



Community Health Worker Training Program (CHWTP)

Quality Comprehensive Health Center is accepting applications from adult individuals interested in earning their State Approved CHW Certification and becoming certified as a Community Health Worker in North Carolina.

Financial Aid will be provided to all students and the costs for all training an education will be covered by Quality Comprehensive Health Services via the CHWTP program.

Quality Comprehensive will provide placement with one of our community partners for each student to engage in a community health workers apprenticeship opportunity with a monthly stipend support provide by Quality Comprehensive Health Center via the CHWTP program during their community health worker apprenticeship.

Additionally, CHWTP program participants will be provided with professional development, ongoing support, mentorship from CHWTP staff and our Recovery Support Liaisons I & II.



“A community health worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and community to facilitate access to services and improve the quality and cultural competence of service delivery.” American Public Health Association, Community Health Workers. 2000. [October 12, 2018]

Applicants must have a:

- High School Diploma, or
- GED Equivalency Diploma, or
- Higher Education Degree (Associates, Bachelors, etc.)
(If you do not have a copy, please obtain a copy to be submitted with your application).

Other applicant requirements:

- Must be a resident of North Carolina, and
- Have a valid ID or Driver’s License



Please Print Responses Below:

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: (Home/Cell) _____

(Work) _____

Email: _____

Please circle your response:

Student: Yes No *Please Circle Your Response*

*If currently enrolled as a student please provide your school information below:

School: _____

Date(s) of Attendance: _____

Demographic Information:

Date of Birth: _____ Age: _____

Gender: Female Male Other: _____

Race: _____ Pronouns: _____

Are you a veteran? Yes No

Have you ever been convicted of or plead guilty to any crime? Yes No

Are you currently awaiting any type of trial or sentencing? Yes No

If yes, please explain:

All CHWTP Program Participants are required to have a background check.

Please provide your consent with signature below:

Signature: _____

Additional Information:

Are you currently free from recreational drug use? Yes No

Have you ever had a report of child abuse or neglect filed against you by a DSS Agency? Yes No

If you responded yes to this question, please explain below:



STUDENT/TRAINEE COMMITMENT LETTER

This letter of commitment serves as a formal agreement between Quality Home Care Services, Inc. (QHCS) d/b/a Quality Comprehensive Health Center (QCHC), located at 3607 Beatties Ford Road, Charlotte, NC 28216 and, (“Student) or (“Trainee”) _____

This agreement is entered into on the _____, day of _____ 20_____.

Purpose: By signing this agreement, the Student/Trainee commits to complete an experiential field placement and indicates his/her willingness to pursue Full-Time Employment working with persons receiving services in high need and high demand areas.

Fees and Student Stipend Disbursements: By signing this agreement, the student is aware of and accepts the tuition/fees, supplies, and stipend support that QCHC may change and/or provide. The Student/Trainee understands that these expenses born by QCHC may have an impact on the student’s financial aid award.

The Student/Trainee understands the disbursement schedule as provided. By providing financial support to trainees in the form of tuition/fees, supplies and stipends, QCHC will ensure that trainees have the resources and capacity to commit to both Level I and Level II programs.

The Student/Trainee Support Disbursement Plan is designed to ensure the safe and efficient provision of individual stipend support. This plan was developed based on the agency’s standard financial operations. Disbursements will be mailed to students/trainees monthly throughout the project year.

Student Signature: _____ Date: _____

Program Requirements

- All uncertified CHW students/trainees will be required to complete a state approved CHW training course and successfully pass the NC CHW Exam to earn certification.
- If a student/trainee is currently certified in North Carolina as a CHW they are required to complete the additional continuing education courses and must provide proof of current active NC CHW certification via NCDHHS.
- **Level I** students will work towards applying the skills they have gained with community partners 40 hours per week to demonstrate competency.
- After earning CHW certification student/trainees will be placed to engage in apprenticeship with one of our employer partners.
- If you are currently certified and employed we can work with your organization to extend the opportunity for your employer to become a CHWTP Employer Partner.
 - Apprenticeship Requirement (full-time) 40 hours per week.
 - Participation by attending CHWTP scheduled training(s).
 - Submitting weekly summary reports reflecting apprenticeship hours, weekly supervision logs (signed by both trainee and supervisor), submission of all certificates of completion earned during the training period to QCHC weekly.

Participation in CHWTP is **Voluntary**. A student/trainee can be canceled due to unsatisfactory progress, and/or unprofessional behavior.

Students/Trainees also have the right to choose to end their term with CHWTP voluntarily.

CHWTP student/trainee participation is reviewed and evaluated on a **Quarterly** basis.

Students who have not completed all required courses/task during the Quarter or who are no longer enrolled in the program are not eligible for any kind of stipend support from CHWTP.

Learning Contract

A learning contract will be completed by each student with their approved apprenticeship organization. Approval of the approval of the apprenticeship organization by CHWTP staff & QCHC must occur before beginning apprenticeship with the organization that the student trainees are working with to complete their apprenticeship hours and agree to engage in weekly supervision.

CHWTP student trainees also agree to and understand that they will have to complete and submit weekly summary reports, weekly timesheets, weekly supervision logs, and CHWTP student/trainee and their supervisor. CHWTP student trainees agree to actively attend all scheduled required training sessions for each Quarter as assigned.

Level I (Requirement): -144 Education Training Hours, and
 -2,000 hours of on-the job learning (Apprenticeship)

Stipend: \$7,500 per student (Total Allocation)
 1. *\$3,000 – Tuition, Fees, and Supplies (estimated for courses and training
 entire year)
 2. **\$4,500 – \$375 Paid monthly (if all requirements for the period are met,
 attendance in training and participation in CHW activities)

Printed Name of Student/Trainee

Date

Signature of Student/Trainee

Printed Name of QCHC Representative

Signature of QCHC Representative

**Note-Not paid to students directly*

***Note-Stipends will not be paid if all requirements are not met.*

Information Gathering Form

1) Why do you want to be a community health worker?

2) What are the experiences and or situations that foster your motivation to become a community health worker? Examples include but are not limited to (homelessness, incarceration, identification as a member of a marginalized group, and or trauma survivor).

3) Please describe in your own words the role of a community health worker and what this role means to you?

4) How do you build trust and relationships with other professionals working with individuals and/or families?

5) Please share important factors in your personal experiences which have shown an increased need for community health workers. Example: available services, community involvement.

- 6) CHWs typically reside or have an in-depth understanding of the barriers accessing necessary services in the communities they serve. Please describe how you view available health and social services in your community.

- 7) What are your expectations for the training?

- 8) Selection for the CHWTP Program is competitive. Please tell us why you are the best candidate for the CHWTP Program. What are some of your strengths?

9) What are some of your interests concerning working in the healthcare field?

10) Please detail your previous volunteer or work-related experience related to working with others in the community.

11) Are there any circumstances that you foresee that may potentially conflict with your availability to attend required CHWTP Trainings, and/or CHWTP Apprenticeship Placement?



Community Health Worker Training Program Applicant Reference Form Part 1

Thank you for taking the time to provide a reference for this applicant.

Your feedback is greatly appreciated and is a critical part of the application process.

Name of Program Applicant: _____

1. Please provide the nature of your relationship with the applicant: (please check one box)

Professional Personal

2. How long have you known the applicant? (1-year minimum) acquaintance to provide reference required)

3. Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Community Health Worker professional.



Community Health Worker Training Program Applicant Reference Form Part II

Thank you for taking the time to provide a reference for this applicant.

Your feedback is greatly appreciated and is a critical component of the application process.

1. Please comment only on the items listed below to which you can personally respond and select only one response by placing a check mark in the box for each category below as the most appropriate rating of the applicant’s abilities in each area.

	Strong	Moderately Strong	Limited
Academic Ability			
Written Communication			
	Strong	Moderately Strong	Limited
Oral Communication			
Ability to Help Others			
Stress Management Abilities			

Please place the reference form in a sealed envelop with your signature on the back to be submitted to the CHW Training Program.

My signature below affirms that all the information in this document is true, and that I support this application without reservation.

Printed Name: _____

Phone Number: _____

Email Address: _____

Signature: _____



Community Health Worker Training Program Applicant Reference Form Part 1

Thank you for taking the time to provide a reference for this applicant.

Your feedback is greatly appreciated and is a critical part of the application process.

Name of Program Applicant: _____

4. Please provide the nature of your relationship with the applicant: (please check one box)

Professional Personal

5. How long have you known the applicant? (1-year minimum) acquaintance to provide reference required)

6. Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Community Health Worker professional.



Community Health Worker Training Program Applicant Reference Form Part II

Thank you for taking the time to provide a reference for this applicant.

Your feedback is greatly appreciated and is a critical component of the application process.

2. Please comment only on the items listed below to which you can personally respond and select only one response by placing a check mark in the box for each category below as the most appropriate rating of the applicant’s abilities in each area.

	Strong	Moderately Strong	Limited
Academic Ability			
Written Communication			
	Strong	Moderately Strong	Limited
Oral Communication			
Ability to Help Others			
Stress Management Abilities			

Please place the reference form in a sealed envelope with your signature on the back to be submitted to the CHW Training Program.

My signature below affirms that all the information in this document is true, and that I support this application without reservation.

Printed Name: _____

Phone Number: _____

Email Address: _____

Signature: _____



CHWTP Application Submission Process:

- 1) Please return your completed application and personal reference forms to:
 - a. Quality Comprehensive Health Center
Attn: Safe Harbor – CHWTP
3607 Beatties Ford Rd
Charlotte, NC 28216

Or

Email: Mary Pegues – mpegues@qchealth.org
Vincent Allison – vallison@qchealth.org

Include: Copy of your resume
High School Diploma, GED or Highest Degree/Transcript

- 2) Once the application is received it will be reviewed by CHWTP program staff
- 3) If necessary for clarification a telephone interview will be conducted.
- 4) New participants will be provided a copy of the handbook with the course curriculum, code of ethics, and additional program information.
- 5) If you are currently certified by the State of North Carolina as a CHW please submit a copy of your certificate with your application.