



CHES/MCHES CATEGORY II CECH CLAIM FORM

- This form may be reproduced. Please submit one clearly printed or typed form per activity.
- Claims should be submitted within 90 days following program completion.

I am requesting credit for the following MCHES Category II activity, which was **not preapproved** by the National Commission for Health Education Credentialing, Inc. (NCHEC). *Category I preapproved activities are reported automatically by the designated provider.*

NAME (PRINT): _____

CHES #: _____ MCHES #: _____

Program/Event Title: _____

Program/Event Date: _____

Program/Event Sponsor: _____

CECH Claimed: _____ (see table below for calculation)

NOTE: CHES and MCHES: MAXIMUM OF 30 CATEGORY II CECH MAY BE ACCUMULATED WITHIN EACH FIVE-YEAR CERTIFICATION PERIOD.

MCHES: 30 CECH MUST BE DIRECTLY RELATED TO THE ADVANCED-LEVEL SUB-COMPETENCIES (HIGHLIGHTED IN BLUE) FROM CATEGORY I AND/OR CATEGORY II FOR EACH FIVE-YEAR CERTIFICATION CYCLE

_____ CHECK HERE IF LIVING OUTSIDE CONTINENTAL US. THESE HOURS WILL APPEAR AS CATEGORY I ON YOUR TRANSCRIPT.

I have completed the following type of activity (**choose only one**) and attached the documentation indicated in support of my claim. (**Table continues on the reverse.**)

ATTENDANCE AT PROFESSIONAL MEETINGS
<input type="checkbox"/> I Attended a Professional Meeting (1 CECH per hour of instruction) I have included (check one): _____ Certificate of Attendance OR _____ Highlighted Meeting Schedule
SELF-STUDY
<input type="checkbox"/> I Completed an Independent Study (1 CECH per contact hours assigned by the provider) _____ I have included a Certificate of Completion AND Outline of Module
<input type="checkbox"/> I Completed a Professional (Non-Academic) Training Experience (1 CECH per 10 hours of Training) _____ I have included a Formal Agreement AND Signed Log of Contact Time
ACADEMIC PREPARATION
<input type="checkbox"/> I Completed an Academic Course or Traineeship (3 CECH per Semester Credit Hour OR 2 CECH per Trimester/Quarter Credit Hour) I have included (check one): _____ College Transcript _____ Alternate Proof of Completion
<input type="checkbox"/> I Authored a Thesis (15 CECH for Thesis Acceptance) <input type="checkbox"/> I Authored a Dissertation (20 CECH for Dissertation Acceptance) I have included: _____ A copy of the Title Page AND Table of Contents AND Letter of Acceptance
CREATIVE ENDEAVORS

