



# Certified Community Health Worker Work Experience Verification Form

## DIRECTIONS

This form allows for one employer to document work hours as required for the CCHW credential. Provide a separate form to each employer who will document experience for certification purposes.

All information must be TYPED. Handwritten forms will be denied. This is a two-part form.

- Part One is completed by the applicant and provided to the employer.
- Part Two is completed by the employer and provided to FCB by mail, email or fax (see below).

Upon completion, please submit the form and supporting documentation directly to the FCB. *Work Experience Verification Forms* will not be accepted from the applicant.

**Mail:** Florida Certification Board  
Attn: Certification Operations  
1715 South Gadsden Street  
Tallahassee FL 32301

**Email:** Certification Specialist's email or  
admin\_assist@flcertificationboard.org  
**Fax:** 850-222-6247  
**Subject Line:** Work Experience Verification (applicant name)

## REQUIREMENT

<b>CCHW Description</b>	An entry-level credential for front-line health workers who, by virtue of their trusted status in the community, serve as a liaison, link and intermediary between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Examples of job titles that are considered to be Community Health Worker positions include but are not limited to Promotores(as) de Salud, Community Health Educator, Health Communicator, Outreach Worker, or Health Advocate.
<b>Related Work Experience Requirement</b>	<p>Work and/or volunteer experience must be directly related to the core competencies of the credential.</p> <p>500 hours of work and/or volunteer experience providing community health worker services in any of the following domains of practice:</p> <ul style="list-style-type: none"> <li>• Communication and Education: tasks related to community education</li> <li>• Resources: tasks related to linking community members with available health/social services</li> <li>• Advocacy: tasks related to advocating for the community's health/social service needs</li> </ul> <p>Eligible work/volunteer experience occurred within the last 5 years.</p>
<b>Supporting Documentation</b>	Attach a position description that directly relates to the core competencies of the credential. Must be on agency letterhead.



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All information must be typed. Handwritten forms will be denied.

**Part 1: To be completed by the applicant prior to providing to employer for completion.**

<b>Applicant Information:</b> Please list the position you held for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: MM/DD/YYYY to MM/DD/YYYY. Use a separate form for each position/employer documenting work experience.				
<b>Applicant Name:</b>				
<b>Employer:</b>				
<b>Type of Position:</b>	Full-Time	Part-Time	Paid	Volunteer
<b>Position Title:</b>				
<b>Immediate Supervisor:</b>				

**Part 2: To be completed by the employer’s personnel officer or designee only.**

<b>Section A: Verifier’s Contact Information</b>	
<b>Last Name:</b>	<b>First Name:</b>
<b>Title:</b>	<b>Employer:</b>
<b>Email Address:</b>	<b>Business Phone:</b>
<b>Work Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>County:</b>

<b>Section B: Experience Attestation</b>				
I have read and understand the on-the-job experience requirements for Certified Community Health Worker (CCHW) certification. The following information can be verified by employment records maintained by the agency. I consent to an audit of such records if requested.				
	Yes	No		
Applicant’s Position Description Attached:	Yes	Type of Position:	FT	PT
			Paid	Volun
Applicant’s Employment Dates (use MM/DD/YYYY format):	From:	To:		
Average number of hours per week providing related services:				
By my signature, I attest that the above material is true to the best of my knowledge				
<b>Verifier’s Signature</b> (FCB accepts manual and electronic signatures)				<b>Date</b>