



SINGLE EVENT PROVIDER (SEP) APPLICATION FORM

Credentialing Excellence in Health Education

(This application form may be reproduced on your own computer software. Please follow the format below)

FOR CONTINUING EDUCATION CONTACT HOURS IN HEALTH EDUCATION

Date(s) of Event _____

PART I: PROVIDER INFORMATION

Tax ID # _____
Organization Name _____
Address _____

Contact Person _____
Title _____
Address (if different) _____

Phone/Fax/E-mail (if different) _____
Phone _____ Fax _____
E-mail _____ Web site _____
Would you like your event listed on NCHEC's Web site? YES NO
How should CHES/MCHES register for your program? _____

PART II: RECORDS MAINTENANCE

Please indicate the name, address and phone number of the person responsible for maintenance of records for five years:

Name _____
Title _____
Address (if different) _____

Phone/Fax/E-mail (if different) _____

PART III: EVENT PLANNING COMMITTEE

At least one member of the planning committee must be an **ACTIVE** CHES/MCHES.

Chair Name _____ CHES/MCHES # _____
Organization Affiliation _____

Member Name _____ CHES/MCHES # _____
Organization Affiliation _____

Member Name _____ CHES/MCHES # _____
Organization Affiliation _____

(Please use a separate sheet to list additional planning committee members)

PART IV: LIVE EVENT INFORMATION ONLY (self-study skip to PART V below)

****Complete both sections for live events that will also be offered as self-study**

Number of Entry CECH Requested_____ (1 CECH = 60 minutes)
Number of Advanced CECH Requested_____ (1 CECH = 60 minutes)
Program Title_____
Location of Event_____
City_____ State_____ Zip_____
Type of Event_____
(see application instructions)
Briefly explain how the need for this program was determined_____

For each session of your event, please provide the following information: (use a separate sheet to list additional sessions)
Session Title_____
Presenter Name_____
CHES/MCHES # (if applicable)_____
Organization Affiliation_____
As a result of this event, participants will: (please provide learning objectives for each session of a multiple session event).

Please attach a copy of the agenda with times listed

PART V: SELF-STUDY OFFERING INFORMATION ONLY

Program Title_____
Author/Presenter_____
Briefly describe the author/presenter's qualifications in the topic area_____

Please describe the process used to determine the number of hours to complete the self-study

Describe the mode of delivery, including any steps the learner would take to access the program

Briefly explain how the need for this program was determined_____

Describe the method used to assess the learners' achievement of the desired objectives_____

Please attach a detailed content outline for the self-study program

PART VI: Those sessions that are directed to advanced level Sub-competencies may award advanced-level credit. Check the Areas of Responsibility (for entry-level events) or the Sub-competencies (for advanced-level events) that are met by the program's learning objectives. Include this information for each session if learning objectives differ.

Entry-Level:

- _____ 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

Advanced-Level:

AREA I: Assess needs, assets and capacity for health education

- Competency 1.1: Plan assessment process
 - _____ 1.1.2. Identify stakeholders to participate in the assessment process
 - _____ 1.1.5. Engage stakeholders to participate in the assessment process
- Competency 1.5: Examine factors that influence the learning process
 - _____ 1.5.2. Analyze factors that foster or hinder the learning process
 - _____ 1.5.5. Identify factors that foster or hinder skill building
 - _____ 1.5.6. Analyze factors that foster or hinder skill building
- Competency 1.7: Infer needs for health education based on assessment findings
 - _____ 1.7.2. Synthesize assessment findings

AREA II: Plan health education

- Competency 2.2: Develop goals and objectives
 - _____ 2.2.1. Use assessment results to inform the planning process
 - _____ 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
- Competency 2.3: Select or design strategies and interventions
 - _____ 2.3.1. Assess efficacy of various strategies to ensure consistency with objectives
 - _____ 2.3.3. Select a variety of strategies and interventions to achieve stated objectives
- Competency 2.4: Develop a scope and sequence for the delivery of health education
 - _____ 2.4.4. Organize health education into a logical sequence
 - _____ 2.4.5. Develop a timeline for the delivery of health education

AREA III: Implement health education

- Competency 3.3: Train individuals involved in implementation of health education
 - _____ 3.3.2. Identify training needs
 - _____ 3.3.3. Develop training objectives
 - _____ 3.3.4. Create training using best practices
 - _____ 3.3.7. Evaluate training
 - _____ 3.3.8. Use evaluation findings to plan future training

AREA 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
 - _____ 4.1.7. Assess the merits and limitations of qualitative and quantitative data collection for research
 - _____ 4.1.10. Critique existing data collection instruments for research
 - _____ 4.1.11. Create logic model to guide the evaluation process
 - _____ 4.1.13. Develop data analysis plan for research
- Competency 4.2: Design instruments to collect evaluation/research data
 - _____ 4.2.3. Write new items to be used in data collection for research
- Competency 4.5: Apply findings from evaluation/research
 - _____ 4.5.2. Evaluate feasibility of implementing recommendations from

