

Requirements for the Certified Community Health Worker Experiential Track

In order to become a certified CHW in Arkansas, you must meet the following requirements

- Be at least 18 years of age
- Have at least 8,320 hours of paid or volunteer experience as a CHW
 - O All of the hours need to be completed within the last ten (10) years, but at least half (4,160) of the hours need to have been completed within the last five (5) years
 - o Applicant's evidence of training or certification from another state may be submitted to fulfill the experience requirement, *if and only if* such experience is relevant to Arkansas-based communities. Acceptance of such experience for certification purposes is subject to review and approval by ARCHWA.
- Must be working in Arkansas or have a good faith intention to work in Arkansas. To evidence this, Applicant is permitted to provide state-issued identification and additional evidence to the application.

Application Instructions

Thank you for your interest in applying to become a certified Community Health Worker in Arkansas. The ARCHWA Community Health Worker Certification is a **voluntary certification** which demonstrates that the applicant has completed the approved training program and agrees to maintain continuing education to stay up-to-date on CHW skills.

This Application for Certification is **not** a contract between applicant and the ARCHWA, and does not make the applicant an employee, agent, contractor, or representative of ARCHWA. The Certification is **not** employment, **nor does it guarantee employment upon completion**.

This page reviews some of the details of the application process. If you need any help throughout the application process, please contact us at info@archwa.org or by calling 501-291-2307.

Submission Guidelines:

1. Submit the application along with all secondary documents by downloading the PDF or Word file and then emailing them to info@archwa.org or by printing and mailing the paper form to the below address. If you have questions about how to electronically sign the documents, please contact us at info@archwa.org or 501-291-2307.

Arkansas Community Health Worker Association P.O. Box 166713 Little Rock, AR 72216

2. Pay the non-refundable \$50 application fee along with your application. If you are completing the online application, you can pay online while submitting your application or you can mail your payment to the above P.O. Box. If you are mailing your payment with or without your application, we will accept money orders or checks. Please address them to: Arkansas Community Health Worker Association

<u>Note:</u> We encourage you to keep either a paper or electronic copy of your application for your own records.

Once you have submitted your application for phase one of the application process, the Community Health Worker Certification Commission will review it, contact your references, contact you if there are any discrepancies or questions, and then make their decision about your phase one application.

The ARCHWA Certification does not require a background check for applicants. However, applicant should be aware that a background check may be required by future employers at their discretion. Included in an employer's discretion is the type of background screening conducted, subject to the U.S. Fair Credit Reporting Act (FCRA). For example, a background check might include verifications for education/licenses, criminal records, identity, motor vehicle records,

and drug testing. A background check typically does not include a search for medical or genetic information. For additional information please visit the following webpage: https://consumer.ftc.gov/articles/employer-background-checks-your-rights

Once you are approved by the CHW Certification Commission, you will then be a Certified CHW in Arkansas! At that time, you will receive documentation by mail and email of your status as a certified CHW in Arkansas and you will be able to work under the CHW scope of practice for CHWs in Arkansas. As a reminder, the scope of practice definition for a CHW in Arkansas includes the CHW Core Consensus Project's Core Competencies and excludes anything that requires a license or other certificate. Your certification will be registered in Arkansas' CHW Certification registry. This online registry will be publicly available to facilitate employment, networking, and tracking of Arkansas' certified CHW workforce.

The ARCHWA Community Health Worker Certification is a **voluntary certification** intended to recognize individuals for completing a certain type of training and meeting certain criteria and skills as acknowledged by the ARCHWA. **Certification is not required by any division of the State of Arkansas to work in the state as a Community Health Worker, nor is there a government-imposed penalty for not obtaining certification.**

This information is only relevant for CHW's working in Arkansas. Applicants should verify the requirements of any state in which they decide to seek employment as a CHW.

