

## Traditional Health Worker Training Program Application

All traditional health workers (*birth doulas, community health workers, peer support specialists, peer wellness specialists, personal health navigators*) who wish to qualify for certification by the Oregon Health Authority (OHA) must complete an OHA approved training program. Organizations interested in offering approved birth doula, community health worker, peer wellness specialist, and personal health navigator training programs must complete and submit this application to OHA, indicating all program requirements have been met in accordance with OAR 410-180-0300 through 410-180-0380: [http://arcweb.sos.state.or.us/pages/rules/oars\\_400/oar\\_410/410\\_180.html](http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_180.html).

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact [THW.Program@state.or.us](mailto:THW.Program@state.or.us).

Both a hard copy and 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 5, with all necessary attachments. Organizations seeking a waiver to any OHA training program requirement must also submit Section 6.

Please type or print legibly in ink. Please stay within the word count as indicated in the parentheses. If you have a compelling reason to go beyond the word count provided, please attach additional documents and reference them in the section.

Mail one hard copy of the application and all supporting documents to:

**Traditional Health Worker Program**  
OHA Office of Equity and Inclusion  
421 SW Oak St, Suite 750  
Portland, OR 97204

Note: OHA will be keeping this hard copy of your application and all submitted course materials on file.

Email an electronic copy of the application and all supporting documents to:

[THW.Program@state.or.us](mailto:THW.Program@state.or.us)

### **Application process:**

- The completed application must be submitted at least 90 days in advance of the first expected class day. OHA may take up to 90 days to approve an application.
- If an application is incomplete, OHA shall send written notice requesting the additional materials and specifying the date on which the additional materials must be submitted.
- If OHA determines that all training program requirements are sufficiently met, OHA shall send written notice of approval. If OHA determines that training program requirements are not met or are no longer being met, OHA may deny, suspend or revoke training program approval.
- OHA may conduct site visits of training programs, either prior to approving a training program or at any time during the three year approval period.

**Review committee:** Completed applications will be reviewed by the Training Evaluation Metrics and Program Scoring (TEMPS) Subcommittee of the Oregon Health Authority’s Traditional Health Worker (THW) Commission.

**Criteria for approval:** Approved training programs should have a deep understanding of the history and purpose of the Traditional Health Workforce, 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 training program adequately fulfills all OHA-defined requirements, unless a waiver for a specific requirement is approved. 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 training programs, the level of need for training programs in communities, and the diversity of communities served when reviewing applications.

**Approval period:** OHA approved training programs must apply to renew its approval status every three years. The renewal application must be submitted at least 6 months prior of the date of approval expiration.

**Proof of approval:** During the approval period, the written notice of OHA approval must be made available to any student or partnering organization that requests a copy and, to the extent possible, displayed at the main training center. OHA contact information for questions, comments or concerns about the THW Program should be included on all student materials and advertising for the program:

This training program has been approved by the Oregon Health Authority to provide certification training for traditional health workers. If you have any questions, comments or concerns about Oregon’s Traditional Health Worker training and certification program, contact [THW.Program@state.or.us](mailto:THW.Program@state.or.us)

**Letter of completion for graduates:** The organization agrees to issue a written letter of completion to all successful training program graduates.

**Reporting to OHA:** The organization agrees to verify, with OHA, the names of graduates when those individuals apply for certification and registry enrollment. The organization agrees it will not impose additional costs on individuals for this verification.

**Questions about THW training program approval?** Contact the Office of Equity and Inclusion: [THW.Program@state.or.us](mailto:THW.Program@state.or.us)

**Abbreviations used in the application**

CBO: Community-Based Organization  
CCO: Coordinated-Care Organization  
CHW: Community Health Worker  
NAV: Personal Health Navigator  
OHA: Oregon Health Authority

PSS – Peer Support Specialist  
PWS: Peer Wellness Specialist  
THW: Traditional Health Worker

## Application summary

Please check that all necessary components of this application are completed and attached. The completed application must include Sections 1 through 5, with all necessary attachments.

