

Traditional Health Worker Continuing Education Units (CEUs) Application

All traditional health workers (THWs: birth doulas, community health workers, peer support specialists, peer wellness specialists, personal health navigators) who wish to qualify for recertification by the Oregon Health Authority (OHA) must complete at least twenty hours of OHA approved continuing education units (a unit is one hour of education) every three years. Organizations or individuals interested in providing approved birth doula, community health worker, peer support specialists, peer wellness specialist, and personal health navigator continuing education hours must complete and submit this application to OHA, indicating all requirements have been met in accordance with OAR 950-060-0000 through 950-060-016 <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7798>.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Traditional Health Worker Program at 1-844-882-7889 or email thw.program@odhsoha.oregon.gov. We accept all relay calls or you can dial 711.

An electronic copy of the completed application and all supporting documents must be submitted to the Oregon Health Authority. The completed application must include Sections 1 through 4 with all necessary attachments.

Please type or print legibly in ink. Please stay within the space provided.

Email an electronic copy of the application **and all supporting documents** to thw.program@odhsoha.oregon.gov.

Application process

- It is recommended that the completed application be submitted at least 90 days in advance of the first expected class day to assure timely approval.
- If an application is incomplete, OHA shall send e-mail written notice requesting the additional information and specifying the date on which the additional information must be submitted.
- If OHA determines that the continuing education unit requirements are sufficiently met, OHA shall send e-mail written notice of approval. If OHA determines that continuing education unit requirements are not met or are no longer being met, OHA may deny, suspend or revoke continuing education unit approval.
- OHA may conduct site visits of continuing education units, either prior to approving continuing education units or at any time during the three-year approval period.

Review Committee

The Training Evaluations Metrics Program Scoring (TEMPS) subcommittee of the Oregon Health Authority's THW Commission will review completed applications.

Criteria for approval

Approved continuing education units should demonstrate a deep understanding of the history and purpose of the Traditional Health Workforce types, and train THWs in a manner that will maintain the integrity of this long-standing community-based and peer-based model of health delivery. In the review of applications, the committee will carefully evaluate whether the continuing education units adequately fulfill all OHA-defined requirements. In an effort to be inclusive of all communities throughout Oregon that may benefit from the services of THWs and to ensure resources are appropriately allocated, the committee may also take into consideration the geographic distribution of continuing education units, the level of need for continuing education units in communities, and the diversity of communities served when reviewing applications.

Approval period

OHA approved continuing education unit providers must apply to renew its CEU's every three years. It is recommended the renewal application be submitted at least 90 days prior of the date of approval expiration.

Proof of approval

During the approved period, the written notice of OHA approval must be made available to any student or partnering organization that requests a copy.

Certificate of completion for graduates

The organization, at a minimum agrees to issue a certificate of completion to all participants that successfully participated in the CEU course. Please attach a Certificate of Completion. Please see the template of FAQ page

Questions about THW CEU provider approval?

Contact the Office of Equity and Inclusion THW Program at thw.program@dhsosha.oregon.gov.

Abbreviations used in the application:

- CBO: Community-Based Organization
- CCO: Coordinated Care Organization
- CEU: Continuing Education Units
- CHW: Community Health Worker
- NAV: Personal Health Navigator
- THW: Traditional Health Worker
- OHA: Oregon Health Authority
- PSS: Peer Support Specialist
- PWS: Peer Wellness Specialist

- FSS: Family Support Specialist
- YSS: Youth Support Specialist

Application summary

Please check that all necessary components of this application are completed and attached. The completed application must include Sections 1 through 4, with all necessary attachments.

Application summary (this page) with numbered list of attachments.

Section 1: General information.

Section 2: Continuing Education Unit provider details.

Section 3: Continuing Education Unit curricula.

Section 4: Demonstration of successful completion.

Section 5: Signatures and date

Application type:

Community Health Worker:

Course descriptions, outline and handouts are attached.

Doula:

Course descriptions, outline and handouts are attached.

Peer Support Specialist:

Course descriptions, outline and handouts are attached.

Family Support Specialist:

Course descriptions, outline and handouts are attached.

Youth Wellness Specialist:

Course descriptions, outline and handouts are attached.

Personal Health Navigator:

Course descriptions, outline and handouts are attached.

Attachments:

Please number and list **all** attachments that are included with your application, in the order that they are referenced in the application. When sending electronic copies of the attachments, make sure the number and name of the file corresponds to what is listed below. All documents should be in PDF format and sized for printing on 8.5x11 paper.

1st attachment: _____ Page number: _____

2nd attachment: _____ Page number: _____

3rd attachment: _____ Page number: _____

4th attachment: _____ Page number: _____

5th attachment: _____ Page number: _____
6th attachment: _____ Page number: _____
7th attachment: _____ Page number: _____

Section 1: General information

Organization contact information

Name of organization: _____
Official name of Continuing Education Unit provider: _____
Address: _____
City: _____ State: _____ ZIP code: _____
Mailing address (if different from above): _____
City: _____ State: _____ ZIP code: _____
Main phone number: _____ Email: _____
Website: _____

Organization overview and prior experience

Describe your organization's understanding of the history, purpose and value of community health workers, doulas, peer support specialists, peer wellness specialists and personal health navigators. Explain how providing training to THWs fits with your organization's mission and teaching philosophy.

In what languages will the training be offered?

English.

Spanish

Other (please specify): _____

Section 2: Continuing Education Units details

Overview of description of course and alignment to a core competency

Provide an overview of the course. Include in the description how the course will support continuing education in a THW core competency area. Please attach the description, outline and handouts for course review. This could include instructors' manuals, student handbooks, agendas, and lists of textbooks and other instructional materials used

Delivery of training methodology

Accessibility

What strategies will your training course(s) take to make training inclusive and accessible to individuals with different learning styles, educational backgrounds, and student needs including but not limited to disabilities and limited English proficiency?

Section 3: Continuing Education Unit Outline

Continuing Education Unit course description, outline and handouts

For each continuing education course, complete the table below.

Title of course	Learning objectives	Attached description, outline and handouts with page numbers	Number of contact hours (Contact hours are actual time in class. The hours do not include mealtime or breaks longer than 15 minutes)
example: Advocacy	In this course, students will...	Pages 10 to 15	6

The areas listed below are competencies that Traditional Health Workers except for Doulas are expected to be able to demonstrate and may be included in continuing education courses. This is for your information and not a requirement for CEUs to be approved. This is the link to the rule where the competencies are identified: <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7798>

1. Community Engagement, Outreach Methods and Relationship Building

2. Communication Skills, including cross-cultural communication, active listening and group and family dynamics
3. Empowerment Techniques
4. Knowledge of Community Resources
5. Cultural Competency and Cross-Cultural Relationships, including bridging clinical and community cultures
6. Conflict Identification and Problem Solving
7. Social Determinants of Health
8. Conducting Individual Needs Assessments
9. Advocacy Skills
10. Building Partnerships with Local Agencies and Groups
11. The Role and Scope of Practice of Traditional Health Workers
12. Roles and Expectations for Working in Multidisciplinary Teams
13. Ethical Responsibilities in a Multicultural Context
14. Legal Responsibilities
15. Data Collection and Types of Data
16. Organization Skills and Documentation, including use of Health Information Technology (HIT)
17. Crisis Identification, Intervention and Problem-Solving
18. Professional Conduct, including culturally appropriate relationship boundaries and maintaining confidentiality
19. Navigating Public and Private Health and Human Service Systems, including state, regional and local
20. Working with Caregivers, Families, and Support Systems, including paid care workers
21. Introduction to Disease Processes including chronic diseases, mental health and addictions (warning signs, basic symptoms, when to seek medical help)
22. Trauma-Informed Care (screening and assessment, recovery from trauma, minimizing re-traumatization)
23. Health Across the Life Span
24. Adult Learning Principles — Teaching and Coaching
25. Stages of Change
26. Health Promotion Best Practices
27. Self-Care
28. Emotional Health and Wellness Issues
29. Health Literacy Issues
30. Suicide Prevention and Postvention

For Doulas

1. Labor training

2. Breastfeeding training
3. Childbirth Education training
4. Cultural Competency training

Section 4: Demonstration of successful completion

Attached: 4.4 Sample examination and other examination materials of training offered

Attached: 4.5 Copy of certificates of completion

Section 5: Signature

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

I understand that if continuing education unit course requirements are not met or are no longer being met, OHA may deny, suspend or revoke the continuing education unit course approval.

I understand that OHA may conduct site visits of continuing education unit courses, either prior to approving a training program or at any time during the approval period.

I understand that the organization must apply to renew its approval status every three years, and that the renewal application must be submitted at least 90 days prior of the date of approval expiration.

I will report to OHA of any changes to the organization contact information within 30 days of such changes.

I understand that during the continuing education unit approval period, the written notice of OHA approval must be made available to any student or partnering organization that requests a copy.

I agree to issue a certificate of completion to students following successful completion of trainings.

I agree to abide by the rules regarding the training and certification of traditional health workers. OAR 950-060-0000 through 950-060-016, located at <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7798>

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 or revocation of the continuing education unit course approval.

Signature

Director's printed name

Date