Application Packet Checklist

☐ Application Packet Pages 4-23			
Demographic information			
Licenses and certifications			
Specialty training			
Previous work or volunteer experience			
Verification of core competencies			
Contact information for character references			
Signed Code of Ethics page			
☐ Supervisor Verification of Core Competencies			
☐ Application fee of \$50 paid online or mailed to ARCHWA			

Applicant Information

Please fill in the following information

Demographic Information

	Demographic Information											
Name (First, Middle Initial, Last)												
Date of Birth (month, day, year)						Work Email Address						
Phone Number						Personal Email Address						
Gender	cender Choose an item.		Race	Choose an item.		Ethnici	ty		Choose an item.			
Preferred Language		Choose an	iteı	m.	La (if	cond nguage plicable)	Choose a	ın ite	em.			
Physical Address							City					
State				County					Zip Co	de		

Education Obtained

While no minimum education is required, CHWs must be fully literate in their native language. Please enter any of your educational achievements below.

		Education		
School, College, University attended	Address	Year Completed	Diploma, GED, or Degree obtained	Major (if applicable)

Licenses Obtained (if applicable)

If you have received any licenses, please enter them below. If you have not received any licenses, please write NA for not applicable.

	Licenses					
License received	Year License was obtained	Licensing organization	Is the License still active?			

Certifications Obtained (if applicable)

If you have received any certification, please enter them below. If you have not received any certifications, please write NA for not applicable.

Certifications					
Certification Held	Organization that granted certification	Date Issued/ Date of Expiration			

Specialty Training

If you have taken any specialty trainings, please include what the training was, when you completed the training, and the organization that provided the training. Please list trainings in chronological order with those you have received most recently listed first.

Type of Training	Date Completed	Organization

Employment and Volunteer Experience

Please enter all current and previous employment and/or volunteer experience that you have gained until you meet the minimum number of hours needed to apply (8,320 hours). Please start with your most current experience. If you need to include additional experiences, please reproduce this page and include however many additional pages are needed. For instructions on how to reproduce a page, see page 10.

Common Calculations:

40 hours a week for 6 months: 40 x 26= 1,040

40 hours a week for 1 year: $40 \times 52 = 2,082$

40 hours a week for 1.5 years: 40 x 78= 3,120

	Related Experience 1
Name of organization	
Date started	Date ended
	(If still employed or
	volunteering, please
	enter 'current')
Position title	Position type (full
	time, part time,
	volunteer)
Number of hours	Number of total hours
worked per week	worked during entire
	periods
Supervisor Name	
Supervisor Phone	
Number	
Location of	
Organization	

		Related Experience 2
Name of organ	nization	
Date started		Date ended (If still employed or volunteering, please enter 'current')
Position title		Position type (full time, part time, volunteer)
Number of hours worked per week		Number of total hours worked during entire periods
Supervisor Na	me	
Supervisor Phone Number		
Location of Organization		
		Related Experience 3
Name of organ	nization	
Date started		Date ended (If still employed or volunteering, please enter 'current')
Position title		Position type (full time, part time, volunteer)
27 1 01		27 1 0 11

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periods

Number of total hours

worked during entire

Number of hours

worked per week

Supervisor Name	
Supervisor Phone Number	
Location of Organization	

Related Experience 4				
Name of organization	n			
Date started	Date ended			
	(If still employed or			
	volunteering, please			
	enter 'current')			
Position title	Position type (full			
	time, part time,			
	volunteer)			
Number of hours	Number of total hours			
worked per week	worked during entire			
	periods			
Supervisor Name				
Supervisor Phone				
Number				
Location of				
Organization				

Instructions on how to reproduce a page

Word:

- 1. Hover over the table that you need to copy
- 2. Click the box that appears in the top left of the table
- 3. Right click and select 'Copy' or press 'Ctrl + C' on the keyboard
- 4. Click where you would like to insert the table (under the current table)
- 5. Right click and hit 'Paste. Keep Source Formatting' or press 'Ctrl + V' on the keyboard
- 6. Do this as many times as you need to

PDF/Adobe:

- 1. Open the file in Adobe Acrobat
- 2. Click on 'Organize Pages' in the left toolbar
- 3. Find the page that you want to copy
- 4. Push 'Ctrl' and click on the page that you want to duplicate
- 5. Drag the page where you want it
- 6. This should result in two of the same pages

CHW Applicant Verification of Proficiency in the Core Competencies

This form is required of all applicants.

Please provide examples of the work that you do, or have done previously that show you are competent in each of the core competencies. If you need more space, please attach an additional sheet at the end of this form (For a brief description of competencies please see examples attached).

