



Application Instructions for 2015-2017 Certificate Renewal Ohio Certified Community Health Worker (CHW)

DETAILED INSTRUCTIONS: Return the completed and signed application along with fee in the enclosed envelope **POSTMARKED ON OR BEFORE MARCH 1, 2015** to avoid late fees.

- Complete the entire application, sign, and send appropriate fee.
- Incomplete applications will be returned and may be subject to late fees.

FEE SCHEDULE & ACCEPTABLE FORMS OF PAYMENT: Payment must accompany this application to renew.

- Fees must be **made payable to "Treasurer, State of Ohio"**.
- **Send a certified check, cashier's check, or money order.**
- Personal checks or cash will **NOT** be accepted.
- Business checks from government entities, corporations, and education or training programs will be accepted.
- Payments must be drawn on a United States (U.S.) bank or payable in U.S. dollars. **Fees are non-refundable.**

FEE POSTMARKED:

- On or before March 1, 2015: **\$35**
- Between March 2, 2015 and March 31, 2015: **\$85**
- After March 31, 2015: You must request a reinstatement application.

INACTIVE STATUS: If you **do not intend to practice** as a certified CHW in Ohio, you may request to have your certificate placed on inactive status.

- Check the "Inactive" box in the first section and return application to the Board.
- No fee or CE is required
- Application must be **POSTMARKED NO LATER THAN MARCH 31, 2015** or certificate will lapse.

CONTINUING EDUCATION (CE):

First Renewal:

If you received your first CHW certificate on or after January 1, 2013, this is your first renewal and you do not need to meet the CE requirement for this renewal of your CHW.

NOT First Renewal:

If this is not your first renewal, you are required to complete **15 contact hours** of continuing education between April 1, 2013 and March 31, 2015, which includes:

- One (1) contact hour Category A (directly related to Ohio law & rules). Category A must be approved by an OBN Approver, or offered by an OBN approved provider unit headquartered in the state of Ohio.
- One (1) contact hour must be directly related to establishing and maintaining professional boundaries.

The remaining thirteen (13) contact hours must be an approved or accredited planned learning activity that builds upon a precertification education program and enables a certificate holder to acquire or improve knowledge or skills that promote professional or technical development to enhance the certificate holder's contribution to quality health care and pursuit of professional career goals.

Original Issue Date can be accessed on the Board's website at www.nursing.ohio.gov by clicking on license/certificate verification and following instructions.

Do **NOT** send CE documentation to the Board at this time. You are required to maintain CE documentation for at least six (6) years.

ONE-TIME WAIVER: If you have never taken your one-time CE waiver, you may do so this renewal.

COMPLIANCE: Check the appropriate box for EACH question and send required documentation if applicable.

VERIFICATION: You must sign this CHW application.

CHANGE IN SOCIAL SECURITY NUMBER: Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 11101 and 45 C.F.R. pt. 60), reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.86, and rules adopted thereunder, and/or as otherwise required by state and federal law.

If you have changed or obtained a new Social Security Number, please provide both your old AND new numbers

Old _____ New _____

CORRECTIONS & NAME/ADDRESS CHANGE: Skip this section if you have no changes. Make changes as applicable.

You must submit a certified record of a name change (i.e. marriage certificate/abstract, divorce decree/dissolution, court record indicating the name change) within thirty days of the change. Certified court documents can be obtained from the court where the original record was filed. Photocopies or notarized copies are not acceptable for a name change.

Last Name _____

First, Middle Name _____

Address _____

City _____ State _____ Zip _____

County _____ Telephone _____

Email _____



Application for 2015-2017 Certificate Renewal
Ohio Certified Community Health Worker (CHW)

CHW. 01234

Name of CHW
Address of CHW
City, State, Zip

CAREFULLY READ INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

Form with checkbox: Please make my certificate INACTIVE. If you check this box, STOP here and mail application to the Board.

CONTINUING EDUCATION (CE): Check only one box in this section.

Form with three checkboxes for CE requirements: I met (or will meet by 3/31/2015) the CE requirements to renew this CHW. I received my 1st CHW in the State of Ohio on or after January 1, 2013 and am not required to complete CE hours for this certification period. I request my one-time waiver from CE requirements, which may never be used again.

COMPLIANCE: Answer Yes or No to EACH question. IMPORTANT READ CAREFULLY.

The following questions apply SINCE the submission of your last renewal application OR if this is your first renewal from the date your original certification application was filed. Have you been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes? This includes crimes that have been expunged if the crime has a direct and substantial relationship to practice as an Ohio certified community health worker.

Table with 8 rows of compliance questions (1a-8) and Yes/No checkboxes. Questions cover felonies, misdemeanors, board actions, denials, agreements, investigations, mental health, sex offenses, and substance abuse.

If you answer "Yes" to questions 1, 6, or 7, you are required to provide the Board with a written explanation of the events including the date, county, and state in which the events occurred, a certified copy of the indictment or criminal complaint, plea, or journal entry from the appropriate court(s). A copy of the court docket or case summary does not meet this requirement. If you answer "Yes" to questions 2, 3, 4, 5, or 8, you are required to provide the Board with a written explanation and certified copies of any documents (if applicable).

VERIFICATION: Sign below on the signature line.

I am a U.S. citizen or lawfully admitted into the U.S. or I am a foreign national not living in the United States. I verify that all information on this form is true and accurate. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.86 ORC, and rules adopted thereunder.

SIGNATURE _____