



MULTIPLE EVENT PROVIDER (MEP) APPLICATION INSTRUCTIONS

Credentialing Excellence in Health Education

Overview

The mission of the National Commission for Health Education Credentialing, Inc. (NCHEC) is to enhance the professional practice of Health Education by promoting and sustaining a credentialed body of Health Education Specialists. To meet this mission, NCHEC certifies health education specialists, promotes professional development, and strengthens professional preparation and practice.

A critical factor in the establishment of an effective professional development program is the designation of agencies/organizations that can provide quality continuing education events. Continuing education for health education specialists is defined as educational experiences that assist in the development or enhancement of knowledge and skills related to the Areas of Responsibility and associated Competencies identified in “A Competency-Based Framework for Health Education Specialists – 2010” as follows: (See Appendix A for related Competencies and advanced-level Sub-competencies)

- I. Assess Needs, Assets and Capacity for Health Education
- II. Plan Health Education
- III. Implement Health Education
- IV. Conduct Evaluation and Research Related to Health Education
- V. Administer and Manage Health Education
- VI. Serve as a Health Education Resource Person
- VII. Communicate and Advocate for Health and Health Education

Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES) must earn a total of 75 Continuing Education Contact Hours (CECH) every five years in order to be recertified. At least 45 of these CECH must come from offerings by NCHEC preapproved designated providers (Category I); the remaining 30 CECH may come from other providers (Category II). CHES/MCHES may choose to earn all 75 CECH in Category I. MCHES are required to earn 30 CECH that are directly related to the advanced-level Sub-competencies from Category I and/or II for each certification cycle.

Types of Events

Learning experiences that may be offered include, but are not limited to:

Live events: learning experiences that require physical attendance at a specified time

- Conferences/Seminars/Workshops
- College/University Courses
- Teleconferences/Web-based broadcasts

Live events may be offered in the following time frames:

- in one day with a minimum of one contact hour
- over two or more consecutive days
- several times (identical event at multiple sites) during a one year period
- in a series, provided the event meets the following criteria:
 - 1.) the series has a central theme tying the hours together
 - 2.) the entire series must be completed within one year

Directed self-study: learning experiences in which learners can participate without regard to time or location. An offering must consist of a learning module and an assessment (test, quiz) to be submitted to the provider for scoring and credit.

- Peer-reviewed journal-based articles
- Published educational/informational materials
- Pre-packaged learning units
- Audio or videotaped educational events
- Computer-based learning opportunities

Organization Eligibility

Multiple Event Provider (MEP) designation may be requested by an organization at the international, national, state or local level that has been operational as a legal entity and active in the provision of continuing education for at least one year. The criteria for designation as a MEP focus on the organization's commitment to and management of continuing education programs in health education.

Application Procedure for all Multiple Event Providers

All applicants must demonstrate:

- evidence of an organizational mission statement or other written policy that clearly defines the organization's responsibility to continuing education in health promotion
- evidence of the availability of resources (staff, finances, etc.) necessary to establish and maintain the continuing education program in health education
- evidence of either:
 - a.) two previous successful continuing education programs using the NCHEC Single Event Provider (SEP) application within the preceding two-year period
 - b.) current designation as a provider of continuing education for another health profession (i.e., nursing, diabetes, social work, etc.)

The MEP may have affiliates that develop and deliver events at various locations. An affiliate is defined as an entity of the MEP through a formal relationship identified by any of the following:

- Bylaws
- Common mission, goals, and objectives
- Subunit or chapter of the MEP
- Shared resources (financial, office space, staff, equipment, etc.)

Requirements for Designation of Multiple Event Providers with Affiliates

1. A list of those affiliates of the organization that will be participating in offering events
2. Evidence of a system to assure that events offered by the affiliates meet the same guidelines as those offered by the MEP
3. Evidence of a system for collecting and reporting accurate and timely event information by affiliates

Co-Sponsorship Guidelines for Multiple Event Providers

Once NCHEC multiple event designation is received, MEPs may work collaboratively with other organizations to offer continuing education programs. The guidelines for such offerings are as follows:

1. The event must have at least one CHES/MCHES involved in the planning of the event
2. All NCHEC requirements for continuing education programs must be met
3. The MEP must assume responsibility for submitting final reports and maintaining all event records

Designation Periods and Fees

The applicant should choose a period of designation of two or four years. Final decisions on the application will be made within 60 days of receipt of the application and appropriate fee. The applicant will be notified in writing of the dates of the designation period. NCHEC will forward redesignation procedures approximately 45 days prior to the end of the designation period.

