Community Health Worker I Legacy Track Application

For assistance with the application

Applicants are encouraged to contact the team at the NCCHWA for assistance with applications. Spanish and Hmong-speaking staff are available to support applicants. Other languages and modes of submission (such as an interview) can be made available upon request.

1. Full Name:

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2. Mailing Address:

Street Address	City
State	Zip

3. County of Residence: ______________________________

4. Preferred Phone Number: (________)-__________-__________

5. Email Address: ____________________@________________

6. Employment status (Select one):	7. Sector (Select one):
☐ Full time paid	☐ Community Based Organization
☐ Part time paid	☐ Healthcare System
☐ Full time unpaid	☐ Government
☐ Part time unpaid	☐ Local Health Department
☐ Not currently working	☐ Payer
	☐Other______________

8. Employer____

9. Please share your experience and knowledge working with one population group within the past 5 years (250 words minimum):

NORTH CAROLINA
COMMUNITY HEALTH WORKER
ASSOCIATION

10. Please share an example of a time that you have supported a community member with a health and/or social related need (250 words minimum):

Attestations

Please read the following statements carefully and indicate your understanding and acceptance by responding Y/N to each.

I certify that all the information provided by me in connection with this application is true and complete.
☐ Yes ☐ No

I understand providing false or misleading information may result in the voiding of the application and failure to be granted any certificate or the revocation of any certificate issued.
☐ Yes ☐ No

I give the North Carolina Community Health Worker Association (NCCHWA) permission to verify any information or references, which are important in determining my qualifications.
☐ Yes ☐ No

I will return the certificate to NCCHWA upon revocation or suspension of the certificate.
☐ Yes ☐ No

I understand that my certification expires after three years, and I must recertify if I would like to keep my certification through NCCHWA.
☐ Yes ☐ No

I agree to pay the $40 certification fee for this application if my application is approved.
☐ Yes ☐ No

I understand that NCCHWA uses the information in this application to process my certification. The status of my certification will not be shared with anyone outside the NCCHWA unless I specifically state in writing that NCCHWA can share my individual data. Deidentified data (data that does not identify me like name, address, etc.) may be shared with partners to determine CHW needs, identify trends, and evaluate the certification process.
☐ Yes ☐ No

Include completed Experience Verification Forms to verify a minimum of 2000 hours of experience from at least 2 references.

Signature ____ Date _______________________

Thank you for submitting your application for North Carolina Community Health Worker Certification! The NCCHWA Credentialing Council will be in touch within 2 weeks of your submission with further instructions.