

THIS FORM ONLY FOR ACTIVITIES COMPLETED PRIOR TO OCTOBER 1, 2004



Category II CECH Claim Form

(Only one form per event. Please submit form within 90 days following event.)

1. I am requesting credit for the following activity, which was **not pre-approved by NCHEC**:
(Category II CECH may be awarded for any learning activity related to at least one of the *Areas of Responsibility for Health Educators*)

(Please Print or Type)

Program name: _____

Program date: _____

Program sponsor: _____

CECH earned: _____ (1 CECH = 60 minutes of instruction)

(Note: Maximum of 30 Category II CECH within each 5-year certification period)

For college courses: each semester hour is worth 5 CECH (A 3-credit course=15 CECH)

**Authorship of an article in a peer-reviewed journal is worth 3 CECH for shared authorship
or 5 CECH for sole authorship**

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2. ___ In support of this claim, I have completed the justification section on the back of this form, describing how this event's objectives related to at least one of the *Areas of Responsibility for Health Educators*.

3. I have **also** enclosed at least one of the following to verify attendance/completion:

(Check documentation enclosed)

- ___ Certificate of attendance/completion
- ___ Letter from sponsor documenting attendance/completion
- ___ Registration and agenda
- ___ Transcript and syllabus (for academic credit request)
- ___ Other

4. I affirm that the information provided with this claim for CECH is true to the best of my knowledge.

Name (Print): _____ Phone: _____

Signed: _____ CHES #: _____

___ Check here if living **outside continental US**. These hours will appear as Category I on transcript.

This form may be reproduced.

NCHEC does not confirm receipt or approval of Category II submissions.

NCHEC does send written notification of denial of Category II CECH claims.

Please keep a copy of your submission to verify that credits appear correctly on your next transcript.

OVER PLEASE

Areas of Responsibility for Health Educators

Please circle all that apply

- Assess individual and community need for health education;
- Plan effective health education programs;
- Implement health education programs;
- Evaluate the effectiveness of health education programs;
- Coordinate the provision of health education services;
- Act as a resource person in health education; and
- Communicate health and health education needs, concerns, and resources.

Describe how this program relates to one or more of the above *Areas of*

Responsibility: _____

Submit this claim form with supporting documentation to:

The National Commission for Health Education Credentialing, Inc.
1541 Alta Drive, Suite 303, Whitehall, PA 18052-5642
Phone: (888) 624-3248 Fax: (800) 813-0727

To assist in NCHCEC's effort to recruit additional Category I providers, please include the address and contact name (if possible) for this program's sponsoring organization:

