



Community Health Worker Training Program Accreditation Application

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Office of Population Health Improvement**

2022



Legal Framework

Legal Framework and Background Information

CHW Statute and Regulations

- Annotated Code of Maryland, Health-General Article, [Title 13, Subtitle 37](#) – Maryland Community Health Worker Act
- Code of Maryland Regulations (COMAR)

[10.68.01 Certification of Community Health Workers](#)

[10.68.02 Community Health Worker Certification Training Programs](#)

Maryland CHW Core Competencies

[Maryland CHW Core Competencies](#) established in COMAR

10.68.01.01:

1. Advocacy and community capacity building skills
2. Effective oral and written communication skills
3. Cultural competency
4. Understanding of ethics and confidentiality issues
5. Knowledge of local resources and system navigation
6. Care coordination support skills
7. Teaching skills to promote healthy behavior change
8. Outreach methods and strategies
9. Understanding of public health concepts and health literacy

Who is a Community Health Worker?

A CHW is a frontline public health worker who is a trusted member of, or has an unusually close understanding of the community served.

This trusting relationship enables a CHW to serve as a liaison to, link to, or intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, the provision of information to support individuals in the community, social support, and advocacy.

Who is a Community Health Worker?

CHWs go by many titles, depending on where they work, who they work for, and what they do.

Common titles include promotores(as) de salud, health coach, community health advisor, community health coach, lay health advocate, family advocate, community health care worker, health educator, liaison, promoter, outreach worker, peer counselor, patient navigator, health interpreter, public health aide, community health representative, outreach specialist, and more.

CHW Certification Training Program Accreditation

Application Requirements and Process

Training Program Accreditation Requirements

A CHW certification training program shall:

- Provide a minimum of **100 hours of instruction**
- Verify successful completion of an **additional supervised 40-hour practicum** by a student
- Employ a **curriculum framework that incorporates, at a minimum, the Maryland CHW nine core competencies**
- Include an **objective knowledge assessment**

Accreditation Key Points

- Based on the Maryland nine CHW core competencies
- A program must be accredited by the Department before offering a CHW **certification** training program
- Upon successful completion of an accredited CHW certification training program, a CHW will be eligible to apply for certification

Accreditation Key Points

- Accreditation applications accepted on a rolling basis
- No fee at this time
- The MDH CHW team will provide technical assistance on request

CHW Training Program Application Process

Accreditation application materials and documents are on the CHW website:

<https://pophealth.health.maryland.gov/Community-Health-Workers/Pages/Training-Program-Accreditation.aspx>

- Application Instruction Manual
- Curriculum Framework
- Knowledge Assessment Form

Link to application on [Maryland OneStop](#)

Accreditation application



Licenses and Permits

Login

Register

Community Health Worker Certification Training Program Accreditation Application Details

Community Health Worker Certification Training Program Accreditation Application

last revised 09/09/20 at 4:33 pm

Community Health Worker Certification Training Program Accreditation Application

Maryland Department of Health-issued accreditation for CHW certification training programs who have met the requirements to become accredited.

CHW certification training program accreditation is effective for 3 years from the date issued.

Accreditation application components

Organization Information

Organization Name *

Type of organization (select all that apply) *

- | | |
|---|--|
| <input type="checkbox"/> Clinic or hospital | <input type="checkbox"/> Community health center |
| <input type="checkbox"/> Coordinated care organization | <input type="checkbox"/> Federally qualified health center |
| <input type="checkbox"/> Local government | <input type="checkbox"/> Rural health center |
| <input type="checkbox"/> Two year college / Community college | <input type="checkbox"/> College or university |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Faith-based organization |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Non-profit organization |
| <input type="checkbox"/> State government | <input type="checkbox"/> Other |

Training Program Information

Training Program Name *

Required Forms are pdf Fillable Forms!

[Curriculum Framework Form](#)

[Objective Knowledge Assessment Form](#)

Helpful hints about pdf fillable forms:

- Open the form
- Save it your computer BEFORE entering information
- Open the saved version

Note: pdf fillable forms require Adobe Reader

Curriculum Framework Form

Curriculum Framework Form:

- Incorporate the Maryland nine CHW core competencies
- Describe the 100 instructional hours
- Describe the supervised 40-hour practicum
- List and upload instructional materials to the application

Curriculum Framework Form

Section 2 - A: Course or Module Information

(Complete a Section 2 template for each course or module in the curriculum)

Course or Module Title

Learning Objective(s)

Instruction Hours

Practicum Hours

Core Competencies Covered in Course or Module *(choose all that apply)*

- 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

Curriculum Framework Form

Curriculum Framework

Please upload the following documents related to the training program curriculum:

Complete Curriculum Framework Form

Additional Materials Submitted for Review (as detailed in the Curriculum Framework Form)

Note: Please ensure document file type is PDF, jpeg, png, or other non-editable format. Tip: Click on the uploaded document to confirm it opens as intended.

