

## ENDORESMENT APPLICATION

1. Applicant Name:

\_\_\_\_\_

Last                                      First                                      Middle

2. Address: \_\_\_\_\_

No.                                      Street                                      Apt. #

\_\_\_\_\_

City                                      State                                      Zip Code

3. E-mail: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_

5. Educational Background

a. High School/GED \_\_\_\_\_

b. Location: \_\_\_\_\_ Year \_\_\_\_\_

c. Other Education/ College, Certificates,  
\_\_\_\_\_

6. I have at a minimum five years of Professional Experience working as a Community Health Worker:

Number of Years \_\_\_\_\_

Places and Years of Employment

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

7. List of Supervisors: Applicants, Please list the names of the supervisors who are submitting Supervision Verification Forms on your behalf as part of this application process

Supervisor #1: \_\_\_\_\_

Supervisor #2: \_\_\_\_\_

Supervisor #3: \_\_\_\_\_

8. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose a certificate of standing from each state or jurisdiction outside Minnesota in which you have been licensed/certified, indicating the status of your license.

9. **Complete the following Essay Question:** Please describe the populations you have served and your role as a Community Health Worker. Include specific details about your work experience, i.e. health education, care coordination, outreach, etc... (500 words or less, limited to one typed page).

**ANSWER THE FOLLOWING QUESTIONS:** (Attach additional sheets if necessary.)

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction                      Yes      No
- a. If yes, give details on an attached sheet, including the name of the profession and the agency.
11. Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation?    Yes    No
- a. If yes, please attach a sheet providing details about the crime, including date of conviction, penalty and court documents (please do not give details on minor traffic convictions)

**AFFIDAVIT OF APPLICANT**

**By signing below, I certify that all information provided on this application is true and correct to the best of my knowledge. I certify that I personally completed this application and understand that I may be asked to verify the above information at any time. I understand that the failure to provide accurate information may be grounds for denial of my application for processing or certification**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_

Notary Signature \_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Seal

**Applicants must provide the following:**

- Completed Endorsement Application
- Supervision Verification Form
- Appropriate Fees

**Mail completed packet to:**

**HEIP MSU  
1702 Highland Center  
Mankato, MN 56001**