

TRADITIONAL HEALTH WORKER CONTINUING EDUCATIONAL UNITS (CEUS) APPLICATION

All traditional health workers (THWs) (birth doula, 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 (an unit is one hour of education) every three years. Organizations or individuals interested in providing approved birth doula, community health worker, 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 410-180-0300 through 410-180-0380 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 April Johnson at 971-673-3389, april.r.johnson@state.or.us.

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: april.r.johnson@state.or.us.

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. The certificate should have the following on it, "Approved by OHA-Office of Equity and Inclusion for Traditional Health Workers by worker type", the title, number of hours, date, lead trainer signature and if applicable the sponsoring organization.

Questions about THW CEU provider approval? Contact the Office of Equity and Inclusion Health Equity Workforce manager, April Johnson at (971) 673-3389, april.r.johnson@state.or.us.

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: PSS Peer Support Specialist

PWS: Peer Wellness 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: SIGNATURES**

TYPE:

- | | |
|--|---|
| <input type="checkbox"/> Community Health Worker | Attached: Course descriptions, outline and handouts |
| <input type="checkbox"/> Doula | Attached: Course descriptions, outline and handouts |
| <input type="checkbox"/> Peer Support Specialist | Attached: Course descriptions, outline and handouts |
| <input type="checkbox"/> Peer Wellness Specialist | Attached: Course descriptions, outline and handouts |
| <input type="checkbox"/> Personal Health Navigator | Attached: Course descriptions, outline and handouts |

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.*

NAME OF ATTACHMENT	PAGE NUMBER
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

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 () —	Fax Number () —		

Website

ORGANIZATION OVERVIEW

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 fit with your organization's mission and teaching philosophy.

Language In what languages will the training will be offered?
English
Spanish
Other

SECTION 2. CONTINUING EDUCATION UNITS DETAILS

DELIVERY OF TRAINING

Instructors List names of trainers and their credentials or work experience with THWs.
Are experienced THWs involved in the development of the curriculum? YES NO
Please explain.

Methodology Please check which teaching methodologies apply
popular education concepts adult learning principles Lecture or large group instruction on-line
Other

SECTION 2. CONTINUING EDUCATION UNITS DETAILS

DELIVERY OF TRAINING

Accessible 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: CHW, DOULA, PSS, PWS, NAV Continuing Education Unit Application

CONTINUING EDUCATION UNIT COURSE DESCRIPTION, OUTLINE AND HANDOUTS

For each continuing education course, complete the table below and attach the description, outline and handouts for course review. This could include instructors' manuals, student handbooks, and lists of textbooks and other instructional materials used.

Title of Course	Learning Objectives	Attached description, outline and handouts with page numbers	Number of contact hours *
Advocacy	In this course, students will...	Page 10 to 15	6

*Contact hours are actual time in class. The hours do not include mealtime or breaks longer than 15 minutes or more than two 15 minutes breaks in a daylong training.

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
http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_180.html

- | | |
|---|---|
| 1 Community Engagement, Outreach Methods and Relationship Building | 17 Crisis Identification, Intervention and Problem-Solving |
| 2 Communication Skills, including cross-cultural communication, active listening, and group and family dynamics | 18 Professional Conduct, including culturally-appropriate relationship boundaries and maintaining confidentiality |
| 3 Empowerment Techniques | 19 Navigating Public and Private Health and Human Service Systems, including state, regional, local |
| 4 Knowledge of Community Resources | 20 Working with Caregivers, Families, and Support Systems, including paid care workers |
| 5 Cultural Competency and Cross Cultural Relationships, including bridging clinical and community cultures | 21 Introduction to Disease Processes including chronic diseases, mental health, and addictions (warning signs, basic symptoms, when to seek medical help) |
| 6 Conflict Identification and Problem Solving; | 22 Trauma-Informed Care (screening and assessment, recovery from trauma, minimizing re-traumatization) |
| 7 Social Determinants of Health | 23 Health Across the Life Span |
| 8 Conducting Individual Needs Assessments; | 24 Adult Learning Principles - Teaching and Coaching |
| 9 Advocacy Skills | 25 Stages of Change |
| 10 Building Partnerships with Local Agencies and Groups | 26 Health Promotion Best Practices |
| 11 The Role and Scope of Practice of Traditional Health Workers | 27 Self-Care |
| 12 Roles and Expectations for Working in Multidisciplinary Teams | 28 Health Literacy Issues |
| 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 | |

For Doulas

- A) Labor training
- B) Breastfeeding training
- C) Childbirth Education training
- D) Cultural Competency training

SECTION 4: 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 shall advise 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 333-002-0300 through 333-002-0380, located at 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 the continuing education unit course approval.

DIRECTOR SIGNATURE _____ Date _____