



## Community Health Aide Program Certification Board Request for Continuing Education Approval

This form is to be used for all classes that:

- Are not covered in Chapter 3. Continuing Education, *Community Health Aide Program Standards and Procedures, as amended.*

Name/Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Class Title: \_\_\_\_\_

Dates Offered: \_\_\_\_\_

Number of CE Hours Requested:  Medical \_\_\_\_\_  Emergency \_\_\_\_\_  Dental \_\_\_\_\_

Sponsor: \_\_\_\_\_

This course must meet the following Board Standards for Community Health Aide CE:

1. Class focuses on Community Health Aide skills and competencies (list them):

\_\_\_\_\_

2. Attach class objectives, brief outline, any final tests and evaluation tools.

Method of delivery: ("face to face", CD, online, etc.) \_\_\_\_\_

3. Community Health Aide will be evaluated (state how: test, return demo, other):

\_\_\_\_\_

4. Class will be evaluated (state how):

\_\_\_\_\_

5. Instructor's name, credentials and short biography.

\_\_\_\_\_

Please use additional pages or attachments as needed.

Please contact the CHAPCB office if you have any questions. Forms may be submitted by mail, fax or email.

**Alaska Native Tribal Health Consortium  
Community Health Aide Program Certification Board  
4000 Ambassador Drive, 4<sup>th</sup> Floor  
Anchorage, AK 99508**

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<b>CHAPCB USE</b>	Date Received:
Approved:	CE Committee Signature:
<input type="checkbox"/> Yes Hours Awarded:	
<input type="checkbox"/> No Pending:	Date of Action: