



Attestation of Community Health Worker Training Program Completion
Form A

Part 1-General Information-Please Print

(Applicant must complete this part and send to the community health worker training program)

Legal Name Last First Middle Maiden

Date of Birth Telephone Number Month/Day/Year

Email Address

Signature Date

Part 2-Attestation of Completion of Community Health Worker Training Program-Please Print

(Community health worker training program representative must complete this part and send directly to the Board)

Program Name

Address

City State Zip

Telephone Number of Program

This is to verify that the applicant named above has successfully completed the above named community health worker training program and is competent to provide care as a community health worker.

Completion Date (Month/Day/Year)

Name of Training Program Administrator (Print)

Title of Training Program Administrator (Print)

Telephone Number of Training Program Administrator

E-mail Address of Training Program Administrator

Signature of Training Program Administrator

Date

The Training Program Administrator may submit this completed form by email to chw@nursing.ohio.gov or by Fax to (614) 466-0388 or mail "Attention CHW" to the address above.