



## Reciprocity Application for Military Service Member, Military Veteran, and Military Spouse Community Health Worker (CHW) or CHW Instructor (CHWI) Alternative Certification or Exemption

### SECTION 1: Eligibility to use this form

Texas CHW certification conforms with the following standards and guidelines established in [Texas Health and Safety Code, Chapter 48](#), and [25 Texas Administrative Code \(TAC\), Chapter 146](#). CHWs in Texas must demonstrate skills in the eight CHW [core competencies](#) and meet the following certification requirements:

- Texas resident
  - Age 16 or older for CHW certification
  - Age 18 or older for CHW instructors
  - Training – Completion of an approved 160-hour competency-based CHW training course certified by the Texas Department of State Health Services (DSHS) within the past three years.
- Or
- Experience – At least 1000 cumulative hours of CHW services within the most recent three (3) years. Experience is verified with the supervisor noted in the application.

Military service members, military veterans, and military spouses may apply for alternative certification or certification exemption using this form if they meet the following requirements and procedures authorized by [Texas Occupations Code \(TOC\), Chapter 55](#), and 25 TAC, Subchapters F or G.

1. Active Military Service Member, Military Veteran, or Military Spouse.
2. For alternative certification authorized by [25 TAC, Section 1.91](#):
  - Hold a current certification in another state that has certification requirements substantially equivalent to the requirements of a certification in Texas, and the certification is in good standing; or
  - Held a CHW or CHW Instructor (CHWI) certification in Texas within the preceding five years.

**Note:** *An applicant requesting a license under this section must meet all requirements for obtaining the CHW, or CHWI certification, including receiving appropriate credit for training, education, and professional experience.*

3. For certification exemption authorized by [25 TAC, Section 1.81](#):
  - Hold a current certification in another state that has certification requirements substantially equivalent to the requirements of a certification in Texas, and the certification is in good standing.
  - Notifies DSHS, in writing, of the applicant's intent to practice in this state.

**Note:** *For additional details on these requirements and procedures view the TOC, Chapter 55, and 25 TAC, Subchapters F and G.*

**SECTION 2: Applicant Information**

Applicant's Name (Last, First, Middle Name):			
Date of Birth:		Street Address:	
City:		State:	
Zip Code:		County:	
Phone Number:		Email Address:	
Applicant category (Select only one)	Active Military Service Member	Military Veteran	Military Spouse
Type of certification requested (Select all that apply)	CHW	CHW Instructor	
Out-of-State Certifying Agency Name:			
Out-of-State Certifying Agency Phone:			
Out-of-State CHW or CHW Instructor certification number:			
If military spouse, name of active or veteran military spouse:			
<input type="checkbox"/>	If you are military veteran, check to confirm you been honorably discharged.		
<input type="checkbox"/>	Check if you received the CHW or CHW Instructor training in the military.		

**Submit the following documentation with your application:**

- Proof of residency in Texas. This requirement is satisfied by providing a copy of the permanent change-of-station order assigning the military service member to a military installation in Texas.
- Copy of your out-of-state CHW or CHW Instructor certification.
- Copy of the military service member or military spouse's military identification card.

**Applicant's Signature:** \_\_\_\_\_

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**SECTION 3: Out-of-State Certifying Agency ONLY**

Please complete the following and return by mail or fax.

Certifying Agency Name:		Type of Certification:	
Person Filling Form:		Certificate Number:	

Phone Number:		Issuance Date:	
Certifying Agency Email:		Expiration Date:	
City:		State:	
1. Was the applicant certified based on completion of a competency based CHW training course?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enter the number of training hours			
Date of most recent training			
2. Was the applicant certified based on cumulative experience in CHW services within the most recent three (3) years.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enter the number of cumulative experience hours			
3. Do you recommend granting recognition of out-of-state certification to this applicant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If "No" to any question, please provide supplemental information here. If needed, you may attach a separate sheet.**

**SECTION 4: DSHS ONLY**

Reviewer Name:		Review Date:	
Title:		Phone Number:	
<b>Agency Determination (Select only one):</b>			
1. Approved for alternative certification	<input type="checkbox"/>	Texas certification issue date:	
2. Approved for certification exemption	<input type="checkbox"/>	Date Recognition of Out-Of-State Certification letter was mailed:	
3. Application not approved	<input type="checkbox"/>	Reason:	