



MULTIPLE EVENT PROVIDER (MEP) APPLICATION FORM

Credentialing Excellence in Health Education

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

Part I: Provider Information

Tax ID # _____

Organization Name _____

Period of Designation Requested: 2 years 4 years

Date Designation to Begin: January 1, _____ July 1, _____

Address _____

City, State, Zip Code _____

Telephone _____ Fax _____

Contact Person _____ Title _____

E-mail _____

Would you like your organization listed on NCHEC's Web site? _____ YES _____ NO

How should CHES register for your programs? _____

Part II: Organizational Resources [Attach additional pages as needed.]

1. Purpose/Mission of Organization:
Describe in 100 words or less your organization's mission as it relates to providing continuing education in health education. (Attach additional pages as needed)
2. List your two most recent NCHEC-approved continuing education event(s) **OR** attach evidence of current designation as a continuing education provider for another health profession.
3. Briefly describe the organization group or management unit responsible for continuing education in health education. Please attach an organization chart showing the placement of the continuing education activities. List members of this management unit. At least one member must be an active CHES.
4. Describe the processes and resources that the organization will use to ensure quality control for the continuing education events/programs to be offered. Please limit the description to four pages or less.
 - a) Designated staff or funds for the activities
 - b) Communication channels with affiliates (if applicable)
 - c) Record keeping responsibilities (Who will keep records and where? How will you ensure that accurate records are maintained for a minimum of five years and that reports are submitted to NCHEC as required?)
 - d) Approval process and criteria for developing programs

Part III: System for Program Development & Implementation

Organizational structure for delivery of continuing education:

1. Who will be responsible for planning and offering programs?
 Applicant Affiliates Both
2. If affiliates are part of the proposed delivery system for the programs to be offered, please provide the following information:
 - a) Total number of affiliates
 - b) List of every participating affiliate
3. What is the potential geographic area for offering programs?
4. Do you plan to co-sponsor programs with other organizations? If so, identify potential other organization(s).
5. Describe any ongoing assessment to assure that programs offered remain relevant to the needs of CHES.

Part IV: Assurances

The following criteria will be addressed for each program offered by (Organization Name) :

- A CHES will be actively involved in the planning process
- A thorough assessment will be conducted to determine the need for each program
- Learning objectives will be clearly defined as they relate to at least one of the Areas of Responsibility and associated Competencies
- An evaluation will be conducted to assure quality program delivery (attach sample)
- A Certificate of Attendance/Completion will be awarded to reflect the accurate number of continuing education contact hours (CECH) earned by each CHES participant (See Appendix B)

Signature of Leadership Representative _____

Title _____ Telephone _____

Part V: Payment

You may submit a purchase order, 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 _____

Please submit the application, with attachments and appropriate payment to:
National Commission for Health Education Credentialing, Inc.
ATTN: Continuing Education Coordinator
1541 Alta Drive, Suite 303, Whitehall, PA 18052

Application Checklist
(Do not submit with application)

- _____ Mission Statement is included
- _____ List of recent continuing education programs or proof of designated provider status is included
- _____ Organizational chart is included
- _____ Assurances are checked and signed by an authorized leadership representative
- _____ A copy of the Certificate of Attendance/Completion is included
- _____ A copy of an evaluation form to assess achievement of learning objectives is included
- _____ Payment for the appropriate application fee is included
- _____ List of affiliates is provided (if applicable)

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