ARIZONA DEPARTMENT OF HEALTH SERVICES

COMMUNITY HEALTH WORKERS

INITIAL/RECIPROCITY APPLICATION CHECKLIST

*Provider Application Forms link

	APPLICATION CHECKLIST
√	**INITIAL application requirements:**
	Documentation of completion of high school or high school equivalency or higher degree, **AND**
	Pathway 1: An applicant for a CHW certification shall submit to the Department, as applicable, documentation that demonstrates: • 960 hours of paid or volunteer CHW experience in core competencies specified in R9-16-802(B)(3)(a). Documentation should include: o The applicant's name; o As applicable, the name of each health care facility, licensed health care provider, or contractor for whom core competencies were completed; o Name of the applicant's supervisor and supervisor's title; o The types of core competencies completed for each health care facility, licensed health care provider, or contractor listed; o The dates or range of dates when the core competencies were completed; o The number of hours completed for the core competencies listed; and o The supervisor's signature and date of signature. **OR Pathway 2:** • Completion of a CHW certificate program provided by an accredited college **AND** 480 hours of paid or volunteer CHW experience specified in R9-16-802(B)(3)(b). **OR Pathway 3:** • Completion of a CHW training program provided by an organization or certified CHW trainer including: o The applicant's name; o The name of the CHW training program attended; o The name of the organization providing the CHW training program; o The types of core competencies completed; o The dates or range of dates when the core competencies were completed; o The number of hours completed for each core competency completed o The signature of the individual overseeing the instruction of the CHW training program and the date of signature. • **AND** 480 hours of paid or volunteer CHW experience specified in R9-16-802(B)(3)(c). **OR Pathway 4:** • Completion of a CHR National Training Program specific in R9-16-802(B)(3)(d): o Basic training certification **AND** 480 hours of paid or volunteer CHR or CHW experience; OR o Advanced training certification **AND** 380 hours of paid or volunteer CHR or CHW experience.

√	**The following is required for both the INITIAL and RECIPROCITY applications:**
	A nonrefundable application fee of $100, plus a $200 initial certification fee. Visa, Mastercard, or electronic check information is accepted.
	A photocopy of citizenship or authorized presence document. *If the document submitted does not contain your photograph, you MUST provide another government issued document that contains a photograph.
	If current legal name is different than the name on any of the documents submitted, provide a photocopy of a name linkage document (marriage certificate, divorce decree, court order, etc.).
	If convicted of a misdemeanor or felony (including DUI), photocopy of court records documenting the conviction, the sentence, and the disposition. Verification of completion of disposition must be submitted with application.
	If the applicant has had a professional license or certificate suspended, revoked, or had disciplinary action taken against the professional license or certification within the previous two years, documentation that includes: • The date of the disciplinary action, revocation, or suspension; • The state or nationally accredited certifying body that issued the disciplinary action, revocation, or suspension; and • An explanation of the disciplinary action, revocation, or suspension.
	If currently ineligible for licensing or certification in any state because of a license revocation or suspension, provide a photocopy of documentation that includes: • The date of the ineligibility; • The state or jurisdiction of the ineligibility; and • An explanation of the ineligibility for licensing or certification.
	If the applicant has been disciplined by any state, territory, or district of this country for an act related to the applicant's practice as a CHW, documentation that includes: • The date of the disciplinary action, • The state or jurisdiction of the disciplinary action, • An explanation of the disciplinary action, and • Any other applicable documents, including a legal order or settlement agreement
√	**RECIPROCITY application requirements:**
	To apply, you must have been licensed or certified as a Community Health Worker or Community Health Representative in another state for **at least one year**.
	A copy of a completed and signed attestation of licensure in another state. *See note below
	Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification.

Reciprocity Applicants:
*Click on the forms link at the top of the page to be directed to our *Provider Application Forms* page. Locate and complete the Attestation *of Licensure in another State* form.