



**OFFICE OF COMMUNITY HEALTH WORKERS**  
5300 Homestead Rd NE Suite 100 Albuquerque, New Mexico 87110  
(505) 469-7150 • FAX: (505) 222-8675

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## **Community Health Worker (CHW) Continuing Education Unit (CEUs) Application Guidelines for Programs (Organizations/Providers)**

### **Introduction**

- The New Mexico Office of Community Health Workers offers formal community health worker continuing education approval for programs that meet specific criteria. These programs may then be used by community health workers to meet the CEU requirement for certification renewal.

### **Approval Process**

- Application for CEU approval must be made by the sponsoring program (organization/provider), not by individual participants who attend the program/event.
- Applications must be received at least four weeks prior to the event; applications received after the event date will not be reviewed or approved.
- The **application fee** (check or money order) must be paid prior to the review of the application. Fees are non-refundable. The application fee is \$300.00 for the first year and \$200.00 for subsequent years. (See 7.29.5 Certification of Community Health Workers, NM ADC 7.29.5 F. Fees (h) and (i).
- The application must be completed and signed in its entirety.
- **Submit application** with all attachments to: [Devona.Duran1@doh.nm.gov](mailto:Devona.Duran1@doh.nm.gov)
  
- **Submit the fee and a copy of the application to:**

**NM Department of Health-Public Health Division  
Office of Community Health Workers  
1190 St. Francis Drive, Suite S1109  
Santa Fe, NM 87502  
Account# XXXXXX7789**

### **Criteria for Approval**

To comply with the OCHW standards for continuing professional education, the CEU provider must have:

- a) A means of responsibility for control over all aspects of the programs to ensure that educational objectives and standards are met.
- b) A system for selection and supervision of qualified instructors.
- c) A system for evaluation of programs by participants.
- d) Presenters who are certified CHWs and have three years of working experience, or non-CHWs who hold a bachelor's degree or higher from an accredited institution and have three years of experience working with CHWs.



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### **Maintaining Attendance Records**

It is the responsibility of the provider to maintain program information as well as attendance records for all participants. Such records should be kept for a minimum of three years and be made available to participants upon request. DOH - OCHW does not require attendance sheets from approved events.

### **Evaluations**

Methods of evaluation to determine effectiveness of the continuing education training need to be an integral part of each program. There must be an initial statement of objectives for each program in order to ascertain that desired goals have been reached. Evaluations are for your records only. However, if your program is more than 3 CEUs, an evaluation review (no more than one page) must be submitted to DOH-OCHW within one month of your program.

### **Internet-Based Learning**

For internet-based learning programs, contact hours are determined on content, time to review the content, and an appropriate number of test questions that reflect whether the learning objectives have been met. Post-test on all distance learning products with a passing score of not less than 70% is required.

### **Determining the Number of Hours**

One Continuing Education Hour equals one clock hour of instruction. Breaks, lunches, introductions, and social events will not count toward CEUs.

### **Promoting DOH-OCHW CEU Approval Status and Issuing Certificates**

Workshop or conference sponsors may advertise that the event offers continuing education for CHWs only **after** approval is given by DOH-OCHW. Events may be advertised if an application has been submitted but has not yet been reviewed. Once CEU approval has been given, the following statement should be added to event materials and must be on CEU certificates, "CHW CEUs Approved by DOH-OCHW." It is the responsibility of the CEU provider to track attendance and issue certificates.

### **Advertising**

DOH-OCHW will make program information available (course name, date, CEUs approved and contact information) through the email list serve. It is not the responsibility of DOH-OCHW to advertise your event.



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## Application for Approval of Continuing Education (CEUs)

**Submit Non-refundable Fee** (payable by check or money order), and **Application** to: Office of Community Health Workers, NM Department of Health-Public Health Division, 1190 St. Francis Drive S1109, Santa Fe, NM 87502, Account: XXXXXX7789. **Submit a Copy of the Application** to: [Devona.Duran1@doh.nm.gov](mailto:Devona.Duran1@doh.nm.gov)

Please complete the application in its entirety. Attach a copy of the program schedule and agenda. This must include the instructor(s) names(s), curriculum vitae for each of the instructor(s) and total time for each event excluding breaks and lunch.

|   |                  |                       |
|---|------------------|-----------------------|
| <b>Event Name:</b>                                |                  |                       |
| <b>Number of Hours</b>                            | <b>Location:</b> | <b>Date(s):</b>       |
| <b>Contact Person:</b>                            |                  | <b>Contact Phone:</b> |
| <b>Contact Mailing Address and Email Address:</b> |                  |                       |
| <b>Program Sponsors:</b>                          |                  |                       |
| <b>Objective(s) of session(s):</b>                |                  |                       |
|   |                  |                       |
| <b>Method for certifying attendance:</b>          |                  |                       |

\*The Office of Community Health Workers reserves the right to monitor or evaluate programs which are approved. This will always be with the full knowledge of the sponsor.

### Presenter Information

|                         |               |               |
|-------------------------|---------------|---------------|
| <b>Name:</b>            |               | <b>Phone:</b> |
| <b>Mailing Address:</b> |               |               |
| <b>City</b>             | <b>State:</b> | <b>Zip</b>    |



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\*Please copy this page for additional presenters

|                                   |              |                    |                    |
|-----------------------------------|--------------|--------------------|--------------------|
| <b><i>FOR OFFICE USE ONLY</i></b> |              |                    |                    |
| <b>Reviewed By:</b>               | <b>Date:</b> | <b>___Approved</b> | <b>___Declined</b> |