Name of Applicant	
Competency	Please describe examples of your experience to show why you believe you are proficient in each competency area.
1. Communication Skills	
2. Interpersonal and Relationship Building Skills	
3. Service Coordination and Navigation Skills	
4. Capacity Building Skills	
5. Advocacy Skills	
6. Education and Facilitation Skills	
7. Individual and Community Assessment Skills	
8. Outreach Skills	
9. Professional Skills and Conduct	
10. Evaluation and Research Skills	
11. Knowledge Base	

Examples of Competencies

Skill	Examples of Competencies
1. Communication	Ability to use language confidently
Skills	Ability to use language in ways that engage and motivate
	Ability to communicate using plain and clear language
	Ability to communicate with empathy
	Ability to listen actively
	Ability to prepare written communication including electronic communication (e.g., email, telecommunication device for the deaf)
	Ability to document work
	Ability to communicate with the community served (may not be fluent in language of all communities served)
2. Interpersonal and	Ability to provide coaching and social support
Relationship Building Skills	Ability to conduct self-management coaching
	Ability to use interviewing techniques (e.g. motivational interviewing)
	Ability to work as a team member
	Ability to manage conflict
	Ability to practice cultural humility
3. Service Coordination and	Ability to coordinate care (including identifying and accessing resources and overcoming barriers)
Navigation Skills	Ability to make appropriate referrals
	Ability to facilitate development of an individual and/or group action plan and goal attainment
	Ability to coordinate CHW activities with clinical and other community services
	Ability to follow-up and track care and referral outcomes
4. Capacity Building Skills	Ability to help others identify goals and develop to their fullest potential
	Ability to work in ways that increase individual and community empowerment

	 Ability to network, build community connections, and build coalitions
	 Ability to teach self-advocacy skills
	Ability to conduct community organizing
5. Advocacy Skills	Ability to contribute to policy development
	 Ability to advocate for policy change
	 Ability to speak up for individuals and communities
6. Education and	Ability to use empowering and learner-centered teaching strategies
Facilitation Skills	 Ability to use a range of appropriate and effective educational techniques
	 Ability to facilitate group discussions and decision-making
	 Ability to plan and conduct classes and presentations for a variety of groups
	 Ability to seek out appropriate information and respond to questions about pertinent topics
	 Ability to find and share requested information
	Ability to collaborate with other educators
	 Ability to collect and use information from and with community members
7. Individual and Community	Ability to participate in individual assessment through observation and active inquiry
Assessment Skills	 Ability to participate in community assessment through observation and active inquiry
8. Outreach Skills	Ability to conduct case-finding, recruitment and follow-up
	Ability to prepare and disseminate materials
	 Ability to build and maintain a current resources inventory
9. Professional Skills	Ability to set goals and to develop and follow a work plan
and Conduct	 Ability to balance priorities and to manage time
	 Ability to apply critical thinking techniques and problem solving
	Ability to use pertinent technology
	 Ability to pursue continuing education and life-long learning opportunities

	Ability to maximize personal safety while working in community and/or clinical settings
	 Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])
	Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements
	Ability to participate in professional development of peer CHWs and in networking among CHW groups
	Ability to set boundaries and practice self-care
10. Evaluation and Research Skills	Ability to identify important concerns and conduct evaluation and research to better understand root causes
	 Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR)
	Ability to participate in evaluation and research processes including:
	a. Identifying priority issues and evaluation/research questions
	b. Developing evaluation/research design and methods
	c. Data collection and interpretation
	d. Sharing results and findings
	e. Engaging stakeholders to take action on findings
11. Knowledge Base	Knowledge about social determinants of health and related disparities
	Knowledge about pertinent health issues
	Knowledge about healthy lifestyles and self-care
	 Knowledge about mental/behavioral health issues and their connection to physical health
	Knowledge about health behavior theories
	Knowledge of basic public health principles
	Knowledge about the community served
	Knowledge about United States health and social service systems

Arkansas Certified Community Health Worker Code of Ethics

The Code of Ethics shall be used as a guide to Community Health Workers (CHWs) for their day-to-day decision-making and work. The American Public Health Association, defines a CHW as "a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." The Community Health Worker Code of Ethics is based on, supported by, and adapted from the core values and Code of Ethics adopted by the association formerly called the American Association of Community Health Workers. This code has also been supported by the Arkansas Stakeholder Advisory Committee, which contains CHWs, CHW employers, and CHW allies. The Code of Ethics for Certified Community Health Workers in Arkansas should be used in addition to and complementary to your employer's Code of Ethics.

