Certified Community Health Worker
Work Experience Verification Form

Instructions

What This Is For:

Community Health Workers serve as a liaison between health services and the community. To become certified, you must show that you've done at least 500 hours of this kind of work. Here's what counts:

- The work must have happened within the last 10 years.
- It must be confirmed by a current or former employer.

For Applicants: What You Need to Do

1. Download the Work Experience Form.
2. Fill out Section 1.
3. Give the form to each employer who can confirm your work experience.
4. Make sure each employer knows:
    - You need at least 500 hours of community health worker experience to qualify.
    - They must fill out Section 2 and attach your current job description.
    - They must send the form and job description directly to FCB.
      You cannot send it in yourself — if you do, it won't be accepted.

For Employers: What You Need to Do

1. Talk with the applicant to make sure you understand the certification requirements.
2. Complete Section 2 of the form.
3. Attach a copy of the applicant's current job description for the role you're verifying.
4. Send the completed form and job description directly to FCB.
   Forms must come from you — we will not accept them from the applicant.

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How to Use This Form

- Part 1 should be filled out by the applicant before giving the form to their employer. If you have more than one job or employer to document, **use a separate form for each**.
- Part 2 should be filled out by the employer.
- The employer must then submit the completed form and job description by email to the applicant's assigned certification specialist.

Please type all information on the form. Handwritten forms may be returned and could delay the certification process.

Part 1: Applicant Information. Write the job title of the position you are using to meet the work experience requirement. Enter the **start and end dates** of that job in this format: **MM/DD/YYYY to MM/DD/YYYY** (for example, 03/15/2021 to 08/30/2023). .

1. Applicant Name _____

2. Employer Name _____

3. Job Title _____

4. Immediate Supervisor _____

5. Position Type ❒ Full Time ❒ Part Time

6. Employment Start Date _____ **End Date** _____ ***OR*** ❒ **Still Employed**

8. Your Certification Specialist's Email Address _____

9. Applicant Attestation and Signature

By signing below, I confirm that the information I provided is true to the best of my knowledge.

I understand that (1) I am not allowed to receive and/or submit the completed form from my employer, and (2) my employer will submit the completed form and associated position description directly to my Certification Specialist.

_____ _____

Signature *(FCB accepts manual and electronic signatures)* **Date**

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Please type all information on the form. Handwritten forms may be returned and could delay the certification process.

Part 2a: Provide the **name and contact details** of the person who is **verifying the applicant's work experience** and **filling out this form**.

1. Name _____

2. Employer Name _____

3. Job Title _____

4. Email Address _____ **5. Work Phone Number** _____

Part 2b: Experience Verification

1. Employee/Certification Applicant Name _____

2. Job Title _____

Note: The job title must match the title listed on the attached job description.

3. Employment Start Date _____ **End Date** _____ ***OR*** ❒ **Still Employed**

4. Position Type ❒ Full Time ❒ Part Time

5. How many hours each week does the applicant provide CCHW related services as part of their job? _____

7. Verifier Attestation and Signature

By signing below, I confirm that all the information I provided is true to the best of my knowledge and agree that the Board may review or audit the supporting documents if needed. Further, I will email the form and position description to the applicant's Certification Specialist at the email address indicated in Part 1 of this form.

_____ _____

Signature *(FCB accepts manual and electronic signatures)* **Date**