



CHES/MCHES CATEGORY II CECH CLAIM FORM

This form is for self-submission of non-preapproved continuing education contact hours (CECH). To claim CECH in Category II, CHES/MCHES will need to record not only the program information, but also how the activity relates to the Areas of Responsibility and/or advanced-level Sub-competencies.

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 on a quarterly basis.

Directions to complete the Category II Claim form:

Section 1: Complete name, CHES/MCHES #, Program/Event Title, Program/Event Date, Program/Event Sponsor and number of CECH claimed.

Section 2: Select type of activity you are claiming. Include requested documentation.

Section 3: Check off an Area of Responsibility that your program/event relates to. If claiming advanced-level CECH please be sure to check an advanced-level Sub-competency. (Multiple Areas of Responsibility/Sub-competencies can be checked.)

Section 4: Provide an explanation as to how this program/event relates to Health Education.

Section 5: Sign the form. Forms cannot be processed without a signature.

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.

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 FROM CATEGORY I AND/OR CATEGORY II FOR EACH FIVE-YEAR CERTIFICATION CYCLE

Section 1:

NAME (PRINT): _____

CHES #: _____ MCHES #: _____

Program/Event Title: _____

Program/Event Date: _____

Program/Event Sponsor: _____

CHES CECH Claimed: _____ MCHES CECH Claimed: _____

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

(See table below for calculation)

Section 2:

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

I Attended a Professional Meeting (1 CECH per hour of instruction) (*entry and advanced*)

I have included (check one): _____ Certificate of Attendance with Hours Awarded OR _____ Highlighted Meeting Schedule

SELF-STUDY
<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 with Hours Awarded AND Outline of Module
<input type="checkbox"/> I Participated in a Internship/Practicum/Apprenticeship (1 CECH per 10 hours of Training) (<i>entry and advanced</i>) _____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>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
<input type="checkbox"/> I was the Sole Author of a Book Chapter, Monograph or Report (5 CECH per Chapter) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Co-Author of a Book Chapter, Monograph or Report (3 CECH per Chapter) (<i>entry and advanced</i>) _____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) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Co-Author of a Health Education Book/Text (20 CECH per Book) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Sole Editor of a Health Education Book/Text (15 CECH per Book) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Co-Editor of a Health Education Book/Text (10 CECH per Book) (<i>entry and advanced</i>) _____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) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Co-Author of a Peer-Reviewed Article (3 CECH per Article) (<i>entry and advanced</i>) _____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) (<i>entry only</i>) <input type="checkbox"/> I was the Co-Author of a Non-Peer Reviewed Article (2 CECH per Article) (<i>entry only</i>) _____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) (<i>entry only</i>) <input type="checkbox"/> I was the Co-Developer of a Health Education Product (3 CECH per Product) (<i>entry only</i>) I have included (check one): _____ Copyright Notice OR _____ Copy of Product
<input type="checkbox"/> I developed a Health Education Course or Curriculum (5 CECH) (<i>entry and advanced</i>) _____I have included a copy of title page <i>and</i> table of contents <i>and</i> copy of course syllabus <i>and</i> summary document of curriculum <i>and</i> description of content learning objectives
PROFESSIONAL PRESENTATIONS
<input type="checkbox"/> I presented at a Professional Meeting (2 CECH per hour of Instruction) (<i>entry and advanced</i>) _____I have included Proof of Presentation, Indicating the Duration
<input type="checkbox"/> I authored/presented a poster (1 CECH per Poster Session) (<i>entry and advanced</i>) _____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>entry and advanced</i>) _____I have included a copy of the Letter of Invitation or Appreciation
<input type="checkbox"/> I reviewed Manuscripts for a Peer-Reviewed Journal or Health Education Textbook(3 CECH per Calendar Year per Journal or Textbook) (<i>entry and advanced</i>) _____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- <u>students excluded</u>) (<i>entry and advanced</i>) _____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 (2 CECH per Group 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

I developed a market planning (3 CECH per Market Plan)(*entry only*)
_____I have included a copy of the marketing plan with table of contents

I developed a policy analysis (3 CECH per Policy Analysis) (*entry only*)
_____I have included a copy of policy analysis or letter from supervisor stating the person developed a policy analysis

PROFESSIONAL PRESENTATIONS

I presented Research Findings at a Professional Conference (3 CECH per Presentation) (*advanced only*)
_____I have included Proof of the Presentation and Summary of Research Findings, Abstract, or IRB Approval

