



Credentialing Excellence in Health Education

ANNUAL EVENT PROVIDER (AEP) APPLICATION FORM

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

Part I: Provider Information

Tax ID #: _____

Contact Name: _____

Organization: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Would you like your event listed on NCHEC's Web site? _____ YES _____ NO

How should CHES register for your program? _____

Part II: Event Information

Title: _____

Event Type (convention, conference, self-study): _____

Event Date(s): _____

Location: _____

City, State, Zip Code: _____

Maximum number of Continuing Education Contact Hours (CECH) attainable by an individual Certified Health Education Specialist (CHES) at this event. This includes pre-, main- and post- educational sessions (Poster sessions, business meetings, receptions, and exhibits do not qualify for CECH)_____. See Annual Event Provider (AEP) Application Instructions for calculating hours

Part III: Assurances

To assure quality, organizations utilizing this application must submit a summary of the following procedures:

- A description of the system for recording and validating attendance of CHES in conference sessions.
- A description of the system for evaluating the sessions.

This summary should be no more than two pages in length. Feel free to attach samples.

Also Requested:

- A list of the CHES that serve on the planning committee for this event along with their CHES numbers and recertification dates (A minimum of two CHES required)
- Marketing materials for the current or most recent conferences
- Certificate of Attendance/Completion (see enclosed sample)

Annual Event Provider (AEP) APPLICATION

The following are indicators that the organization meets the criteria for using this application. Please check the appropriate boxes indicating that your organization meets these criteria.

- The organization is legally recognized by articles of incorporation.
- The organization has and can document a structure for serving the needs of those professionals practicing in the field of health education.
- An annual conference is and has been part of the organizational structure for the past five years.
- The application describes a conference of national and/or regional scope.
- The theme or focus of the annual conference(s) has relevance to the field of health education.
- This annual conference is marketed to CHES.
- The organization can provide supporting evidence and documentation (brochures, announcements, program booklets of previous offerings) that show experience in implementing and evaluating past events.
- The organization can submit an evaluation summary of past conferences.

Have this application signed by a representative of the governing body for your organization (president, executive director, board liaison, etc.).

Name of Leadership Representative: _____

Title: _____

Signature of Leadership Representative: _____

Date: _____ Telephone #: _____

Upon approval of this application, the NCHEC office will forward reporting instructions.

Part IV: Payment

You may submit a purchase order, check or money order in the amount of \$150.00, 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: _____

**Please submit the application, with attachments and appropriate payment to:
National Commission for Health Education Credentialing, Inc.
1541 Alta Drive, Suite 303
Whitehall, PA 18052**