1. Honesty

a. I will strive to ensure the best health outcomes for the communities I serve. I will communicate the potential benefits and consequences of available services, including the programs through which I am employed.

2. Confidentiality

a. I will respect the confidentiality, privacy, and trust of individuals, families, and communities that I serve. I understand and abide by employer policies, as well as state and federal confidentiality laws, that are relevant to my work.

3. Scope of Ability and Training

a. I will only work within my scope of practice as defined in the guidelines within my CHW certification. I will be truthful about qualifications, competencies, and limitations on the services I can provide, and I will not misrepresent my qualifications or competencies to individuals, families, communities, or employers. I will refer clients to other qualified professionals to receive services that I cannot provide and/or that fall outside of my certification scope of practice.

4. Quality of Care

a. I will strive to provide my services to individuals, families, and my community to my fullest abilities. I will maintain the quality of my services through continued education, training, and an obligation to ensure the information I provide is up to date and accurate.

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¹ American Public Health Association. (n.d.). Community Health Workers. https://www.apha.org/aphacommunities/member-sections/community-health-workers

² The American Association of Community Health Workers. Community Health Worker Code of Ethics Toolkit P.O. Box 166713 * Little Rock, AR 72216 * P: 501.291.2307

5. Legal Obligations

a. I understand that I have an obligation to report actual or potential harm to others within the communities I serve to the appropriate authorities. Additionally, I have a responsibility to follow legal regulations set forth by the state of Arkansas and/or my employing organization. Responsibility to the larger society or specific legal obligation may supersede the loyalty owed to individual community members.

6. Cultural Humility

a. As a Community Health Worker, I possess expertise in the communities in which I serve. I will maintain a high degree of humility and respect for the cultural diversity within each community. As an advocate for my communities, I, as a Community Health Worker, have an obligation to inform employers and others when policies and procedures will offend or harm communities, or are ineffective within the communities where I work.

7. Maintaining the Trust of the Community

a. Community Health Workers are often members of our communities and our effectiveness in providing services derives from the trust placed in me by members of these communities. I will not act in ways that could jeopardize the trust placed in me by the communities that I serve.

8. Respect for Human Rights

a. As a Community Health Worker, I will respect the human rights of those I serve, advance principles of self-determination, and promote equitable relationships with all communities.

9. Professionalism

a. I will maintain professional boundaries at all times. I will not engage in any illegal activity; engage in any romantic or sexual relationships with a client or their relative³; accept money, gifts, or compensation from clients for services performed; or accept compensation for client referrals.

10. Committing to the CHW Profession

a. I will be committed to the CHW profession and advocate for myself and other CHWs and the work that we do at the local, state, national, and international levels.

11. Professional Development/Continuing Education

a. Community Health Workers should remain up-to-date on any developments that substantially affect our ability to competently render services. I will strive to expand my professional knowledge base and competencies through educational events as well as participation in professional organizations.

12. Employer's Policies

a. I will support my employer and all of my employer's policies and regulations. If a conflict arises between my employer and this Code of Ethics, I will respectfully and appropriately raise my concerns with my employer.

³ Exceptions will be made if the CHW's client is related to their romantic partner.
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Code of Ethics

By signing this form, you are attesting that you have read the Code of Ethics for Certified CHWs

in Arkansas. This Code of Ethics is to be used as a replacement.	in addition to your employers Code of Ethics, not
Name of Applicant	Signature of Applicant

References

Please include the contact information for at least two references that you are currently partnering with or have partnered with in the past and who have indicated they are willing to serve as a character reference for you. These individuals should not include anyone who has supervised you. Examples include but are not limited to: a pastor, a healthcare professional, a social worker, etc.

Reference 1			
Name of Contact			
Phone Number	Email		
Organization		State	
City		Zip Code	
Relationship to Reference			
Refere	nce 2		
Name of Contact			
Phone Number	Email		
Organization		State	
City		Zip Code	
Relationship to Reference			

Supervisor Verification of Competencies

For the following section, please send a copy of the Supervisor Verification of Competencies to at least one supervisor, current or previous, that can verify your proficiency in each core competency. You can send this form to more than one supervisor, but please send a blank form to each supervisor. This form can be emailed or mailed to the supervisor(s) but please submit this form along with the rest of your application.

