Department of Health – Community Health Workers

Training Manual for Applicants

Table of Contents

Create Account

If you are a new user to the system, please follow the steps below to create a new account and begin your application process.

1. To create a new account, select the *Create Account* button on the login screen.


NEW MEXICO DEPARTMENT OF HEALTH

Community Health Workers

Login Below:

EMAIL

PASSWORD

Login   Forgot Password?

Create an Account:

If you need technical assistance, you can always contact the Office of Community Health Workers via email at Comm.HealthWorker@state.nm.us or by phone at 505-841-5849.
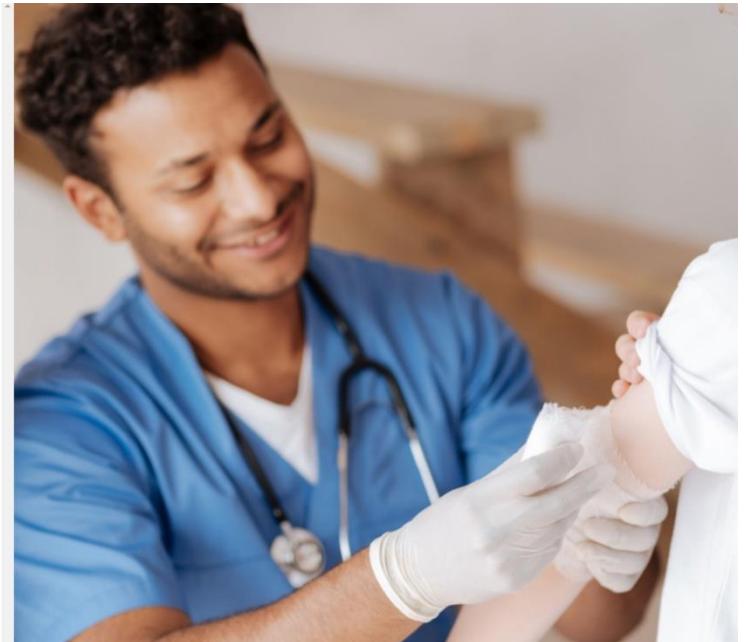
Create Account

Create Account

* FIRST NAME

* LAST NAME

* EMAIL

* CONFIRM EMAIL

* PASSWORD

* CONFIRM PASSWORD

* PREFERRED LANGUAGE

English

☐ I would like to appear in the New Mexico Registry of Community Health Workers.

Save Information   Cancel

2. Fill out all required information (indicated by a red asterisk) on the **Create Account** screen.
- Preferred Language will display your application in either the selected language.
- If want to appear in the online New Mexico Registry of Community Health Workers, select the checkbox, the select the County that you are currently working in.

3. Once completed, click *Save Information.*
- The window will close, and your account will be created. At this point you can now login to the system.

Forgot Password

If you forgot your password for your Community Health Workers account, you can use the *Forgot Password* link on the homepage to setup a new one.

1. To do this, enter the email address, associated with your account, in the Email field, then click *Forgot Password.* This will send an email to the email you specified with a link to reset your password.

2. Check your email for the Password reset email. Once you have received the email, click the link. This will direct you to the Community Health Workers login page with a reset password window.

Community Health Workers

Login Below:

EMAIL

sample@gmail.com

PASSWORD

Login   Forgot Password?

Reset Password

* PASSWORD

* CONFIRM PASSWORD

Submit   Cancel

3. To finish the process, enter your new password in the two fields *(shown to the left)* and click *Submit*. The window will close, and you will now be able to login to your Community Health Workers account.

Completing a new application

If you are a new applicant, you will need to start by creating a new application. There are two different types of applications you can submit, **Core Competency Training Application** or **Grandfathering Application**.

1. After logging in to the Community Health Workers application, click the *New Application* button on the upper right side of the screen to begin your application.

Dashboard   **New Application**   Account Info   Logout

2. Once the *New Application* button is clicked, a window will appear with information on applying. To select a specific application, click *New Application*.

Submit an Application   X Close Window

By law, we the New Mexico Department of Health, Office of Community Health Workers, (NM DOH OCHW) has 30 days to review your application for approval or denial, based on the New Mexico Rule & Regulation, (https://nmhealth.org/resource/view/674/).

New Application

Thank you for your interest in becoming a Certified Community Health Worker through the New Mexico Department of Health.
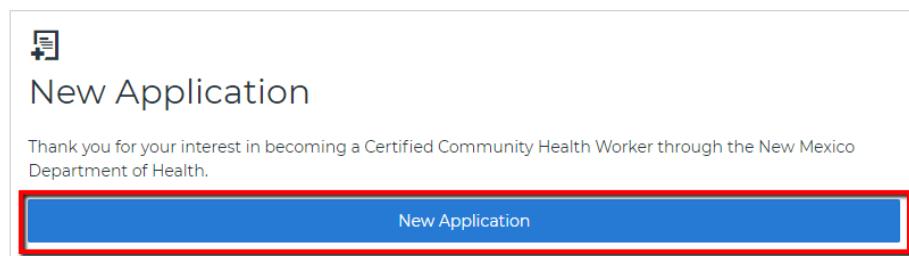
New Application

3. The window will display the requirements for the **Core Competency Training** application and the **Grandfathering Process** application *(see screenshot to the right)*. After reviewing the requirements, select the application that is appropriate for you.

Core Competency Training

1. Proof that applicant is at least 18 years of age by submission of a color copy of a photo ID (i.e. Government issued ID or Certificate of Indian Blood Card)
2. Verification of education, including documentation that the applicant has at least a high school diploma or certificate of high school equivalency.
3. Verification of proficiency in the core competencies by providing a certificate of completion from a Department of Health, Office of Community Health Workers (NMDOH/OCHW) Certification Training Program or other NM endorsed training programs that contain an examination component for each of the core competencies. Include copies of the Certificates of Completion provided by the training organization.

Select the Core Competency Application

Grandfathering Processes

1. Proof that applicant is at least 18 years of age by submission of a color copy of a photo ID (i.e. Government issued ID or Certificate of Indian Blood Card)
2. Verification of proficiency in the core competencies through training and/or experience, signed by a current or former supervisor
3. Documentation of 2000 hours of work and/or volunteer experience as a CHW in the 2 (two) years prior to application, or documentation of at least half-time paid or volunteer employment as a CHW in the 5 (five) years prior to application. You must verify that you have paid/volunteer experience before 5/21/2014.
4. Two letters of reference.
5. Verification of specialty training certificates that you have attended that qualifies you to be considered a specialist I, II, or III.

Select the Grandfathering Application

Cancel

Application Requirements

Applicant Information

Education & Training

Verification of Proficiency in the Core Competencies

Employment History

Required Documents

Specialties

Signed Statement

Submit Application

4.   After selecting one of the application types, you will be directed to the application itself. It has a navigation pane on the left side of the page with links to the different subsections of the application. See screenshot to the left. Please note if you selected Core Competency, you will see a tab for *Core Competency Training* instead of *Verification of Proficiency in the Core Competencies*.

The first page you will be directed to first will be the **Application Requirements**, which will give you a more in-depth explanation of the requirements for the application you selected.

To complete your application, navigate through each of the subsections, listed in the left navigation, and enter all required information for each page. The required fields will be marked with a red asterisk.

Application Requirements

SECTION 1: ELIGIBILITY REQUIREMENTS FOR CORE COMPETENCY TRAINING

1. Proof that applicant is at least 18 years of age by submission of a color copy of a photo ID (i.e. Government issued
2. Verification of education, including documentation that the applicant has at least a high school diploma or cert
3. Verification of proficiency in the core competencies by providing a certificate of completion from a Department other NM endorsed training programs that contain an examination component for each of the core competenc

NOTE: To Apply thru Core Competency Training please fill out the following: Application Information, Previous Educa Signed Statement.

SECTION 2: CERTIFICATION LEVELS AND FEES

Applicants may be certified at the following levels:

- **Generalist: $45**, an applicant who meets the eligibility requirements for certification through grandfathering (s
- **Specialist I: $55**, an applicant who is first certified as a Generalist and has received formal training in a specialty
- **Specialist II: $65**, an applicant who is first certified as a Generalist and has received formal training in two speci
- **Specialist III: $75**, an applicant who is first certified as a Generalist and has received formal training in three or r

NOTE: All applicants will need a background check. Please wait until you have received your letter of approval from background check fee is $44.00 paid online at the time of registering.

