



# 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

### **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) \_\_\_\_\_  
Would you like your event listed on NCHEC's Web site?     YES     NO  
How should CHES register for your program? \_\_\_\_\_

### **PART II: RECORDS MAINTENANCE**

Please indicate the name, address and phone number 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.

Chair Name \_\_\_\_\_ CHES # \_\_\_\_\_  
Organization Affiliation \_\_\_\_\_  
Member Name \_\_\_\_\_ CHES # \_\_\_\_\_  
Organization Affiliation \_\_\_\_\_  
Member Name \_\_\_\_\_ CHES # \_\_\_\_\_  
Organization Affiliation \_\_\_\_\_

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

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

Program Title _____
Date(s) of Event _____
Location of Event _____
City _____ State _____ Zip _____
Type of Event _____
(see application instructions)
Number of CECH Requested _____ (1 CECH = 60 minutes)
Briefly explain how the need for this program was determined _____
_____
_____
_____
<u>For each session of your event</u> , please provide the following information: (use a separate sheet to list additional sessions)
Session Title _____
Presenter Name _____
CHES # (if applicable) _____
Organization Affiliation _____
<b>As a result of this event, participants will:</b> (please provide learning objectives for each session of a multiple session event).
_____
_____
_____
<b>Please attach a copy of the agenda with times listed</b>

**PART V: SELF-STUDY OFFERING INFORMATION ONLY**

Program Title _____
Author/Presenter _____
Briefly describe the author/presenter's qualifications in the topic area _____
_____
Number of CECH Applied for _____ (1 CECH = 60 minutes)
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 _____
_____
_____
_____
<b>Please attach a detailed content outline for the self-study program</b>

**PART VI: (ALL APPLICANTS)** Check the Areas of Responsibility that are met by the program's learning objectives. Include this information for each session if learning objectives differ.

- \_\_\_\_\_ I. Assess Individual and Community Needs for Health Education
- \_\_\_\_\_ II. Plan Health Education Strategies, Interventions and Programs
- \_\_\_\_\_ III. Implement Health Education Strategies, Interventions and Programs
- \_\_\_\_\_ IV. Conduct Evaluation and Research Related to Health Education
- \_\_\_\_\_ V. Administer Health Education Strategies, Interventions and Programs
- \_\_\_\_\_ VI. Serve as a Health Education Resource Person
- \_\_\_\_\_ VII. Communicate and Advocate for Health and Health Education

**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 identification number of participating CHES
- Number of continuing education contact hours earned
- 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) to receive up to \_\_\_\_\_ Category I contact hours in health education. Total contact hours earned \_\_\_\_\_."*

**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:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

**Application Checklist**  
***(do not submit with application)***

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- \_\_\_\_\_ A person responsible for maintaining records of applications, attendance and evaluations for at least five years is identified
- \_\_\_\_\_ At least one CHES (with current active status) is listed on the planning committee
- \_\_\_\_\_ An explanation of the need for the program is given
- \_\_\_\_\_ Learning objectives are specified
- \_\_\_\_\_ Learning objectives are consistent with specific Areas of Responsibilities
- \_\_\_\_\_ Contact hours for the event have been accurately calculated
- \_\_\_\_\_ A copy of the certificate of attendance/completion is included
- \_\_\_\_\_ A copy of the evaluation form to assess achievement of learning objectives is included
- \_\_\_\_\_ A copy of the agenda is included
- \_\_\_\_\_ Payment for the proper amount is enclosed

*An incomplete application may delay approval or result in denial of designation*

**Please submit the application for 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**

**Fax: 800-813-0727**

[www.nchec.org](http://www.nchec.org)

# SAMPLE

## Certificate of Attendance/Completion

CHES NAME \_\_\_\_\_ CHES # \_\_\_\_\_

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 designed for Certified Health Education Specialists (CHES) to receive up to \_\_\_\_\_ Category I CECH in health education.

Total contact hours earned \_\_\_\_\_ Provider # \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Organization Representative

<b>NAME OF ORGANIZATION</b> <b>NAME OF PROGRAM</b> <b>DATE OF PROGRAM</b>
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## Continuing Education Evaluation Form

PARTICIPANT'S NAME \_\_\_\_\_ CHES ID # \_\_\_\_\_

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 blow.

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_