PROGRAM DEVELOPMENT

I facilitated a Workgroup of Stakeholders (2 CECH per Year) (*advanced only*)
_____I have included Proof of Service, Indicating the Duration

I coordinated a Community Assessment Process (5 CECH per Year) (*advanced only*)
_____I have included a Summary Report of Process/Analysis

I developed Recommendations from Data Findings (1 CECH per Event) (*advanced only*)
_____I have included the List of Recommendations

I incorporated Health Education Planning Processes into the Development of Programs and Initiatives (2 CECH per Program Plan) (*advanced only*)
_____I have included the Plan Summary AND Identification of Planning Models

PROFESSIONAL SERVICE

I served on Local/State/Regional/National Planning Groups/Boards (2 CECH) per Group per Year) (*advanced only*)
_____I have included Proof of Service, Including the Duration

I served or acted as an Internship/Practicum Preceptor (2 CECH per Preceptorship) (*advanced only*)
_____I have included a Letter of Agreement OR Written Documentation Indicating the Nature and Duration of the Internship/Preceptorship

RESEARCH AND EVALUATION

I conducted a Root Cause Analysis (3 CECH per Analysis) (*advanced only*)
_____I have included the Analysis Report

I conducted a Plan Analysis (3 CECH per Analysis) (*advanced only*)
_____I have included the Analysis Report AND Timeline

I assessed Training Needs (3 CECH per Training) (*advanced only*)
_____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
<input type="checkbox"/> I developed a logic model for evaluation (3 CECH per Model) <i>(advanced only)</i> _____ I have included a copy of logic model(s)
ADMINISTRATION AND MANAGEMENT
<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
<input type="checkbox"/> I developed an agency/program strategic plan (3 CECH per Strategic Plan) <i>(advanced only)</i> _____ I have included a copy of strategic plan(s)
<input type="checkbox"/> I conducted an Employee Performance Evaluation (5 CECH per Performance Evaluation) <i>(advanced only)</i> _____ I have included a letter from supervisor stating the person completed the performance evaluation
CONSULTATION
<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

Section 3:

