

Training Program/Sponsoring Organization Application for Approval

To be approved as a training program, entities must provide for review:

- Training approval form
- Curriculum or other documented evidence which demonstrates how training will prepare applicants for each of the required standards on the form provided by the Department.
- Post course examination (passing score of at least 70%)
- Example of CHW training program certificate of completion

Training documents must be maintained and provided to the Department upon request.

Note: There is no cost for certification as a Training Program/Sponsoring Organization

Standard Areas

To meet requirements for state certification, certification course curriculum must focus on the following eleven core standards:

1. Communication	7. Individual and Community Assessment
2. Interpersonal and Relationship Building	8. Outreach
3. Service Coordination and System Navigation	9. Professional Skill and Conduct
4. Capacity Building	10. Evaluation and Research
5. Advocacy	11. Knowledge Base
6. Education and Facilitation	

Examples of Objectives by Standard Area

Community Health Worker (CHW) Core Standards	
Communication Skills	
<ul style="list-style-type: none"> • Conduct assessments and document client information • Translate health information into everyday language • Facilitate phone calls or in-person conversations between clients and providers/organizations • Create flyers, handouts, or social media posts to share resources • Practice active listening and communicate with empathy 	
Interpersonal and Relationship Building Skills	
<ul style="list-style-type: none"> • Build trust with new clients through regular check-ins • Support group sessions or peer circles with empathy and respect • Mediate misunderstandings between clients and service organizations/providers • Participate in team meetings and collaborative planning • Maintain professional boundaries while offering emotional support • Maintain confidentiality of client information and act within Health Insurance Portability and Accountability Act (HIPAA) requirements 	
Service Coordination and Navigation Skills	
<ul style="list-style-type: none"> • Refer clients to health, housing, or other social services • Help clients schedule appointments • Track progress using care plans or action steps • Collaborate with case managers, nurses, or social workers • Navigate systems like Medicaid, SNAP, or local clinics 	
Capacity-Building Skills	
<ul style="list-style-type: none"> • Support clients in setting personal goals and celebrating progress • Facilitate workshops or skill-building sessions • Encourage leadership in community projects or support groups • Help clients advocate for themselves in service settings • Share tools for stress management, parenting, or financial literacy 	
Advocacy Skills	
<ul style="list-style-type: none"> • Help clients express their needs • Support individuals in accessing fair treatment or accommodations • Document barriers and share stories to improve services • Encourage clients to speak at community events or meetings • Support clients during difficult conversations or transitions 	
Education and Facilitation Skills	

<ul style="list-style-type: none"> • Lead or support education sessions • Use a variety of interactive teaching tools such as visuals, props, or storytelling to make learning engaging • Adapt materials for different age groups or literacy levels • Answer questions and clarify misunderstandings • Encourage discussion and peer learning
Individual and Community Assessment Skills
<ul style="list-style-type: none"> • Conduct home visits or community walk-throughs to observe needs • Use surveys or checklists to gather client input • Identify gaps in services or emerging community issues • Document strengths and challenges in client records • Share assessment findings with supervisors or partners
Outreach
<ul style="list-style-type: none"> • Attend health fairs, school events, or community gatherings • Distribute flyers, brochures, or care kits • Recruit participants for programs or studies • Follow up with individuals who missed appointments or sessions • Build relationships with churches, shelters, or local businesses
Professional Skill and Conduct
<ul style="list-style-type: none"> • Arrive on time and prepared for each day • Keep client information confidential and secure • Reflect on feedback and seek supervision when needed • Complete documentation accurately and on time • Participate in trainings, webinars, or continuing education
Evaluation and Research
<ul style="list-style-type: none"> • Help collect surveys, interviews, or focus group data • Record observations during programs or events • Assist with data entry or analysis • Share findings with community members or stakeholders • Reflect on what's working and suggest improvements
Knowledge Base on Specific Health Issues
<ul style="list-style-type: none"> • Stay updated on local resources and referral options • Learn about social determinate of health, chronic conditions, mental health, and wellness practices • Understand how poverty, trauma, and environment affect health • Attend workshops or read articles to deepen understanding • Share knowledge with clients in ways that uplift and empower

Curriculum Application

Section I. Training Program/Sponsoring Organization Information (Please Print or Type all information)

