

Certified Community Health Worker Related Work Experience Verification Form

Directions

Thank you for taking the time to assist the applicant named above to verify and document his or her CHW-related work or volunteer experience in pursuit of the Certified Community Health Worker (CCHW) designation.

Please carefully read the Description of a Certified Community Health Worker and the Related Work Experience Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet Certified Community Health Worker Related Work/Volunteer Experience Requirements, please contact our offices directly at 850-222-6314.

To document the applicant's related work/volunteer experience you must complete this form in its entirety and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

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 applicant's employer's personnel officer or designee only.

Upon completion, please submit the form and supporting documentation directly to the FCB via mail or email: the FCB will not accept Work/Volunteer Experience Verification documentation 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: Work/Volunteer Experience Verification (applicant name)

If the FCB has assigned a certification specialist to the applicant, please use that person's email address in lieu of the "admin_assist" email for document submission.

Description of a Certified Community Health Worker (CCHW)

The CCHW designation is an entry-level credential for front-line public 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.

Related Work Experience Requirements

500 hours of formal work and/or volunteer experience providing community health worker services in any of the following domains of practice:

1. Communication and Education: tasks related to community education.
2. Resources: tasks related to linking community members with available health/social services.
3. Advocacy: tasks related to advocating for the community's health/social service needs.

Experience is documented and verified by the applicant's immediate work or volunteer supervisor(s) on FCB provided forms.

Experience must have been gained within the last 5 years.

Certified Community Health Worker Related Work Experience Verification Form

Part 1: To be completed by the applicant prior to providing to the employer for completion.

Applicant Information. Please list your employment history for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each position and/or employer.

Name: _____

Employer: _____

Type of Position (select all that apply): Full-time Part-time Paid

Position Title: _____

Employment Dates: _____

Immediate Supervisor: _____

Part 2: To be completed by the personnel officer or designee only.

Section A: Verifier's Information

Last Name

First Name

Title

Employer

Verifier's Email Address

Business Phone

Work Address Line 1

Work Address Line 2

City

State

Zip code

County

Section B: Experience Attestation

I have read and understand the work/volunteer experience requirements for Community Health Worker (CCHW) certification. The following information can be verified by employment records maintained by the agency.

Applicant's Position Description Attached? Yes No*

*If no, please attach a written description of the applicant's duties on agency letterhead.

Applicant's Dates of Employment/Volunteer Work: _____

Type of Position (select all that apply): Full-time Part-time Paid Volunteer

Average number of hours per week providing related services: _____

By my signature, I attest that the above material is true to the best of my knowledge.

Signature

Date