Supervisor Verification of Proficiency in the Core Competencies

This form is required of all applicants. At least one signature is required below. Please copy this page if more than one supervisor is completing this form on your behalf. (For a brief description of competencies please see examples attached).

Name of Applicant			
Estimated number of hours or period of employment/volunteer work with your organization			
		Proficient	
Competency	Yes	No	Unsure
1. Communication Skills			
Please describe how the applicant has shown proficiency in the above competency.			
2. Interpersonal and Relationship- Building Skills			
Please describe how the applicant has shown proficiency in the above competency.			
3. Service Coordination and Navigation Skills			
Please describe how the applicant has shown proficiency in the above competency.			
4. Capacity Building Skills			
Please describe how the applicant has shown proficiency in the above competency.			
5. Advocacy Skills			

Please describe how the applicant has shown proficiency in the above competency.		
6. Education and Facilitation Skills		
Please describe how the applicant has shown proficiency in the above competency.		
7. Individual and Community Assessment Skills		
Please describe how the applicant has shown proficiency in the above competency.		
8. Outreach Skills		
Please describe how the applicant has shown proficiency in the above competency.		
9. Professional Skills and Conduct		
Please describe how the applicant has shown proficiency in the above competency.		
10. Evaluation and Research Skills		
Please describe how the applicant has shown proficiency in the above competency.		
11. Knowledge Base		
Please describe how the applicant has shown proficiency in the above competency.		

Supervisor Signature

Supervisor Name	Supervisor Signature
Supervisor Place of Employment	Supervisor Phone Number
Date	

Examples of Competencies

Skill	Examples of Competencies
1. Communication Skills	Ability to use language confidently
	Ability to use language in ways that engage and motivate
	Ability to communicate using plain and clear language
	Ability to communicate with empathy
	Ability to listen actively
	Ability to prepare written communication including electronic communication (e.g., email, telecommunication device for the deaf)
	Ability to document work
	Ability to communicate with the community served (may not be fluent in language of all communities served)
2. Interpersonal and	Ability to provide coaching and social support
Relationship Building Skills	Ability to conduct self-management coaching
8	Ability to use interviewing techniques (e.g. motivational interviewing)
	Ability to work as a team member
	Ability to manage conflict
	Ability to practice cultural humility
3. Service Coordination and	Ability to coordinate care (including identifying and accessing resources and overcoming barriers)
Navigation Skills	Ability to make appropriate referrals
	Ability to facilitate development of an individual and/or group action plan and goal attainment
	Ability to coordinate CHW activities with clinical and other community services
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4. Capacity Building Skills	Ability to help others identify goals and develop to their fullest potential
	Ability to work in ways that increase individual and community empowerment
	Ability to network, build community connections, and build coalitions

	Ability to teach self-advocacy skills
	 Ability to conduct community organizing
5. Advocacy Skills	Ability to contribute to policy development
3. Advocacy Skills	
	Ability to advocate for policy change
	Ability to speak up for individuals and communities
6. Education and Facilitation Skills	 Ability to use empowering and learner-centered teaching strategies
r actitution Skins	 Ability to use a range of appropriate and effective educational techniques
	 Ability to facilitate group discussions and decision-making
	 Ability to plan and conduct classes and presentations for a variety of groups
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	Ability to build and maintain a current resources inventory
9. Professional Skills	Ability to set goals and to develop and follow a work plan
and Conduct	Ability to balance priorities and to manage time
	Ability to apply critical thinking techniques and problem solving
	Ability to use pertinent technology
	 Ability to pursue continuing education and life-long learning opportunities
	 Ability to maximize personal safety while working in community and/or clinical settings

	Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])
	Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements
	Ability to participate in professional development of peer CHWs and in networking among CHW groups
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	Ability to participate in evaluation and research processes including:
	a. Identifying priority issues and evaluation/research questions
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	Knowledge about health behavior theories
	Knowledge of basic public health principles
	Knowledge about the community served
	Knowledge about United States health and social service systems