



# EXPERIENCE VERIFICATION FORM

## Master Certified Health Education Specialist Exam

### INFORMATION ABOUT APPLICANT

**Applicant Name** \_\_\_\_\_  
*First/Given* *MI* *Last*

**CHES ID # (if applicable)** \_\_\_\_\_ **Previous last name (if applicable)** \_\_\_\_\_

#### To the Verifier:

The applicant named above is applying to the National Commission for Health Education Credentialing, Inc. (NCHEC), for qualification as a Master Certified Health Education Specialist (MCHES). Your verification of the applicant's nature and extent of health education specialist practice provides very important information for NCHEC reviewers in determining if the applicant is eligible to sit for the MCHES exam.

### Verifier Information

**Name:** \_\_\_\_\_  
*First/Given* *Last* *Suffix*

**Company:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Number & Street* *Apartment/Suite #*

\_\_\_\_\_ *City/Town* *State* *Zip/Postal Code*

**Day Phone:** (\_\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### BASIS FOR COMMENTS

Period during which you have had personal knowledge of applicant's of practice as a health education specialist

**From (MM/YY):** \_\_\_\_\_ **To (MM/YY):** \_\_\_\_\_

#### Company/Organization which serves as the basis for your assessment:

#### Nature of your relationship with applicant:

- Supervisor/manager
- Past supervisor/manager
- Fellow Co-worker within same organization
- Colleague from another organization
- Leader in health education professional organization
- Other \_\_\_\_\_

- I attest the applicant has been practicing health education for at least five years.
- I attest that there is no conflict of interest in completing this Verification Form for this individual.

**STATEMENT OF VERIFICATION**

*I am professionally acquainted with the applicant named on this form and attest there is no conflict of interest in completing this verification form for this individual. To the best of my knowledge and belief, the applicant has demonstrated competent health education specialist skills as outlined in the Seven Areas of Responsibility: Assess needs, assets and capacity for health education; Plan health education; Implement health education; Conduct evaluation and research related to health education; Administer and manage health education; Serve as a health education resource person; Communicate and advocate for health and health education. Without reservations, I endorse the applicant to become a Master Certified Health Education Specialist (MCHES).*

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**Verifiers Name**

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**Verifiers Signature**

**Date**