



**Maryland Certified Community Health Worker (CCHW) Certificate
Renewal**

Professional Development Activity Tracking Sheet

Instructions. Maryland Certified Community Health Workers may use this document to track and submit their professional development activities with a written explanation of acquired knowledge and/or skill application of duties. Refer to the [Maryland CCHW Certificate Expiration and Renewal Manual](#) for complete instructions and details on how to apply for CHW certification renewal. CCHWs can add their professional development activities to their [Maryland OneStop renewal application](#) over time or by uploading this Professional Development Activity Tracking Sheet and uploading it to the renewal application.

Complete all fields for each professional development activity. All fields are required for the activity to be accepted.

Activity Date: Document the date(s) the activity took place. If the activity occurred on multiple days, then list each date.

Number of Activity Hours: When calculating the number of hours of the activity, only include instructional / educational hours. Do not include travel time, breaks, meals, networking time, or other non-educational components of the activity.

Activity Title: Enter the title or name of the activity as it appeared on the event agenda or promotional material.

Activity Sponsor: List the sponsoring or hosting organization or agency responsible for the activity.

Activity Location: List either the physical location that the activity took place in, or the web / virtual address where the activity was accessed.

Core competencies or health principles that the activity addressed: List each core competency or health principle that each activity addressed.

Explanation of acquired knowledge and / or skill application to duties: Provide a brief narrative of what knowledge you acquired from participating in the activity and/or how the learned skills from the activity can be applied to your duties as a CCHW.

Individual Professional Development Activity Tracking Sheet (duplicate form for each activity)

Certified Community Health Worker (CCHW) Name: _____

Activity Title: _____

Activity Date(s): _____ **Number of Activity Hours:** _____

Activity Sponsor or Organization: _____

Activity Location: _____

Core competencies or health principles the activity addressed:

- Advocacy and community capacity building skills
- Effective oral and written communication skills
- Cultural competency
- Understanding of ethics and confidentiality issues
- Knowledge of local resources and system navigation
- Care coordination support skills
- Teaching skills to promote health behavior change
- Outreach methods and strategies
- Understanding of public health concepts and health literacy

Health principles addressed (specify): _____

Explain the knowledge you acquired from this activity and / or the skill application of duties:

CCHW Signature: _____

Date: _____