- Application summary** (*this page*) with numbered list of attachments
- Section 1: General information**
  - Attached: 1.5 Prior training experience, if applicable
- Section 2: Training program details**
  - Attached: 2.3 Signed agreement with CBO, if available
  - Attached: 2.8 Form for student feedback.
- Section 3: Training curriculum** (*complete at least one of the two Section 3 forms*)
  - 3a:** Please indicate training program type:
    - CHW
    - NAV
    - PWS type:  addictions     mental health     family peer     youth
    - PSS type:  addictions     mental health     family peer     youth
    - Attached: 3a.1 Training program syllabus and list of materials
    - Attached: 3a.6 Incumbent worker pre-course assessment, if available
  - 3b:** Doula training
    - Attached: 3b.1 Training program syllabus and list of materials, including doula reading list
- Section 4: Program completion**
  - Attached: 4.4 Sample examination and other examination materials for each type of training offered
- Section 5: Signatures**
- Section 6: Waiver** (*optional*)

## 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 8.5 x 11 paper.

	<b>Name of attachment</b>	<b>Question number (ex. 1.5)</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

## Section 1: General information

### 1.1 Organization contact information

Name of organization:			
Official name of training program:			
Address:	City:	State:	ZIP code:
Mailing address <i>(if different from above)</i> :	City:	State:	ZIP code:
Main phone number:	Fax number:		
Website:			

### 1.2 Organization director

First name:	Last name:
Phone number:	Fax number:
Email address:	

### 1.3 Contact person *(if different from director)*

First name:	Last name:	Title:
Phone:	Fax:	
Email address:		

### 1.4 Organization overview

Describe your organization’s understanding of the history, purpose and value of community health workers, peer wellness specialists, personal health navigators and/or doulas. Explain how training these THWs fit with the organization’s mission and teaching philosophy. (300)

**Type of organization:**

- College/university
- Community college
- Community-based organization
- Clinic/hospital
- Coordinated care organization
- Local health department
- State organization/program
- Other:

**Training offered:**

Check the type(s) of THW training that will be offered by your organization (check all that apply).

- THW core curriculum training (*section 3a and b*)
  - plus CHW training topics (80 hours)
  - plus NAV training topics(80 hours)
  - plus PWS training topics (80 hours)
    - for adult to adult mental health support
    - for adult to adult addictions support
    - for family to family support
    - for youth to youth support
  - plus PSS training topics (40 hours)
    - for adult to adult mental health support
    - for adult to adult addictions support
    - for family to family support
    - for youth to youth support
  - plus incumbent worker training
- Doula training (60 hours) (*section 3b*)

### 1.5 Prior training experience (*not required for program approval*)

If applicable, **attach a PDF document listing your organization’s prior experience in training THWs in the past 3 years.** Include a brief description or list of topics covered, start and end dates (*if not ongoing*), location, hours of training and target audience. Do not exceed two pages.

## Section 2: Training program details

### 2.1 Delivery of training

<b>Location:</b> What is the geographic reach of the training program? List of training facilities and locations <i>(if available)</i> .	
<b>Training facilities:</b>	<b>Location:</b>

<b>Instructors:</b> List names of instructors and their credentials or work experience with THWs <i>(if available)</i> .	
<b>Instructor name:</b>	<b>Credentials or work experience:</b>

<b>Methodology:</b> Describe the program's teaching methodologies <i>(e.g. use of popular education concepts, adult learning principles)</i> . Please reference the relevant pages in the course materials where teaching methodology is described or attach a sample of some activities demonstrating the described methodology.(200)	
<b>Format:</b> Identify the format(s) in which training will be delivered. <i>(e.g. classroom, distance learning, small group, etc)</i> (100)	<b>Language:</b> In what languages will the training will be offered? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ _____ _____

What strategies will your training program take to tailor delivery of training so that it is appropriate and accessible for the specific communities served? (150)

What strategies will your training program take to make training inclusive and accessible to individuals with different learning styles, educational backgrounds, and student needs including but limited to disabilities and limited English proficiency? (150)

## 2.2 Experienced THW involvement

Are experienced THWs involved in the development and teaching of the curriculum?

