



## CHES/MCHES CATEGORY II CECH CLAIM FORM

- This form may be reproduced. Please submit one clearly printed or typed form per activity
- It is *recommended* that claims be submitted within 90 days following program completion

I am requesting credit for the following CHES/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: \_\_\_\_\_

CHES CECH Claimed: \_\_\_\_\_ MCHES 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.**)

<b>ATTENDANCE AT PROFESSIONAL MEETINGS</b>
<input type="checkbox"/> I Attended a Professional Meeting (1 CECH per hour of instruction) ( <i>entry and advanced</i> ) I have included (check one): _____ Certificate of Attendance OR _____ Highlighted Meeting Schedule
<b>SELF-STUDY</b>
<input type="checkbox"/> I Completed an Independent Study (1 CECH per contact hours assigned by the provider) ( <i>entry and advanced</i> ) _____ 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>entry and advanced</i> ) _____ I have included a Formal Agreement AND Signed Log of Contact Time
<b>ACADEMIC PREPARATION</b>
<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>entry and advanced</i> ) I have included (check one): _____ College Transcript _____ Alternate Proof of Completion
<input type="checkbox"/> I Authored a Thesis (15 CECH for Thesis Acceptance) ( <i>entry and advanced</i> ) <input type="checkbox"/> I Authored a Dissertation (20 CECH for Dissertation Acceptance) ( <i>entry and advanced</i> ) I have included: _____ A copy of the Title Page AND Table of Contents AND Letter of Acceptance

**CREATIVE ENDEAVORS**

- I was the Sole Author of a Book Chapter, Monograph or Report (5 CECH per Chapter) (*entry and advanced*)  
 I was the Co-Author of a Book Chapter, Monograph or Report (3 CECH per Chapter) (*entry and advanced*)  
 \_\_\_\_\_ I have included a copy of the Title Page AND Table of Contents AND Full Bibliographic Citation

- I was the Sole Author of a Health Education Book/Text (30 CECH per Book) (*entry and advanced*)  
 I was the Co-Author of a Health Education Book/Text (20 CECH per Book) (*entry and advanced*)  
 I was the Sole Editor of a Health Education Book/Text (15 CECH per Book) (*entry and advanced*)  
 I was the Co-Editor of a Health Education Book/Text (10 CECH per Book) (*entry and advanced*)  
 \_\_\_\_\_ I have included a copy of the Title Page AND Table of Contents AND Full Bibliographic Citation

- I was the Sole Author of a Peer-Reviewed Article (5 CECH per Article) (*entry and advanced*)  
 I was the Co-Author of a Peer-Reviewed Article (3 CECH per Article) (*entry and advanced*)  
 \_\_\_\_\_ I have included a copy of the First Page AND Full Bibliographic Citation

- I was the Sole Author of a Non-Peer Reviewed Article (4 CECH per Article) (*entry only*)  
 I was the Co-Author of a Non-Peer Reviewed Article (2 CECH per Article) (*entry only*)  
 \_\_\_\_\_ I have included a copy of the First Page AND Full Bibliographic Citation

- I was the Sole Developer of a Health Education Product (5 CECH per Product) (*entry only*)  
 I was the Co-Developer of a Health Education Product (3 CECH per Product) (*entry only*)  
 I have included (check one): \_\_\_\_\_ Copyright Notice OR \_\_\_\_\_ Copy of Product

- I was the Sole Author of a Training Module or Course (1 CECH per 2 Hours of Planned Instruction – 30 CECH maximum) (*entry and advanced*)  
 I was the Co-Author of a Training Module or Course (1 CECH per 10 Hours of Planned Instruction – 30 CECH maximum) (*entry and advanced*)  
 \_\_\_\_\_ I have included a copy of the Title Page AND Table of Contents AND Description of Content

**PROFESSIONAL PRESENTATIONS**

- I presented at a Professional Meeting (2 CECH per hour of Instruction) (*entry and advanced*)  
 \_\_\_\_\_ I have included Proof of Presentation, Indicating the Duration

- I prepared/presented a poster (1 CECH per Poster Session) (*entry and advanced*)  
 \_\_\_\_\_ I have included Proof of the Presentation

**PROFESSIONAL SERVICE**

- I reviewed Applications for Funding or Program Accreditation Applications (3 CECH per year of Activity) (*entry and advanced*)  
 \_\_\_\_\_ I have included a copy of the Letter of Invitation or Appreciation

- I reviewed Manuscripts for a Peer-Reviewed Journal (3 CECH per Calendar Year per Journal) (*entry and advanced*)  
 \_\_\_\_\_ I have included a copy of the Letter of Appreciation

- I served as a Mentor (1 CECH per Calendar Month of Activity for Each Individual Mentored) (*entry and advanced*)  
 \_\_\_\_\_ I have included a copy of an Agreement/Documentation Indicating the Nature and Duration of the Mentorship

- I served as a Leader in a Health Education Organization (1 CECH per Organization per Calendar Year) (*entry and advanced*)  
 \_\_\_\_\_ 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**