Curriculum Title:	
Date Submitted:	/ /
Submitted By:	
Training Program/Sponsoring Organization:	
Primary Training Program Contact:	
Contact Number:	
Contact E-mail Address:	
Type of Organization: <input type="checkbox"/> College/University <input type="checkbox"/> Community College <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Clinic/Hospital <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> State Agency <input type="checkbox"/> Tribal Entity <input type="checkbox"/> Other (please specify): _____	
Name and Organization of Curriculum Developer: <i>(If curriculum was developed by another entity, include public domain information or documentation of approval by curriculum developer)</i>	
Language of Instruction: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

How many total hours will the proposed training be?	
Training Method: <input type="checkbox"/> In Person <input type="checkbox"/> Online – Real Time <input type="checkbox"/> Online – Self-paced Module or Recorded Webinar <input type="checkbox"/> Combination/hybrid <input type="checkbox"/> Other – Please Describe: <hr/>	

Section II: Instructor(s): – List the Instructor(s) who will provide training community health workers.

Name of Instructor: (First Name) (Last Name)		Instructor Title:
Employer/Organization	Instructor E-mail:	Instructor Number: ()
Instructor Qualifications:		

Name of Instructor: (First Name) (Last Name)		Instructor Title:
Employer/Organization	Instructor E-mail:	Instructor Number: ()
Instructor Qualifications:		

Name of Instructor: (First Name) (Last Name)		Instructor Title:
Employer/Organization	Instructor E-mail:	Instructor Number: ()
Instructor Qualifications:		

Section III: Course Information by Standard Area - Submit the course syllabus and/or educational curriculum as appropriate. You may also submit any additional supporting materials such as handouts, texts, instruction materials, illustrations, models, etc.

Core Standards: Please check

<input type="checkbox"/> Communication <input type="checkbox"/> Interpersonal and Relationship Building <input type="checkbox"/> Service Coordination and System Navigation <input type="checkbox"/> Capacity Building <input type="checkbox"/> Advocacy <input type="checkbox"/> Education and Facilitation	<input type="checkbox"/> Individual and Community Assessment <input type="checkbox"/> Outreach <input type="checkbox"/> Professional Skill and Conduct <input type="checkbox"/> Evaluation and Research <input type="checkbox"/> Knowledge Base
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Please describe how your training program will meet each Community Health Worker Competency below:

1. Communication (demonstrated the ability to communicate clearly, empathetically, and effectively across written, verbal, and digital platforms with diverse communities)

2. Interpersonal and Relationship Building (built trust-based relationships through coaching, teamwork, cultural humility, and conflict resolution)

3. Service Coordination and System Navigation (coordinated care and resources by facilitating referrals, action plans, and collaboration across systems)

4. Capacity Building (empowered individuals and communities by fostering growth, advocacy, and collective action)

5. Advocacy (championed community voices and contributes to policy development and change through informed advocacy)

6. Education and Facilitation (delivered culturally relevant education using participatory methods to engage, inform, and empower learners)

7. Individual and Community Assessment (conducted assessments through observation and inquiry to identify needs and strengths at both personal and community levels)

8. Outreach (engaged individuals and groups through recruitment, follow-up, and dissemination of resources to enhance access and awareness)

9. Professional Skills and Conduct (exhibited professionalism through ethical practice, time management, critical thinking, and commitment to lifelong learning)

10. Evaluation and Research (participates in community-based research and evaluation to identify priorities, collect data, and drive actionable insights)

11. Knowledge Base (applied foundational knowledge of public health, social determinants, and community systems to support holistic well-being)

Section IV: Training Information:

Attendance Record

Each sponsoring institution or training program shall retain an accurate record of each person's attendance, participation, and completion of the training program for (3) three years. Attach a sample attendance record.

Evaluation

Include any pre/post-tests or describe other process or tool that will be used to evaluate acquisition of skills and knowledge.

Citations and References

Please include any citations and references for information provided in the curriculum. Any internet links (URLs) provided must be active.

Do you plan on charging for the training program?

☐ Yes ☐ No ☐ If yes, what is the cost? _____

Would you be willing to share your curriculum with other approved training programs?

☐ Yes ☐ No ☐ Unsure

****Please note, the Oklahoma State Department of Health (OSDH) must approve substantial training program changes before they are implemented.**