



Credentialing Excellence in Health Education

UNIVERSAL PROVIDER APPLICATION FORM

(This application form may be used for approval of single events only)

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 INFORMATION:

Program Title: _____

Date(s) of Event: _____ Location: _____

Number of CECH Requested: _____ (1 CECH = 60 minutes of instruction)

PART IV (ALL APPLICANTS) Check the Area(s) 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 V: EVALUATION FORM (see attached sample)

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

PART VI: 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 NCHCEC**, 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 Attachments

Alternative Application

Attach a copy of the application used to seek continuing education approval for this event from another health profession.

Hours Requested

A copy of the agenda must be included.

Certificate of Attendance

Attach a Sample 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
- Program title
- Date of 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: _____.”*

Please submit the universal provider application form with 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

NAME OF ORGANIZATION NAME OF PROGRAM DATE OF PROGRAM

SAMPLE

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 _____

