

Certified Wellness Coach Certification Walkthrough

June 2025

Certification Requirements – Education Pathway

	Wellness Coach I	Wellness Coach II
Intended for	<ul style="list-style-type: none">Individuals interested in entering the behavioral health field	
Degree Required	<ul style="list-style-type: none">Associates degree	<ul style="list-style-type: none">Bachelor's degree
Majors Accepted	<ul style="list-style-type: none">Social WorkHuman ServicesAddiction StudiesPsychology	<ul style="list-style-type: none">Social WorkHuman ServicesAddiction StudiesPsychology
Field Experience Needed ¹	<ul style="list-style-type: none">400 hours total (150 hour minimum) <p>Experience must be providing direct pre-clinical behavioral health services to clients in school-linked/school-based organizations, non-profits, community organizations, and/or health centers/clinics within the last six years.</p>	<ul style="list-style-type: none">800 hours total (300 hour minimum)²

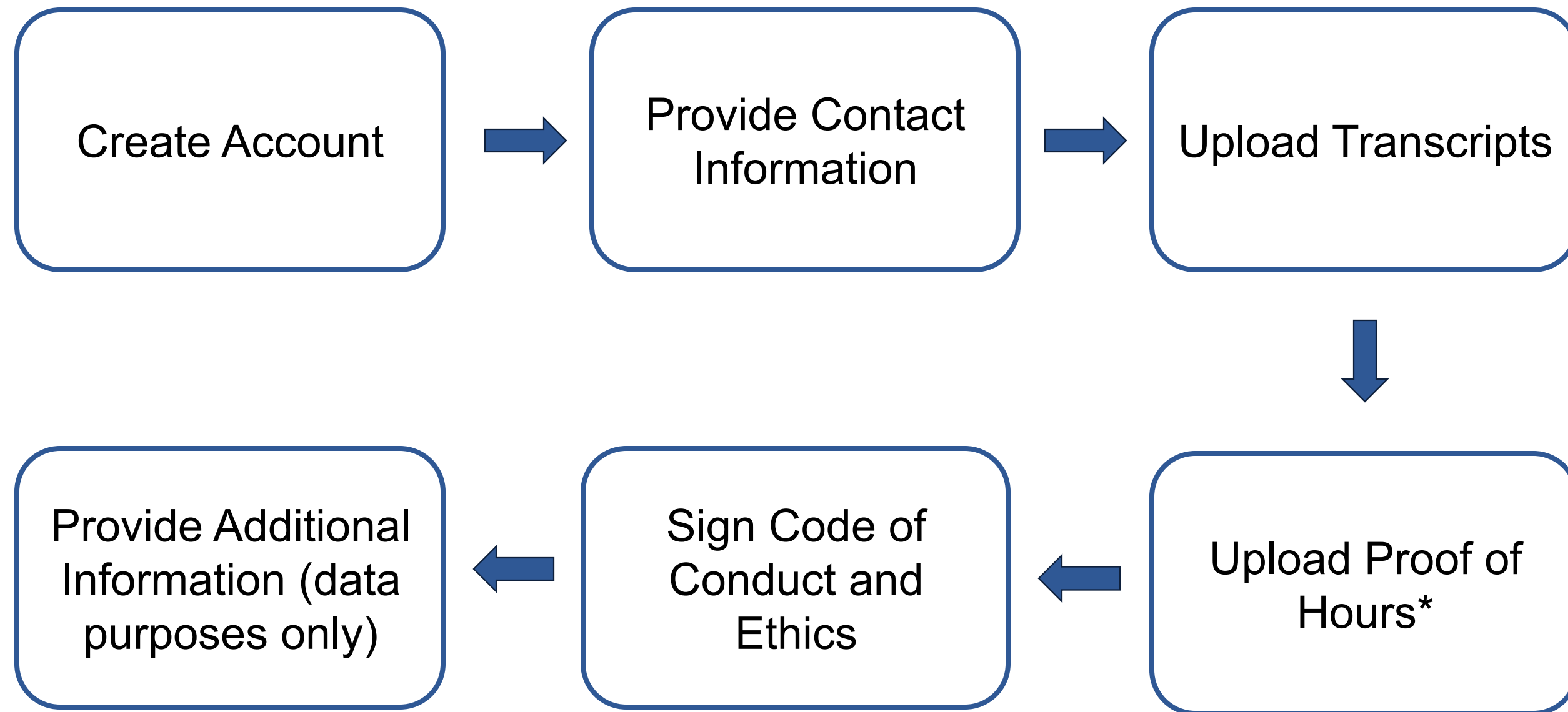
1. Any hours not completed during the degree program can be completed post-graduation via relevant internship, volunteer, or work experience. 2. Hours from Wellness Coach I certification apply towards total.