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, RESOURCES, AND CAPACITY FOR HEALTH EDUCATION/PROMOTION

COMPETENCY 1.1: PLAN ASSESSMENT PROCESS FOR HEALTH EDUCATION/PROMOTION

_____ 1.1.4 Apply theories and/or models to assessment process

COMPETENCY 1.2: ACCESS EXISTING INFORMATION AND DATA RELATED TO HEALTH

_____ 1.2.2 Establish collaborative relationships and agreements that facilitate access to data

COMPETENCY 1.7: DETERMINE NEEDS FOR HEALTH EDUCATION/PROMOTION BASED ON ASSESSMENT

_____ 1.7.1 Synthesize assessment findings

AREA II: PLAN HEALTH EDUCATION/PROMOTION

COMPETENCY 2.3: SELECT OR DESIGN STRATEGIES/INTERVENTIONS

_____ 2.3.1 Selecting planning model(s) for health education/promotion

_____ 2.3.2 Assess efficiency of various strategies/interventions to ensure consistency with objectives

_____ 2.3.3 Apply principles of evidence-based practice in selecting and/or designing strategies/interventions

_____ 2.3.9 Conduct pilot test strategies/intervention

_____ 2.3.10 Refine strategies/intervention based on pilot feedback

COMPETENCY 2.4: DEVELOP A PLAN FOR THE DELIVERY OF HEALTH EDUCATION/PROMOTION

_____ 2.4.8 DEVELOP A PROCESS FOR INTEGRATING HEALTH EDUCATION/PROMOTION INTO OTHER PROGRAMS WHEN NEEDED

AREA III: IMPLEMENT HEALTH EDUCATION/PROMOTION

COMPETENCY 3.2: TRAIN STAFF MEMBERS AND VOLUNTEERS INVOLVED IN IMPLEMENTATION OF HEALTH EDUCATION/PROMOTION

_____ 3.2.1 Develop training objectives

_____ 3.2.3 Identify training needs of individuals involved in implementation

_____ 3.2.4 Develop training using best practices

_____ 3.2.5 Implement training

_____ 3.2.6 Provide support and technical assistance to those implementing the plan

_____ 3.2.7 Evaluate training

_____ 3.2.8 Use evaluation findings to plan/modify future training

COMPETENCY 3.3: IMPLEMENT HEALTH EDUCATION/PROMOTION PLAN

_____ 3.3.2 Apply theories and/or models of implementation

AREA IV: CONDUCT EVALUATION AND RESEARCH RELATED TO HEALTH EDUCATION/PROMOTION

COMPETENCY 4.1: DEVELOP EVALUATION PLAN FOR HEALTH EDUCATION/PROMOTION

_____ 4.1.1 Determine the purpose and goals of evaluation

_____ 4.1.2 Develop questions to be answered by the evaluation

_____ 4.1.3 Create a logic model to guide the evaluation process

_____ 4.1.4 Adapt/modify a logic model to guide the evaluation process

_____ 4.1.5 Assess needed and available resources to conduct evaluation

_____ 4.1.6 Determine the types of data (for example, qualitative, quantitative) to be collected

_____ 4.1.7 Select a model for evaluation

_____ 4.1.8 Develop data collection procedures for evaluation

_____ 4.1.9 Develop data analysis plan for evaluation

_____ 4.1.10 Apply ethical principles to the evaluation process

COMPETENCY 4.2: DEVELOP A RESEARCH PLAN FOR HEALTH EDUCATION/PROMOTION

- _____ 4.2.1 Create statement of purpose
- _____ 4.2.2 Assess feasibility of conducting research
- _____ 4.2.3 Conduct search for related literature
- _____ 4.2.4 Analyze and synthesize information found in the literature
- _____ 4.2.5 Develop research questions and/or hypotheses
- _____ 4.2.6 Assess the merits and limitations of qualitative and quantitative data collection
- _____ 4.2.7 Select research design to address the research questions
- _____ 4.2.8 Determine suitability of existing data collection instruments
- _____ 4.2.9 Identify research participants
- _____ 4.2.10 Develop sampling plan to select participants
- _____ 4.2.11 Develop data collection procedures for research
- _____ 4.2.12 Develop data analysis plan for research
- _____ 4.2.13 Develop a plan for non-respondent follow-up
- _____ 4.2.14 Apply ethical principles to research process

COMPETENCY 4.3: SELECT, ADAPT AND /OR CREATE INSTRUMENTS TO COLLECT DATA

- _____ 4.3.1 Identify existing data collection instruments
- _____ 4.3.2 Adapt/Modify existing data collection instruments
- _____ 4.3.3 Create new data collection instruments
- _____ 4.3.6 Create new items to be used in data collection
- _____ 4.3.7 Pilot test data collection instrument
- _____ 4.3.8 Establish validity of data collection instrument
- _____ 4.3.9 Ensure that data collection instruments generate reliable data
- _____ 4.3.10 Ensure fairness of data collection instruments
(For example, reduce bias, use language appropriate to priority population)

COMPETENCY 4.4: COLLECT AND MANAGE DATA

- _____ 4.4.1 Train data collector involved in evaluation and/or research
- _____ 4.4.2 Collect data based on the evaluation or research plan

COMPETENCY 4.5: ANALYZE DATA

- _____ 4.5.1 Prepare data for analysis
- _____ 4.5.2 Analyze data using qualitative methods
- _____ 4.5.3 Analyze data using descriptive statistical methods
- _____ 4.5.4 Analyze data using inferential statistical methods
- _____ 4.5.5 Use technology to analyze data

COMPETENCY 4.6: INTERPRET RESULTS

- _____ 4.6.1 Synthesize the analyzed data
- _____ 4.6.2 Explain how the results address the questions and/or hypotheses
- _____ 4.6.3 Compare findings to results from other studies or evaluations
- _____ 4.6.4 Propose possible explanations of findings
- _____ 4.6.5 Identify limitations of findings
- _____ 4.6.6 Address delimitations as they relate to findings
- _____ 4.6.7 Draw conclusions based on findings
- _____ 4.6.8 Develop recommendations based on findings

COMPETENCY 4.7: APPLY FINDINGS

- _____ 4.7.5 Disseminate findings using a variety of methods

AREA V: ADMINISTER AND MANAGE HEALTH EDUCATION/PROMOTION

COMPETENCY 5.1: MANAGE FINANCIAL RESOURCES FOR HEALTH EDUCATION/PROMOTION

- _____ 5.1.1 Develop a financial plan
- _____ 5.1.2 Evaluate financial needs and resources
- _____ 5.1.3 Identify internal and/or external funding sources
- _____ 5.1.4 Prepare budget requests
- _____ 5.1.5 Develop program budgets
- _____ 5.1.6 Manage program budgets
- _____ 5.1.7 Conduct cost analysis for programs
- _____ 5.1.8 Prepare budget reports
- _____ 5.1.9 Monitor financial plan
- _____ 5.1.10 Create requests for funding proposals
- _____ 5.1.11 Write grant proposals
- _____ 5.1.12 Conduct reviews of funding proposals
- _____ 5.1.13 Apply ethical principles when managing financial resources

