



SINGLE EVENT PROVIDER (SEP) APPLICATION FORM

Credentialing Excellence in Health Education

(This application form may be reproduced on your own computer software. Please follow the format below)

FOR CONTINUING EDUCATION CONTACT HOURS IN HEALTH EDUCATION

Date(s) of Event _____

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) _____
Web site _____
Would you like your event listed on NCHEC's Web site? YES NO
How should CHES/MCHES register for your program? _____

PART II: RECORDS MAINTENANCE

Please indicate the name, address and phone number of the person responsible for maintenance of records for five years:

Name _____
Title _____
Address (if different) _____
Phone/Fax/E-mail (if different) _____

PART III: EVENT PLANNING COMMITTEE

At least one member of the planning committee must be an **ACTIVE** CHES/MCHES.

Chair Name _____ CHES/MCHES # _____
Organization Affiliation _____
Member Name _____ CHES/MCHES # _____
Organization Affiliation _____
Member Name _____ CHES/MCHES # _____
Organization Affiliation _____

(Please use a separate sheet to list additional planning committee members)

IV. LIVE EVENT INFORMATION ONLY (self-study skip to PART V below, include learning objectives)
****Complete both sections for live events that will also be offered as self-study**

Total Number of CECH Requested for Event _____ (1 CECH = 60 minutes)
 Number of Entry CECH Requested _____ (1 CECH=60 minutes)
 Number of Advanced CECH Requested _____ (1 CECH = 60 minutes)
 Program Title _____
 Location of Event _____
 City _____ State _____ Zip _____
 Type of Event _____
 Event Contact _____ E-mail: _____
 Cost of Program _____ Cost of CECH _____
 (see application instructions)
 Briefly explain how the need for this program was determined _____

For each session of your event, please provide the following information:
 (You may use this form or make a similar spreadsheet to include with your application.)

Session Title	Presenter Name/CHES/MCHES #/Organization	Learning Objectives	Area of Responsibility/Sub-competencies
Building a Positive Nutrition Trajectory	Jane Doe, PhD, CHES	Identify the psychosocial and biological factors that impact nutrition needs and behavior	Area 1 (entry-level)
Anytown Health Initiative	John Smith, MEd., MCHES	Educate communities about the Anytown Health Initiative, a volunteer health planning collaborative.	5.3.3 (advanced-level)

Please attach a copy of the agenda with times listed

PART V: SELF-STUDY OFFERING INFORMATION ONLY (Please include learning objectives.)

Total Number of CECH Requested for Event _____ (1 CECH = 60 minutes)
 Number of Entry CECH Requested _____ (1 CECH=60 minutes)
 Number of Advanced CECH Requested _____ (1 CECH = 60 minutes)
 Program Title _____
 Author/Presenter _____
 Briefly describe the author/presenter’s qualifications in the topic area _____

 Please describe the process used to determine the number of hours to complete the self-study

 Describe the mode of delivery, including any steps the learner would take to access the program

 Briefly explain how the need for this program was determined _____

 Describe the method used to assess the learners’ achievement of the desired objectives _____

Please attach a detailed content outline for the self-study program

PART VI: To receive entry-level credits, please relate the learning objectives to an entry-level Area of Responsibility. Sessions with learning objectives that are directed to advanced-level Sub-competencies may award advanced-level credit. Include this information for each session if learning objectives differ.

Entry-Level:

- _____ I. Assess Needs, Resources, and Capacity for Health Education/Promotion
- _____ II. Plan Health Education/Promotion
- _____ III. Implement Health Education/Promotion
- _____ IV. Conduct Evaluation and Research Related to Health Education/Promotion
- _____ V. Administer and Manage Health Education/Promotion
- _____ VI. Serve as a Health Education/Promotion Resource Person
- _____ VII. Communicate, Promote and Advocate for Health, Health Education/Promotion and the Profession

Advanced-Level:

_____ **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 policies 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

PART VII. CERTIFICATION OF ATTENDANCE/COMPLETION *(see attached sample)*

Attach a Certificate of Attendance/Completion. This certificate must include the following information:

- Name and CHES/MCHES identification number of participating CHES/MCHES
- Number of total CECH earned and number of entry-level and/or advanced-level CECH
- Designated provider name and provider number (this will be assigned upon approval)
- Location of event (if applicable)
- Program title
- Date(s) of event/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) and/or Master Certified Health Education Specialists (MCHES) to receive up to _____ total Category I contact education contact hours. Maximum advanced-level continuing education contact hours available are _____."

PART VIII. EVALUATION FORM (see attached sample)

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

PART IX. 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 NCHEC**, or complete the credit card information below.

Check One:

_____ VISA _____ Mastercard _____ Discover _____ American Express

Card Number: _____ - _____ - _____ - _____ **Exp Date:** ____ / ____

Cardholder's Name: _____

Authorized Signature: _____

Billing Address: _____

Items to include with your application:

1. Complete application. *An incomplete application may delay approval or result in denial of designation.*
2. Payment.
3. Program agenda.
4. Session titles with learning objectives.
5. Certificate of Completion with required wording.
6. Sample evaluation.

**Please submit the application with all 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 x. 14 Fax: 800-813-0727 E-mail: mschmell@nchec.org

SAMPLE

Certificate of Attendance/Completion

CHES/MCHES NAME _____ CHES/MCHES # _____

Completed the following program:

PROGRAM TITLE

Date of program completion _____

Location of event (N/A for self-study) _____

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) and/or Master Certified Health Education Specialists (MCHES) to receive up to _____ total Category I continuing education contact hours. Maximum advanced-level CECH available are _____.

Total contact hours earned _____

Entry-level contact hours earned _____

Advanced-level contact hours earned _____ Provider ID # _____

Signature of Authorized Organization Representative

SAMPLE EVALUATION FORM

Continuing Education Evaluation Form

NAME OF ORGANIZATION

NAME OF PROGRAM

DATE OF PROGRAM

PARTICIPANT'S NAME _____ CHES/MCHES # _____

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 _____

Learning Objective Spreadsheet Sample

Conference Name			
Session Title	Presenter	Learning Objectives	Area of Responsibility