

Certified Community Health Worker Supervisory Recommendation for Certification Form

Directions

Thank you for taking the time to provide a Supervisory Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Certified Community Health Worker (CCHW) designation.

Please carefully read the [Definition of a Supervisory Recommendation](#) and the [Description of a Certified Community Health Worker](#). Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a Certified Community Health Worker (CCHW), please contact our offices directly at 850-222-6314.

This Supervisory Recommendation for Certification Form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the FCB via mail or email: the FCB will not accept Supervisory Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Supervisory Recommendation (applicant name)

Definition of a Character-Personal Recommendation: For certification purposes, a Supervisory recommendation is provided by an individual who is in a position that includes supervisory responsibilities defined by the organization's published job description. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

A Supervisory Recommendation for Certification may not be provided by a peer, subordinate, relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Description of a Certified Community Health Worker (CCHW)

The CCHW designation is an entry-level credential for front-line health workers who, by virtue of their trusted status in the community, serves as a liaison, link and intermediary between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Certified Community Health Worker Supervisory Recommendation for Certification Form

Part 1: To be completed by the applicant before giving this form to the individual providing the applicant with a Supervisory Recommendation for Certification as a Community Health Worker (CCHW).

Applicant Information. For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Supervisory Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a Supervisory recommendation for certification.

Your name: _____

Name of individual providing the recommendation: _____

Part 2: To be completed by the individual providing the applicant with a Supervisory Recommendation for Certification as a Community Health Worker.

Section A: Contact Information. Please write "none" or "N/A" as necessary.

Last Name

First Name

Primary Email Address

Primary Phone Number

home cell work

Phone Type

Contact Address Line 1

City

State

Zip code

County

Title

Employer

Employer Webpage Address

Business Phone

Section B: Nature of Relationship with Applicant for Certification. Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a Supervisory Recommendation for Certification as a Community Health Worker (CCHW).

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Section C: Recommendation. Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a Certified Community Health Worker (CCHW). Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a Certified Community Health Worker.

Section D: Attestation.

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform CHW-related services at the level expected of a CCHW.

I affirm. I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a Community Health Worker (CCHW).

I affirm. I do not affirm.

Signature

Date