- _____ evaluation
- _____ 4.5.4. Disseminate research findings through professional conference presentations

AREA V: Administer and manage health education

Competency 5.1: Managing 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 program

- _____ 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

Competency 5.3: Demonstrate leadership

- _____ 5.3.3. Promote collaboration among stakeholders

Competency 5.4: Manage human resources

- _____ 5.4.6. Employ conflict resolution strategies
- _____ 5.4.9. Develop strategies to enhance staff and volunteers' career development
- _____ 5.4.10. Implement strategies to enhance staff and volunteers' career development

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
- _____ 5.5.4. Elicit feedback from partner(s)
- _____ 5.5.5. Evaluate feasibility of continuing partnership

AREA VI: Serve as a health education resource person

Competency 6.2: Provide training

- _____ 6.2.1. Analyze requests for training
- _____ 6.2.2. Prioritize requests for training
- _____ 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

- _____ 6.3.5. Provide expert assistance
- _____ 6.3.7. Evaluate the effectiveness of the expert assistance provided

AREA VII: Communicate and advocate for health and health education

Competency 7.4: Engage in health education advocacy

- _____ 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
- _____ 7.5.4. Use evidence-based research to develop policies to promote health

PART VII. CERTIFICATION OF ATTENDANCE/COMPLETION (see attached sample)

Attach a Certificate of Attendance/Completion. This certificate must include the following information:

- Name and CHES/MCHES identification number of participating CHES/MCHES

- Number of total CECH earned and number of entry-level and/or advanced-level CECH
- Designated provider name and provider number (this will be assigned upon approval)
- Location of event (if applicable)
- Program title
- Date(s) of event/program completion

NCHEC designation statement: *“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 contact education contact hours. Maximum advanced-level continuing education contact hours available are _____.”*

PART VIII. EVALUATION FORM (see attached sample)

Attach a copy of the evaluation form used to gather participant’s feedback on the learning experience.

PART IX. PAYMENT

- \$50 per event/program
- Add \$50 to repeat a live event as a self-study for one year
- Add \$25 for each time a live event will be repeated within one year

You may submit a check or money order made **payable to NCHEC**, or complete the credit card information below.

Check One:

_____ VISA _____ Mastercard _____ Discover _____ American Express

Card Number: _____ - _____ - _____ - _____ **Exp Date:** ____ / ____

Cardholder’s Name: _____

Authorized Signature: _____

Billing Address: _____

Application Checklist
(do not submit with application)

- A person responsible for maintaining records of applications, attendance and evaluations for at least five years is identified
- At least one CHES/MCHES (with current active status) is listed on the planning committee
- An explanation of the need for the program is given
- Learning objectives are specified
- Learning objectives are consistent with specific Areas of Responsibilities for entry-level events
- Learning objectives are consistent with specific advanced-level Sub-competencies for advanced-level events
- Contact hours for the event have been accurately calculated
- A copy of the certificate of attendance/completion is included
- A copy of the evaluation form to assess achievement of learning objectives is included
- A copy of the agenda is included
- Payment for the proper amount is enclosed

An incomplete application may delay approval or result in denial of designation

Please submit the application for with all attachments and appropriate payment to:
Mai: National Commission for Health Education Credentialing, Inc.
1541 Alta Drive, Suite 303, Whitehall, PA 18052-5642
Fax: 800-813-0727
Emai: sschaffer@nchec.org

SAMPLE

Certificate of Attendance/Completion

CHES/MCHES NAME _____ CHES/MCHES # _____

Completed the following program:

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 CECH available are _____.

Total contact hours earned _____

Entry-level contact hours earned _____

Advanced-level contact hours earned _____ Provider ID # _____

Signature of Authorized Organization Representative

SAMPLE EVALUATION FORM

Continuing Education Evaluation Form

NAME OF ORGANIZATION

NAME OF PROGRAM

DATE OF PROGRAM

PARTICIPANT'S NAME _____ CHES/MCHES # _____

SESSION NAME _____

How well were the learning objectives met? *(Please evaluate each objective on the scale below)*

1 = Not met 2 = Not very well met 3 = Somewhat met 4 = Well met 5 = Very well met

- (List the first objective)
- (List the second objective)
- Etc.

Please rate the degree to which the session met your learning needs.

1 = Not met 2 = Not very well met 3 = Somewhat met 4 = Well met 5 = Very well met

Please rate each speaker on each category in the table below.

1 = Very Poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent

SPEAKERS	Knowledge of Subject Matter	Organization/ clarity of Presentation	Useful Information	Speaker/ Participant Interaction	Use of Allotted Time	Audio/ Visual Aids	Handouts

Was the facility conducive to learning?

_____ YES _____ NO (If no, please indicate the contributing factors. *(check all that apply)*)

- _____ Size of room
- _____ Room set-up
- _____ Room temperature
- _____ Acoustics
- _____ Lighting

Please rate the overall quality of this session on the scale below.

1 = Very Poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent

Comments _____

