COMMUNITY HEALTH WORKER (CHW)
COMMUNITY HEALTH WORKER INSTRUCTOR
TRAINING REGISTRATION

Name: _____ **Date of Birth:** _____

Home Address:_____

_____

Home Phone: _____ **Other Phone:** _____

Email: _____

AHEC Training Center: _____

Highest Education Level: _____ **High School Diploma/Equivalent** _____ **College/University**

_____ **Technical/Vocational**

Applying For: _____ **CHW** _____ **CHW Instructor**

Primary Language: _____

Other Fluent Languages: _____

Volunteer work: _____

Special skills:_____

Current Employer:_____**Position:**_____

Employer Address:_____

Send All Registration Forms and Payments to:

Coastal AHEC
PO Box 2
La Marque, TX 77568
409-933-3107 (fax) or cellison@cahectx.org