

Request for Guest Instructor Approval Form

Please email this form to chw@dshs.state.tx.us at least 7 business days before your scheduled event

Training Program of Record: _____

Name of Contact Person: _____

Phone: _____ Email _____

Date and Location of Training Event (*indicate distance learning if applicable*): _____

Name of Curriculum: _____ Year Approved: _____

Certification Course: ☐ Continuing Education Course: ☐ Both: ☐

CHW education: ☐ Instructor education: ☐ Both: ☐

Name(s) & Certification Number of Certified CHW Instructor(s) who will be available to assist and/or answer questions as needed for in-person or real-time webinars: _____

Topic(s) or Modules to be taught by Guest Instructor: _____

Amount of time guest instructor will teach (*for a certification course- maximum allowable time is 2 hours per core competency- no more than 10% of total curriculum; for CEUs- maximum allowable time is 2 hours. For a multiple-day CE event, maximum allowable time is 2 hours each day of the CE event*): _____

Name(s) of Guest Instructor(s): _____

Guest Instructor Qualifications (*must meet at least two*): Please *duplicate section if requesting approval for more than one guest instructor*.

☐ Licensure or certification in field related to training topic, including as a CHW

License or certification type and number: _____

☐ Advanced degree (Master's or doctorate) in field related to training topic

Degree and Institution: _____

☐ Publication [peer-reviewed journal] or research related to training topic

Example: _____

☐ Current work (agency/employer/supervisor) related to training topic

Describe: _____

☐ Other unique qualifications, such as a unique life experience related to training topic (example – cancer survivor).

List specifics: _____