

Community Health Worker (CHW) Training

**NEXT CLASS BEGINS
October 16, 2017!**



North Country
HEALTH CONSORTIUM

NCHCNH.org



Northern NH Community Health Worker: Program Application

Full Name: _____ Date: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Organization: _____ Phone: _____

Position/Title: _____

Do we need to make any accommodations to create an accessible learning environment for you? (for example, ASL interpretation, large print, etc.) _____

Tell us a little more about yourself...

Please check all educational levels you have completed:

- High school/GED
- Community college
- 4-year University or College
- Master's Degree
- Apprenticeship or Vocational School
- Other:

Which community or communities would you be serving in your role as a CHW?

- Colebrook Area
- Berlin/Gorham Area
- Groveton/Lancaster Area
- Whitefield/Littleton Area
- Bath/Lisbon Area
- Haverhill/Woodsville Area
- Plymouth/Bristol Area
- Other? _____

Please write two sentences or more about the main reason that you want to take this training. How do you think that becoming a trained CHW could help you achieve your personal and professional goals? (*attach additional pages as necessary*)

Community Health Worker (CHW) Training



Please write: Do you have any previous experience working as a Community Health Worker, Community Organizer, Patient Navigator, Doula, Peer Support Specialist or Peer Wellness Specialist, either as paid staff or as a volunteer? Experience in any culture or country can be included. (*attach additional pages as necessary*)

Financial

The cost for the 80-hour CHW Training Program is \$950.00 per participant. **Scholarships will be available** and awarded based on review of this application by the North Country Health Consortium planning committee.

My organization and/or I can pay \$_____ for the training.

Yes, I would like to apply for a scholarship in the amount of \$_____ .

Registration (online) or via this form and the completed scholarship section (if applicable) are due by September 20, 2017. Registrants will be contacted with class and scholarship information (if applicable) prior to the beginning of the program on October 2.

Please send Program Application and Scholarship form via mail, fax, or email to:

North Country Health Consortium
Attn. Jennifer Frenette
262 Cottage St. Suite 230
Littleton, NH 03561
Fax: 603-444-0945
Email: jfrenette@nchcnh.org
Phone: 603-259-3700 ext. 255