Yes  No

**If so**, how many and in what capacity? **If not**, explain the circumstances that prevented your program from doing so, and outline any plans for future involvement of experienced THWs. (150)

## 2.3 Collaboration with CBO

Does your training program collaborate with a community-based organization?

Yes  No

The organization is a CBO.

**If so**, in what ways? **Attach a signed agreement from the CBO**, verifying the collaboration and summarizing the roles of both organizations in collaborating to deliver training. **If not**, explain the circumstances that prevented your program from doing so, and outline any plans for future collaboration with a CBO.(150)

## 2.4 Recruitment and enrollment

**Reduction of barriers:** Identify the approach for recruiting and enrolling students. Indicate collaborations, if any, with other entities (*CBOs, CCOs, other programs, etc*) and describe the organization's strategies for reducing barriers to enrollment. (150)

**Fees:** *(Optional, not a factor in determination of program approval)* Are there any costs for individuals, groups or organizations to enroll in and complete the training program? **If so**, describe the fee structure for the training program. (150)

**2.5 Community need**

**Communities of focus:** Describe communities for which your program has identified a need for THW training. Note that communities may be based on geography, race, ethnicity, culture, language, socioeconomic status, ability status and shared life experiences. (150)

Appropriate geographic allocation of training resources will help ensure that all communities throughout Oregon that may benefit from the services of THWs will have access to these workers. Describe your awareness of or communication with other THW programs in your area to ensure that training needs for the community are appropriately met. (150)

**2.6 Equivalency**

Describe how the program will grant equivalency for students who have previously completed training through this organization and/or other organizations, including details of the standards for granting equivalency or the assessment tool. If this is not possible, explain the circumstances that prevent your program from doing so and outline any plans for granting equivalency in the future. (200)

**2.7 Academic credit**

Will students receive academic credit following completion of training? <i>(Not required for approval.)</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If so</b> , at which educational institution(s) and at what cost, if any?	
	<b>List educational institutions:</b>	<b>List costs if any:</b>

## 2.8 Training program feedback

Describe how your organization will track student satisfaction, how students can give feedback on their training experience and how this feedback will be used to improve the program.

**Attach the program's evaluation form for student feedback.** (200)

## 2.9 Records

Describe your organization's system of maintaining an accurate record of successful graduates for five years from their date of completion of the training program. (150)

## Section 3a: CHW, PSS, PWS, NAV training curriculum

### 3a.1 Program syllabus and materials

**Attach the training program syllabus and course materials, with a table of contents and pages consecutively numbered.** These materials should include instructors' manuals and student handbooks, organized by course; handouts and homework assignments; and lists of textbooks and other instructional materials used.

OHA approved training programs for CHW, NAV, PSS, PWS and NAV must be at minimum hours required and address all of the following required topics in their core curriculum. Additional topics to the core curriculum are to be included for specific THWs. Training programs are expected to introduce students to each topic, covering key principles to develop a basic foundation of competencies in students before they enter the workforce. Developing full competency in these topics is a continual learning process, and it is expected that following completion of this initial core curriculum, students will deepen their introductory understanding of these topics through worksite-specific training and continuing education. For more information on these topics, refer to Oregon Health Policy Board's Report "The Role of Traditional Health Workers in Oregon's Health Care System."

