



## 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: \_\_\_\_\_

### PART II: EVENT INFORMATION

Title: \_\_\_\_\_  
Event Type (convention, conference, self-study): \_\_\_\_\_  
Event Date(s): \_\_\_\_\_  
Location: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Program Contact: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Registration Fee: \_\_\_\_\_  
Additional fee to process the CHES®/MCHES® credits?: \_\_\_\_\_  
Would you like your event listed on NCHEC's Web site? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Registration URL: \_\_\_\_\_

Total CECH Requested (entry and advanced) \_\_\_\_\_. This includes pre-, main- post-educational sessions (poster sessions, business meetings, receptions, and exhibits do not qualify for CECH). See NCHEC Provider Manual for calculating hours.

Number of Entry CECH Requested \_\_\_\_\_ (1 CECH = 60 minutes)  
Number of Advanced CECH Requested \_\_\_\_\_ (1 CECH = 60 minutes)  
Number of Continuing Competency CECH Requested \_\_\_\_\_ (1 CECH = 60 minutes)

**PART III: ASSURANCES (provide on a separate sheet)**

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®/MCHES® 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.

**PART IV: AREAS OF RESPONSIBILITY, COMPETENCIES AND SUB-COMPETENCIES**

Those sessions that are directed to advanced-level Sub-competencies may award advanced-level credit. Check the Areas of Responsibility (for entry-level events) or the Sub-competencies (for advanced-level events) that are met by the program’s learning objectives. Include this information for each session if learning objectives differ.

**Entry-Level:**

<b>The Eight Areas of Responsibility for Health Education Specialists are:</b>	
	Area I: Assessment of Needs and Capacity
	Area II: Planning
	Area III: Implementation
	Area IV: Evaluation and Research
	Area V: Advocacy
	Area VI: Communication
	Area VII: Leadership and Management
	Area VIII: Ethics and Professionalism

**Advanced-Level:**

	<b>1.2</b>	<b>Obtain primary data, secondary data, and other evidence-informed sources.</b>
	1.2.2	Establish collaborative relationships and agreements that facilitate access to data.
	1.2.9	Develop a data analysis plan.
	<b>1.4</b>	<b>Synthesize assessment findings to inform the planning process.</b>
	1.4.1	Compare findings to norms, existing data, and other information.
	<b>2.3</b>	<b>Determine health education and promotion interventions.</b>
	2.3.2	Create a logic model.
	2.3.3	Assess the effectiveness and alignment of existing interventions to desired outcomes.
	2.3.5	Plan for acquisition of required tools and resources.
	2.3.6	Conduct a pilot test of intervention(s).
	2.3.7	Revise intervention(s) based on pilot feedback.
	<b>2.4</b>	<b>Develop plans and materials for implementation and evaluations.</b>

	2.4.1	Develop an implementation plan inclusive of logic model, work plan, responsible parties, timeline, marketing, and communication.
	2.4.4	Plan for evaluation and dissemination of results.
	2.4.5	Plan for sustainability.
	<b>3.1</b>	<b>Coordinate the delivery of intervention(s) consistent with the implementation plan.</b>
	3.1.4	Establish training protocol.
	<b>4.1</b>	<b>Design process, impact, and outcome evaluation of the intervention.</b>
	4.1.1	Align the evaluation plan with the intervention goals and objectives.
	4.1.3	Use a logic model and/or theory for evaluations.
	4.1.4	Assess capacity to conduct evaluation.
	4.1.5	Select an evaluation design model and the types of data to be collected.
	4.1.6	Develop a sampling plan and procedures for data collection, management, and security.
	4.1.7	Select quantitative and qualitative tools consistent with assumptions and data requirements.
	4.1.9	Develop instruments for collecting data.
	4.1.10	Implement a pilot test to refine data collection instruments and procedures.
	<b>4.2</b>	<b>Design research studies.</b>
	4.2.1	Determine purpose, hypotheses, and questions.
	4.2.2	Comply with institutional and/or IRB requirements for research.
	4.2.3	Use a logic model and/or theory for research.
	4.2.4	Assess capacity to conduct research.
	4.2.5	Select a research design model and the types of data to be collected.
	4.2.6	Develop a sampling plan and procedures for data collection, management, and security.
	4.2.7	Select quantitative and qualitative tools consistent with assumptions and data requirements.
	4.2.8	Adopt, adapt, and/or develop instruments for collecting data.
	4.2.9	Implement a pilot test to refine and validate data collection instruments and procedures.
	<b>4.3</b>	<b>Manage the collection and analysis of evaluation and/or research data using appropriate technology.</b>
	4.3.1	Train data collectors.
	4.3.4	Monitor data collection procedures.
	4.3.6	Analyze data.