COMPETENCY 5.3: MANAGE RELATIONSHIP WITH PARTNERS AND OTHER STAKEHOLDERS

- _____ 5.3.2 Facilitate discussion with partners and other stakeholders regarding program resource needs
- _____ 5.3.5 Elicit feedback from partners and other stakeholders

COMPETENCY 5.5: DEMONSTRATE LEADERSHIP

- _____ 5.5.1 Facilitate efforts to achieve organizational mission
- _____ 5.5.4 Facilitate needed changes to organizational culture
- _____ 5.5.5 Conduct strategic planning
- _____ 5.5.6 Implement strategic planning
- _____ 5.5.7 Monitor strategic planning

COMPETENCY 5.6: MANAGE HUMAN RESOURCES FOR HEALTH EDUCATION/PROMOTION PROGRAMS

- _____ 5.6.1 Assess staffing needs
- _____ 5.6.2 Develop job descriptions
- _____ 5.6.3 Apply human resource policies consistent with laws and regulations
- _____ 5.6.4 Evaluate qualifications of staff members and volunteers needed for programs
- _____ 5.6.6 Determine staff member and volunteer professional development needs
- _____ 5.6.7 Develop strategies to enhance staff member and volunteer professional development
- _____ 5.6.8 Implement strategies to enhance the professional development of staff members and volunteers
- _____ 5.6.9 Develop and implement strategies to retain staff members and volunteers
- _____ 5.6.10 Employ conflict resolution techniques
- _____ 5.6.11 Facilitate team development
- _____ 5.6.12 Evaluate performance of staff members and volunteers
- _____ 5.6.13 Monitor performance and/or compliance of funding recipients
- _____ 5.6.14 Apply ethical principles when managing human resources

AREA VI: SERVE AS A HEALTH EDUCATION/PROMOTION RESOURCE PERSON

COMPETENCY 6.2: TRAIN OTHERS TO USE HEALTH EDUCATION/PROMOTION SKILLS

- _____ 6.2.1 Assess training needs of potential participants
- _____ 6.2.2 Develop a plan for conducting training
- _____ 6.2.3 Identify resource needed to conduct training
- _____ 6.2.4 Implement planned training
- _____ 6.2.5 Conduct formative and summative evaluations of training
- _____ 6.2.6 Use evaluative feedback to create future training

COMPETENCY 6.3: PROVIDE ADVICE AND CONSULTATION ON HEALTH EDUCATION/PROMOTION ISSUES

- _____ 6.3.1 Assess and prioritize requests for advice/consultation
- _____ 6.3.2 Establish advisory/consultative relationships
- _____ 6.3.3 Provide expert assistance and guidance
- _____ 6.3.4 Evaluate the effectiveness of the expert assistance provided

_____ 6.3.5 Apply ethical principles in consultative relationships

AREA VII: COMMUNICATE, PROMOTE AND ADVOCATE FOR HEALTH, HEALTH EDUCATION/PROMOTION AND THE PROFESSION

COMPETENCY 7.1: IDENTIFY, DEVELOP, AND DELIVER MESSAGES USING A VARIETY OF COMMUNICATION STRATEGIES, METHODS AND TECHNIQUES

_____ 7.1.4 Pilot test messages and delivery methods

_____ 7.1.5 Revise messages based on pilot feedback

COMPETENCY 7.3: INFLUENCE POLICY AND/OR SYSTEMS CHANGE TO PROMOTE HEALTH AND HEALTH EDUCATION

_____ 7.3.6 Develop polices to promote health using evidence-based findings

_____ 7.3.7 Identify factors that influence decision-makers

_____ 7.3.8 Using policy advocacy techniques to influence decision-makers

COMPETENCY 7.4: PROMOTE HEALTH EDUCATION PROFESSION

_____ 7.4.9 Serve as a mentor to others in the profession

_____ 7.4.10 Develop materials that contribute to the professional literature

_____ 7.4.11 Engage in service to advance the profession

Section 4:

How does this experience relate to health education?

Section 5:

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

Signed: _____ Email: _____ Phone: _____

- NCHEC does not confirm receipt or approval of Category II submissions. You can check your transcript online anytime to see if it's been processed by logging into your CHES/MCHES account. (http://www.nchec.org/ches_login)
- Please allow two weeks from date of receipt for your request to be processed.
- 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 Ext 14 – Fax (800) 813-0727
E-mail: mschmell@nchec.org**