



**COMMUNITY HEALTH WORKER (CHW) and
COMMUNITY HEALTH WORKER INSTRUCTOR (CHWI)
TRAINING REGISTRATION**

Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Other Phone: _____

Email: _____

AHEC Training Center: ___ Texas AHEC East Coastal Region, La Marque, TX _____

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

Applying For: _____ CHW (\$800.00) _____ CHW Instructor (\$1,500.00)

Primary Language: _____

Other Fluent Languages: _____

Volunteer work: _____

Special skills: _____

Current Employer: _____ Position: _____

Employer Address: _____

Payment arrangements can be made through Isaac Mancillas at 409-933-0021.

Make checks and money orders payable to: Coastal AHEC, Inc.

Send all registration forms, payments, and correspondence to:

Isaac Mancillas, Office Manager

Coastal AHEC

PO Box 2

La Marque, TX 77568

409-933-0021

409-933-3107 (fax)

isaac.mancillas@txaheceast.org