Certification Requirements – Workforce Pathway

	Wellness Coach I	Wellness Coach II
Intended for	<ul style="list-style-type: none">Professionals who are currently part of the behavioral health workforce	
Degree Required	<ul style="list-style-type: none">Associates degree	<ul style="list-style-type: none">Bachelor’s degree
Majors Accepted	<ul style="list-style-type: none">Any degree	<ul style="list-style-type: none">Any degree
Field Experience Needed ¹	<ul style="list-style-type: none">1,350 hours <p>Experience must be providing direct pre-clinical behavioral health services to children and youth through age 25 in school-linked/school-based organizations, non-profits, community organizations, and/or health centers/ clinics within the last six years.</p>	<ul style="list-style-type: none">2,700 hours²

1. Experience can be achieved from any combination of relevant hours from an individual's degree program, volunteer hours, and/or on-the-job hours, inclusive of previous experience earned within 6 years of certification. 2. Hours from Wellness Coach I certification apply towards total.

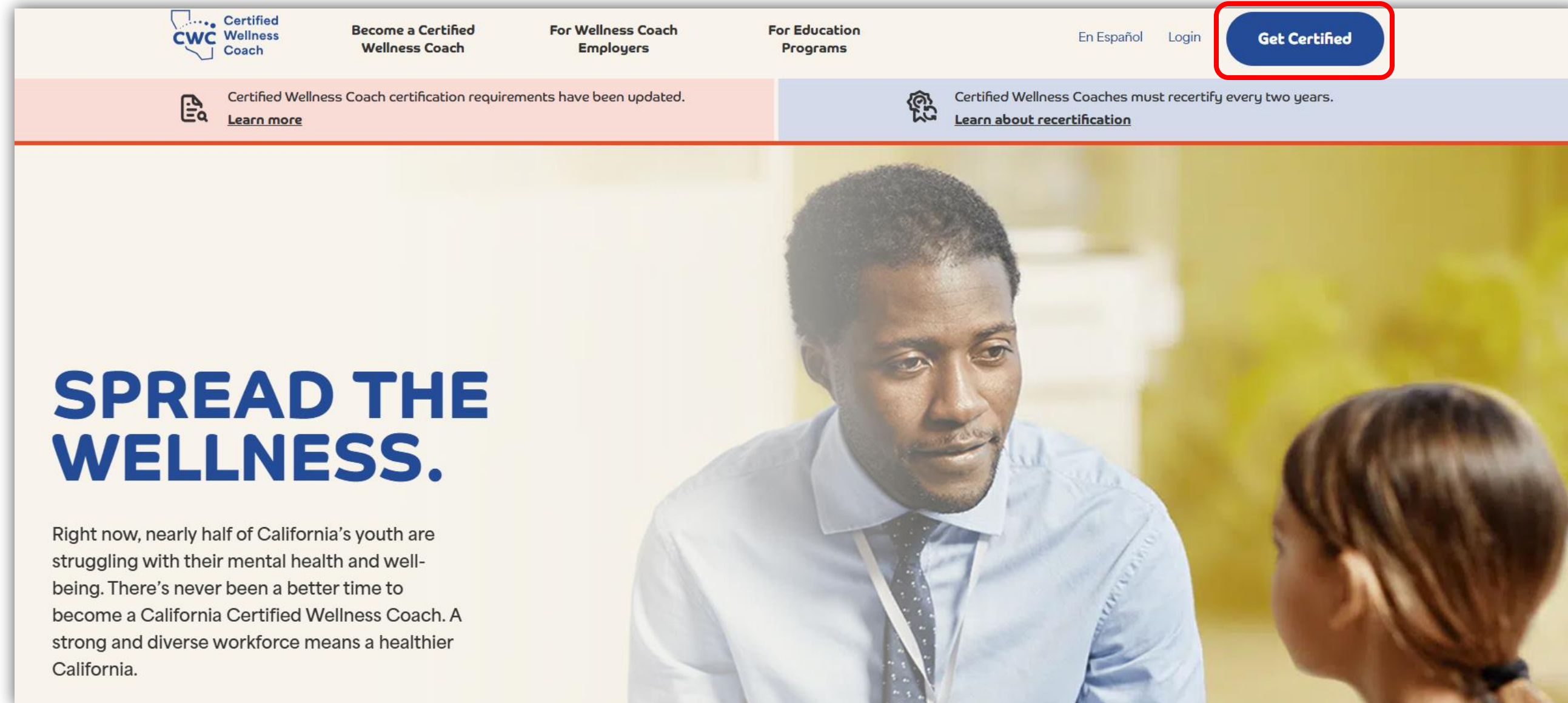
Certification Process - Overview



*Additional resources can be found linked at the end of this presentation

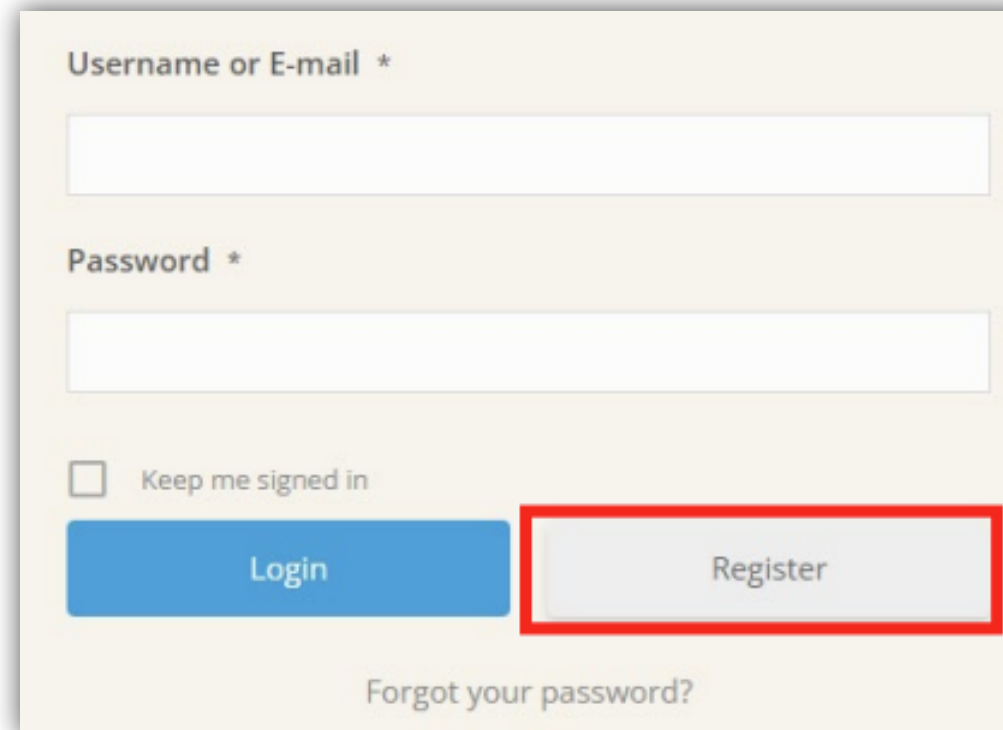
Getting Certified: Access Portal

1. Go to <https://cawellnesscoach.org>
2. Click “Get Certified” button



Getting Certified: Creating Account

1. Click on "**Register**" on the site, complete the required details, and click "**Register**" again.
2. Check your email (including Spam folder) for a confirmation message and click the "Activate Your Account" button to confirm your account.
3. Log in to the site using the same credentials.
4. Once logged in, you can start your application.