The following chart is intended as an easy reference for calculating application fees:

<u>Application Fee:</u>	<u>Period of Designation:</u>	
	Two years	Four years
Single organization	\$ 500	\$ 900
Organizations with 1 or more affiliates	\$ 750	\$ 1,350

Reporting Requirements

A semiannual report is required of all MEPs. A report is due even if no events were offered or if no CHES/MCHES were in attendance at offered events. MEPs offering self-study opportunities are required to report on a quarterly basis. MEPs MUST also report upcoming events to NCHEC for marketing purposes. Report templates will be included with the designation packet.

Types of Notification

The following actions may be taken on any MEP application.

1. Approval of application with designation as a provider
2. Non-approval of application with an explanation as to the reason for non-designation to assist the organization with future submissions. In the event of non-designation, the application fee will be refunded, less a \$100 administrative fee. Any applicant for provider designation may appeal a decision of non-designation. All appeals must be made in writing, to the Division Board for Professional Development, within 30 days of notification of non-designation. The board's decision will be issued within 60 days, and will be final.
3. Provisional Designation, with a grace period not to exceed six months, may be extended to provide evidence of corrected deficiencies. During this six-month period the provider may award continuing education contact hours for sponsored events. Upon receipt of full designation, the period of designation is retroactive to the date provisional status was granted.

Submission of the Application

Mail the application, with all supporting documentation and appropriate payment to:

**National Commission for Health Education Credentialing, Inc.
1541 Alta Drive, Suite 303
Whitehall, PA 18052**

Withdrawal of the Application

An administrative fee of \$100 will be retained should the applicant withdraw from the review. Intent to withdraw from the review process must be submitted in writing.

CHES/MCHES RESPONSIBILITIES, COMPETENCIES, AND ADVANCED-LEVEL SUB-COMPETENCIES

The Seven Areas of Responsibility are a comprehensive set of Competencies and Sub-competencies defining the role of the health education specialist. These Responsibilities were verified through the 2010 Health Educator Job Analysis Project. Advanced-level CECH can only be awarded for the shaded (advanced) Sub-competencies. All others are entry-level.

AREA OF RESPONSIBILITY I: ASSESS NEEDS, ASSETS AND CAPACITY FOR HEALTH EDUCATION

COMPETENCY 1.1: PLAN ASSESSMENT PROCESS

- 1.1.1 Identify existing and needed resources to conduct assessments
- 1.1.2 Identify stakeholders to participate in the assessment process
- 1.1.3 Apply theories and models to develop assessment strategies
- 1.1.4 Develop plans for data collection, analysis, and interpretation
- 1.1.5 Engage stakeholders to participate in the assessment process
- 1.1.6 Integrate research designs, methods, and instruments into assessment plan

COMPETENCY 1.2: ACCESS EXISTING INFORMATION AND DATA RELATED TO HEALTH

- 1.2.1 Identify sources of data related to health
- 1.2.2 Critique sources of health information using theory and evidence from the literature
- 1.2.3 Select valid sources of information about health
- 1.2.4 Identify gaps in data using theories and assessment models
- 1.2.5 Establish collaborative relationships and agreements that facilitate access to data
- 1.2.6 Conduct searches of existing databases for specific health-related data

COMPETENCY 1.3: COLLECT QUANTITATIVE AND/OR QUALITATIVE DATA RELATED TO HEALTH

- 1.3.1 Collect primary and/or secondary data
- 1.3.2 Integrate primary data with secondary data
- 1.3.3 Identify data collection instruments and methods
- 1.3.4 Develop data collection instruments and methods
- 1.3.5 Train personnel and stakeholders regarding data collection
- 1.3.6 Use data collection instruments and methods
- 1.3.7 Employ ethical standards when collecting data

