

DRAFT Proposed CHW Certification Training Program Reaccreditation Process

For review and consideration by State CHW Advisory Committee

CHW Training Program Accreditation Requirements

- [COMAR 10.68.02.03](#): Training Program Requirements
 - 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**
- Application on Maryland OneStop
 - [Curriculum Framework Form](#)
 - [Objective Knowledge Assessment Form](#)
- [CHW Training Program Application Review Committee](#)
 - 4 members selected by the Secretary review applications to determine if they meet requirements
- [COMAR 10.68.02.05](#): Expiration and Renewal
 - Accreditation is effective for three years

Draft Process for Discussion and Feedback: CHW Training Program: Reaccreditation

MDH Process / Responsibilities:

- Update current OneStop portal to include reaccreditation requirements
- Send notice of reaccreditation with required information to training programs six (6) months prior to certificate expiration
 - Include requirements for reaccreditation
- Request applications be submitted between three to six months prior to expiration
 - Application received less than 30 days before the expiration date may not be processed by the expiration date (COMAR)
- Convene CHW Training Program Application Review Committee
 - Request additional information, if needed; or
 - Send recommendation for reaccreditation to the Secretary

Training Program Reaccreditation Process / Responsibilities:

- **Training program will access their reaccreditation application in OneStop**
- **Reaccreditation application fields to be confirmed or updated will include :**
 - **Accreditation number** (auto populated)
 - **Organization name** (auto populated)
 - **Training Program name** (auto populated)
 - **Contact information**
 - Training Program Address(es)
 - Primary contact information
 - Secondary contact information
 - **Curriculum Framework Form** (auto populated) **for current accreditation:**
 - Confirm the information is current and correct; or
 - Provides needed updates including:
 - Language(s) of instruction
 - Hours of training and practicum
 - Module content, objectives, assessment, practicum, and materials
 - Practicum partners, process and assessment
 - List textbook(s) if applicable
 - **Objective Knowledge Assessment Form** (auto populated) **for current accreditation:**
 - Confirm the information is current; or
 - Provide needed updates
 - **List of practicum partners**
 - Name
 - Location(s)
- **Optional questions:**
 - Number of students graduated
 - Training modality (in person, virtual, hybrid)
 - Challenges
 - Successes
 - Training program requirements for an individual to be a CHW training program instructor
 - Cost
 - Share your comments with the CHW Program
 - Other?