	<b>4.4</b>	<b>Interpret data.</b>
	4.4.1	Explain how findings address the questions and/or hypotheses.
	4.4.2	Compare findings to other evaluations or studies.
	4.4.4	Draw conclusions based on findings.
	4.4.5	Identify implications for practice.
	4.4.6	Synthesize findings.
	4.4.7	Develop recommendations based on findings.
	4.4.8	Evaluate feasibility of implementing recommendations.
	<b>4.5</b>	<b>Use findings.</b>
	4.5.1	Communicate findings by preparing reports, and presentations, and by other means.
	4.5.2	Disseminate findings.
	4.5.3	Identify recommendations for quality improvement.
	4.5.4	Translate findings into practice and interventions.
	<b>5.2</b>	<b>Engage coalitions and stakeholders in addressing the health issue and planning advocacy efforts.</b>
	5.2.3	Create formal and/or informal alliances, task forces, and coalitions to address the proposed change.
	<b>5.3</b>	<b>Engage in advocacy.</b>
	5.3.3	Sustain coalitions and stakeholder relationships to achieve and maintain policy, system, or environmental change.
	6.6.2	Conduct outcome evaluations of communications.
	6.6.3	Assess reach and dose of communication using tools (e.g., data mining software, social media analytics and website analytics).
	<b>7.1</b>	<b>Coordinate relationships with partners and stakeholders (e.g., individuals, teams, coalitions, and committees).</b>
	7.1.4	Execute formal and informal agreements with partners and stakeholders.
	<b>7.2</b>	<b>Prepare others to provide health education and promotion.</b>
	7.2.3	Assess training needs.
	7.2.4	Plan training, including technical assistance and support.
	7.2.5	Implement training.
	7.2.6	Evaluate training as appropriate throughout the process.
	<b>7.3</b>	<b>Manage human resources.</b>
	7.3.1	Facilitate understanding and sensitivity for various cultures, values, and traditions.

	7.3.2	Facilitate positive organizational culture and climate.
	7.3.3	Develop job descriptions to meet staffing needs.
	7.3.4	Recruit qualified staff (including paraprofessionals) and volunteers.
	7.3.5	Evaluate performance of staff and volunteers formally and informally.
	7.3.6	Provide professional development and training for staff and volunteers.
	7.3.7	Facilitate the engagement and retention of staff and volunteers.
	7.3.8	Apply team building and conflict resolution techniques as appropriate.
	<b>7.4</b>	<b>Manage fiduciary and material resources.</b>
	7.4.1	Evaluate internal and external financial needs and funding sources.
	7.4.2	Develop financial budgets and plans.
	7.4.3	Monitor budget performance.
	7.4.4	Justify value of health education and promotion using economic (e.g., cost-benefit, return-on-investment, and value-on-investment) and/or other analyses.
	7.4.5	Write grants and funding proposals.
	7.4.6	Conduct reviews of funding and grant proposals.
	7.4.7	Monitor performance and/or compliance of funding recipients.
	7.4.8	Maintain up-to-date technology infrastructure.
	7.4.9	Manage current and future facilities and resources (e.g., space and equipment).
	<b>7.5</b>	<b>Conduct strategic planning with appropriate stakeholders.</b>
	7.5.1	Facilitate the development of strategic and/or improvement plans using systems thinking to promote the mission, vision, and goal statements for health education and promotion.
	7.5.2	Gain organizational acceptance for strategic and/or improvement plans.
	7.5.3	Implement the strategic plan, incorporating status updates and making refinements as appropriate.
	<b>8.1</b>	<b>Practice in accordance with established ethical principles.</b>
	8.1.2	Demonstrate ethical leadership, management, and behavior.
	<b>8.2</b>	<b>Serve as an authoritative resource on health education and promotion.</b>
	8.2.1	Evaluate personal and organizational capacity to provide consultation.
	8.2.2	Provide expert consultation, assistance, and guidance to individuals, groups, and organizations.
	8.2.3	Conduct peer reviews (e.g., manuscripts, abstracts, proposals, and tenure folios).
	<b>8.3</b>	<b>Engage in professional development to maintain and/or enhance proficiency.</b>

