



COMMUNITY HEALTH WORKER PROGRAM PROGRAM AND HEALTH REQUIREMENTS

ADMISSION REQUIREMENTS:

- Completed application and essay
- Official high school transcript (not diploma)
- Valid driver license or state identification card
- Proof of personal medical/health insurance

Immunizations: Adequate documentation of the following immunizations as determined by the School of Nursing required by affiliated clinical/community sites must be provided. A printout from an electronic medical record system is acceptable

- **Tuberculosis (TB) Test Results** – Current negative test results
- **Hepatitis B** – positive titer results or record of 3 booster series
- **Varicella (Chicken Pox)** – positive titer results or record of immunization
- **Tetanus-Diphtheria (TDap)** – Booster within past 10 years or positive titer results
- **MMR (Measles, Mumps, Rubella)** – positive titer or record of immunization
- **Influenza Vaccination** – during flu season (September through April)

Ways to Submit Your Immunization Documents:

In Person: CSU School of Nursing Attn: CHW Program Director 2485 Euclid Avenue, JH 238 Cleveland, OH 44115-2214	U.S. Mail: CSU School of Nursing Attn: Health Data Records 2121 Euclid Avenue, JH 238 Cleveland, OH 44115-2214	Fax: CSU School of Nursing Attn: Health Data Records (216) 687-3556
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Other Requirements:

- **Substance Testing** – Proof of a negative 10-panel urine drug test results from **St. Vincent (form provided after admission into program)**. Call the telephone on the form to schedule an appointment and take the form and proper identification with you. Results will be sent by St. Vincent directly to the School of Nursing
- **Background Check** – Proof of clean civilian and federal criminal background check results (background check conducted at the CSU School of Nursing) which will be used for program admission and certificate to practice as a Community Health Worker (form attached). You must bring this form and proper identification with you to the CSU School of Nursing to obtain your background check.

Military Service: Applicants with military service requesting credit for equivalent skills must provide documentation of any training for consideration.

- A copy of a course syllabus for comparison is required.
- A skills performance or test may be requested to validate skills prior to granting of credit.

For Fingerprinting Use At The CSU School of Nursing Main Office ONLY:

**Monday – Friday
9:00 a.m. – 4:00 p.m.**

**Bring this form & Driver
License/State I.D. with you**

Request for a Background Check via Electronic Fingerprinting

Community Health Worker

BCI and FBI

Personal Information (please print)

Name _____ Address _____

Date of Birth _____ SSN _____ City _____

Phone# _____ State _____

Driver License Exp. Date: _____ Zip/Postal Code _____

This portion only is needed for FBI background check:

Gender Race Height Weight Hair Eyes

Community Health Worker Program
Certification

Ohio Board of Nursing

*I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to **Cleveland State University**. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.*

Signature: _____ **Date:** _____

Method of Payment:

~Grant Funded, Reference # JThoman, Associate Dean

Administrators Initials: _____

Date Results Received: _____