

TRADITIONAL HEALTH WORKER FULL CERTIFICATION GRANDFATHERING & REGISTRY ENROLLMENT 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 Omar Carrillo at 971-673-3359, omar.carrillo-tinajero@state.or.us.

Complete this application if you meet **all** of the following:

- At least 18 years of age
- Have successfully completed all training requirements in accordance with OAR 410-180-0300 through 410-180-0380
- Individuals who seek FULL CERTIFICATION THROUGH GRANDFATHERING must:
 - Have worked or volunteered in the capacity of a CHW, PWS or NAV in the state of Oregon at least 3000 hours in the five years from the date of this application for certification

Individuals seeking THW certification must also:

- Pass a criminal background check in accordance with OAR 410-180-0326
- Submit a color copy of a Driver's License, State-issued Identification Card, or Passport

All Traditional Health Workers (community health workers (CHW), peer support specialists (PSS), peer wellness specialists (PWS), personal health navigators (NAV), birth doulas) who wish to be certified by the Oregon Health Authority (OHA) must submit a completed application and all necessary documents to OHA. The names and contact information of certified THWs will be entered into a registry maintained by OHA. Only services provided by certified THWs enrolled in the OHA registry are eligible to be funded by Medicaid.

APPLICATION PROCESS If OHA determines that an applicant has met all requirements, OHA will notify the applicant in writing of its decision to grant certification or provisional certification as a THW. The applicant's name and contact information will be added to the registry of certified THWs.

Please type or print legibly in ink. Mail, email or fax completed application and attached documents to:

Traditional Health Worker Program

April R. Johnson
OHA Office of Equity and Inclusion
421 SW Oak Street, Suite 750
Portland, OR 97204

EMAIL: april.r.johnson@state.or.us and omar.carrillo-tinajero@state.or.us
FAX: 971-673-1128

Questions about certification? Contact April Johnson, (971) 673-3389, april.r.johnson@state.or.us, Omar Carrillo, (971) 673-3359, omar.carrillo-tinajero@state.or.us.

What is grandfathering? Grandfathering is an alternative path to full certification for CHWs, PWSs or NAVs who are already in the workforce, and have developed skills and knowledge through extensive prior work experience. These individuals are considered incumbent workers and qualify for certification following successful completion of incumbent worker training.

Who qualifies for grandfathering? Individuals who have worked or volunteered at least 3000 hours in the capacity of a CHW, PWS or NAV in the state of Oregon in the five years from the date of this application for certification. These individuals must have also successfully completed incumbent worker training offered by an OHA-approved training program.

SECTION 1: Applicant Information

1.1 APPLICATION TYPE

NOTE: Only two categories of certification are available: "THW" and "THW: Birth Doula." If applying for "THW," please indicate the type of worker you **primarily** identify as (CHW, PWS, PSS or NAV). This primary worker identification information is for data collection only and will not be indicated in the registry or on your THW certification card.

<input type="checkbox"/> Traditional Health Worker (THW) <input type="checkbox"/> THW: Birth Doula	Primary Type <i>(check one)</i> <input type="checkbox"/> CHW <input type="checkbox"/> PWS <input type="checkbox"/> PSS <input type="checkbox"/> NAV
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In your role, you expect direct contact with:
(Check all that apply)

<input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Seniors (65 years and older)	<input type="checkbox"/> Confidential Information <input type="checkbox"/> Secure Facilities <input type="checkbox"/> Finances//Financial Records <input type="checkbox"/> Information Technology Systems
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In your role, do you expect to drive?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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1.2 APPLICANT CONTACT INFORMATION

First Name	Last Name	Date of Birth ____/____/____
List Other Names Used		Make the following information available on the Certified THW Registry: Check all that apply, or "NONE" to indicate release of only name, with no release of contact
Mailing Address		

City	State	Zip Code	<i>information.</i> <input type="checkbox"/> Name <input type="checkbox"/> Mailing Address <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> NONE
Home Phone Number () —	Cell Phone Number () —		
Email			

[The following questions are **OPTIONAL** and for the sole purpose of data collection. Information provided in the following sections will have no impact on certification.]

