Nebraska Department of Health & Human Services Health Navigation: Community Health Worker Course

Application Packet

(Applications due August 1, 2017)

…Expand Access by Bridging Care

Community Health Worker Course

When will I be notified of my acceptance status?
Applicants will be notified of acceptance two weeks after the registration deadline.

What is the fee for the course?
There is no fee. Travel scholarships may be available, please email your request to: dhhs.chw@nebraska.gov.

Where will In-Person Sessions be held?
Nebraska Wesleyan University-Omaha: 14010 First National Bank Parkway, Suite 700, Omaha, NE 68154

Please send your completed application by fax or email to the contact information below:
Community Health Worker Course, DHHS Women's and Men's Health Programs, PO Box 94817, Lincoln, NE 68509
Fax: 402.471.0913 ~ Email: dhhs.chw@nebraska.gov ~ Phone: 402.471.6453 or 800-532-2227.

Course Schedule

Week 1: Pre-Training Webinar	August 15, 2017, 12:00 PM CST	
Pre-Assessment Quiz and Orientation Module	Due Date August 22, 2017	
Topics of Study	**Begin**	**Assignment and Quiz Due Dates**
Week 2: Organization	August 23, 2017	August 29, 2017
Week 3: Documentation	August 30, 2017	September 5, 2017
Week 4: Assessment	September 6, 2016	September 12, 2017
Week 5: Service Coordination	September 13, 2017	September 19, 2017 ***
Webinar: Teaching & Advocacy	Webinar: September 13, 2016	
***IMPORTANT! All assignments, forums and quizzes should be completed by September 19th, 2017 in order for the student to move on to the second half of the course.		
Week 6: 1st In –Person Session	**September 23, 2017**	***Resource Folder Due***
Week 7: Colorectal Health & Screening	September 27, 2017	October 3, 2017
2nd In-Person Session	**September 30, 2017**	
Week 8: Breast Health & Screening	October 4, 2017	October 10, 2017
Week 9: Cervical Health & Screening	October 11, 2017	October 17, 2017
Week 10: Cardiovascular Health & Screening	October 18, 2017	October 24, 2017
Complete Post-Assessment		October 24, 2017
Week 11: October 25-31 Complete Capstone Project Plan Worksheet and submit for approval by Tues., October 31, 2017		
Week 12: November 1-7 Capstone Review with students by facilitators		
- Individual student meetings held with course facilitator via phone. - Complete and finalize remaining course tasks to include: o Resource Manual *(hand in November 11th at registration)* o Final Presentation *(Present on November 18th)*		***All assignments, forums and quizzes are due by November 18, 2017***
Week 13: 3rd In-Person Session	November 11, 2017	***Resource Folder Due***
Week 14: Final In-Person Session	November 18, 2017	***Health Topic Presentations***



(*We encourage you to keep a copy of your application for your records. If you have any questions, contact us by phone or email.)*

Section I. Applicant Information

Name of Applicant _____

Work Phone _____ **Cell Phone** _____

E-mail _____

Mailing Address _____

City_____ **State** _____ **Zip Code** _____

Degree(s) ***(if applicable)*** _____

Organization or Place of Employment ***(If applicable)*** _____

Job Title(s) _____ **Education**_____

Is one of your duties taking blood pressure? ___ No ___ Yes If yes, how often? _____

Number of years in current position (check one):

___ 0–1 years ___ 2–4 years ___ 5–9 years ___ 10 years or more

Primary Language: _____ **Country of Origin** _____

Please list any accessibility needs: _____
Please list any dietary needs: _____

In your own words, please describe your current responsibilities and public health activities in your organization and/or tell us why you would like to take the Health Navigation course:



Section I. Applicant Information *(continued)*

How Did You Hear About *DHHS Health Navigation: Community Health Worker Course*? *(Check all that apply)*

___ Assessment Survey ___ Brochure ___Supervisor ___ Colleague

___ Conference/Exhibit ___ Past Participant ___ Presentation/Workshop ___ Website

___ Recommendation (by whom, if known) _____

___ Other _____

The following information will be used for aggregate reporting purposes and for our funders and is not used as admission criteria:

Sex: ____ Female ____ Male

Birth Date: _____ / _____ / _____

Race/Ethnicity:

____ American Indian or Alaskan Native
____ Asian
____ Black or African American
____ Latino/Spanish/Hispanic
____ Native Hawaiian or other Pacific Islander
____ White
____ Mixed Race
____ Other
____ Prefer not to respond

Section II: Community Health Worker Student Responsibilities

To be completed and signed by the applicant:

CHW students must be able to use the online course, attend webinars and participate in 2 in-person trainings: *(In-person trainings are: 2 days in the middle of the course, and 2 days at the end of the course. See Course Schedule)*

- I will commit the time necessary to complete all parts of the online course, complete all assignments, answer questions about what you have learned, and attend all in-person and webinar course trainings,. *(Please note, this may take an average of 6 hours per week.)*
- I understand that I must attend all the activities and presentations at the in-person trainings.
- I will be an active participant in the course forums and agree to participate in discussions during group learning activities.
- I will work with my sponsor/employer in the creating and completing a Community Health Worker Capstone Project that is related to public health and the skills learned in this course.
- I will have access to adequate computer hardware and software to participate in the online course and to complete assignments.
- I will have an email account so the course trainers are able to contact me through email.
- I understand that all travel expenses are the responsibility of the participant and/or their organization. If you ask for a travel scholarship, you must submit all receipts and an invoice for your request. *(If you need help with this, just email dhhs.chw@nebraska.gov.)*

As an applicant for ***DHHS Health Navigation: Community Health Worker Course***, I have read the CHW Responsibilities above and agree to all of the conditions and requirements of the course.

For marketing purposes, I authorize use of my name as a student/alumnus of the course and of photographs taken during my participation in course activities

Student Signature: _____ Date: _____
(Electronic Signature allowed)

Print or Type Name: _____

Section III: Supervisor/Accountability Endorsement

To be completed and signed by (choose one)

- ☐ *Applicant's supervisor*
- ☐ *Mentor that the Applicant will be working with*

As the immediate supervisor or mentor of _____, I have read the description of CHW Student Responsibilities, and agree to the following:

- ☐ I will allow her/him time off from regularly assigned duties to participate in all required activities of the 14-week ***DHHS Health Navigation: Community Health Worker Course plus additional time to plan, create and complete a Community Health Worker Capstone Project.*** *(The supervisor and applicant will agree on how to account for the excused time.)*
- ☐ I will allow the student access to a computer for the on-line portion of the course and completing assignments and projects.
- ☐ I will support the student's use of newly learned knowledge, skills, attitudes, and competencies in their work.
- ☐ I will meet with the student weekly, or as needed, to review assignments and discuss coursework.
- ☐ I will assist the student in planning, creating, and completing a Community Health Worker Capstone Project that will be in line with priorities of our agency and use the new skills learned by the student.

Supervisor/Mentor Signature: _____ Date: _____
(Electronic Signature allowed)

Print or Type Name: _____

Position/ Title: _____

Organization Name: _____

Telephone: _____E-mail: _____