COMPETENCY 1.4: EXAMINE RELATIONSHIPS AMONG BEHAVIORAL, ENVIRONMENTAL AND GENETIC FACTORS THAT ENHANCE OR COMPROMISE HEALTH

- 1.4.1 Identify factors that influence health behaviors
- 1.4.2 Analyze factors that influence health behaviors
- 1.4.3 Identify factors that enhance or compromise health
- 1.4.4 Analyze factors that enhance or compromise health

COMPETENCY 1.5: EXAMINE FACTORS THAT INFLUENCE THE LEARNING PROCESS

- 1.5.1 Identify factors that foster or hinder the learning process
- 1.5.2 Analyze factors that foster or hinder the learning process
- 1.5.3 Identify factors that foster or hinder attitudes and belief
- 1.5.4 Analyze factors that foster or hinder attitudes and beliefs
- 1.5.5 Identify factors that foster or hinder skill building
- 1.5.6 Analyze factors that foster or hinder skill building

COMPETENCY 1.6: EXAMINE FACTORS THAT ENHANCE OR COMPROMISE THE PROCESS OF HEALTH EDUCATION

- 1.6.1 Determine the extent of available health education programs, interventions, and policies
- 1.6.2 Assess the quality of available health education programs, interventions, and policies
- 1.6.3 Identify existing and potential partners for the provision of health education
- 1.6.4 Assess social, environmental, and political conditions that may impact health education
- 1.6.5 Analyze the capacity for developing needed health education
- 1.6.6 Assess the need for resources to foster health education

COMPETENCY 1.7: INFER NEEDS FOR HEALTH EDUCATION BASED ON ASSESSMENT FINDINGS

- 1.7.1 Analyze assessment findings
- 1.7.2 Synthesize assessment findings
- 1.7.3 Prioritize health education needs
- 1.7.4 Identify emerging health education needs
- 1.7.5 Report assessment findings

AREA OF RESPONSIBILITY II: PLAN HEALTH EDUCATION

COMPETENCY 2.1: INVOLVE PRIORITY POPULATIONS AND OTHER STAKEHOLDERS IN THE PLANNING PROCESS

- 2.1.1 Incorporate principles of community organization
- 2.1.2 Identify priority populations and other stakeholders
- 2.1.3 Communicate need for health education to priority populations and other stakeholders
- 2.1.4 Develop collaborative efforts among priority populations and other stakeholders
- 2.1.5 Elicit input from priority populations and other stakeholders
- 2.1.6 Obtain commitments from priority populations and other stakeholders

COMPETENCY 2.2: DEVELOP GOALS AND OBJECTIVES

- 2.2.1 Use assessment results to inform the planning process
- 2.2.2 Identify desired outcomes utilizing the needs assessment results
- 2.2.3 Select planning model(s) for health education
- 2.2.4 Develop goal statements
- 2.2.5 Formulate specific, measurable, attainable, realistic, and time-sensitive objectives
- 2.2.6 Assess resources needed to achieve objectives

COMPETENCY 2.3: SELECT OR DESIGN STRATEGIES AND INTERVENTIONS

- 2.3.1 Assess efficacy of various strategies to ensure consistency with objectives
- 2.3.2 Design theory-based strategies and interventions to achieve stated objectives
- 2.3.3 Select a variety of strategies and interventions to achieve stated objectives
- 2.3.4 Comply with legal and ethical principles in designing strategies and interventions
- 2.3.5 Apply principles of cultural competence in selecting and designing strategies and interventions
- 2.3.6 Pilot test strategies and interventions

COMPETENCY 2.4: DEVELOP A SCOPE AND SEQUENCE FOR THE DELIVERY OF HEALTH EDUCATION

- 2.4.1 Determine the range of health education needed to achieve goals and objectives
- 2.4.2 Select resources required to implement health education
- 2.4.3 Use logic models to guide the planning process
- 2.4.4 Organize health education into a logical sequence
- 2.4.5 Develop a timeline for the delivery of health education
- 2.4.6 Analyze the opportunity for integrating health education into other programs
- 2.4.7 Develop a process for integrating health education into other programs

COMPETENCY 2.5: ADDRESS FACTORS THAT AFFECT IMPLEMENTATION

- 2.5.1 Identify factors that foster or hinder implementation
- 2.5.2 Analyze factors that foster or hinder implementation
- 2.5.3 Use findings of pilot to refine implementation plans as needed
- 2.5.4 Develop a conducive learning environment

