



YOU CARRY YOUR COMMUNITY WITH YOU

LET'S MAKE IT OFFICIAL



Illinois is preparing for a statewide certification process 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



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 4-6 years
 1-3 years 7+ years

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

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

Important Reminder: There is nothing to apply for yet.

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:

