

Community Health Aide Basic Training Application

Application to Session # _____
Date this application updated: _____

To be completed by the field supervisor and the CHA. This application must be received by the training center at least four weeks before the start of the session. Please complete both sides of the form.

Name: _____
Last First MI CHAPCB Certificate #

Mailing address: _____
PO Box or Street City State Zip

Birth date: _____ Phone #'s: _____
Cell Home Clinic Fax

CHA email address: _____

Training levels of health care providers in clinic: _____

Employer: _____ Village: _____ Population: _____

Field Supervisor: _____ Field Supervisor Phone: _____ Field Supervisor email: _____

Field Supervisor Address: _____
PO Box or Street City State Zip

CHAP Director's name: _____

CHAP Director's phone: _____ Director's email: _____

EDUCATION:

HS graduate/GED date: _____ or Highest grade completed: _____ Post high school courses or degree: _____

TABE "9-10D" Test: Reading Grade Level: _____ Math Level: _____ If not 9-10D: specify which TABE test: _____

CHAP Medical Math Assessment completion date: _____ CHAP Medical Math Checklist attached: Yes No

EMS Training: ETT <i>or</i> EMT		ETT Exp:		EMT Exp Date:		
Pre-Session Course	Date:	Location:				
Basic Training	Month/Year Completed & Location	Pass	No Pass	CHAP CB Certified		Cert Exp Date
Session I				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Session II				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Session III				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Session IV				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Training /Classes since last session: _____

Other Work Experience: _____

LANGUAGE:

What Native language is spoken in your village? _____ Do you speak this? Yes No

COVID-19 DLN TRAINING: Date of Completed: _____

eCHAM TRAINING: Applicant has completed eCHAM Training Yes No Date of Training _____

Applicant has completed the eCHAM Core Competencies Checklist. Yes No Date of Completion _____