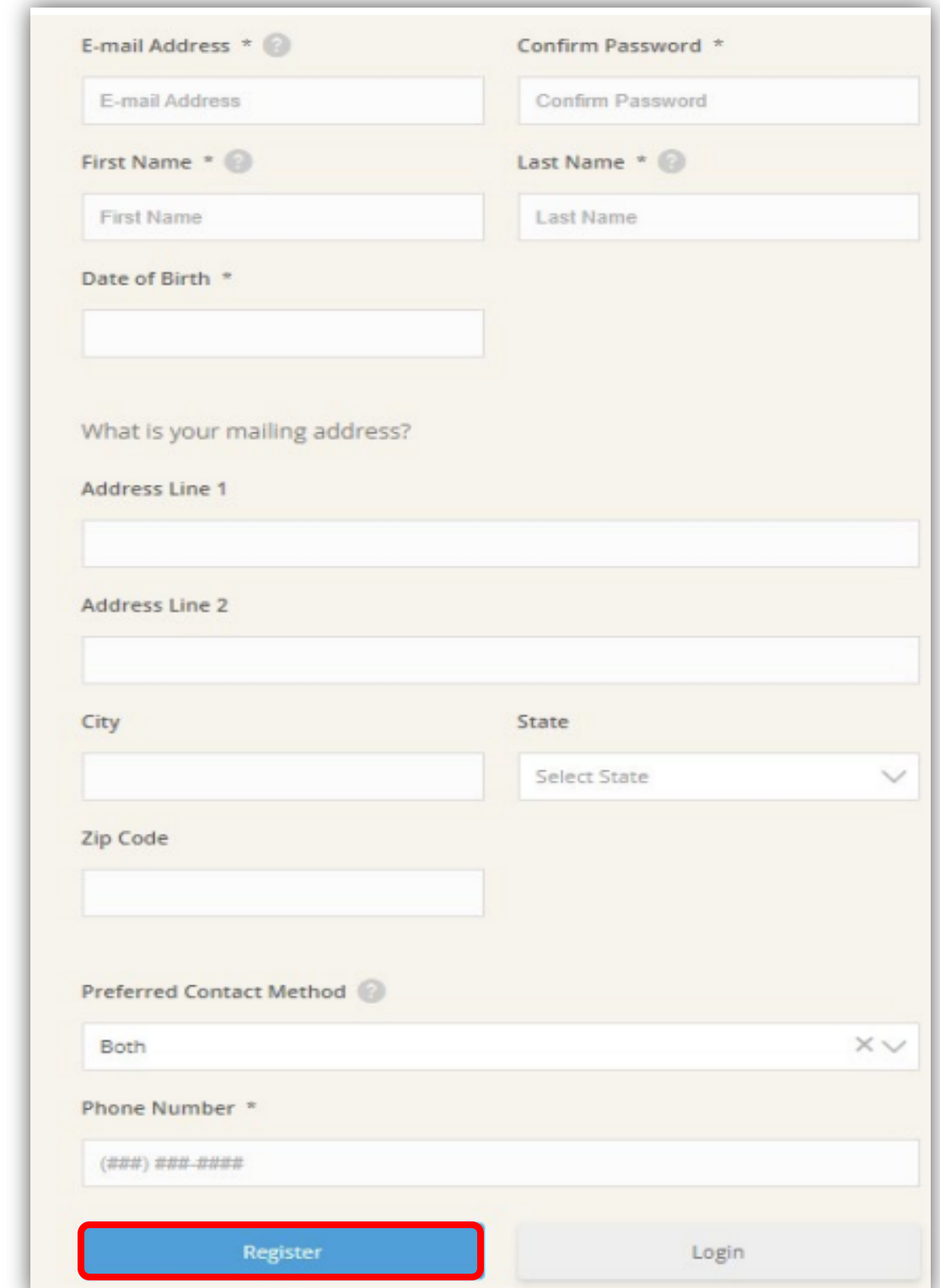


Username or E-mail *

Password *

☐ Keep me signed in

[Forgot your password?](#)



E-mail Address * Confirm Password *

First Name * Last Name *

Date of Birth *

What is your mailing address?

Address Line 1

Address Line 2

City State

Zip Code

Preferred Contact Method

Phone Number *

Getting Certified: Contact Information

1. On the Contact Information tab, enter your legal first and last name.

Contact Information

Education & Experience

Proof of Education & Experience

HCAI Code of Ethics

Additional Information

Complete Application Submission

Application Requirements

We highly recommend you review the [eligibility requirements](#) before beginning this application. In addition, click the Application Checklist link below to see which documents you'll need to complete the application. Additional instructions will be provided within the application as well. If you have any questions on qualifications, please call us at 503-210-1334 or email us at certify@cawellnesscoach.org.

- [Application Checklist for Wellness Coach Certification](#)

Any fields marked with a red asterisk are required.

First Name *

Jane

Please use your legal first name as it appears on your official ID.

