



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)*

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 INFORMATION:

Program Title: _____
Date(s) of Event: _____ Location: _____
Number of CECH Requested: _____ (1 CECH = 60 minutes of instruction)

PART IV (ALL APPLICANTS): Check the Area(s) 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 V: EVALUATION FORM (see attached sample)

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

PART VI: 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 NCHCEC**, 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 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
- Program title
- Date of 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: ____."*

**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 _____

