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**
250 WASHINGTON STREET
BOSTON, MA 02108
800-414-0168 OR 617-973-0800
https://www.mass.gov/orgs/board-of-certification-of-community-health-workers

# Community Health Worker Education and Training Program Application Instructions

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-workers.

## APPLICATION PROCESS

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

- Board of Certification of Community Health Workers CHW 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

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 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.

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Please use provided space, which can accommodate a maximum 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.

**Please be advised that the maximum file size for email submissions is 20MB**.

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).

<u>**CHECKLIST OF REQUIRED DOCUMENTS :**</u>

☐ **Application Package.** Please sign and date your application on page 10.

☐ **Curriculum Form.** Describe how your CHW Training Program prepares participants to practice the CHW Core Competencies by completing the Curriculum Form on page 12.

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

☐ **CHW Training Program Staff Form**. Using the attached CHW Training Program staff form. Please complete in its entirety.

☐ **CHW Partnership List**. Using the Partnership Reference Letter form included in the application. please provide a listing and description of the organization with which you have established partnerships. Please submit a minimum of 1 reference form and no more than 3.

☐ **Organizational Chart.** Provide an organizational form 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 independently audited financial statements that demonstrate viability and sustainability. Please note the state fiscal year runs from July 1st to June 30th.

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

☐ **Application Fee- $500.00**
☐ **Attestations**. Demonstrate your compliance with state regulations governing For-Profit and Occupational Schools by verifying that you have:

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(1) Obtained a license from the Division of Professional Licensure or proof that you are exempt from licensure;

Understand your programs obligation to comply with the Attorney General's regulations pertaining to For-Profit and Occupational Schools.

☐ **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 for CHW Training Program Application 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 OR 617-973-0806

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# Application

| PART A. ORGANIZATION INFORMATION |
|---|
| **Parent Organization Name:** |
| **CHW Training Program or Department Name:** |
| **Course Name:** |
| **Address of Record:** |
| (No. Street)                    (City/Town)          (State)          (Zip Code) |
| **Telephone**:                          **Fax:** |
| **CHW Training Program Administrator's Name:** |
| **Email:** |
| **Position/Title:** |
| **Has your organization had any legal or regulatory challenges in Massachusetts or other state?** ☐ **No** ☐ **Yes** *If yes, please provide an explanation on a separate sheet.* |

| PART B. PROGRAM INFORMATION |
|---|
| **Proposed Core Competency Training Course Title:** |
| **Total Hours:** |
| |
| **Is part of the CHW training program offered online?** **Check one:** ☐ Program is offered in-person only ☐ Program offered through a combination of online and classroom instruction (hybrid program)     % of program that is offered on-line (max of 70%): ___ <br><br> Training Programs that offer hybrid programs must answer Questions 10a – 10d. |

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**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.**

    a) Please provide both your Parent Organization and CHW Training Program's Mission Statement
    b) Explain how your CHW Training Program's mission aligns with the definition and core values of CHWs.
    c) Explain how your CHW Training Program ensures that the workforce continues to meet the CHW definition.
    d) Please also describe your involvement with CHW led efforts.

    a) **2. Organization's Training History.** Describe your experience offering <u>any kind of CHW training,</u> including the date when the CHW training was first offered. 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: The date you first started offering <u>CHW core competency training</u> The date you first started offering the current <u>80 hour CHW core competency training</u>.

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

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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.

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.

3. **Participant Support.** 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, please explain how the CHW Training Program engages with their employers to encourage full participant participation, learning, and successful completion?

4. **Learning Environment.** Please explain how the CHW Training Program creates a supportive, confidential and safe learning environment for participants.

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

   a) Describe how CHWs and other faculty/trainers are involved in training program design and implementation.

   b) Describe how CHWs are incorporated as trainers or co-trainers in your training program.

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

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7. **CHW Training Program's Curriculum.** Please provide a brief overview of the CHW core competency training. Also, please explain whether and how the CHW Training Program provides an orientation to the training.

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 and how it relates to CHW practice.

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.

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

    a. Provide an overview of the on-line learning portion of your training (which should consist of no more than 70% of your total 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.

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

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

d. Describe the learning method for the on-line training.

## 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?

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 ADA compliant.

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

]

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4. **Participant Processes and Notification.**

    a. Please describe your policies for admission, credit transfer, attendance, completion, 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.

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

    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.

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** 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.*

2. **Participant Proficiency Assessment.** How do you assess core competency proficiency of the CHWs in your program? What options do you provide to participants that do not successfully meet proficiency?

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3. **Needs Assessment.** Describe how your program would respond to the ongoing evolving training needs of the CHWs you serve. Describe your process

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

    a. Completion rates;

    b. Effectiveness of faculty/trainers;

    c. Overall participant satisfaction;

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

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

.

_____          _____
Signature of Parent Organization Authorized Signatory          Date


_____          _____
Signature of CHW Training Program Administrator          Date

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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 617- 793-0800.

**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.

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| Training Program Title: | |
|---|---|
| Session # | Session Title/Topic: |

| Learning Objectives including Core Competencies addressed |
|---|
| Participants will be able to: <br> 1) <br> 2) |

| Core Competency(ies) Addressed: |
|---|

| Length of Session ( Total Hours): | Session is offered: ☐ in person ☐ online <br><br> _____ % in person _____ % online |
|---|---|

| Training Methods Used: |
|---|

| Is the session taught or co-taught by a CHW?  ☐ Yes ☐ No <br> If yes, how many hours? _____ <br> Session Instructor(s) (please note if CHW Co-Trainer): |
|---|

| Additional Note about this Session: |
|---|

**ATTESTATION**

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☐ 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

_____
Print Name of Parent Organization Authorized Signatory

_____          _____
Signature of CHW Training Program Administrator          Date

_____
Print Name of CHW Training Program Administrator

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## **CHW Training Program Staff Form**.

On this page please list the names of the CHW Training Program staff.  Please include a cv or resume for each person listed on this page with the completed application.

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## CHW Reference Letter Form

On this page please provide a listing and description of the organizations with which you have established partnerships. Please submit a minimum of 1 reference and no more than 3.

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