MM/YYYY):

***Please enclose a verification of a Board Approved CHW Education and Training Program completion in an envelope sealed and signed by the Board Approved CHW Education and Training program.***

## PART C. PROFESSIONAL REFERENCES

As part of your application, you are required to submit three (3) professional references. Your references should be people who are familiar with your CHW work experience and are able to rate you in the Core Competencies. References cannot be a spouse, partner, family member, or a current or past patient or client. More detailed instructions are on the Reference Form (<https://www.mass.gov/how-to/apply-for-community-health-worker-certification>). Three (3) copies of the form must be printed out, and given to your references to fill out. The completed forms must be included in your application, in envelopes individually sealed and signed by your references.

List your three professional references:

Reference 1 Name:	
Position/Title:	Organization:
Reference 2 Name:	
Position/Title:	Organization:
Reference 3 Name:	
Position/Title:	Organization:

## PART D. OTHER LICENSES OR CERTIFICATIONS

☐ Check here if you don't currently have and have never had any professional license or certification.

If you have ever held any of the following professional licenses or board certifications, list them below: Registered Nurse, Licensed Social Worker, Emergency Medical Technician, Medical Assistant, Certified Nurse's Assistant, or Medical Doctor. List even those that have expired or been revoked, in any state or jurisdiction. Do not include professional licenses and certifications issued in other countries.

<u>Issuing State/Jurisdiction</u>	<u>Profession</u>	<u>License/Certification Number</u>
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>

**Have you ever been certified as a CHW in any other state? (In example: Texas, New Mexico, Ohio, or Oregon)**

- ☐ Yes      If yes, please list state: \_\_\_\_\_  
☐ No



**NOTE: If your license or certification was issued by a board that will verify it, please obtain a letter of verification of your license or certification from that board and submit it with your application. If your license or certification was not issued by a state or national board, please send a copy of your license or certification.**

**NOTE: You must request and submit a National Practitioner Data Bank- Healthcare Integrity and Protection Data Bank Self-Query Report (original copy, in original sealed envelope) with your application.** To request this, please contact the National Practitioner Data Bank at 1-800-767-6732 or at <https://www.npdb.hrsa.gov/>.

Please answer the following questions. If you answer "YES" to any of them, please attach a separate sheet explaining the circumstances. Each application will be reviewed on a case-by-case basis.

**An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.**

1. Have you ever been denied a professional license, or ever withdrawn or attempted to withdraw an application, for any professional license in the United States, or in any country or foreign jurisdiction?  
☐ Yes ☐ No
2. Has any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?  
☐ Yes ☐ No
3. Are you the subject of any pending disciplinary action by any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction?  
☐ Yes ☐ No
4. Have you ever voluntarily surrendered or resigned any professional license or board certification in the United States or any country or foreign jurisdiction?  
☐ Yes ☐ No

## ADDITIONAL REQUIRED INFORMATION

Please answer the two questions below. If you answer "YES" to any of them, please attach a separate sheet explaining the circumstances and any evidence of your rehabilitation efforts, such as participation in education programs and training, addiction treatment, community contributions and/or volunteer work, and evidence of work history. Work history can include, but is not limited to, evidence of past successful work as a Community Health Worker, employment and/or character references. The Board will strongly consider the social conditions and/or extenuating circumstances which may have contributed to the crime, actions since offense and how those actions are consistent with a position of public trust. **Each application will be reviewed on a case-by-case basis. There will be no blanket or automatic exclusions.**

1. Have you ever been court martialled or other than honorably discharged from the armed services (military) of the United States or of any country or foreign jurisdiction?

☐ Yes   ☐ No

2. Have you ever been convicted, or do you have any open case(s) at the present time? Please do not send information about arrests that did not lead to convictions, juvenile offenses, or sealed items. Do not list misdemeanors more than five years old.

☐ Yes   ☐ No

### The Criminal Offender Record Information (CORI)

CORI is the last piece of the application process and is only completed after the applicant meets all other criteria for Certification.

- There will **be no automatic disqualifications.**
- The Board will evaluate **certain convictions and open cases.**
- The Board will **not see or consider arrests, juvenile offenses, or sealed items.**
- In evaluating CORI, the Board will **strongly consider mitigating circumstances and evidence of rehabilitation efforts,** such as education and training, addictions treatment, and evidence of work history, including volunteer work.

The Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data.

**Print out the Criminal Offender Record Information (CORI) Acknowledgement Form available at the end of this application and include the signed, notarized form with your application.**

**PART E. RELEASE & AFFIDAVIT OF APPLICATION**

**THIS PAGE MUST BE COMPLETED IN THE PRESENCE OF A NOTARY. CHECK EACH STATEMENT AND SIGN THE FORM.**

\_\_\_\_ I hereby authorize all hospitals, institutions, credentialing agencies, organizations, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Certification of Community Health Workers any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Certification of Community Health Workers to release information contained in this application in association with its processing.

