



EXPERIENCE VERIFICATION FORM

Master Certified Health Education Specialist Exam

INFORMATION ABOUT APPLICANT

Applicant Name _____
First/Given MI Last

CHES ID # (if applicable) _____ **Previous last name (if applicable)** _____

To the Verifier:

The applicant named above is applying to the National Commission for Health Education Credentialing, Inc. (NCHEC), for qualification as a Master Certified Health Education Specialist (MCHES). Your verification of the applicant's nature and extent of health education specialist practice provides very important information for NCHEC reviewers in determining if the applicant is eligible to sit for the MCHES exam.

Verifier Information

Name: _____
First/Given Last Suffix

Company: _____ **Title/Position:** _____

Address: _____
Number & Street Apartment/Suite #

_____ *City/Town State Zip/Postal Code*

Day Phone: (_____) _____ **E-mail:** _____

BASIS FOR COMMENTS

Period during which you have had personal knowledge of applicant's of practice as a health education specialist
From (MM/YY): _____ To (MM/YY): _____

Company/Organization which serves as the basis for your assessment:

Nature of your relationship with applicant:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor/manager | <input type="checkbox"/> Colleague from another organization |
| <input type="checkbox"/> Past supervisor/manager | <input type="checkbox"/> Leader in health education professional organization |
| <input type="checkbox"/> Fellow Co-worker within same organization | <input type="checkbox"/> Other _____ |

- I attest the applicant has been practicing health education for at least five years.
- I attest that there is no conflict of interest in completing this Verification Form for this individual.

STATEMENT OF VERIFICATION

I am professionally acquainted with the applicant named on this form and attest there is no conflict of interest in completing this verification form for this individual. To the best of my knowledge and belief, the applicant has demonstrated competent health education specialist skills as outlined in the Seven Areas of Responsibility: Assess needs, assets and capacity for health education; Plan health education; Implement health education; Conduct evaluation and research related to health education; Administer and manage health education; Serve as a health education resource person; Communicate and advocate for health and health education. Without reservations, I endorse the applicant to become a Master Certified Health Education Specialist (MCHES).

Verifiers Name

Verifiers Signature

Date