<http://www.oregon.gov/oha/oei/Pages/nthw-report.aspx>

	<b>Topics Required for CHW, PSS, PWS, NAV</b>
1	Community Engagement, Outreach Methods and Relationship Building
2	Communication Skills, including cross-cultural communication, active listening, & group and family dynamics
3	Empowerment Techniques
4	Knowledge of Community Resources
5	Cultural Competency & Cross Cultural Relationships, including bridging clinical & community cultures
6	Conflict Identification and Problem Solving
7	Conducting Individual Strengths and Needs Based Assessments
8	Advocacy Skills
9	Ethical Responsibilities in a Multicultural Context
10	Legal Responsibilities
11	Crisis Identification and Problem-Solving
12	Professional Conduct, including culturally-appropriate relationship boundaries and maintaining confidentiality
13	Navigating Public and Private Health and Human Service Systems, including state, regional, local
14	Working with Caregivers, Families, and Support Systems, including paid care workers
15	Trauma-Informed Care, including screening and assessment, recovery from trauma, minimizing re-traumatization
16	Self-Care
	<b>Additional Topics for CHW, NAV, and PWS</b>
17	Social Determinants of Health
18	Navigating Public and Private Health and Human Service Systems, including state, regional, local
19	The Role and Scope of Practice of Traditional Health Workers
20	Roles and Expectations for Working in Multidisciplinary Teams
21	Data Collection and Types of Data
22	Organization Skills and Documentation, including use of HIT( Health Information Technology)
23	Introduction to Disease Processes including chronic diseases, mental health, and addictions
24	Health Across the Life Span
25	Adult Learning Principles - Teaching and Coaching
26	Stages of Change
27	Health Promotion Best Practices

28	Health Literacy Issues
	Additional Topics for PWS
A	Self-Efficacy
B	Group Facilitation Skills;
C	Cultivating Individual Resilience
D	Recovery, Resilience and Wellness Models (for FSS must include child/youth physical and emotional development, preK-post secondary education programs, System of Care principles, and parenting concepts)
E	Principles of Motivational Interviewing
	Additional Topics for PSS
F	The Role and Scope of Practice of Peer Support Specialists
G	Recovery, Resilience and Wellness (for FSS must include child/youth physical and emotional development, preK-post secondary education programs, System of Care principles, and parenting concepts)
	Additional Topics for CHW
H	Self-Efficacy
I	Community Organizing
J	Group Facilitation Skills
K	Conducting Community Needs Assessments
L	Popular Education Methods
M	Principles of Motivational interviewing

### 3a.1 Total hours

Total Contact Hours in the Complete Curriculum ( <i>Core curriculum and worker-specific topics</i> )	<b>hours</b>
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### 3a2 Core curriculum for CHW, NAV, PSS, PWS

For each required core curriculum topic, list the course(s) or module(s) in your training program that cover that topic. List the learning objectives of these courses related the topic. Note that it is acceptable for one topic to be covered in multiple courses, and a single course may also cover more than one topic. Reference the corresponding page number where this course is found in the attached training program syllabus and materials. If possible, estimate the total number of contact hours devoted to each curriculum topic throughout the training.

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
EXAMPLE: 3. Empowerment Techniques	Advocacy and Empowerment	In this course, students will...	p10-11	4
1. Community Engagement, Outreach Methods and Relationship Building				

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
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				

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
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 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, local				
20.Working with Caregivers, Families, and Support Systems, including paid care workers				

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
21. Introduction to Disease Processes including chronic diseases, mental health, and addictions ( <i>warning signs, basic symptoms, when to seek medical help</i> )				
22. Trauma-Informed Care ( <i>screening and assessment, recovery from trauma, minimizing re-traumatization</i> )				
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. Health Literacy Issues				

### 3a.3 Worker specific curriculum topics

For each required worker-specific curriculum topic, list the course(s) or module(s) in your training program that cover that topic. List the learning objectives of these courses related the topic. Note that it is acceptable for one topic to be covered in multiple courses and a single course may also cover more than one topic. Reference the corresponding page number where this course is found in the attached training program syllabus and materials. If possible, estimate the total number of contact hours devoted to each curriculum topic throughout the training.