- I developed a Train the Trainer Curriculum for Health Education Professionals (5 CECH per Training Curriculum Development) (*advanced only*)  
 \_\_\_\_\_ I have included the Summary/Outline of Curriculum AND Reference of Current Practices

- I developed a Health Education Course or Curriculum (5 CECH per Course) (*advanced only*)  
 \_\_\_\_\_ I have included a copy of Title Page AND Table of Contents AND Course Syllabus AND Summary Document of Curriculum

- I designed a Health-Related Training Program Using Various Learning Theories (5 CECH) (*advanced only*)  
 \_\_\_\_\_ I have included a copy of Title Page AND Training Syllabus AND Summary Document of Curriculum with Listing of Learning Theories

- I wrote a Funding Proposal for a Grant/Contract/Cooperative Agreement (4 CECH per proposal) (*advanced only*)  
 \_\_\_\_\_ I have included Proof of Submission AND copy of Solicitation AND Application Cover Page OR Award Letter

<b>PROFESSIONAL PRESENTATIONS</b>
<input type="checkbox"/> I presented Research Findings at a Professional Conference (3 CECH per Presentation) ( <i>advanced only</i> ) _____ I have included Proof of the Presentation
<b>PROGRAM DEVELOPMENT</b>
<input type="checkbox"/> I facilitated a Workgroup of Stakeholders (2 CECH per Year) ( <i>advanced only</i> ) _____ I have included Proof of Service, Indicating the Duration
<input type="checkbox"/> I coordinated a Community Assessment Process (5 CECH per Year) ( <i>advanced only</i> ) _____ I have included a Summary Report of Process/Analysis
<input type="checkbox"/> I developed Recommendations from Data Findings (1 CECH per Event) ( <i>advanced only</i> ) _____ 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>advanced only</i> ) _____ I have included the Plan Summary AND Identification of Planning Models
<b>PROFESSIONAL SERVICE</b>
<input type="checkbox"/> I served on Local/State/Regional/National Planning Groups/Boards (2 CECH) per Group per Year) ( <i>advanced only</i> ) _____ 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>advanced only</i> ) _____ I have included a Letter of Agreement OR Written Documentation Indicating the Nature and Duration of the Internship/Preceptorship
<b>RESEARCH AND EVALUATION</b>
<input type="checkbox"/> I conducted a Root Cause Analysis (3 CECH per Analysis) ( <i>advanced only</i> ) _____ I have included the Analysis Report
<input type="checkbox"/> I conducted a Gap Analysis (3 CECH per Analysis) ( <i>advanced only</i> ) _____ I have included the Analysis Report
<input type="checkbox"/> I conducted a Plan Analysis (3 CECH per Analysis) ( <i>advanced only</i> ) _____ I have included the Analysis Report AND Timeline
<input type="checkbox"/> I assessed Training Needs (3 CECH per Training) ( <i>advanced only</i> ) _____ 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>advanced only</i> ) _____ 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>advanced only</i> ) _____ I have included a Summary of the Plan
<input type="checkbox"/> I developed Surveillance Plans (4 CECH per Plan) ( <i>advanced only</i> ) _____ I have included a Summary of the Plan
<input type="checkbox"/> I developed a Data Collection Instruction for Research (3 CECH per Instrument) ( <i>advanced only</i> ) _____ I have included a copy of the Instrument
<input type="checkbox"/> I conducted a Feasibility Study (3 CECH per Study) ( <i>advanced only</i> ) _____ 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>advanced only</i> ) _____ I have included a Summary of the Analysis Report
<b>ADMINISTRATION AND MANAGEMENT</b>
<input type="checkbox"/> I developed an agency/program budget (3 CECH per Budget) ( <i>advanced only</i> ) _____ I have included a Letter from my Supervisor or Organization
<input type="checkbox"/> I managed Program Budgets (4 CECH per Budget) ( <i>advanced only</i> ) _____ I have included a Letter from my Supervisor or Organization
<input type="checkbox"/> I developed Progress Reports (5 CECH per Report) ( <i>advanced only</i> ) _____ 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>advanced only</i> ) _____ I have included copies of the MOU/MOA
<input type="checkbox"/> I developed Professional Development Plan for Volunteers (3 CECH per Plan) ( <i>advanced only</i> ) _____ 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>advanced only</i> ) _____ 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>advanced only</i> ) _____ I have included a Summary of Strategies Used
<input type="checkbox"/> I developed Partnerships to Support Health Education (3 CECH per Year) ( <i>advanced only</i> ) _____ I have included copies of the MOUs/MOAs OR Letters of Support from Partners
<b>CONSULTATION</b>
<input type="checkbox"/> I wrote Exam Questions for Certification/Credentialing Organizations (5 CECH per Year) ( <i>advanced only</i> ) _____ I have included the Committee List AND Letter from Organization
<input type="checkbox"/> I provided Health Education Expertise (5 CECH per Agreement) ( <i>advanced only</i> ) _____ 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>advanced only</i> ) _____ 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

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**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

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**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

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**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

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**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:**

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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**