Nebraska Department of Health & Human Services Health Navigation: Community Health Worker Course Application Packet
(Applications due January 31, 2019)

...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.

Will other Community Health Worker courses be available this year if I am unable to attend the current class?
There will only be one course available in 2019. The next course offered will be in the spring of 2020.

What is the fee for the course?
A portion of the training is held in conjunction with the Minority Health Conference in York, Nebraska. Some of the seminars or breakout sessions will be required for the CHW students. The Minority Health Conference registration costs are estimated at $45 for the day.
Keep in mind that it is a two day training, the training day starts at 8:00 AM and finishes after 4:30 PM and may last up to 5:00 PM.

Where will In-Person Sessions be held?
Holthus Convention Center
Meeting Room I
3130 Holen Ave., York, NE 68467
402-363-2675

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Orientation Webinar</td>
<td>March 6, 2019</td>
<td>12:00 PM CST</td>
</tr>
<tr>
<td>Pre-Assessment Quiz and Orientation Module</td>
<td>Due Date March 12, 2019</td>
<td></td>
</tr>
<tr>
<td><strong>Topics of Study</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 1:</strong> Organization</td>
<td>March 6, 2019</td>
<td>March 12, 2019</td>
</tr>
<tr>
<td><strong>Week 2:</strong> Documentation</td>
<td>March 13, 2019</td>
<td>March 19, 2019</td>
</tr>
<tr>
<td><strong>Week 3:</strong> Documentation</td>
<td>March 20, 2019</td>
<td>March 26, 2019</td>
</tr>
<tr>
<td>Webinar: Teaching &amp; Advocacy</td>
<td>Webinar: March 21, 2019</td>
<td>10 point survey to follow</td>
</tr>
<tr>
<td><strong>Week 4:</strong> Assessment</td>
<td>March 27, 2019</td>
<td>April 2, 2019</td>
</tr>
<tr>
<td>E-learning: Capstone Project Instructions</td>
<td>March 27, 2019</td>
<td>Complete Evaluation</td>
</tr>
<tr>
<td><strong>Week 5:</strong> Service Coordination</td>
<td>April 3, 2019</td>
<td>April 9, 2019***</td>
</tr>
<tr>
<td><em><strong>IMPORTANT! All assignments, forums and quizzes should be completed by <strong>April 9, 2019</strong> in order for the student to move on to the second half of the course.</strong></em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 6:</strong> 1st In-Person Session</td>
<td>April 16, 2019</td>
<td>Resource Folder Due</td>
</tr>
<tr>
<td>Holthus Convention Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting Room I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3130 Holen Ave., York, NE 68467 402-363-2675</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In Person Session</strong></td>
<td>April 17, 2019</td>
<td></td>
</tr>
<tr>
<td>Minority Health Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holthus Convention Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 7:</strong> Colorectal Health &amp; Screening</td>
<td>April 18, 2019</td>
<td>April 23, 2019</td>
</tr>
<tr>
<td>E-learning: Diabetes</td>
<td>April 18, 2019</td>
<td>Complete Evaluation</td>
</tr>
<tr>
<td><strong>Week 8:</strong> Breast Health &amp; Screening</td>
<td>April 24, 2019</td>
<td>April 30, 2019</td>
</tr>
<tr>
<td>Webinar: Communication and Presentation</td>
<td>April 25, 2019</td>
<td>Complete Evaluation</td>
</tr>
<tr>
<td><strong>Week 9:</strong> Cervical Health &amp; Screening</td>
<td>May 1, 2019</td>
<td>May 7, 2019</td>
</tr>
<tr>
<td>Webinar: Women’s &amp; Men’s health</td>
<td>May 2, 2019</td>
<td>Complete Evaluation</td>
</tr>
<tr>
<td><strong>Week 10:</strong> Cardiovascular Health &amp; Screening</td>
<td>May 8, 2019</td>
<td>May 14, 2019</td>
</tr>
<tr>
<td>E-learning: Infant Mortality</td>
<td>May 9, 2019</td>
<td>Complete Evaluation</td>
</tr>
<tr>
<td><strong>Week 11:</strong> May 15- May 21 Complete Capstone Project Plan Worksheet and submit for approval by Tues., May 21, 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 12:</strong> May 22-June 4 Capstone Review with students by facilitators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Individual student meetings held with course facilitator via phone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Complete and finalize remaining course tasks to include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Resource Manual (hand in June 11th at registration)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Health Topic Presentation (to present on June 12th)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 13:</strong> Final In-Person Session</td>
<td>June 11-12, 2019</td>
<td>Resource Folder Due</td>
</tr>
<tr>
<td>Holthus Convention Center, Meeting Room I</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 and webinars, complete all assignments and answer questions about what I have learned. (Please note, this may take an average of 6 hours per week.)
- I will attend all in-person and course trainings.
- I understand that I must attend all the activities and presentations at the in-person trainings.
- I understand that all travel expenses for in-person course trainings are the responsibility of the participant and/or their organization.
- 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 mentor/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.

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 her/him time off from regularly assigned duties to participate in all mandatory in-person sessions as outlined on page 3, Course Schedule.

☐ 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: ________________________________