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
CHW, PWS Self-Efficacy				
CHW,, PWS Group Facilitation Skills				
CHW, PWS Principles of Motivational Interviewing				
CHW Community Organizing				
CHW Conducting Community Needs Assessments				
CHW Popular Education Methods				
PWS Cultivating Individual Resilience				
PWS Recovery, Resilience and Wellness Models				

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
PSS Role and Scope of Practice of PSS				
PSS Recovery, Resilience, and Wellness				
PSS-FSS, PWS-FSS Child/youth physical and emotional development, preK-post secondary education programs, System of Care principles, and parenting concepts				

### 3a.4 Incumbent worker training for CHW, NAV, PSS, PWS

Individuals who have worked or volunteered in the capacity of a community health worker, peer wellness specialist or personal health navigator in the state of Oregon at least 3000 hours (2000 for PSS) in the five years from the date of their anticipated application for certification may grandfather into the program following successful completion of an incumbent worker assessment and any additional necessary training. OHA approved training programs that provide incumbent worker assessment and training for these incumbent workers must:

- Include a pre-course assessment to evaluate student's current level of knowledge and skill;
- Collect from students the OHA-prescribed competency evaluation form from at least one previous employer for whom THW services have been provided in the five years from the date of application; and
- Provide training that addresses gaps in competencies identified in the pre-course assessment and employer competency evaluation(s).

Is your organization interested in offering incumbent worker assessment and training?  
**If yes**, please complete 3a.6 and 3a.7:

Yes       No

### 3a.5. Pre-course assessment of incumbent worker

- My organization is interested in offering incumbent worker training **only if** the Oregon Health Authority releases a standard pre-course assessment tool. My organization will agree to attend training on how to use this standard pre-course assessment. (*Skip to 3a.6. Incumbent Worker Training Design*)
- My organization already has or plans to develop a pre-course assessment tool. (*Answer next question*)

Describe the program's current or future plans for assessing the level of knowledge and skill of the incumbent worker. **Attach samples of the pre-course assessment, rubrics or other assessment materials** (*if available*). (100)

### 3a.6 Incumbent worker training design

Describe how the program will tailor incumbent worker training to address any gaps in THW competencies. (150)

## Section 3b: Doula training curriculum

### 3b.1 Program syllabus and materials

**Attach the training program syllabus and course materials, with a table of contents and pages consecutively numbered.** These materials may include instructors' manuals and student handbooks, organized by course; handouts and homework assignments; and lists of textbooks and other instructional materials used.

OHA approved training programs must include at minimum the indicated contact hours in the following topics. For more information on these requirements, refer to Oregon Health Authority's Report "Utilizing Doulas to Improve Birth Outcomes for Underserved Women in Oregon." <http://www.oregon.gov/oha/legactivity/2012/hb3311report-doulas.pdf>, February 2012

- 16 contact hours in Labor training
- 4 contact hours in Breastfeeding training
- 12 contact hours in Childbirth Education training
- 6 contact hours in Cultural Competency training

In addition, the training program must also ensure that their students:

- Read five books from an Authority approved reading list
- Write an essay on the value of labor support
- Create a resource list
- Attend at least three births and three home visits
- Submit evaluations from work with three families
- Be CPR-certified
- Have a valid food handler's permit

### 3b.2 Required doula courses

Indicate the course or combination of courses that covers each of the following curriculum topics and reference the corresponding page number where the course(s) is described in the attached training program syllabus and materials. List courses offered that are outside the scope of the minimum required topics as well (e.g. *Postpartum Training*).

Required curriculum topic	Course title(s)	Course materials page numbers	Contact hours
Labor			
Breastfeeding			
Childbirth education			
Cultural competency**			
<b>List additional courses that exceed the minimum state requirements, (if any)</b>			

\*\*Will Cultural Competency also be offered as a stand-alone course for doulas that have previously completed all other requirements?  Yes  No

### 3b.3 Additional requirements

Describe how the training program will ensure participants successfully complete each of the following requirements for Oregon certification. (100 words max each box)

Read five books from an Authority approved reading list.  
**Attach the training program's reading list that will be provided to participants.**

Write essay on the value of labor support.