Middle Name

Please use your legal middle name as it appears on your official ID.

Last Name *

Doe

Please use your legal last name as it appears on your official ID.

Getting Certified: Contact Information

1. Additionally, upload a valid photo ID (front and back),
2. Click "**Next**" at the bottom of the page.


Please upload a clear and legible photograph (front and back) of your federally recognized identification. Suggested IDs include :

- Driver's licenses or other state photo identity cards issued by Department of Motor Vehicles (or equivalent)
- State-issued Enhanced Driver's License
- U.S. passport
- U.S. passport card
- DHS trusted traveler cards (Global Entry, NEXUS, SENTRI, FAST)
- U.S. Department of Defense ID, including IDs issued to dependents
- Permanent resident card
- Border crossing card
- An acceptable photo ID issued by a federally recognized Tribal Nation/Indian Tribe
- HSPD-12 PIV card
- Foreign government-issued passport
- Canadian provincial driver's license or Indian and Northern Affairs Canada card
- Transportation worker identification credential
- U.S. Citizenship and Immigration Services Employment Authorization Card (I-766)
- U.S. Merchant Mariner Credential
- Veteran Health Identification Card (VHIC)

If you don't have one of the IDs listed above, please upload a clear and legible photograph (front and back) of an alternate ID. Examples of potential IDs may include :

- Student ID
- Employee ID with photo
- Voter registration card
- Tribal ID card that may not be federally recognized
- Health insurance card with photo
- Library card with photo
- Notary ID

ID Images Upload


Click or drag files to this area to upload.
You can upload up to 2 files.

Please upload a picture of the front and back of your identification. If your ID does not have a back, please upload the same image used for the front image.

HCAi only sends emails that are critical to the application and certification process. By selecting the "Save" button below you are opting in to these emails.
HCAi ensures the protection of your privacy and does not sell, solicit, or distribute your information to any outside vendors.

[Next](#) [Save and Resume Later](#)

Getting Certified: Education

1. On the Education & Experience tab, enter the High School or GED information.
2. Select highest level of education from the drop-down menu and confirm details.
3. Confirm if you received your degree from a program in California.
4. Click **"Next."**

Contact Information **Education & Experience** Proof of Education & Experience HCAI Code of Ethics Additional Information Complete Application Submission

High School or GED *

Please enter the name of your high school, or "GED" if you received a GED.

Year of Graduation or GED *

Please type the full year you received your diploma or GED.

City *

Enter the city where you received your diploma or GED.

State *

Select the state where you received your diploma or GED. If you received your diploma or GED outside the United States, select "Outside the United States".

Please select your highest level of education: *

Only associate and college degree graduates are eligible to apply to be a Wellness Coach at this time.

Is your degree from a California Community College, California State University (CSU) or University of California (UC)? *
☐ Yes
☐ No

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Please select your highest level of education: *

Select your highest level of education:

- AA Degree in Social Work, Human Services, or Addiction Studies
- AA Degree in Child Development/Early Intervention, Psychology, or Sociology
- BA/BS Degree in Social Work, Human Services, or Addiction Studies
- BA/BS Degree in Child Development/Early Intervention, Psychology, or Sociology
- Graduate Degree in Social Work, Human Services, Addiction Studies, or Counseling
- Graduate Degree in Child Development/Early Intervention, Psychology, or Sociology
- Other

Getting Certified: Proof of Education

1. On the Proof of Education & Experience tab, upload a copy of your **College Transcripts** stating the major and conferred date.

Contact Information

Education & Experience

Proof of Education & Experience

HCAI Code of Ethics

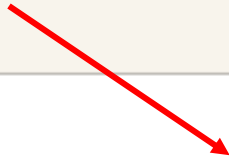
Additional Information


Complete Application Submission

PROOF OF EDUCATION

College Transcript Upload*

Please submit a copy of your college transcript, official or unofficial. This can be a PDF or other electronic copy or a picture of the transcript. You can likely view your unofficial transcript on your college's website, or request it from the registrar's office.





Click or drag files to this area to upload.
You can upload up to 5 files.

Getting Certified: Proof of Experience

1. Applicant downloads and fills out the ***Field/Work Experience Hours Verification Table*** to record relevant hours. Reference this table when completing the Supervisor Verification section that follows.

PROOF OF EXPERIENCE

Field/Work Experience

In the sections below, you will be asked to validate your field/work experience. Please review all the steps for this section.