Curriculum Framework Form and Supplemental Materials *



Drop files here to upload

Individual File size limit is 256 MB

Total File size limit is 256 MB

[Choose file](#)

Objective Knowledge Assessment Form

Objective Knowledge Assessment Form

- List instructional hours, practicum assessment format, and all pass/fail criteria
- Describe how the training program will work with practicum partners

Objective Knowledge Assessment Form

Section 1: Training Program Objective Knowledge Assessment Formats and Criteria

List and describe the knowledge assessment formats used to determine a student's successful completion of the training program. Identify the pass or fail criteria for the assessment.

Assessment Format(s) and Description	Pass or Fail Criteria for the Assessment
Instructional assessment - list and describe	
Practicum assessment - list and describe	
Other - specify and describe	

Describe how a final assessment, including a summary analysis of the series of courses and/or modules, is calculated.

Objective Knowledge Assessment Form

Section 2: Other Requirements for Successful Completion of Training Program

Choose all applicable requirements and indicate the associated criteria for successful completion of the training program.

Requirements	Criteria for Successfully Meeting Requirements
<input type="checkbox"/> Minimum instruction attendance	
<input type="checkbox"/> Minimum practicum attendance	
<input type="checkbox"/> Assignment completion (instruction, practicum, other) <input type="text"/>	
<input type="checkbox"/> Participation (instruction, practicum, other) <input type="text"/>	
<input type="checkbox"/> Other. Specify. <input type="text"/>	

Objective Knowledge Assessment Form

Describe how the training program will work with practicum and instructional partners to ensure adherence to the training program requirements to ensure a student's successful completion of the training program.

Objective Knowledge Assessment Form

Objective Knowledge Assessment

Please upload the following documents related to the objective knowledge assessment:

- [Complete Knowledge Assessment Form](#)
- Additional materials submitted for review (as detailed in the Knowledge Assessment Form)

Note: Please ensure document file type is PDF, jpeg, png, or other non-editable format. Tip: Click on the uploaded document to confirm it opens as intended.

Objective Knowledge Assessment Form and Supplemental Materials*



Drop files here to upload
Individual File size limit is 256 MB
Total File size limit is 256 MB

[Choose file](#)

Accreditation Application: MDH Timeline

Submitted applications:

- Within 10 days: Acknowledge receipt of application
- Within 30 days: Notify the applicant of the materials required to be submitted to complete the application

Complete applications:

- Within 60 days: Act on an application after the training program has met all of the application requirements
- Within 120 days: Make a decision regarding the application

CHW Training Program Application Review Committee

- A community health worker;
- A State CHW Advisory Committee member;
- A health professions educator with expertise in curriculum development;
- An MDH CHW certification program staff member; and
- As deemed necessary by the Department, an MDH program staff member with subject matter expertise in specialty areas.

Accreditation

- Accreditation is effective for 3 years from the date issued.
- Accredited CHW certification training programs may not substantively modify an accredited curriculum without the Department's approval.

Document of Successful Completion

Documentation of successful completion should be an official certificate, letter, or other document that includes the following five elements:

- the training program name
- the training program address
- the training program accreditation number
- the date of completion, and
- an authorizing signature.

Resources and Contacts

Resources and Contacts

Preparing to Apply

If desired, schedule a one-on-one session with the MDH CHW team to discuss your application

- MDH.CHWApplications@Maryland.gov or 410-767-5971

CHW Program Website and Contact Information

CHW Certification Training Program Accreditation Website

<https://pophealth.health.maryland.gov/Community-Health-Workers/Pages/Training-Program-Accreditation.aspx>

Maryland CHW Phone Line

410-767-5971 (Office)

Maryland CHW Email Addresses

MDH.CHW@Maryland.gov

MDH.CHWApplications@Maryland.gov

CHW Program Contact Information

Kimberly Hiner

Acting Director, OPHI

Chair, State CHW Advisory Committee

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Tina Backe

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State CHW Advisory Committee Staff

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443-401-7531

Thank you!!!

Questions???