At the end of each subsection, there will be a checkbox to verify that this subsection is complete. After filling out a subsection, selecting the checkbox, and clicking *Save*, the yellow exclamation point for that subsection, in the left navigation, will change to a green checkmark. This indicates that this subsection is completed and ready to submit.

Is this section complete?

☐ This section is complete and ready to submit.

If you select the checkbox, without all the required fields filled out, an alert message will appear, informing you that all fields are required. A subsection in your application can be saved at any time, however once you are ready to submit, all required fields must be completed.

🛇 Section can not be marked as complete. Fields marked with * are required.

5. Once all subsections are completed, indicated by the green checkmarks *(see screenshot to the left),* you will be able to click *Submit Application*. This will direct you to the **Submit Application and Payment Summary** screen.

✓ Application Requirements

✓ Applicant Information

✓ Education & Training

✓ Verification of Proficiency in the Core Competencies

✓ Employment History

✓ Required Documents

✓ Specialties

✓ Signed Statement

Submit Application

This page will display the cost of your application, factoring in any additional Specialist fees, and where to send your payment.

- There is a notes field, that is not required, but can be used to add any remaining information for the Department of Health – Community Health Workers team.

- There is also a button, *Print Application Summary*, that will

Submit Application and Payment Summary

ITEM	COST
Generalist Cost	$45.00
Specialist I	$10
	Total: $55.00

Please print the application summary by clicking the button below and mail it along with a check for **$55.00** to:

Attn: Office of Community Health Workers
NM Department of Health-Public Health Division
P.O. Box 25307
Albuquerque, NM 87125
Account: XXXXXX7789

[Print Application Summary]

PLEASE ADD ANY NOTES BELOW.
NOTES

[Lock Application and Submit]

Note: Prior to submitting your application, you must click the "Print Application Summary" button above. Once you press the "Lock Application and Submit" button, you can not make changes to your application.

generate the summary of your application. The Application Summary needs to be mailed, along with a check to the address specified on the screen.

6. To submit your application, click the *Lock Application and Submit* button. Once completed, your application will be sent to the Department of Health – Community Health Workers team for review. At this point, no further changes can be made to your application.

General Notes
- You can monitor the status of your application, at any time, by checking on your Dashboard.
- You can start an application and return to complete it at any time.
  - Once you start an application, it will appear on your Dashboard with the status ***Pending***.

Core Competency Application

The Core Competency Application has one subsection that is unique between the two application types – **Core Competency Training**. This subsection is where you will select the Core Competency Training that you completed for your training.

DOH-Approved Core Competency Training

Please identify the training program you have SUCCESSFULLY completed that qualifies you for certification as a Community Health Worker. Attach a copy of your Certificate of Completion from the NMDOH/OCHW Certification Training Program or other NM endorsed training programs.

* TRAINING PROGRAM

Blue Cross Blue Shield of NM Centennial Care Division ▾

* COMPANY ADDRESS

4411 The 25 Way

* CITY	*** STATE**	*** ZIP**
Albuquerque	New Mexico ▾	87109

* TRAINING END DATE	*** CERTIFICATE OF COMPLETION OR NM ENDORSED TRAINING PROGRAMS VIEW**	*** COMPLETION**
05/31/2019	Choose File No file chosen	⦿ Yes ◯ No

Is this section complete?

☑ This section is complete and ready to submit.

Save

1. Select the Training Program dropdown to see the full list of Training Programs that are available. If you do not see your Training Program in the list, please contact the Office of the Community Health Workers.

* TRAINING PROGRAM

Central NM Community College

Blue Cross Blue Shield of NM Centennial Care Division

Central NM Community College

DOH Trained

Dona Ana Community College

Luna Community College

Presbyterian Center for Community Health

Santa Fe Community College

Test Program

UNM Health Sciences Office for Community Health

UNM Taos Branch

Western NM University

2. Fill out all additional required fields, as indicated by the red asterisks, and complete this subsection.

Grandfathering Application

The Grandfathering Application has one subsection that is unique between the two application types –
Verification of Proficiency in the Core Competencies.