1. [Check your eligibility requirements here](#) to confirm which level you are applying for.
2. Download the [Field/Work Experience Hours Verification Table](#) to record relevant hours from each organization/agency/institution where you've worked.
3. Reference this table when completing the Supervisor Verification section.



Field/Work Experience Verification Table

Applicant's Full Name:

Your Name

Agency/ Organization/ Institution	Supervisor Name	Supervisor Email	Start Date (Month, Year)	Position Held	Hours Claimed
Total Hours:					

(Forms linked in a later slide)

Getting Certified: Proof of Experience

1. Applicants must download and send **Supervisor Verification Forms** to their instructors and/or employers to validate the hours they listed in the previous table (see next slide for visual).
2. Once completed form received, upload into the portal.
3. Click "**Next.**"

Supervisor Verification

In this section you will need verification of your experience from your supervisor(s). Please review all the steps for this section.

1. [Check eligibility requirements here](#) to confirm which level you are applying for.
2. Click the links to download the appropriate Supervisor Verification Form(s) required from your instructor(s) and/or employer(s) based on your level:
[Click here to download the forms if you are applying for CWC I.](#)
[Click here to download the forms if you are applying for CWC II.](#)
3. Email a blank form to each of your instructor(s) and/or employer(s) that you listed in the previous Field/Work Experience section.
4. Once you have received all completed form(s) from your supervisor(s), upload them below.

Verification Forms Upload

Click or drag files to this area to upload.
You can upload up to 5 files.

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Save and Resume Later

Getting Certified: Proof of Experience

- 1. Supervisors will attest to the applicant’s hours and confirm their competencies and skills.
- 2. Applicants must have all competencies and skills for their hours to apply to the field experience minimum requirements.



Certified Wellness Coach II

Verification Statement: Instructor

Date:

MM / DD / YYYY

To whom it may concern:

My name is

Your Name

and I verify that , for whom I was the

Applicant Name

instructor for , at

Course

, meets the competencies and skills to qualify as a

Institution

Certified Wellness Coach II.

During my time teaching and overseeing

Applicant Name

I can attest that this is an individual who meets **all** the following competencies:

☐

The importance of cultural responsiveness, humility, and mitigating implicit bias to effectively engage with diverse clients and constituencies.


☐

Understanding of professionalism, ethics, and legal mandates and how those qualities will be employed to inform their coaching.

☐

The importance of communication skills to engage with their clients with an emphasis on empathy, self-reflection, and interpersonal skills.

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The applicant has demonstrated the following skills: (The applicant must possess **all** to qualify for the State-Issued Wellness Coach I Certificate)

☐

Wellness Education and Promotion Skills: The ability to deliver group or classroom programming that addresses various aspects of wellness, such as building positive relationships, bullying prevention, nutrition, and exercise in relation to behavioral health; the ability to teach about mental health literacy, such as understanding symptoms, strategies for seeking help, and how to offer support; the ability to teach life skills, such as stress management, time management, and problem-solving; the ability to deliver programming focused on coping skills, such as behavior activation, overcoming maladaptive thinking patterns, distraction strategies, and emotional regulation.

☐

Universal Screening Skills: The ability to support youth during behavioral health screenings by clinical professionals, such as answering questions and assisting in handing off screenings to behavioral health professionals; the ability to coordinate and assist with universal screening programs in schools or community-based organizations, following SAMHSA guidelines, under the direction of qualified professionals.

☐

Care Coordination and Navigation Skills: The ability to connect individuals to both internal and external behavioral health resources, such as local, regional, or national organizations, school resources, outpatient providers, and crisis response resources; the ability to communicate with other professionals to ensure cohesive support and care; the ability to offer behavioral health-related administrative activities.

☐

Crisis Referral Skills: The ability to identify potential risks and appropriately refer to clinical professionals; the ability to provide emotional support and warm handoffs with the behavioral health providers for youth awaiting crisis services.

☐

Individual Support: The ability to conduct brief check-ins and scheduled meetings that focus on offering emotional support, following manualized curriculum designed to enhance wellness such as wellness education, nutrition, exercise, goal setting and planning for improving lifestyle, and life skills; the ability to support individuals with behavior activation, overcoming maladaptive thinking patterns, distraction strategies, and emotional regulation.

