



Verification Form for 500 Hours + Core Competencies

Applicant's Full Name: _____

Applicant's Start Date: _____

Employer/Volunteer Site Name: _____

Employer/Volunteer Site Phone #: _____

Employer/Volunteer Site Address: _____

Applicant's Position at Employer/Volunteer Site: _____

of hours worked/volunteered (must be at least 500): _____

Applicant has demonstrated the following competencies (applicant must possess all to qualify for State-Issued CHW/P/R Certificate):

- Communication Skills
- Interpersonal and Relationship Building Skills
- Service Coordination and Navigation Skills
- Capacity Building Skills
- Advocacy Skills
- Education and Facilitation Skills
- Individual and Community Assessment Skills
- Outreach Skills
- Professional Skills and Conduct
- Evaluation and Research Skills
- Knowledge Base in Public Health and Social Drivers of Health

Employer/Volunteer Supervisor Printed Name: _____

Employer/Volunteer Supervisor Signature: _____

Date: _____