

## **Traditional Health Worker Full Certification Application**

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English. To request this publication in another format or language, contact <a href="mailto:thw.program@state.or.us">thw.program@state.or.us</a>.

Please type or clearly print the completed form. Complete and send all the following information by mail:

Traditional Health Worker Program

OHA Office of Equity and Inclusion

421 S.W. Oak St., Suite 750

Portland OR 97204

Email thw.program@state.or.us or fax: 971-673-1128

*Traditional health workers include the following worker types:* 

- *Community health workers (CHW);*
- Peer support specialists (PSS);
- Peer wellness specialists (PWS);
- Personal health navigators (NAV); and
- Birth doulas.

If you are one of these worker types and want to be certified as a traditional health worker (THW), you must submit this completed application and all necessary documents to the Oregon Health Authority (OHA).

#### Complete this application if you meet all of the following requirements. You:

- Are at least 18 years of age;
- Are not on the Medicaid exclusion list; and
- Have finished all required training for your worker type. Your training must be through an OHA-approved training program.

### You must also do these things when you seek a THW certification. Submit:

- A clear copy of a driver's license, state-issued ID card or passport for your background check.
- A copy of your training certificate; and
- A completed application.

### Criminal background check process

The OHA Office of Equity and Inclusion (OEI) will send your name to the Background Check Unit (BCU). The BCU will send you an email requiring you to complete a Background Check application. You may be asked to submit fingerprints; OEI will notify you by email if fingerprints are required.

For more information about the background check, go to THW Background Check Weighing Test.

#### **Completing the process**

If OHA confirms you have met all requirements, OHA will notify you in writing of your certification as a THW. OHA will add your name and contact information to the registry of certified THWs.

Section 1: Basic information								
Application type: Full certification *Grandfathering (see note under 1.3b)  Renewal (must have 20 CEUs and apply within 30 days of expiration)								
Primary worker type (check one)       CHW       NAV       Birth doula         PWS type:       addictions       mental health       family peer       youth         PSS type:       addictions       mental health       family peer       youth								
In your role, you expect direct contact with (check all that apply):								
☐ Children ☐ Adults ☐ Seniors (65 years and older)								
☐ Confidential information ☐ Finances/financial records								
☐ Secure facilities ☐ Information technology systems								
In your role, do you expect to drive?								
1.2 Applicant contact information								
First name: Date of birth: / /								
Mailing address								
City State ZIP								
Preferred contact number Email								
Make the following information available on the Certified THW Registry: Check all that apply, or "none" to have name only visible (no contact info visible).								
☐ Address ☐ Phone ☐ Email ☐ None								
Section 1.3: Training Information								
1.3a Training type								
Check the type of training program that you have completed.								
OHA-approved CHW, PWS, PSS, NAV Core Curriculum Training								
☐ OHA-approved Incumbent Worker Training								
☐ OHA-approved Birth Doula Training								
<ul> <li>DONA or ALACE Doula Certification and six hours of OHA-approved Cultural Competency Training</li> </ul>								
1.3b Proof of training completion								

**OHA Use Only** 

Attach proof of completion of the training program checked above.

\*Grandfather clause: The training requirement may be waived when you provide proof of having worked or volunteered as a CHW/PWS/NAV in Oregon for at least 3,000 hours within five years of the date of this application.