	8.3.5	Serve as a mentor.
	<b>8.4</b>	<b>Promote the health education profession to stakeholders, the public, and others.</b>
	8.4.6	Develop presentations and publications that contribute to the profession.
	8.4.7	Engage in service to advance the profession.

**PART V. CERTIFICATION OF ATTENDANCE/COMPLETION** (see attached sample)

Attach a Certificate of Attendance/Completion. This certificate must include the following information:

- Name and CHES®/MCHES® identification number of participating CHES®/MCHES®
- Number of total CECH earned and number of entry-level and/or advanced-level CECH
- 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®) and/or Master Certified Health Education Specialists (MCHES®) to receive up to \_\_\_\_\_ total Category I continuing education contact hours. Maximum advanced-level continuing education contact hours available are \_\_\_\_\_. Continuing Competency credits available are \_\_\_\_\_.”*

**PART VI. EVALUATION FORM** (see attached sample)

Attach a copy of the evaluation form used to gather participants’ feedback on the learning experience. The evaluation must include a question that asks if the learning objectives were met.

**ALSO REQUESTED:**

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

**Annual Event Provider (AEP) APPLICATION ASSURANCES:**

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®/MCHES®.
- 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 #: \_\_\_\_\_

**PART VII: 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. **Applications submitted less than 45 days prior to the event will be charged a \$40 late submission fee.**

**Check One:**

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

**Amount to charge:** \_\_\_\_\_

**Card Number** ----- **Exp Date:** \_\_\_\_ / \_\_\_\_

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

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

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

**Please submit the application, with attachments and appropriate payment to:**

**Email:** [icallwood@nchec.org](mailto:icallwood@nchec.org) (preferred)

**Mail:** National Commission for Health Education Credentialing, Inc.  
95 Highland Avenue, Suite 150A, Bethlehem, PA 18017

**Phone:** 888-624-3824    **Fax:** 800-813-0727    [www.nchec.org](http://www.nchec.org)

**Documents to include with application:**

- \*Assurances (Part III)
- \*List of CHES®/MCHES® on planning committee
- \*Agenda
- \*Learning Objectives
- \*Marketing Materials
- \*Sample Certificate of Completion
- \*Sample Evaluation

# SAMPLE

## Certificate of Attendance/Completion

CHES®/MCHES® NAME \_\_\_\_\_ CHES®/MCHES® # \_\_\_\_\_

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 designated for Certified Health Education Specialists (CHES®) and/or Master Certified Health Education Specialists (MCHES®) to receive up to \_\_\_\_\_ total Category I continuing education contact hours. Maximum advanced-level CECH available are \_\_\_\_\_. Continuing Competency credits available are \_\_\_\_\_.

Total contact hours earned \_\_\_\_\_

Entry-level contact hours earned \_\_\_\_\_

Advanced-level contact hours earned \_\_\_\_\_ Provider ID # \_\_\_\_\_

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



## SAMPLE EVALUATION FORM

### Continuing Education Evaluation Form

NAME OF ORGANIZATION

NAME OF PROGRAM

DATE OF PROGRAM

PARTICIPANT'S NAME \_\_\_\_\_ CHES®//MCHES® # \_\_\_\_\_

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 in each category in the table below.

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

**Sample Learning Objectives Spreadsheet**

Conference Name			
Session Title	Presenter	Learning Objectives	Area of Responsibility