1. This page requires you to print a signature page, which will need to be signed by your supervisor. You
   can print as many signature pages as needed.

   Signature Uploads

   At least one signature is required. Please print an additional signature page if more than one supervisor is completing this form on your behalf.

   Print a Signature Page

   * UPLOAD SIGNATURE DOCUMENTS
   Choose File   No file chosen

DOCUMENT	UPLOAD DATE
	NO DATA FOUND - SELECT A FILE TO UPLOAD ABOVE

2. Once you have your supervisors' signature, upload the signed documents by selecting *Upload
   Signature Documents* and complete this subsection.

   * UPLOAD SIGNATURE DOCUMENTS
   Choose File   No file chosen

DOCUMENT	UPLOAD DATE
Signature Document	2019-06-26

Recertification Process

When you need to renew your certification, you will need to submit a recertification application. This application will become available after your new application has been submitted and approved.

1. To start the recertification process, click *New Application*, then click *Recertification Process*.

Submit an Application

X Close Window

By law, we the New Mexico Department of Health, Office of Community Health Workers, (NM DOH OCHW) has 30 days to review your application for approval or denial, based on the New Mexico Rule & Regulation, (https://nmhealth.org/resource/view/674/).

Recertification Process

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

Recertification Process

Specialty Application

Thank you for your interest in becoming a Certified Community Health Worker Specialist through the New Mexico Department of Health.

Specialty Application
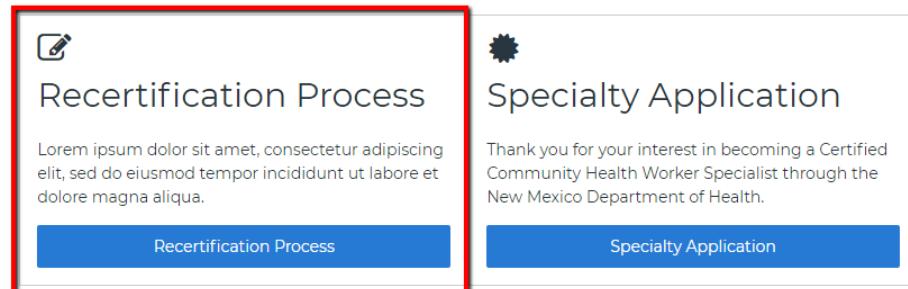
2. After selecting the application, you will be directed to the application details. Like the New Application, the Recertification Application has a navigation pane on the left side of the page with links to the different subsections of the application.

3. To complete your application, navigate through each of these subsections, listed in the left navigation, and enter all required information for each subsection. The required fields, on each page, will be marked with a red asterisk. Some of the sections will already populated from information you entered in your new application.

   - At the end of each subsection, there is a checkbox to verify that this subsection is complete. After filling out a subsection, selecting the checkbox, and clicking *Save*, the yellow exclamation point will change into a green checkmark. This indicates that this subsection is completed and ready to submit.

An application that is not ready to submit, indicated by the yellow exclamation points, will look like screenshot 1 below.

Screenshot 1:
This application that is not ready to submit.

Screenshot 2:
This application is ready to submit.

4. Once each subsection is complete, see screenshot 2 above, you will be able to click *Submit Application*. This will direct you to the **Submit Application and Payment Summary** screen.

Submit Application and Payment Summary

ITEM	COST
Generalist Cost	$45.00
Specialist I	$10
	Total: $55.00

Please print the application summary by clicking the button below and mail it along with a check for **$55.00** to:

Attn: Office of Community Health Workers
NM Department of Health-Public Health Division
P.O. Box 25307
Albuquerque, NM 87125
Account: XXXXXX7789

Print Application Summary

PLEASE ADD ANY NOTES BELOW.
NOTES

Lock Application and Submit

Note: Prior to submitting your application, you must click the "Print Application Summary" button above. Once you press the "Lock Application and Submit" button, you can not make changes to your application.

This page will display the cost of your application, factoring in any additional Specialist fees, and where to send your payment.

- There is a notes field, that is not required, but can used to add any remaining information for the Department of Health – Community Health Workers team.
- There is also a button, *Print Application Summary*, that will generate the summary of your application. The Application Summary needs to be mailed, along with a check to the address specified on the screen.