AREA OF RESPONSIBILITY III: IMPLEMENT HEALTH EDUCATION

COMPETENCY 3.1: IMPLEMENT A PLAN OF ACTION

- 3.1.1 Assess readiness for implementation
- 3.1.2 Collect baseline data
- 3.1.3 Use strategies to ensure cultural competence in implementing health education plans
- 3.1.4 Use a variety of strategies to deliver a plan of action
- 3.1.5 Promote plan of action
- 3.1.6 Apply theories and models of implementation
- 3.1.7 Launch plan of action

COMPETENCY 3.2: MONITOR IMPLEMENTATION OF HEALTH EDUCATION

- 3.2.1 Monitor progress in accordance with timeline
- 3.2.2 Assess progress in achieving objectives
- 3.2.3 Modify plan of action as needed
- 3.2.4 Monitor use of resources
- 3.2.5 Monitor compliance with legal and ethical principles

COMPETENCY 3.3: TRAIN INDIVIDUALS INVOLVED IN IMPLEMENTATION OF HEALTH EDUCATION

- 3.3.1 Select training participants needed for implementation
- 3.3.2 Identify training needs

- 3.3.3 Develop training objectives
- 3.3.4 Create training using best practices
- 3.3.5 Demonstrate a wide range of training strategies
- 3.3.6 Deliver training
- 3.3.7 Evaluate training
- 3.3.8 Use evaluation findings to plan future training

AREA OF RESPONSIBILITY IV: CONDUCT EVALUATION AND RESEARCH RELATED TO HEALTH EDUCATION

COMPETENCY 4.1: DEVELOP EVALUATION/RESEARCH PLAN

- 4.1.1 Create purpose statement
- 4.1.2 Develop evaluation/research questions
- 4.1.3 Assess feasibility of conducting evaluation/research
- 4.1.4 Critique evaluation and research methods and findings found in the related literature
- 4.1.5 Synthesize information found in the literature
- 4.1.6 Assess the merits and limitations of qualitative and quantitative data collection for evaluation
- 4.1.7 Assess the merits and limitations of qualitative and quantitative data collection for research
- 4.1.8 Identify existing data collection instruments
- 4.1.9 Critique existing data collection instruments for evaluation
- 4.1.10 Critique existing data collection instruments for research
- 4.1.11 Create a logic model to guide the evaluation process
- 4.1.12 Develop data analysis plan for evaluation
- 4.1.13 Develop data analysis plan for research
- 4.1.14 Apply ethical standards in developing the evaluation/research plan

COMPETENCY 4.2: DESIGN INSTRUMENTS TO COLLECT

- 4.2.1 Identify useable questions from existing instruments
- 4.2.2 Write new items to be used in data collection for evaluation
- 4.2.3 Write new items to be used in data collection for research
- 4.2.4 Establish validity of data collection instruments
- 4.2.5 Establish reliability of data collection instruments

COMPETENCY 4.3: COLLECT AND ANALYZE EVALUATION/RESEARCH DATA

- 4.3.1 Collect data based on the evaluation/research plan
- 4.3.2 Monitor data collection and management
- 4.3.3 Analyze data using descriptive statistics
- 4.3.4 Analyze data using inferential and/or other advanced statistical methods
- 4.3.5 Analyze data using qualitative methods
- 4.3.6 Apply ethical standards in collecting and analyzing data

COMPETENCY 4.4: INTERPRET RESULTS OF THE EVALUATION/RESEARCH

- 4.4.1 Compare results to evaluation/research questions
- 4.4.2 Compare results to other findings
- 4.4.3 Propose possible explanations of findings
- 4.4.4 Identify possible limitations of findings
- 4.4.5 Develop recommendations based on results

COMPETENCY 4.5: APPLY FINDINGS FROM EVALUATION/RESEARCH

- 4.5.1 Communicate findings to stakeholders
- 4.5.2 Evaluate feasibility of implementing recommendations from evaluation
- 4.5.3 Apply evaluation findings in policy analysis and program development
- 4.5.4 Disseminate research findings through professional conference presentations

