



**Idaho State
University**

**Community and
Public Health**

**Community Health Worker Academic Certificate Program
Admission Criteria**

If you are not currently a student at ISU:	If already a student at ISU:
<p>1. ISU Application for Admission as a student is submitted online at apply.isu.edu. Apply to be admitted as a degree-seeking student and select Community Health Worker Certificate as your major. Submit your ISU application no later than December 17, 2021 to allow time for the admissions process to be completed. The Spring semester begins January 10, 2022.</p> <p>2. Submit the Community Health Worker Academic Certificate Application (below), and the required letter of intent and letter of support to dcph@isu.edu or mail to:</p> <p>Idaho State University – Department of Community and Public Health 921 S. 8th Ave. Stop 8109 Pocatello, Idaho 83209-8109</p> <p>Applicants are encouraged to submit their CHW applications by December 17, 2021 to allow time for processing. Program applications cannot be considered until the applicant has been accepted to ISU as a student.</p>	<p>1. Submit the Community Health Worker Academic Certificate Application (below), and the required letter of intent and letter of support to dcph@isu.edu or mail to:</p> <p>Idaho State University – Department of Community and Public Health 921 S. 8th Ave. Stop 8109 Pocatello, Idaho 83209-8109</p> <p>Applicants are encouraged to submit their CHW applications by December 17, 2021 to allow time for processing.</p>

Required documents:

1. Community Health Worker application (below).
2. Letter of Intent: This 1-2 page letter should describe your motive for pursuing the Community Health Worker Academic Certificate, and how obtaining this certificate will further your career goals.
3. Letter of Support: This letter could come from a clinic or community agency that you are already working with. This letter could also come from a community leader or engaged community member.



Idaho State University

Community and Public Health

**Community Health Worker Academic Certificate
Application for Admission**

PERSONAL INFORMATION: (please type or print neatly)

Name _____ Bengal ID # _____

Address _____ City _____ State _____ Zip _____ Email _____

Permanent Address (if different) _____ Phone _____

ACADEMIC Information: If you have previously taken courses at a colleges/university or through a training program, please indicate:

College/ University or training program	Year(s) Attended	Number of Credits	GPA	Certificate/Degree Awarded

Community Health Worker Experience: Are you currently engaged as a community health worker (including Promotores de Salud, Community Health Representatives, Community Health Advisors, and related titles)?
Yes No

If yes, please list applicable agency:

Agency Name	Dates of Employment/Service	Supervisor's Name (if applicable)	Supervisor's Phone #	Supervisor's Email

Agreement and signature: By submitting this information, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to the Community Health Worker Academic Certificate Program, any false statements, omissions, or other misrepresentations made by me on this form may result in my immediate dismissal.

Student Signature

Date