



# UNIVERSAL PROVIDER APPLICATION FORM

Credentialing Excellence in Health Education

FOR CONTINUING EDUCATION CONTACT HOURS IN HEALTH EDUCATION  
*(This application form may be used for approval of single events only)*

Date(s) of Event _____
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## PART I: PROVIDER INFORMATION

Tax ID # \_\_\_\_\_  
Date(s) of Event \_\_\_\_\_  
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 responsible for maintenance of records for five years:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
\_\_\_\_\_  
Phone/Fax/E-mail (if different) \_\_\_\_\_  
\_\_\_\_\_

## PART III: EVENT INFORMATION:

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 \_\_\_\_\_

**PART IV (ALL APPLICANTS):** 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 V. 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 VI. EVALUATION FORM** (see attached sample)

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

**PART VII: 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:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

**Cardholder’s Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

\_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

\_\_\_\_\_

## **Application Attachments**

### **Alternative Application**

Attach a copy of the application used to seek continuing education approval for this event from another health profession.

### **Hours Requested**

A copy of the agenda must be included.

### **Certificate of Attendance**

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

- Name and CHES/MCHES identification number of participating CHES/MCHES
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**Please submit the universal provider application form with attachments and appropriate payment to:  
National Commission for Health Education Credentialing, Inc.  
1541 Alta Drive, Suite 303, Whitehall, PA 18052-5642  
Phone: (888) 624-3248 Fax: (800) 813-0727**

# SAMPLE EVALUATION FORM

## Continuing Education Evaluation Form

**NAME OF ORGANIZATION**

**NAME OF PROGRAM**

**DATE OF PROGRAM**

PARTICIPANT'S NAME \_\_\_\_\_ CHES ID # \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_