

Utah Community Health Worker (CHW)
Personal Reference Support Application for
Certificate Through The Grandfathering Process



Please fill out this application confirming the following individual's work as a Community Health Worker (CHW):

Applicant's Name: _____ Applicant's E-mail: _____

*Personal Reference **must fill out application** from this point forward:*

Name: _____ E-mail: _____

Phone: _____ Agency: _____

Relationship to the CHW (Please check one):

- Supervisor Co-Worker Religious leader Community Member Other (Please describe)

Core Skills Experience Log

Please fill out based on your experiences with the CHW applicant:

	Core Skill	Personal Reference (Check here to confirm the CHW's use of these skills.)
1.	<u>Communication skills</u> <i>-Uses observation & non-verbal communication skills -Uses active listening and reflection with clients/communities -Works through conflict situations</i>	<input type="checkbox"/>
2.	<u>Interpersonal & relationship building skills</u> <i>-Builds trust and shows empathy & compassion</i>	<input type="checkbox"/>
3.	<u>Service coordination and navigation skills</u> <i>-Helps link clients/community members to services -Supports clients in how to follow-up on referrals</i>	<input type="checkbox"/>
4.	<u>Capacity building skills</u> <i>-Knows how to empower individuals, families & communities -Helps clients use resources for personal and community goals</i>	<input type="checkbox"/>
5.	<u>Advocacy Skills</u> <i>-Speaks on behalf of community members and organizations to support human rights and policy changes</i>	<input type="checkbox"/>
6.	<u>Education and Facilitation Skills</u> <i>-Plans, carries out, and evaluates presentations, trainings, and other activities</i>	<input type="checkbox"/>
7.	<u>Individual and Community Assessment Skills</u> <i>-Knows how to identify individual and community strengths and needs</i>	<input type="checkbox"/>

8.	<u>Outreach Skills</u> <i>-Reaches out to individuals and communities to empower them to work on their own behalf</i>	<input type="checkbox"/>
9.	<u>Professional skills & conduct</u> <i>-Knows the CHW Scope of Practice & Code of Ethics (including HIPAA)- See the CHW page on the EPICC homepage: https://choosehealth.utah.gov/healthcare/community-health-workers.php -Practices cultural humility & competence -Practices self-care</i>	<input type="checkbox"/>
10	<u>Health Coaching Knowledge Base</u> <i>-Knows how to help clients make behavioral changes by using motivational interviewing and other tools -Helps clients move through the Stages of Change</i>	<input type="checkbox"/>

Please tell us a bit more about how this CHW has demonstrated the Utah CHW Core Skills (above) and why you support this CHW in becoming “grandfathered” into the CHW certificate program in Utah.

Please sign and date to verify the answers in this application are true to the best of your ability.

Signature of personal reference: _____

Date: _____