☐

Group Support: The ability to deliver programming to small groups that focus on enhancing wellness and life skills, such as social-emotional skills, stress management, time management, organization, and problem-solving; the ability to deliver small group programming to enhance awareness of the most common behavioral health conditions to enhance understanding, reduce stigma, and foster a more informed and empathetic community.

☐

Evidence-Based Documentation Skills: The ability to record information systematically and objectively, relying on credible evidence to support the documentation.

I certify that this individual has done approximately hours under my supervision

Hours

and am confident in their skills and competencies to provide prevention and early intervention behavioral health services to children and youth.

Title

Email

Electronic Signature

page 02 of 02

(Forms linked in a later slide)

Getting Certified: Code of Conduct And Ethics

1. Applicant reviews and initials next to each ethical value and principle.

Contact Information

Education & Experience

Proof of Education & Experience

HCAI Code of Ethics

Additional Information

Complete Application Submission

WELLNESS COACH CODE OF CONDUCT AND ETHICS

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION (HCAI)

Purpose

Certified Wellness Coaches services are non-clinical services that support the behavioral health and well-being of children and youth, including wellness promotion and education, screening, care coordination, individual and group support, and crisis referral.

This Code of Conduct and Ethics document promotes a framework to those who are providing, receiving, and supervising services from a Certified Wellness Coach. The values and ethics described here formalize and advance Wellness Coach services in California's behavioral health system of care. For the purpose of this document, "Wellness Coach" refers to Certified Wellness Coaches.¹

Employers are encouraged to consider this Code when creating Wellness Coach programs. The Code of Conduct and Ethics is based upon commonly understood principles that apply to all professionals within the health and social service fields (e.g., promotion of social justice, positive health, and dignity). The Code, however, does not address all ethical issues facing Wellness Coaches and the absence of a rule does not imply that there is no ethical obligation present. As professionals, Wellness Coaches are encouraged to reflect on the ethical obligations that they have to the children, youth, and families served, and to share these reflections with others.²

1. Adapted from the DHCS "MEDICAL CODE OF ETHICS FOR PEER SUPPORT SPECIALISTS IN CALIFORNIA"

2. Adapted from the "Community Health Worker Code of Ethics Toolkit" designed by the Harrison Institute for Public Law

Ethical Values and Principles

Social Justice

- I will engage in practices that advance social, economic, and environmental justice.
- I will recognize and understand the complexity of cultural diversity.
- I will continuously stand against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.
- I will not discriminate against any person or group on the basis of race, ethnicity, gender, sexual orientation, age, religion, social status, disability, or immigration status.

Sign your initials here if you agree with the Social Justice statement above. *

Empathy and Humility

- I will engage clients as experts of their own experiences with an emphasis on cultural humility and responsiveness.
- I will use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.
- I will apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.

Sign your initials here if you agree with the Empathy and Humility statement above. *

Professionalism and Integrity

I will demonstrate a professional and approachable demeanor in behavior, appearance, and oral, written, and electronic communication to guide professional judgment and behavior.

I will maintain the integrity for clear and strength-based documentation practices.

I will respect the dignity, and worth of all people and have an ethical obligation to report any inappropriate behavior (e.g., racism, racial discrimination, etc.) to the proper authority.

I will maintain the confidentiality, privacy, and trust of individuals, families, and communities that I serve.

I will adhere to employer policies, as well as state and federal confidentiality laws, that are relevant to my practice.

Sign your initials here if you agree with the Professionalism and Integrity statement above. *

Scope of Ability and Training

I will only provide services within the boundaries of my education, training, certification, supervised experience, or other relevant professional experience.

I will acknowledge my qualifications, competencies, and limitations on the services that may be provided.

I will not provide services or competencies to individuals, families, communities, or employers if I am not qualified.

I will refer client issues outside of my scope of practice and refer clients to the appropriate health, behavioral, or social services when necessary.

I will maintain and update my professional knowledge and competencies through continued education and training.

Sign your initials here if you agree with the Scope of Ability and Training statement above. *

Getting Certified: Code of Conduct And Ethics

1. Applicant signs their application and clicks “Next.”

- I will report actual or potential harm to others within the communities I serve to the appropriate authorities.
- I will follow legal regulations set forth by the state and/or my employing organization.
- I understand that my responsibility is to uphold specific legal obligations and the well-being of the larger society may supersede the loyalty owed to individual community members.

