



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

PART I: PROVIDER INFORMATION

Tax ID # _____
Organization Name _____
Address _____

Phone _____ Fax _____
E-mail _____
Contact Person _____
Title _____
Address (if different) _____

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

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

Chair Name _____ CHES # _____
Organization Affiliation _____

Member Name _____ CHES # _____
Organization Affiliation _____

Member Name _____ CHES # _____
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**

Program Title _____
Date(s) of Event _____
Location of Event _____
City _____ State _____ Zip _____
Type of Event _____
(see application instructions)
Number of CECH Requested _____ (1 CECH = 60 minutes)
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 # (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 _____

Number of CECH Applied for _____ (1 CECH = 60 minutes)
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: (ALL APPLICANTS) Check the Areas of Responsibility that are met by the program's learning objectives. Include this information for each session if learning objectives differ.

- _____ I. Assess Individual and Community Needs for Health Education
- _____ II. Plan Health Education Strategies, Interventions and Programs
- _____ III. Implement Health Education Strategies, Interventions and Programs
- _____ IV. Conduct Evaluation and Research Related to Health Education
- _____ V. Administer Health Education Strategies, Interventions and Programs
- _____ VI. Serve as a Health Education Resource Person
- _____ VII. Communicate and Advocate for Health and Health Education

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 identification number of participating CHES
- Number of continuing education contact hours earned
- 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) to receive up to _____ Category I contact hours in health education. Total contact hours earned _____."*

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: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Cardholder's Name _____

Billing Address _____

Authorized Signature _____

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 (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
- _____ 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:
National Commission for Health Education Credentialing, Inc.
1541 Alta Drive, Suite 303, Whitehall, PA 18052-5642

Phone: 888-624-3248

Fax: 800-813-0727

www.nchec.org

SAMPLE

Certificate of Attendance/Completion

CHES NAME _____ CHES # _____

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 designed for Certified Health Education Specialists (CHES) to receive up to _____ Category I CECH in health education.

Total contact hours earned _____ Provider # _____

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 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 _____