\_\_\_\_ To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and I do not owe child support.

\_\_\_\_ I understand that I am responsible for reading and understanding the laws and regulations governing certification as a Community Health Worker in Massachusetts and I hereby agree to comply with such laws and regulations.

\_\_\_\_ I have read the Professional and Ethical Standards of Conduct for Certified Community Health Workers ( See Pages 12/13)

\_\_\_\_ I certify, to the best of my knowledge, that the information I have provided for this application for certification and all supporting documents is truthful and accurate. I understand that any failure to provide truthful and accurate information in t h i s application for certification may be grounds for the Board of Certification for Community Health Workers to deny issuing certification to me; to suspend or revoke a certification issued to me; or to deny renewal of a certification issued to me, all in accordance with Massachusetts law.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

NOTARY NAME: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

[Seal]

**Attach a recent color  
2x2 passport  
photo**

**INCLUDE A NONREFUNDABLE, NONTRANSFERABLE FEE OF \$35  
(CHECK OR MONEY ORDER), PAYABLE TO THE "COMMONWEALTH  
OF MASSACHUSETTS"**

### **What We Do with Your Social Security Information**

According to General Law. c. 62C, s. 47A, the Bureau of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue.

**Pursuant to G.L. c. 30A, s. 13A and G.L. c. 62C, s. 47A, the Bureau of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s. 47A) and child support laws (G.L. c. 119A, s.16).**

### **Important Information about Change of Address or Name**

Community Health Workers (both applicants and already certified CHWs) must notify the Board in writing of any changes in address or name within thirty (30) days after the change.

To be sure you receive materials about certification renewal and other information, it's important that you update your address with the Board.

Once you are certified, your address will be available to anyone who requests it, as it is a public record.

If you are using your home address, you may consider using a work address instead. You can change your address online at the Board's website, [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards), or you can get a form online to submit to the



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

**Criminal Offender Record Information (CORI) Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

The Bureau of Health Professions Licensure is registered under the provisions of M.G.L. c.6, §172 to receive CORI for the purpose of screening current and otherwise qualified license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Bureau of Health Professions Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Bureau of Health Professions Licensure with written notice of my intent to withdraw consent to a CORI check.

I also understand that the Bureau of Health Professions Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

---

*Signature of CORI Subject*

---

*Date*

**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION (Complete only if signed by BHPL staff)**

\*The above information was verified by reviewing the following form(s) of government-issued identification:

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

Verified by:

\_\_\_\_\_  
*Print Name of Verifying BHPL Employee*

\_\_\_\_\_  
*Signature of Verifying BHPL Employee*

\_\_\_\_\_  
*Date*

**Authentication of Signature**

Please note that ALL fields in this section must be completed by the Notary Public. Evidence of identification must be government issued photo ID.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public,  
\_\_\_\_\_ (name of applicant) personally appeared, proved to me through satisfactory  
evidence of identification, which were \_\_\_\_\_, (Ex: Driver's license, passport, etc.) to  
be the person who signed the preceding document in my presence and who swore or affirmed to me that the contents of  
the document are truthful and accurate to the best of (his) (her) knowledge and belief.

Seal of Notary Public

Notary Public Signature \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Commission Expires: \_\_\_\_\_

272 CMR 8.00: PROFESSIONAL AND ETHICAL STANDARDS OF CONDUCT FOR CERTIFIED COMMUNITY HEALTH WORKERS

8.1 : Purpose

272 CMR 8.00 defines the standards of conduct for all Certified Community Health Workers certified by the Board of Certification of Community Health Workers.

8.2 : Standards of Conduct for Certified Community Health Workers

The Standards of Conduct for Certified Community Health Workers include:

- (1) Use of Title. A Certified Community Health Worker shall only identify himself or herself as a Certified Community Health Worker while in the possession of a current certification;
- (2) Misrepresentation of Credentials. A Certified Community Health Worker shall not misrepresent his or her credentials related to the practice of community health work including, but not limited to, those indicating education, type of community health worker certification, professional experience, or any other credential related to his or her work as a community health worker.
- (3) Practice Under a False or Different Name. A Certified Community Health Worker shall engage in the practice of community health work only under the name in which such certification has been issued.
- (4) Acts within Scope of Practice. A Certified Community Health Worker shall only perform acts within the scope of community health worker practice as defined in M.G.L. c. 112, § 259 and 272 CMR 6.01.
- (5) Competency. A Certified Community Health Worker shall only assume those duties and responsibilities within his or her scope of practice and for which he or she has acquired and maintained necessary knowledge, skills, and abilities.
- (6) Responsibility and Accountability. A Certified Community Health Worker shall be responsible and accountable for his or her judgments, actions, and competency in the course of performing his or her duties as a Certified Community Health Worker.
- (7) Documentation. A Certified Community Health Worker shall make complete, accurate, and legible entries in all records required by federal, state and local laws and regulations.
- (8) Falsification of Information. A Certified Community Health Worker shall not knowingly falsify, or attempt to falsify, any documentation or information related to any aspect of certification as a community health worker, the practice of community health work, or the delivery of community health worker services.
- (9) Alteration or Destruction of Records. A Certified Community Health Worker shall not inappropriately destroy or alter any record related to his or her work as a Certified Community Health Worker.
- (10) Discrimination. A Certified Community Health Worker shall not withhold or deny care or services based on age, ancestry, marital status, sex, sexual orientation, gender identity, race, color, religious creed, national origin, diagnosis, or mental or physical disability.
- (11) Client Abuse, Neglect, Mistreatment, or Other Harm. A Certified Community Health Worker shall not abuse, neglect, mistreat, or otherwise harm a client.
- (12) Infection Control. A Certified Community Health Worker shall not place a client, himself or herself, or others at undue risk for the transmission of infectious diseases.
- (13) Client Dignity and Privacy. A Certified Community Health Worker shall safeguard a client's dignity and right to privacy.
- (14) Client Confidential Information. A Certified Community Health Worker shall safeguard client information from any person or entity, or both, not entitled to such information. A Certified Community Health Worker shall share appropriate information only as required by law or authorized by the client for the well-being or protection of the client.
- (15) Sexual Contact. A Certified Community Health Worker shall not have sexual contact with any client with whom he or she has a current community health worker/client relationship or with any former client who may be vulnerable by virtue of disability, age, illness, or cognitive ability.
- (16) Professional Boundaries. A Certified Community Health Worker shall establish and observe professional boundaries with respect to any client with whom he or she has a current community health worker/client relationship. A Certified Community Health Worker shall continue to observe professional boundaries with his or her former clients who may be vulnerable by virtue of disability, age, illness, or cognitive ability.
- (17) Exercise of Undue Influence. A Certified Community Health Worker shall not exercise undue influence on a client, including the promotion or sale of services, goods, appliances or drugs, in such a manner as to exploit the client for financial gain of the Certified Community Health Worker or third party.
- (18) Borrowing from (18)Clients. A Certified Community Health Worker shall not borrow money, materials, or other property from any client.



- (19) Undue Benefit or Gain. A Certified Community Health Worker shall interact with clients without undue benefit or gain to the Certified Community Health Worker or third party.
- (20) Relationship Affecting Professional Judgment. A Certified Community Health Worker shall not initiate or maintain a community health worker/client relationship that is likely to adversely affect the community health worker's professional judgment.
- (21) Advertising. A Certified Community Health Worker shall not engage in false, deceptive, or misleading advertising related to community health work.
- (22) Fraudulent Practices. A Certified Community Health Worker shall not engage in any fraudulent practice including, but not limited to, billing for services not rendered or submitting false claims for reimbursement.
- (23) Impersonation. A Certified Community Health Worker shall not impersonate another community health worker or other health care provider, or knowingly allow or enable another person to impersonate him or her.
- (24) Aiding Unlawful Activity. A Certified Community Health Worker shall not aid any person in performing any act prohibited by law or regulation.
- (25) Circumvention of Law. A Certified Community Health Worker shall not receive from, or offer, give, or promise anything of value or benefit to, any official to circumvent any federal, state and local laws and regulations.
- (26) Practice While Impaired. A Certified Community Health Worker shall not act as a community health worker while impaired.
- (27) Unlawful Acquisition and Possession of Controlled Substances. A Certified Community Health Worker shall not unlawfully obtain or possess controlled substances.
- (28) Duty to Report to the Board. A Certified Community Health Worker who directly observes another community health worker or health care professional engaged in any of the following shall report that individual to the Board: (a) abuse of a client; (b) practice of community health work while impaired by substance use; (c) diversion of controlled substances.
- (29) Violence. A Certified Community Health Worker shall not endanger the safety of the public, clients, or coworkers by making actual or implied threats of violence, or carrying out an act of violence.
- (30) Compliance with Agreements and Orders. A Certified Community Health Worker shall comply with all provisions contained: (a) in any agreement he or she has entered into with the Board; or (b) in any order issued to him or her by the Board.