<input type="checkbox"/> I was the Sole Author of a Book Chapter, Monograph or Report (5 CECH per Chapter) <input type="checkbox"/> I was the Co-Author of a Book Chapter, Monograph or Report (3 CECH per Chapter) _____ I have included a copy of the Title Page AND Table of Contents AND Full Bibliographic Citation
<input type="checkbox"/> I was the Sole Author of a Health Education Book/Text (30 CECH per Book) <input type="checkbox"/> I was the Co-Author of a Health Education Book/Text (20 CECH per Book) <input type="checkbox"/> I was the Sole Editor of a Health Education Book/Text (15 CECH per Book) <input type="checkbox"/> I was the Co-Editor of a Health Education Book/Text (10 CECH per Book) _____ I have included a copy of the Title Page AND Table of Contents AND Full Bibliographic Citation
<input type="checkbox"/> I was the Sole Author of a Peer-Reviewed Article (5 CECH per Article) <input type="checkbox"/> I was the Co-Author of a Peer-Reviewed Article (3 CECH per Article) _____ I have included a copy of the First Page AND Full Bibliographic Citation
<input type="checkbox"/> I was the Sole Author of a Non-Peer Reviewed Article (4 CECH per Article) <input type="checkbox"/> I was the Co-Author of a Non-Peer Reviewed Article (2 CECH per Article) _____ I have included a copy of the First Page AND Full Bibliographic Citation
<input type="checkbox"/> I was the Sole Developer of a Health Education Product (5 CECH per Product) <input type="checkbox"/> I was the Co-Developer of a Health Education Product (3 CECH per Product) I have included (check one): _____ Copyright Notice OR _____ Copy of Product
<input type="checkbox"/> I was the Sole Author of a Training Module or Course (1 CECH per 2 Hours of Planned Instruction – 30 CECH maximum) <input type="checkbox"/> I was the Co-Author of a Training Module or Course (1 CECH per 10 Hours of Planned Instruction – 30 CECH maximum) _____ I have included a copy of the Title Page AND Table of Contents AND Description of Content
PROFESSIONAL PRESENTATIONS
<input type="checkbox"/> I presented at a Professional Meeting (2 CECH per hour of Instruction) _____ I have included Proof of Presentation, Indicating the Duration
<input type="checkbox"/> I prepared/presented a poster (1 CECH per Poster Session) _____ I have included Proof of the Presentation
PROFESSIONAL SERVICE
<input type="checkbox"/> I reviewed Applications for Funding or Program Accreditation Applications (3 CECH per year of Activity) _____ I have included a copy of the Letter of Invitation or Appreciation
<input type="checkbox"/> I reviewed Manuscripts for a Peer-Reviewed Journal (3 CECH per Calendar Year per Journal) _____ I have included a copy of the Letter of Appreciation
<input type="checkbox"/> I served as a Mentor (1 CECH per Calendar Month of Activity for Each Individual Mentored) _____ I have included a copy of an Agreement/Documentation Indicating the Nature and Duration of the Mentorship
<input type="checkbox"/> I served as a Leader in a Health Education Organization (1 CECH per Organization per Calendar Year) _____ I have included Proof of Service (Letter from Supervisor or Board, Letterhead or Notice in Organizational Directory), Indicating the Duration
ADVANCED PROFESSIONAL PRACTICE – MCHES ONLY SECTION
CREATIVE ENDEAVORS
<input type="checkbox"/> I developed a Train the Trainer Curriculum for Health Education Professionals (5 CECH per Training Curriculum Development) _____ I have included the Summary/Outline of Curriculum AND Reference of Current Practices
<input type="checkbox"/> I developed a Health Education Course or Curriculum (5 CECH per Course) _____ I have included a copy of Title Page AND Table of Contents AND Course Syllabus AND Summary Document of Curriculum
<input type="checkbox"/> I designed a Health-Related Training Program Using Various Learning Theories (5 CECH) _____ I have included a copy of Title Page AND Training Syllabus AND Summary Document of Curriculum with Listing of Learning Theories
<input type="checkbox"/> I wrote a Funding Proposal for a Grant/Contract/Cooperative Agreement (4 CECH per proposal) _____ I have included Proof of Submission AND copy of Solicitation AND Application Cover Page OR Award Letter
PROFESSIONAL PRESENTATIONS

