



<input type="checkbox"/> I was the sole author of a PEER-REVIEWED ARTICLE (5 CECH per article) <input type="checkbox"/> I was a co-author of a PEER-REVIEWED ARTICLE (3 CECH per article) ___ I have included a copy of the first page <b>AND</b> full bibliographic citation
<input type="checkbox"/> I was the sole author of a NONPEER-REVIEWED ARTICLE (5 CECH per article) <input type="checkbox"/> I was a co-author of a NONPEER-REVIEWED ARTICLE (2 CECH per article) ___ I have included a copy of the first page <b>AND</b> 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 a co-developer of a HEALTH EDUCATION PRODUCT (3 CECH per product) ___ I have included (check one): ___ copyright notice <b>OR</b> ___ 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) <input type="checkbox"/> I was a co-author of a TRAINING MODULE or course (1 CECH per 10 hours of planned instruction) ___ I have included a copy of the title page <b>AND</b> table of contents <b>AND</b> description of content
<b>PROFESSIONAL PRESENTATIONS</b>
<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 presentation
<b>PROFESSIONAL SERVICE</b>
<input type="checkbox"/> I reviewed GRANT OR PROGRAM ACCREDITATION applications (3 CECH per calendar 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 of activity) ___ 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 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, indicating the duration

**Areas of Responsibility**

To claim Category II CECH, activity must relate to at least one. Please select all that apply.

- \_\_\_ Assess Individual and Community Needs for Health Education
- \_\_\_ Plan Health Education Strategies, Interventions, and Programs
- \_\_\_ Implement Health Education Strategies, Interventions, and Programs
- \_\_\_ Conduct Evaluation and Research Related to Health Education
- \_\_\_ Administer Health Education Strategies, Interventions, and Programs
- \_\_\_ Serve as a Health Education Resource Person
- \_\_\_ Communicate and Advocate for Health and Health Education

I affirm that the information provided with this claim for CECH is true to the best of my knowledge.

Signed: \_\_\_\_\_ Phone #: \_\_\_\_\_

- **NCHCEC 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**