

Arkansas Community Health Worker Association Training Program Application

This application is for organizations that want their community health worker (CHW) training to become an approved training program through ARCHWA. The grant of approval will be active for 5 years.

ARCHWA has adopted the American Public Health Association’s definition of a community health worker. “A community health worker is 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” (APHA, n.d.).

The scope of practice for CHWs in Arkansas includes the CHW Core Consensus Project’s Core Competencies and verbiage that describes a CHW is out of their scope if they do anything that requires a license. The CHW Core Consensus Project Core Competencies include:

Communication Skills	Interpersonal and Relationship Building Skills	Service Coordination and Navigation Skills
Capacity Building Skills	Advocacy Skill	Education and Facilitation Skills
Individual and Community Assessment Skills	Outreach Skills	Professional Skills and Conduct
Evaluation and Research Skills	Knowledge Base	

Benefits of Becoming an Approved Training Program

Having access to approved, standardized training is essential for CHWs seeking certification through the traditional training or apprenticeship track. Approved programs are the gold standard for CHW training programs in the state.

Requirements of Training Programs

All approved training programs must incorporate the following criteria.

- The program must be based in Arkansas
- All 11 core competencies must be discussed in the curriculum
- The program must include at least 80 hours of didactic training
- An additional 40 hours of guided field practice must be included as part of the training

- Organization and trainers should have previous experience conducting at least one core competency training program for CHWs meeting the minimum duration criteria above (80 didactic and 40 field practice hours)
- The director of the training program must have previous experience running CHW programs and/or serving as a CHW
- The trainers must have previous experience running CHW programs with at least one having served as a CHW

The training program should incorporate non-traditional teaching methods such as adult learning, experiential learning, interactive learning, and popular education. Examples of these teaching methods include: role-play exercises, centering learning on experience, discussions, games, and storytelling. Please be prepared to provide examples of how your training addresses these needs and indicate which, if any, of the above methods are used in your training. Training programs that are not responsive to this requirement may fail to receive designation as an approved training program, but ARCHWA will work with those who request assistance in incorporating such teaching methods.

Instructions

- Please provide the information requested within this application
- The fee for applying is \$500. This fee is non-refundable. You can pay the fee online by going to this link: [Pay the Fee](#) or you can send a check to the P.O. Box listed below.
- Please submit your application by mail or email. ARCHWA contact information is available in the footnote of this document.

Organization/Institution Information	
Organization Name:	
Physical Address: (Street Address, City, State, Zip Code)	
Mailing Address: (Street Address/P.O. Box, City, State, Zip Code)	
Telephone:	Fax:
Contact Person and Title:	Phone:
Website Address/Link:	
Type of Organization:	
Organization/Institution's Mission Statement:	

Describe how your organization or institution can support the Community Health Worker workforce and ensure that the workforce continues to meet the values and decisions of CHWs.
Describe how your organization has been involved with CHWs previously.
Describe your organization's commitment to health equity and how that is incorporated in the CHW training.
Describe ways that your organization addresses diversity in your core competency training.
Has your organization had any legal or regulatory challenges in Arkansas or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Organization Experience	
List the organization's previous experience with providing core competency Community Health Worker training. Please list the most recent training provided first.	
Dates of Training: (start day month/year, end date month/year) __/__/__ to __/__/__	
Location of Training (City, State):	
Length of Training (# of hours):	
Course/Program Title:	Target Audience:

<input type="checkbox"/> Communication Skills <input type="checkbox"/> Interpersonal and Relationship Building Skills <input type="checkbox"/> Service Coordination and Navigation Skills <input type="checkbox"/> Capacity Building Skills <input type="checkbox"/> Advocacy Skills <input type="checkbox"/> Education and Facilitation Skills	<input type="checkbox"/> Individual and Community Assessment Skills <input type="checkbox"/> Outreach Skills <input type="checkbox"/> Professional Skills and Conduct <input type="checkbox"/> Evaluation and Research Skills <input type="checkbox"/> Knowledge Base <input type="checkbox"/> Other. Please describe:
Completion Rate:	
Dates of Training: (start day month/year, end date month/year) __/__/__ to __/__/__	
Location of Training (City, State):	
Length of Training (# of hours):	
Course/Program Title:	Target Audience:
<input type="checkbox"/> Communication Skills <input type="checkbox"/> Interpersonal and Relationship Building Skills <input type="checkbox"/> Service Coordination and Navigation Skills <input type="checkbox"/> Capacity Building Skills <input type="checkbox"/> Advocacy Skills <input type="checkbox"/> Education and Facilitation Skills	<input type="checkbox"/> Individual and Community Assessment Skills <input type="checkbox"/> Outreach Skills <input type="checkbox"/> Professional Skills and Conduct <input type="checkbox"/> Evaluation and Research Skills <input type="checkbox"/> Knowledge Base <input type="checkbox"/> Other. Please describe:
Completion Rate:	
Dates of Training: (start day month/year, end date month/year)	

__/__/__ to __/__/__	
Location of Training (City, State):	
Length of Training (# of hours):	
Course/Program Title:	Target Audience:
<input type="checkbox"/> Communication Skills <input type="checkbox"/> Interpersonal and Relationship Building Skills <input type="checkbox"/> Service Coordination and Navigation Skills <input type="checkbox"/> Capacity Building Skills <input type="checkbox"/> Advocacy Skills <input type="checkbox"/> Education and Facilitation Skills	<input type="checkbox"/> Individual and Community Assessment Skills <input type="checkbox"/> Outreach Skills <input type="checkbox"/> Professional Skills and Conduct <input type="checkbox"/> Evaluation and Research Skills <input type="checkbox"/> Knowledge Base <input type="checkbox"/> Other. Please describe:
Completion Rate:	

Instructors
List the CHW training experience and the experience with either running CHW programs or serving as a CHW for the Program Director/Coordinator and the Instructor(s) who will be facilitating the training.
Name of Program Director/Coordinator:
Previous experience with providing CHW training. If none enter N/A:
Previous experience running a CHW program. If none, enter N/A:
Experience serving as a CHW. If none, enter N/A:
Contact information:

Name of Instructor:

Instructor Title:	
Employer/Organization:	
Instructor Phone Number:	Instructor E-mail:
Previous experience running a CHW program. If none, enter N/A:	
Experience serving as a CHW. If none, enter N/A:	
How was/is this instructor involved in the course design or implementation?	
Please list the name and date of any trainings that this instructor has facilitated. If they have not facilitated any, please write N/A for Not Applicable.	
Name of Instructor:	
Instructor Title:	
Employer/Organization:	
Instructor Phone Number:	Instructor E-mail:
Previous experience running a CHW program. If none, enter N/A:	
Experience serving as a CHW. If none, enter N/A:	
How was/is this instructor involved in the course design or implementation?	
Please list the name and date of any trainings that this instructor has facilitated. If they have not facilitated any, please write N/A for Not Applicable.	
Name of Instructor:	
Instructor Title:	

Employer/Organization:	
Instructor Phone Number:	Instructor E-mail:
Previous experience running a CHW program. If none, enter N/A:	
Experience serving as a CHW. If none, enter N/A:	
How was/is this instructor involved in the course design or implementation?	
Please list the name and date of any trainings that this instructor has facilitated. If they have not facilitated any, please write N/A for Not Applicable.	
Name of Instructor:	
Instructor Title:	
Employer/Organization:	
Instructor Phone Number:	Instructor E-mail:
Previous experience running a CHW program. If none, enter N/A:	
Experience serving as a CHW. If none, enter N/A:	
How was/is this instructor involved in the course design or implementation?	
Please list the name and date of any trainings that this instructor has facilitated. If they have not facilitated any, please write N/A for Not Applicable.	

Training Information
Recruitment
Identify the method(s) and timeframe used for recruiting participants.

Describe advertising used (media, print, etc.) and where the advertisement will be marketed.

Registration/Enrollment

Is there a cost for enrolling? Yes No Cost (if applicable): _____

Describe registration policies, enrollment requirements, and enrollment procedures. You can include a copy of the documents that explain the above policies:

How do you notify applicants of acceptance or rejection?

Telephone Email Letter Other (please describe): _____

What is your minimum and maximum class size and your instructor to participant ratio for each offering of the course? _____

Training Cost

What do you charge for your training? _____ (per participant)

If you do not currently charge, what is your cost per participant? _____

Method of delivery for trainings: In-person Online Hybrid of in-person and online

For any online instruction, describe what percent of the training is online and how the participant is engaged and whether the instruction is synchronous (delivering materials in real-time) or asynchronous (materials completed independently). (If some of the training is asynchronous and some of it is synchronous, whether in person or virtual, please describe and indicate it as hybrid.)

Frequency of Training: How often is training provided each year?

Attach a sample training calendar/schedule with proposed days and times that training will be offered.

Language: What language(s) will the training be offered in?

English Spanish Marshallese Other (please list): _____

Attendance Record: Each organization/institution should keep a record of attendance and participation for at least three years. Attach a sample attendance record. The attendance record should include:

- Name of Training
- Program/Sponsoring Organization
- Title of Training
- Date Held and Date Completed
- Total Contact Hours and Core Competencies Completed
- Location of Training (City)
- Instructor(s) Name
- List of participants that completed the training along with contact information

Evaluation Information

Describe your method(s) for assessing the extent to which training participants have mastered the training content.

Describe your method(s) for assessing achievement of the core competencies/skills.

Pre/Post Test: Attach a copy of the pre/post if one is being used.

Participant Evaluation: Attach a copy of the evaluation tool that the participant will complete.

Scoring tool or rubric used for grading assignments: Attach a copy of the rubric(s) used for grading assignment turned in by the participants.

Are there other methods of evaluation that will be used to assess the training or the acquisition of knowledge and the mastery of skill? If so, please attach a copy of the evaluation tool.

Evaluation Data: Please attach learner evaluation data, trends and action plans to the commission for review.

Certificate of Completion: Attach a copy of the certificate that a participant will receive when they successfully complete the course.

Curriculum Information

Submit the course syllabus and/or any educational curriculum as appropriate. You may also submit any additional supporting materials such as handouts, texts, instructional material, etc. None of the documents you provide will be shared.

Total Number of Hours: ARCHWA requires a minimum of 80 didactic hours and 40 guided field practice hours. Please list the total number of hours of the training.

Were CHWs involved as a part of the curricula development?

Yes No If yes, how: _____

Learning Objectives: List all the learning objectives by module/section.

Teaching Philosophy: Describe the teaching philosophy and how it affects the core values of CHW work.

Teaching Methodology: Describe the teaching methods and software/platforms (if applicable) that will be utilized throughout the training.

Interactive Learning Methods: Provide examples of how the course uses popular education, experiential learning, interactive learning, and/or adult learning theory to ensure that materials are tailored to CHWs. Examples of these teaching methods include: role-play exercises, centering learning on experience, discussions, games, and storytelling.

Activities/Exercises: Describe or upload copies (if applicable) of all activities and exercises that will be used for each module.

Teaching Materials: Describe or upload copies of any teaching materials that are utilized for each module.

Participant Support: Describe how the course provides support to the participants.

Learning Environment: Describe how the course supports a positive, confidential, and safe learning environment for the participants. Also describe how the participants will access the training site.

Does this course incorporate the required competencies? Yes No

Please provide a crosswalk of your training with the core competencies and associated hours to indicate which modules cover which competencies.

Does this course/provide college credit? Yes No

Number of credits (if applicable):

Has this curriculum been certified and used previously? Has ARCHWA approved this curriculum in the past, but you are submitting changes? Has any other organization/institution used this curriculum and been approved through ARCHWA?

Yes No

Hours dedicated to each competency to equal 80 hours	
Competency Area	Clock Hours
Communication Skills	
Interpersonal and Relationship Building Skills	
Service Coordination and Navigation Skills	
Capacity Building Skills	
Advocacy Skills	
Education and Facilitation Skills	
Individual and Community Assessment Skills	
Outreach Skills	
Professional Skills and Conduct	
Evaluation and Research Skills	
Knowledge Base	
Total Hours (unduplicated)	

Guided Field Practice
<p>ARCHWA requires a minimum of 40 hours of guided field practice.</p> <p>Total Number of Hours of guided field practice:</p> <p>Please list the objectives for the guided field practice component.</p>

Required Attachments:

- 1-Sample Training Calendar with days and times
- 2-Pre/Post Tests if utilized
- 3-Participant Evaluation Tool to assess satisfaction of the training
- 4-Scoring tool or rubric used for grading assignments
- 5-Additional evaluation tools that will be used to assess the training or the acquisition of knowledge and the mastery of skill
- 6-Evaluation Data: Please attach learner evaluation data, trends and action plans to the commission for review.
- 7-Certificate of Completion: Attach a copy of the certificate that a participant will receive when they successfully complete the course.
- 8-Course Syllabus and Curriculum Information
- 9-Examples of Activities and Exercises used in the curriculum
- 10-Examples of Teaching Materials used in the curriculum

Additional Information required for Apprenticeship Programs

- Submit the course syllabus and/or any educational curriculum that clearly outlines the 80 hours of supplemental training which supports core competencies and professional development.
- Submit evidence that participants experience scheduled and documented attainment of the eleven core competencies.
- Submit the self-assessment utilized by the CHW, the supervisor evaluation and mentor evaluation used to assess learning and attainment of the eleven core competencies.
- Submit the resumes for each CHW mentor active in the program documenting certification in the state of Arkansas or eligibility to apply for certification. Mentors are highly encouraged to be certified or be active in the application process.
- Provide evidence of regular access and communication between the apprentice and mentor. At a minimum, the apprentice and mentor must meet twice per month the first three months of the apprenticeship and monthly thereafter.
- Submit the resumes for each CHW supervisor active in the program. Supervisors must have completed CHW Supervisor Training approved by ARCHWA.
- Provide evidence of regular access and communication between the apprentice and supervisor. At a minimum, must meet with Supervisor twice per week the first three months of the apprenticeship and once per week thereafter.

Additional Required Attachments for Apprenticeship Programs:

- 11-Course syllabus and/or any educational curriculum that clearly outlines the 80 hours of supplemental training
- 12-Evidence that participants experience scheduled and documented attainment of the eleven core competencies.
- 13-Self-assessment utilized by the CHW

- 14-Supervisor Evaluation
- 15-Mentor Evaluation
- 16-Resumes for each CHW mentor active in the program
- 17-Evidence of regular communication between the apprentice and mentor
- 18-Resumes for each CHW supervisor active in the program
- 19-Evidence of regular communication between the apprentice and supervisor

Signature
This application must be signed and dated by the organization’s Executive Director, Chief Executive Officer, or designee.
Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.
<ul style="list-style-type: none">● I attest that all the information in this application is true and complete. I understand that providing false information may result in the voiding of the application and failure to be granted approval. If certification was already awarded, then this may reflect in revocation of approval.● I give ARCHWA permission to verify any information or references to determine by qualifications.● I understand that approval status may be suspended or withdrawn if I fail to provide ARCHWA with revisions made to the curriculum prior to using a new curriculum.● I understand that approval status may be suspended or withdrawn if I fail to notify ARCHWA regarding any change in instructors.● I will provide ARCHWA with a change of address within 30 days of the change of address.

Signature

Date