5. To submit your application, click the *Lock Application and Submit* button. Once completed, your application will be sent to the Department of Health – Community Health Workers team for review. At this point, no further changes can be made to your application.

Specialty Application

The Specialty Application allows you to add a specialty to your existing certificate. This application will become available after your new application has been submitted and approved.

- A specialty also be added when your first submit a new application or when you are recertifying.

1. To start a Specialty Application, click *New Application*, then click *Specialty Application*.
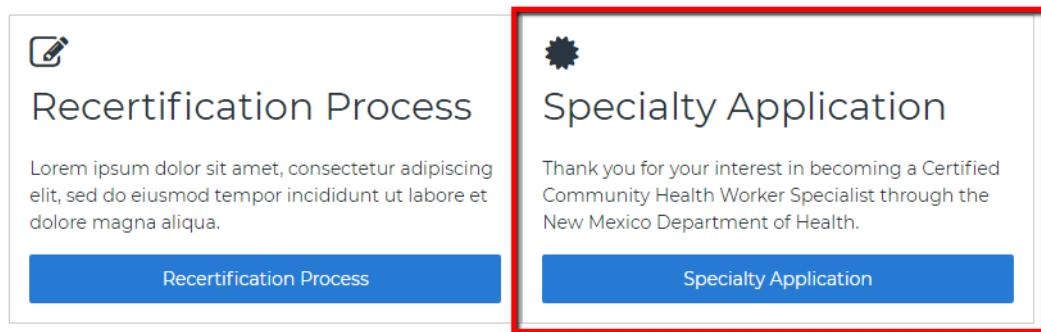
2. After selecting the application, you will be directed to the application details. Like the other applications, the Specialty Application has a navigation pane on the left side of the page with links to the different subsections of the application.

3. To complete your application, navigate through each of these subsections, listed in the left navigation, and enter all required information for each subsection. The required fields, on each page, will be marked with a red asterisk.

- At the end of each subsection will be a checkbox indicating that the subsection is complete. After filling out a subsection, selecting the checkbox, and clicking *Save*, the yellow exclamation point will change into a green checkmark. This indicates that this subsection is completed and ready to submit.

An application that is not ready to submit, indicated by the yellow exclamation points, will look like screenshot 1 below.

Screenshot 1:
This application that is not ready to submit.

Screenshot 2:
This application is ready to submit.

4. Once each subsection is complete, see screenshot 2 above, you will be able to click *Submit Application*. This will direct you to the **Submit Application and Payment Summary** screen.

This page will display the cost of your application, factoring in any additional Specialist fees, and where to send your payment.

- There is a notes field, that is not required, but can used to add any remaining information for the Department of Health – Community Health Workers team.
- There is also a button, *Print Application Summary*, that will generate the summary of your application. The Application Summary needs to be mailed, along with a check to the address specified on the screen.

5. To submit your application, click the *Lock Application and Submit* button. Once completed, your application will be sent to the Department of Health – Community Health Workers team for review. At this point, no further changes can be made to your application.

Account Info

If you need to update any general information regarding your account (email address, password), the Account Information is where these changes are made.

Updating your account information

1. To access the **Account Information** screen, click the *Account Info* button on the upper right side of the screen.

The **Account Information** screen will display information you entered when you created your account. Additionally, if you are already certified, your certificate number, certificate date, and expiration date will also display. Please note – this information cannot be updated and is set when your certification is approved.

2. To change the information above, simply edit the information in the corresponding field and click *Save*.

- **Email** – If you update your email address, this will be the new email you will use when you log into the system.
- **Preferred Language** – If you update your preferred language, your application will display in the selected language.
- **Registry** – If you would like to appear in the online public registry, select the checkbook, then pick the county that you are currently working in.

Updating your password

1. To change your password, click the *Update Password* link, just below the *Save* button, on this page. A new window with fields to enter your old password, new password, and confirm your new password. After entering your password information, click *Save* to save your new password. If you do not know your old password, you will not be able to reset your password from this screen.

Once your password has been changed, you will no longer be able to login to the system with your previous password.

Update Password

* OLD PASSWORD

* PASSWORD

* CONFIRM PASSWORD

Save   Cancel