<input type="checkbox"/> I presented Research Findings at a Professional Conference (3 CECH per Presentation) _____ I have included Proof of the Presentation
PROGRAM DEVELOPMENT
<input type="checkbox"/> I facilitated a Workgroup of Stakeholders (2 CECH per Year) _____ I have included Proof of Service, Indicating the Duration
<input type="checkbox"/> I coordinated a Community Assessment Process (5 CECH per Year) _____ I have included a Summary Report of Process/Analysis
<input type="checkbox"/> I developed Recommendations from Data Findings (1 CECH per Event) _____ I have included the List of Recommendations
<input type="checkbox"/> I incorporated Health Education Planning Processes into the Development of Programs and Initiatives (2 CECH per Program Plan) _____ I have included the Plan Summary AND Identification of Planning Models
PROFESSIONAL SERVICE
<input type="checkbox"/> I served on Local/State/Regional/National Planning Groups/Boards (2 CECH) per Group per Year _____ I have included Proof of Service, Including the Duration
<input type="checkbox"/> I served or acted as an Internship/Practicum Preceptor (2 CECH per Preceptorship) _____ I have included a Letter of Agreement OR Written Documentation Indicating the Nature and Duration of the Internship/Preceptorship
RESEARCH AND EVALUATION
<input type="checkbox"/> I conducted a Root Cause Analysis (3 CECH per Analysis) _____ I have included the Analysis Report
<input type="checkbox"/> I conducted a Gap Analysis (3 CECH per Analysis) _____ I have included the Analysis Report
<input type="checkbox"/> I conducted a Plan Analysis (3 CECH per Analysis) _____ I have included the Analysis Report AND Timeline
<input type="checkbox"/> I assessed Training Needs (3 CECH per Training) _____ I have included a copy of the Assessment Report Summary
<input type="checkbox"/> I evaluated Training Programs (3 CECH per Training Program (3 CECH per Training Program) _____ I have included a copy of the Evaluation Report
<input type="checkbox"/> I developed Evaluation/Research and Data Analysis Plans (3 CECH per Plan) _____ I have included a Summary of the Plan
<input type="checkbox"/> I developed Surveillance Plans (4 CECH per Plan) _____ I have included a Summary of the Plan
<input type="checkbox"/> I developed a Data Collection Instruction for Research (3 CECH per Instrument) _____ I have included a copy of the Instrument
<input type="checkbox"/> I conducted a Feasibility Study (3 CECH per Study) _____ I have included a Summary of the Feasibility Study
<input type="checkbox"/> I conducted a Stakeholder Analysis for Health Education Programs (2 CECH per Analysis) _____ I have included a Summary of the Analysis Report
ADMINISTRATION AND MANAGEMENT
<input type="checkbox"/> I developed an agency/program budget (3 CECH per Budget) _____ I have included a Letter from my Supervisor or Organization
<input type="checkbox"/> I managed Program Budgets (4 CECH per Budget) _____ I have included a Letter from my Supervisor or Organization
<input type="checkbox"/> I developed Progress Reports (5 CECH per Report) _____ I have included a Summary Report

<input type="checkbox"/> I developed a Memorandum of Understanding (MOU) and/or a Memorandum of Agreement (MOA) (2 CECH per MOU/MOA) _____ I have included copies of the MOU/MOA
<input type="checkbox"/> I developed Professional Development Plan for Volunteers (3 CECH per Plan) _____ I have included a Letter from my Supervisor or Organization AND a Summary of the Plan
<input type="checkbox"/> I developed a Professional Development Plan for Staff (3 CECH per Plan) _____ I have included a Letter from my Supervisor AND a Summary of the Plan
<input type="checkbox"/> I used Human Resource and Workforce Development Strategies (2 CECH per Occasion) _____ I have included a Summary of Strategies Used
<input type="checkbox"/> I developed Partnerships to Support Health Education (3 CECH per Year) _____ I have included copies of the MOUs/MOAs OR Letters of Support from Partners
CONSULTATION
<input type="checkbox"/> I wrote Exam Questions for Certification/Credentialing Organizations (5 CECH per Year) _____ I have included the Committee List AND Letter from Organization
<input type="checkbox"/> I provided Health Education Expertise (5 CECH per Agreement) _____ I have included the Consulting Invitation/Agreement OR Letter from Organization
<input type="checkbox"/> I contributed to the Development of Health Promotion Policy (3 CECH per Policy) _____ I have included a copy of the Policy AND a Letter of Support with Proof of Involvement

AREAS OF RESPONSIBILITIES AND ADVANCED-LEVEL SUB-COMPETENCIES

TO CLAIM CHES CATEGORY II CECH, ACTIVITY MUST BE RELATED TO AT LEAST ONE OF THE SEVEN AREAS OF RESPONSIBILITIES. TO CLAIM MCHES CATEGORY II CECH, ACTIVITY MUST BE FROM THE ADVANCED-LEVEL SUB-COMPETENCIES. PLEASE SELECT ALL THAT APPLY BELOW.

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

- _____ 1.2.3 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

The activity I am claiming related to the *Area of Responsibility and/or Sub-competency for Health Educators* as follows:

I affirm that the information provided with this claim for CHES/MCHES Category II CECH is true to the best of my knowledge.

Signed: _____ Phone #: _____

- **NCHEC does not confirm receipt or approval of Category II submissions**
- **Please keep a copy of your submission to verify that credits appear correctly on your next transcript**

**Submit To: National Commission for Health Education Credentialing, Inc.
1541 Alta Drive, Suite 303, Whitehall, PA 18052
Phone: (888) 624-3248 – Fax (800) 813-0727**