

SINGLE EVENT PROVIDER (SEP) APPLICATION INSTRUCTIONS

Credentialing Excellence in Health Education

Overview

The need for promoting established standards in the practice of health education has been evident in the profession for a long time. The National Commission for Health Education Credentialing, Inc. (NCHEC) is working to meet this need. NCHEC has three purposes.

- To certify health education specialists
- To strengthen professional preparation
- To promote professional development

A critical factor in the establishment of an effective professional development program is the designation of agencies/organizations which can provide quality continuing education events. Continuing education for entry-level health education specialists is defined as educational experiences that assist in the development or enhancement of knowledge and skills directly related to the Seven 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

Continuing education for advanced-level health education specialists is defined as educational experiences that assist in the development or enhancement of knowledge and skills directly related to the 61 Sub-competencies for Master Certified Health Education Specialists (MCHES) found beginning on page 4.

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 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.

Calculation of Hours

One CECH is equal to one 60-minute hour of instruction. CECH will be calculated by rounding up to the nearest ½ hour. (Examples: 1 hour and 45 minutes = 2 hours; 2 hours and 15 minutes = 2½ hours). **For multiple-session events, add all minutes before rounding. Ancillary activities, such as breaks, exhibits and meals are not included. A meal at which a presentation is made may be included for the portion of time covered by the presentation.**

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 within 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 – in which case the applicant must demonstrate the following:
 - 1.) The application must show that all planning for the series is completed at the time of the application (dates, learning objectives, location, etc.)
 - 2.) The series has a central theme tying the hours together
 - 3.) 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 for scoring and credit.

- Peer-reviewed, journal-based articles
- Published educational/informational materials (conference proceedings, government reports, etc.)
- Prepackaged learning
- Audio or videotaped educational events
- Computer-based learning opportunities

Approval Criteria

On this application, the provider must demonstrate that:

- A CHES/MCHES has participated on the program planning committee.
- Learning objectives have been established for each session, which address at least one of the Seven Areas of Responsibility for entry-level events and at least one of the 61 Sub-competencies for advanced-level events.
- An evaluation form has been developed addressing the specific learning objectives for each session. (See Application)
- A certificate of attendance/completion has been created in accordance with the sample provided. (See Application)

Organization Eligibility

Single Event Provider (SEP) designation can be sought by an organization that is a legal entity at the international, national, state or local level, and is responsible for continuing education in health education or a related field.

Submitting the Application

Applications must be received by NCHEC no later than 30 days prior to the start of the event in order to receive a decision on approval. Applications received less than 30 days prior to the event will be reviewed, but notification of approval may not be communicated prior to the event date. Upon submission of the application, you may add the following statement to any marketing materials:

“Application for CHES (entry-level) / MCHES (advanced-level) Category I continuing education contact hours (CECH) has been made to the National Commission for Health Education Credentialing, Inc. (NCHEC).”

Application Review

The NCHEC office staff reviews all SEP applications. Questionable applications may be referred to the Division Board for Professional Development (DBPD). Notification of designation status will be sent from the NCHEC office.

Appeals Process

Any organization wishing to appeal a decision of non-designation must submit, within 30 days of notification of NCHEC’s decision, a written request to the NCHEC office requesting reconsideration. This request must

include information to support the overturning of the decision. The decision of the DBPD made on an appeal is considered final. The SEP designation fee is not refundable.

Withdrawal of Application

An organization may withdraw its application from consideration at any time prior to designation. Notice of the intent to withdraw the application must be made in writing to the NCHEC office. The Single SEP designation fee is not refundable.

Application Fee

The basic application fee for a SEP is \$50 per event or self-study offering. The designation period is 12 months. If the applicant wishes to offer the same live event more than one time during the 12 months following the date of initial presentation, an additional fee of \$25 is required for each additional time the event is to be offered. If the application intends to capture a live event for future use as a self-study, an additional fee of \$50 is required for the self-study designation (total application fee for both is \$100). **Example:** A one-time conference is recorded for future use as a taped self-study package. If both will be offered for entry or advanced-level credits, the program will receive designation as a single event and a self-study.

Records Maintenance

SEPs will be expected to maintain the following records on designated events for five years:

- Copy of completed SEP application.
- Name and ID number of participating CHES/MCHES and number of CECH earned by each.

NOTE: Individuals who obtain the MCHES certification will retain the same ID number.

The CHES/MCHES prefix will change. If CHES attend advanced-level activities, entry-level CECH will be awarded to that individual by NCHEC.

- Summary of participant evaluations.

Reporting

SEPs are required to report live events within 60 days of the event's conclusion. Quarterly reports are required for all self-study offerings. A report template will be included with the provider designation packet.

Marketing

The following tools are available to assist in your marketing efforts.

- Once designated, a mailing list via e-mail will be available at no charge upon request. Contact the NCHEC office for more information.
- "A Competency-Based Framework for Education Specialists – 2010" (\$65.00)
- Directory of CHES/MCHES (\$30.00)

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

National Commission for Health Education Credentialing, Inc.
1541 Alta Drive, Suite 303, Whitehall, PA 18052-5642
www.nchec.org
Phone: (888) 624-3248 · Fax: (800) 813-0727

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