# 1.3c OHA-approved training program Information

Name of organization	Fill out the following information about the OHA-approved training program you completed.									
Section 2: Demographic and availability information  You can choose whether or not to complete this section; it will have no impact on certification.  2.1 Race and ethnicity (check one):  A. Racial or Ethnic Identity  Y Check ONE for PRIMARY racial/ethnic identity  I = American Indian/Alaska Native 1.1 = American Indian 1.2 = Alaska Native 1.3 = Canadian Inuit, Metis or First Nation 2.4 = Hispanic, Latino 2.5 = Hispanic or Latino Mexican 2.6 = Hispanic or Latino Central American or South American 2.7 = Hispanic or Latino Contral American 2.8 = Hispanic or Latino Central American 2.9 = Hispanic or Latino South American 2.1 = Indigenous Mexican, Central American or South American 2.2 = Hispanic or Latino Central American 2.3 = Hispanic or Latino South American 2.4 = Hispanic or Latino South American 2.5 = Other Hispanic or Latino—specify  5 = African /African American/Black 5.1 = African American/Black 5.1 = African American/Black 5.2 = African 3.3 = Korean 3.4 = Himong 3.5 = Laotian 3.6 = Filipino/a 3.5 = Laotian 3.6 = Filipino/a 3.7 = Japanese 3.8 = South Asian 3.9 = Asian Indian 3.10 = Other Asian—specify  2.2 Gender, Orientation, and Disability  1.	Name of organization		/ / - / /							
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C4 = Queer	C2 = Straight, not gay or lesbian	$\mathbf{D}' = $ Something else	e—specify							
	1									
	C4 = Queer C5 = Something else—specify									

2.3 Languag	<b>je(s)</b> that you sp	eak and write	well, including	g English:					
	African Languages:   Hmong		☐ Mien		☐ Somali				
(Specify)		☐ Indic:		☐ Mon-Khme	er, Cambodian	☐ Tagalog			
☐ Arabic		(Specify)		☐ Persian		☐ Thai			
☐ Chinese		☐ Italian		☐ Russian		☐ Urdu			
☐ English		☐ Japanese		□ Scandinav	vian:	□ Vietname	ese		
☐ French				(Specify)		☐ Sign Language:			
☐ German		☐ Lao		☐ Slavic:		(Specify)	0		
☐ Hindi		☐ Marshalles	e	(Specify)		☐ Other:			
2 4 Geograp	hic availahility	Whore are you	willing to work	☐ Spanish	any locations as i	_ (Specify) desired. Check wit	h 🗷 or 🗸)		
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8		
☐ Clatsop	☐ Clackamas	☐ Yamhill	Coos	☐ Curry	☐ Hood River	☐ Crook	☐ Baker		
☐ Columbia	☐ Multnomah	□ Polk	☐ Douglas	☐ Jackson	☐ Gilliam	☐ Deschutes	☐ Harney		
☐ Tillamook	☐ Washington	☐ Marion	☐ Lane	☐ Josephine	☐ Sherman	☐ Grant	☐ Malheur		
Tillatriook	Washington	Benton	Linn	Josephine	☐ Klamath	☐ Jefferson	☐ Morrow		
		Lincoln			Klamatii	Lake	☐ Umatilla		
		Lincom				☐ Wasco	☐ Union		
						☐ Wheeler	☐ Wallowa		
						Wilcelet	Wallowa		
2.5 Work schedule availability:  Days available: (Check all that apply.)  ☐ Sunday ☐ Monday ☐ Day ☐ Tuesday ☐ Wednesday ☐ Evening ☐ 5 p.m. – midnight									
<ul> <li>☐ Thursday</li> <li>☐ Saturday</li> <li>☐ Saturday</li> <li>☐ Night Midnight –7 a.m.</li> <li>Are you available to the public? (to provide services):</li> <li>☐ Yes ☐ No</li> </ul>									
Section 3: Code of ethics and signature Please read the following statements carefully. Indicate your understanding and acceptance by signing below.									
I agree to abide by the training and certification rules, and traditional health worker standards of professional conduct. Refer to Oregon Administrative Rules (OAR) 410-181-0300 through 410-180-0388.									
I understand that Oregon Health Authority (OHA) may deny, suspend or revoke certification status if I do not comply with Oregon Revised Statute (ORS) 414.665 or OAR 410-181-0300 through 410-180-0388.									
I understand that I must apply to renew my certification status every three years. I must submit the renewal application no less than 30 days before my current certification period ends. I understand I will be removed from the registry if I fail to renew my certification within the renewal period. If I choose not to renew certification, I agree not to represent myself to potential employers or clients as a certified THW.									
I certify that all the information contained in this application is true and accurate to the best of my knowledge and understanding. I understand that my application may be denied or my certification may be revoked if I give false, incomplete or misleading information.									
Print name: _									
Signature:				Date:					