AREA OF RESPONSIBILITY V: ADMINISTER AND MANAGE HEALTH EDUCATION

COMPETENCY 5.1: MANAGE FISCAL RESOURCES

- 5.1.1 Identify fiscal and other resources
- 5.1.2 Prepare requests/proposals to obtain fiscal resources
- 5.1.3 Develop budgets to support health education efforts
- 5.1.4 Manage program budgets
- 5.1.5 Prepare budget reports
- 5.1.6 Demonstrate ethical behavior in managing fiscal resources

COMPETENCY 5.2: OBTAIN ACCEPTANCE AND SUPPORT FOR PROGRAMS

- 5.2.1 Use communication strategies to obtain program support
- 5.2.2 Facilitate cooperation among stakeholders responsible for health education
- 5.2.3 Prepare reports to obtain and/or maintain program support
- 5.2.4 Synthesize data for purposes of reporting
- 5.2.5 Provide support for individuals who deliver professional development opportunities
- 5.2.6 Explain how program goals align with organizational structure, mission, and goals

COMPETENCY 5.3: DEMONSTRATE LEADERSHIP

- 5.3.1 Conduct strategic planning
- 5.3.2 Analyze an organization's culture in relationship to health education goals
- 5.3.3 Promote collaboration among stakeholders
- 5.3.4 Develop strategies to reinforce or change organizational culture to achieve health education goals
- 5.3.5 Comply with existing laws and regulations
- 5.3.6 Adhere to ethical standards of the profession
- 5.3.7 Facilitate efforts to achieve organizational mission
- 5.3.8 Analyze the need for a systems approach to change
- 5.3.9 Facilitate needed changes to organizational cultures

COMPETENCY 5.4: MANAGE HUMAN RESOURCES

- 5.4.1 Develop volunteer opportunities
- 5.4.2 Demonstrate leadership skills in managing human resources
- 5.4.3 Apply human resource policies consistent with relevant laws and regulations
- 5.4.4 Evaluate qualifications of staff and volunteers needed for programs
- 5.4.5 Recruit volunteers and staff
- 5.4.6 Employ conflict resolution strategies
- 5.4.7 Apply appropriate methods for team development
- 5.4.8 Model professional practices and ethical behavior
- 5.4.9 Develop strategies to enhance staff and volunteers' career development
- 5.4.10 Implement strategies to enhance staff and volunteers' career development
- 5.4.11 Evaluate performance of staff and volunteers

COMPETENCY 5.5: FACILITATE PARTNERSHIPS IN SUPPORT OF HEALTH EDUCATION

- 5.5.1 Identify potential partner(s)
- 5.5.2 Assess capacity of potential partner(s) to meet program goals
- 5.5.3 Facilitate partner relationship(s)
- 5.5.4 Elicit feedback from partner(s)
- 5.5.5 Evaluate feasibility of continuing partnership

AREA OF RESPONSIBILITY VI: SERVE AS A HEALTH EDUCATION RESOURCE PERSON

COMPETENCY 6.1: OBTAIN AND DISSEMINATE HEALTH-RELATED INFORMATION

- 6.1.1 Assess information needs
- 6.1.2 Identify valid information resources
- 6.1.3 Critique resource materials for accuracy, relevance, and timeliness
- 6.1.4 Convey health-related information to priority populations
- 6.1.5 Convey health-related information to key stakeholders

COMPETENCY 6.2: PROVIDE TRAINING

- 6.2.1 Analyze requests for training
- 6.2.2 Prioritize requests for training
- 6.2.3 Identify priority populations
- 6.2.4 Assess needs for training
- 6.2.5 Identify existing resources that meet training needs
- 6.2.6 Use learning theory to develop or adapt training programs
- 6.2.7 Develop training plan
- 6.2.8 Implement training sessions and programs
- 6.2.9 Use a variety of resources and strategies
- 6.2.10 Evaluate impact of training programs

COMPETENCY 6.3: SERVE AS A HEALTH EDUCATION CONSULTANT

- 6.3.1 Assess needs for assistance
- 6.3.2 Prioritize requests for assistance
- 6.3.3 Define parameters of effective consultative relationships

