



Nebraska Department of Health &
Human Services Health Navigation:
Community Health Worker Course
Application Packet
(Applications due February 8, 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.

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	February 15, 2017	
Pre-Assessment Quiz and Orientation Module	Due Date February 21, 2017	
Topics of Study	Begin	Assignment and Quiz Due Dates
Week 2: Organization	February 22, 2017	February 28, 2017
Week 3: Documentation	March 1, 2017	March 7, 2017
Week 4: Assessment	March 8, 2017	March 14, 2017
Week 5: Service Coordination	March 15, 2017	March 22, 2017 ***
Webinar: Teaching & Advocacy	Webinar: March 22, 2017	
*** IMPORTANT! All assignments, forums and quizzes should be completed by March 22, 2016 in order for the student to move on to the second half of the course.		
Week 6: 1st 2 Day In –Person Session	March 28-29, 2017	Resource Folder Due
Colorectal Health & Screening	March 29, 2017	April 4, 2017
Week 7: Breast Health & Screening	April 5, 2017	April 11, 2017
Week 8: Cervical Health & Screening	April 12, 2017	April 18, 2017
Webinar: Encounter Registry Overview	Webinar: April 12, 2017	
Week 9: Cardiovascular Health & Screening	April 19, 2017	April 25, 2017
Complete Post-Assessment		April 25, 2017
Week 10: April 25-May 1 Complete Capstone Project Plan Worksheet and submit for approval by Tuesday May 1, 2017		
Week 11: May 2-May 5 Capstone Review with students by facilitators		
<ul style="list-style-type: none"> - Individual student meetings held with course facilitator via phone. - Complete and finalize remaining course tasks to include: <ul style="list-style-type: none"> o Post-Assessment (due by April 25th) o Capstone Project Plan Worksheet (due May 1st) o Resource Manual (hand in May 10th at registration) o Final Presentation (Present on May 10th) 		All assignments, forums and quizzes are due by May 9, 2017
Week 12: Final 1 Day In-Person Session	May 10 & 11, 2016	



(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:



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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:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Latino/Spanish/Hispanic
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to respond	



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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 dhs.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: _____

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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 12-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: _____