IDPH
Illinois Department of Public Health

YOU CARRY YOUR COMMUNITY WITH YOU

LET'S MAKE IT OFFICIAL



Statewide certification is available now for Community Health Workers (CHWs).

Share your information. Let us know that you're interested!

About You

Full Name _____ Preferred Name (if different) _____

Email Address _____ Phone Number _____

City _____ County _____

Illinois Public Health Association IPHA

Community Health Workers
Help. Guide. Thrive.

Learn more about CHW certification and next steps:

HELPGUIDETHRIVE.ORG

Your CHW Experience

Are you currently working as a Community Health Worker?

☐ Yes ☐ No ☐ Not currently, but I have in the past

Current or Most Recent Employer / Organization: _____

Job Title: _____

Length of Time Working as a CHW:

☐ Less than 1 year
☐ 1–3 years
☐ 4–6 years
☐ 7+ years

Primary Setting(s): (check all that apply)

☐ Community-based organization
☐ Health department
☐ Clinic or hospital
☐ School or youth program
☐ Faith-based organization
☐ Other: _____

Staying Informed

How would you like to receive updates about CHW certification in Illinois?

☐ Email ☐ Text ☐ Website updates only

Best email or phone number for updates: _____

Preparing for Certification

Which steps have you already taken? (check all that apply)

☐ Documented my CHW work experience
☐ Saved training certificates or records
☐ Talked with my employer about certification
☐ Signed up for CHW certification updates
☐ None yet

Which steps would you like support with?

☐ Understanding certification requirements (once available)
☐ Documenting work experience
☐ Other: _____
☐ Identifying training opportunities
☐ Talking with my employer about certification

Visit HelpGuideThrive.org for more information.

Submit this document to the anchor or ambassador listed below:

Name: _____

Email: _____

Notes or Questions

Use the space below to write any questions or notes you have about CHW certification:

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