- 6.3.4 Establish consultative relationships
- 6.3.5 Provide expert assistance
- 6.3.6 Facilitate collaborative efforts to achieve program goals
- 6.3.7 Evaluate the effectiveness of the expert assistance provided
- 6.3.8 Apply ethical principles in consultative relationships

AREA OF RESPONSIBILITY VII: COMMUNICATE AND ADVOCATE FOR HEALTH AND HEALTH EDUCATION

COMPETENCY 7.1: ASSESS AND PRIORITIZE HEALTH INFORMATION AND ADVOCACY NEEDS

- 7.1.1 Identify current and emerging issues that may influence health and health education
- 7.1.2 Access accurate resources related to identified issues
- 7.1.3 Analyze the impact of existing and proposed policies on health
- 7.1.4 Analyze factors that influence decision-makers

COMPETENCY 7.2: IDENTIFY AND DEVELOP A VARIETY OF COMMUNICATION STRATEGIES, METHODS, AND TECHNIQUES

- 7.2.1 Create messages using communication theories and models
- 7.2.2 Tailor messages to priority populations
- 7.2.3 Incorporate images to enhance messages
- 7.2.4 Select effective methods or channels for communicating to priority populations
- 7.2.5 Pilot test messages and delivery methods with priority populations
- 7.2.6 Revise messages based on pilot feedback.

COMPETENCY 7.3: DELIVER MESSAGES USING A VARIETY OF STRATEGIES, METHODS AND TECHNIQUES

- 7.3.1 Use techniques that empower individuals and communities to improve their health
- 7.3.2 Employ technology to communicate to priority populations
- 7.3.3 Evaluate the delivery of communication strategies, methods, and techniques

COMPETENCY 7.4: ENGAGE IN HEALTH EDUCATION ADVOCACY

- 7.4.1 Engage stakeholders in advocacy
- 7.4.2 Develop an advocacy plan in compliance with local, state, and/or federal policies and procedures
- 7.4.3 Comply with organizational policies related to participating in advocacy
- 7.4.4 Communicate the impact of health and health education on organizational and socio-ecological factors
- 7.4.5 Use data to support advocacy messages
- 7.4.6 Implement advocacy plans
- 7.4.7 Incorporate media and technology in advocacy
- 7.4.8 Participate in advocacy initiatives
- 7.4.9 Lead advocacy initiatives
- 7.4.10 Evaluate advocacy efforts

COMPETENCY 7.5: INFLUENCE POLICY TO PROMOTE HEALTH

- 7.5.1 Use evaluation and research findings in policy analysis
- 7.5.2 Identify the significance and implications of health policy for individuals, groups, and communities
- 7.5.3 Advocate for health-related policies, regulations, laws, or rules
- 7.5.4 Use evidence-based research to develop policies to promote health
- 7.5.5 Employ policy and media advocacy techniques to influence decision-makers

COMPETENCY 7.6: PROMOTE THE HEALTH EDUCATION PROFESSION

- 7.6.1 Develop a personal plan for professional growth and service
- 7.6.2 Describe state-of-the-art health education practice
- 7.6.3 Explain the major responsibilities of the health education specialist in the practice of health education
- 7.6.4 Explain the role of health education associations in advancing the profession
- 7.6.5 Explain the benefits of participating in professional organizations
- 7.6.6 Facilitate professional growth of self and others
- 7.6.7 Explain the history of the health education profession and its current and future implications for professional practice
- 7.6.8 Explain the role of credentialing in the promotion of the health education profession
- 7.6.9 Engage in professional development activities
- 7.6.10 Serve as a mentor to others
- 7.6.11 Develop materials that contribute to the professional literature
- 7.6.12 Engage in service to advance the health education profession

SAMPLE

Certificate of Attendance

CHES/MCHES NAME _____
CHES/MCHES ID # _____

Completed the following program:

Event/Program Title

Date of Program Completion _____

Location of Event (N/A for Self-Study) _____

Sponsored by (name of organization), a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to _____ total Category I continuing education contact hours. Maximum advanced-level continuing education contact hours are _____.

Total contact hours earned: _____

Entry-level contact hours earned: _____

Advanced-level contact hours earned: _____ Provider ID # _____

Authorized Signature