Create a community resource list.

Attend at least three births and three home visits. Include information about how the training program will set up these experiences for program participants.

Submit evaluations from work with three families.

### 3b.4 CPR Certification

Does this organization offer CPR certification training?  Yes  No

If not, how will the program assist participants in obtaining CPR certification?

### 3b.5 Food handler's permit

Does this organization offer training for a food handler's permit?  Yes  No

If not, how will the program assist participants in obtaining a valid food handler's permit?

## Section 4: Demonstration of successful completion

### 4.1 Final assessment method

Describe how the training program will assess for the acquisition of knowledge and mastery of skills by each student during or at the end of training. This final examination or series of examinations must assess for the competencies covered in each curriculum topic. (150)

**Format:** Indicate the assessment format(s)

- Oral exam(s)
- Written exam(s)
- Practical competency exam(s)
- Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the criteria for passing or failing the examination? (50)

### 4.2 Final examination materials

**Attach available sample exams, exam rubrics, or other exam materials.**

### 4.3 Additional criteria for successful completion

Aside from passing the final exam, describe all other criteria that must be met by students in order to successfully complete the training program (*e.g. minimum attendance, makeup classes for absences, class participation, completion of in-class or homework assignments*). (150)

**4.4 \_\_\_\_\_ Please initial to indicate agreement:** At the end of training, the program shall distribute and collect signed OHA-prescribed "Program Completion Agreements" from students, indicating their acknowledgement of the OHA application process that is necessary to become state certified following successful completion of training.

## 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 training program requirements are not met or are no longer being met, OHA may deny, suspend or revoke training program approval.

I understand that OHA may conduct site visits of training programs, 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 6 months prior of the date of approval expiration.

I shall advise OHA of any changes to the organization contact information within 30 days of such changes.

I understand that during the training program 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 include OHA contact information for questions, comments or concerns about the THW Program on all student materials and advertising for the program.

I agree to issue a letter of completion to students following successful completion of the training program.

I agree to verify the names of successful training program graduates to OHA when those individuals apply for certification and registry enrollment, without imposing additional costs on the individuals.

I agree to abide by the rules regarding the training and certification of traditional health workers. OAR 333-002-0300 through 333-002-0380, located at:

[http://arcweb.sos.state.or.us/pages/rules/oars\\_400/oar\\_410/410\\_180.html](http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_180.html)

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 training program approval.

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Director signature

Date

## Section 6 (Optional): Waivers

Under special circumstances, training program applicants may request a temporary waiver from a training program requirement. A training program may not act on or implement a waiver until it has received written approval from OHA.

### 6.1 Rule

What is the specific training program rule for which a waiver is requested? Reference the specific OAR section and subsection(s). *Example: OAR 333-002-0370, Section 1(w), "Health Across the Life Span."* The rules can be found at:

[http://arcweb.sos.state.or.us/pages/rules/oars\\_400/oar\\_410/410\\_180.html](http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_180.html) (50)

### 6.2 Need

Identify the special circumstances that necessitate the application for a waiver.(150)

### 6.3 Justification

Explain how the proposed waiver is desirable to maintain or improve the training of THWs.(200)

### 6.4 Alternatives considered

Describe alternatives that were considered, if any, and why alternatives, including compliance, were not selected. (150)

### 6.5 Duration

What is the proposed duration of the waiver (*not to exceed one academic year*)?

Start date:

End date:

I understand that when this waiver expires, the training program must demonstrate full compliance with OAR 333-002-0300 through 333-002-0380 in order to maintain OHA approval. I certify that all the information contained in this waiver 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 waiver or revocation of training program approval.

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Director signature

Date