1.3 DEMOGRAPHIC INFORMATION (OPTIONAL)

<p>A. Race (<i>check all that apply</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p>Asian</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian</p> <p>African American or Black</p> <p><input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black</p> <p>Pacific Islander</p> <p><input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander</p>	<p>White</p> <p><input type="checkbox"/> Eastern European or Slavic <input type="checkbox"/> Middle Eastern or Northern African <input type="checkbox"/> Western European <input type="checkbox"/> Other White</p> <p><input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____</p> <p>B. Primary Race Identity (<i>check one</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White</p> <p><input type="checkbox"/> Decline to Answer</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> No Primary Race Identity</p>	<p>C. Ethnicity (<i>check all that apply</i>)</p> <p><input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish origin</p> <p>Hispanic, Latino/a, or Spanish origin:</p> <p><input type="checkbox"/> Mexican, Mexican American, Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic, Latino/a, or Spanish origin</p> <p><input type="checkbox"/> Decline to Answer</p> <p><input type="checkbox"/> Unknown</p> <p>D. Gender (<i>check one</i>)</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer</p>
<p>E. Preferred Language(s)</p>		

1.4 AVAILABILITY (OPTIONAL)

Full/Part-Time. What type of position are you interested in? <i>Select one or both.</i>	___ Full Time ___ Part Time			
Geographic availability. Where are you willing to work? <i>Select as many counties as desired.</i>				
<input type="checkbox"/> Baker	<input type="checkbox"/> Curry	<input type="checkbox"/> Jackson	<input type="checkbox"/> Linn	<input type="checkbox"/> Tillamook
<input type="checkbox"/> Benton	<input type="checkbox"/> Deschutes	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Malheur	<input type="checkbox"/> Umatilla
<input type="checkbox"/> Clackamas	<input type="checkbox"/> Douglas	<input type="checkbox"/> Josephine	<input type="checkbox"/> Marion	<input type="checkbox"/> Union
<input type="checkbox"/> Clatsop	<input type="checkbox"/> Grant	<input type="checkbox"/> Klamath	<input type="checkbox"/> Morrow	<input type="checkbox"/> Wallowa
<input type="checkbox"/> Columbia	<input type="checkbox"/> Gilliam	<input type="checkbox"/> Lake	<input type="checkbox"/> Multnomah	<input type="checkbox"/> Wasco
<input type="checkbox"/> Coos	<input type="checkbox"/> Harney	<input type="checkbox"/> Lane	<input type="checkbox"/> Polk	<input type="checkbox"/> Washington
<input type="checkbox"/> Crook	<input type="checkbox"/> Hood River	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Sherman	<input type="checkbox"/> Wheeler
<input type="checkbox"/> Yamhill				

SECTION 2: Work Experience

2.1 EMPLOYMENT INFORMATION. Please list all work or volunteer experiences in the capacity of a CHW, PWS or NAV in the past five years, in chronological order starting with the most recent. Attach additional pages if necessary.

Start Date	End Date	Total Hours Worked
___/___/___	___/___/___	
Job Title		Employing Organization
Supervisor/Contact Person Name	Phone Number () —	Email
Job Description. Please briefly describe your daily roles and responsibilities.		
Start Date	End Date	Total Hours Worked
___/___/___	___/___/___	
Job Title		Employing Organization
Supervisor/Contact Person Name	Phone Number () —	Email

Job Description: Please briefly describe your daily roles and responsibilities
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Start Date ____/____/____	End Date ____/____/____	Total Hours Worked
Job Title	Employing Organization	
Supervisor/Contact Person Name	Phone Number () —	Email

Job Description. Please briefly describe your daily roles and responsibilities.

Start Date ____/____/____	End Date ____/____/____	Total Hours Worked
Job Title	Employing Organization	
Supervisor/Contact Person Name	Phone Number () —	Email

Job Description. Please briefly describe your daily roles and responsibilities.

2.2 WRITTEN DOCUMENTATION. Individuals applying to grandfather into the program must provide verifiable evidence of their employment or volunteer work. Verifiable evidence may include but is not limited to pay statement, services contract, student practicum, or intern time log. Attach written verifiable evidence of all the work experiences listed above.

2.3 EMPLOYER EVALUATION. Attach at minimum one competency evaluation and/or letter of recommendation from any previous employer that is listed above.

SECTION 3: Signature

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

I agree to abide by the rules regarding the training, certification, and standards of professional conduct of Traditional health workers. OAR 410-181-0300 through 410-180-0388

I understand that OHA may deny, suspend or revoke certification or provisional certification status if I fail to comply with ORS414.665 or OAR 410-181-0300 through 410-180-0388.

If I am seeking provisional certification, I understand that I must complete all remaining training requirements and apply for full certification within the one year provisional certification period. I understand I will be removed from the registry if I fail to complete all the requirements for full certification within the one year provisional period..

I understand I must apply to renew my certification status every three years, and that the renewal application must be submitted no less than 30 days prior to the expiration of the current certification period. 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 or provisional certification before my certification expires, I agree to not misrepresent 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 providing false, incomplete or misleading information may result in the denial of the application and revocation of certification.

APPLICANT NAME _____

APPLICANT SIGNATURE _____

Date _____