University of Wyoming | College of Health Sciences Community Health Worker Program

**Community Health Worker Training Program Application**

*Please email the completed application to CHW@UWyo.edu*

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|---|---|
| **Name** | |
| **Mailing Address** | |
| **County of Residence** | |
| **Email Address** | |
| **Phone Number** | |
| **Employer (if applicable)** | |
| **Educational Background** *A high school diploma or GED is required. Proof of completion will be required if accepted into the program.* | ☐ High School/GED ☐ Associate's Degree ☐ Bachelor's Degree ☐ Graduate/Professional Degree |

| **Please tell us why you are interested in participating in the Community Health Worker Training Program (250 words maximum)** |
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*If accepted into the program, additional background information will be needed for the purposes of reporting to our funder.*