Sign your initials here if you agree with the Legal Obligations statement above. *

Please sign and date your application.

E-Signature *

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Save and Resume Later

Getting Certified: Additional Information

- 1. Applicant completes additional information questions (for data purposes only)
- 2. Once completed, click “Next” to continue.

Contact InformationEducation & ExperienceProof of Education & ExperienceHCAI Code of EthicsAdditional InformationComplete Application Submission

Opening Statement & Disclosure

California is committed to equitable access to healthcare for all. Your responses to this additional information section help HCAI understand whether we are meeting the goal of developing a workforce that reflects California’s children and youth. This section of the application should take no more than 5 minutes and (by California law) the data will be confidential. This data will not be used during the application review process and will not impact your chances of success.

Are you Hispanic, Latino/a, or of Spanish origin? Select all that apply.

☐ No☐ Yes; Mexican, Mexican-American, Chicano/a☐ Yes; Puerto Rican☐ Yes; Cuban☐ Yes; Central American☐ Yes; South American☐ Yes; Other Hispanic, Latino/a or Spanish origin☐ Decline to State

With which race do you identify?

Please select an option or "Decline to State"

What is your highest level of education?

Please select an option or "Decline to State"

Where did you complete the degree that qualified you for this profession?

Please select an option or "Decline to State"

Are you currently functioning in a role similar to a Wellness Coach or is this a new career path for you?

Please select an option or "Decline to State"

What sex were you assigned at birth, on your birth certificate?

Please select an option or "Decline to State"

How do you currently describe your gender identity?

Please select an option or "Decline to State"

How would you currently describe your sexual orientation?

Please select an option or "Decline to State"

What is your disability status?

Please select an option or "Decline to State"

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PreviousNextSave and Resume Later

CYBHI

Children and Youth
Behavioral Health Initiative

HCAI

Department of Health Care
Access and Information

Getting Certified: Submission

1. Once the applicant agrees to the statements on the final page, Click “**Submit**” to complete the application process.
2. Certification team will review application and follow up via email within 5 – 7 business days.

Contact Information

Education & Experience

Proof of Education & Experience

HCAI Code of Ethics

Additional Information

Complete Application Submission

I declare under penalty of perjury under the laws of the state of California that the information provided and all copies of documents are true and correct. *

☐ Yes ←

I understand that the certificate provided under the Certified Wellness Coach program does not supplant any state or federal requirement for background or identity checks to work with specific populations. *

☐ Yes ←

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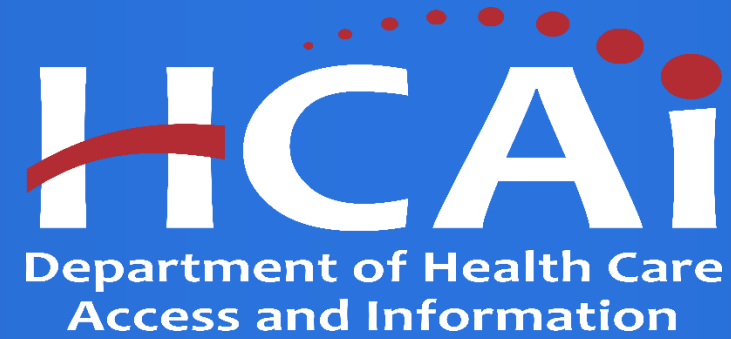
Submit

 Save and Resume Later

Application Checklist

Before applying, applicants will need to have the following items ready (reference [Application Checklist](#) for more details):

- Electronic picture of their photo ID (front and back)
- Name of high school and year they graduated
- Electronic version of transcripts (unofficial transcripts acceptable)
- Hour verification forms (completed and signed)
 - [Field/Work Experience Hours Verification Table](#) (resource to help record and track hours)
 - [CWC I Supervisor Verification Form](#)
 - [CWC II Supervisor Verification Form](#)
- Read and be prepared to accept the [Certified Wellness Coach Code of Conduct and Ethics](#).



Thank you!

For further questions regarding the certification process, please contact:
certify@cawellnesscoach.org

For general questions, please contact: WellnessCoach@hcai.ca.gov

Interested in subscribing to our mailing list?
Please visit: <https://hcai.ca.gov/mailling-list/>

Visit our [HCAI website](#) / [Wellness Coach website](#)