



**COMMUNITY HEALTH WORKER
COMMUNITY HEALTH WORKER INSTRUCTOR
Continuing Education Units (CEU) Application**

Course Title: _____ **Course Date:** _____

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

Employer: _____ **CHW Certification #** _____

Address: _____

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

Email: _____

Demographic Information (for study purposes):

Gender: _____ **Male** _____ **Female**

Age: _____ **< 18** _____ **18-29** _____ **30-39** _____ **40-49** _____ **50-60** _____ **> 60**

Race/Ethnicity (check all that apply):

_____ **African American / Black**
_____ **American Indian / Alaskan Native**
_____ **Native Hawaiian / Pacific Islander**

_____ **Hispanic/ Latino:**
_____ **Central American**
_____ **Cuban**
_____ **Mexican**
_____ **Puerto Rican**
_____ **South American**
_____ **Other**

_____ **White, disadvantaged**
_____ **White, non-disadvantaged**

_____ **Asian:**
_____ **Asian Indian**
_____ **Chinese**
_____ **Filipino**
_____ **Japanese**
_____ **Korean**
_____ **Other**

MAKE ALL CHECKS PAYABLE TO COASTAL AHEC, INC.

Please remit this form and payment to :
Texas AHEC East Coastal Region
CEU Registration
PO Box 2
La Marque, Texas 77568

*For more information or questions contact:
Crystal Ellison
Community Health Worker Program Coordinator
(409) 933-0021
cellison@cahectx.org*