



# Certified Community Health Worker Training Verification Form

## DIRECTIONS

This form allows for documenting training hours as required for the CCHW credential. The applicant completes all required fields of data on the *Training Verification Form* and uploads the completed form and copies of supporting documentation to their online application prior to submitting.

All information must be TYPED. Handwritten forms will be denied.

If submitting by hard copy, please attach copies of the supporting documentation to the completed *Training Verification Form* and send as instructed below. Supporting documentation must be attached in the same order listed on the form.

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

**Email:** Certification Specialist's email or  
admin\_assist@flcertificationboard.org  
**Fax:** 850-222-6247  
**Subject Line:** Training Verification (applicant name)

## REQUIREMENT

<p><b>CCHW Content Specific Training Requirement</b></p>	<p>30 hours of content specific training, allocated as follows:</p> <ol style="list-style-type: none"> <li>1. Communication and Education: 4 hours</li> <li>2. Resources: 4 hours</li> <li>3. Advocacy: 4 hours</li> <li>4. Foundations of Health: 4 hours</li> <li>5. Professional Responsibility: 4 hours</li> <li>6. Electives: 10 hours</li> </ol>
<p><b>Supporting Documentation</b></p>	<p>Training documentation must provide the following information: Applicant Name; Title of Course/Training/Educational Event; Event Sponsor/Provider; Delivery Date(s); and Number of Contact Hours.</p> <p>If training certificates do not include all required information, contact the training provider and request additional information on their official letterhead to submit as documentation. If using college coursework for training credit, you must provide a copy of your transcript as well as a copy of the course description.</p> <p>Eligible training must be taken from an FCB Approved Education Provider within the last 10 years (no time limit on college coursework taken as part of a degree program). Eligible Training Providers are listed on FCB's website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a> under Education &amp; Training.</p>

## TRAINING TOPICS BY DOMAIN

DOMAIN	TOPICS
<b>Communication and Education (4 hours)</b>	<ul style="list-style-type: none"> <li>• Adult learning, teaching, instructional and/or presentation skills</li> <li>• Communication skills that are culturally and linguistically competent, including verbal, non-verbal communication and effective listening skills</li> <li>• Conflict resolution skills</li> <li>• Behavioral Change strategies</li> </ul>
<b>Resources (4 hours)</b>	<ul style="list-style-type: none"> <li>• Differences between various cultural/communities and health/social services systems</li> <li>• Accessing health/social services</li> <li>• Making formal and/or informal referrals/links to providers.</li> <li>• Building individual and community capacity to access health/social services.</li> <li>• Barriers to services and strategies to access care.</li> </ul>
<b>Advocacy (4 hours)</b>	<ul style="list-style-type: none"> <li>• Legal right and responsibilities.</li> <li>• Advocacy skills development.</li> </ul>
<b>Foundations of Health (4 hours)</b>	<ul style="list-style-type: none"> <li>• Basic health topics.               <ul style="list-style-type: none"> <li>○ Social Determinates of health (outside factors that impact the health of the individual.)</li> <li>○ Basic knowledge of primary risk factors and prevention.</li> <li>○ Understand the basic structure of the healthcare delivery system.</li> <li>○ Universal precautions/OSHA/personal protection-equipment.</li> <li>○ Disease specifics are handled under specific training modules and are not part of the certification testing.</li> </ul> </li> <li>• Data collection determine and respond appropriately to the participant's needs and strengths.</li> <li>• Outreach and education to community members.</li> </ul>
<b>Professional Responsibility (4 hours)</b>	<ul style="list-style-type: none"> <li>• Confidentiality</li> <li>• Documentation</li> <li>• Federal, state and local laws, rules and regulations.</li> <li>• Published codes of ethics and professional conduct.</li> <li>• Personal safety and self-care.</li> </ul>
<b>Electives (10 hours)</b>	<ul style="list-style-type: none"> <li>• Electives related to any of the above performance domains.</li> </ul>



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**APPLICANT NAME:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**TRAINING TOPIC: COMMUNITY AND EDUCATION (1 OF 6)**

**Training Requirement: Minimum 4 hours of training in topics directly related to Community and Education.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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**APPLICANT NAME:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**TRAINING TOPIC: RESOURCES (2 OF 6)**

**Training Requirement: Minimum 4 hours of training in topics directly related to Resources.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: **ADVOCACY (3 OF 6)**

Training Requirement: Minimum 4 hours of training in topics directly related to Advocacy.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: FOUNDATIONS OF HEALTH (4 OF 6)

Training Requirement: Minimum 4 hours of training in topics directly related to Foundations of Health.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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**APPLICANT NAME:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**TRAINING TOPIC: PROFESSIONAL RESPONSIBILITY (5 OF 6)**

**Training Requirement: Minimum 4 hours of training in topics directly related to Professional Responsibility.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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**APPLICANT NAME:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**TRAINING TOPIC: ELECTIVES (6 OF 6)**

**Training Requirement: Minimum 10 hours of training in topics directly related to CCHW performance domains.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	