



UNIVERSAL EVENT PROVIDER (USEP) APPLICATION FORM

Date(s) of Event: _____

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) _____
Web site: _____

PART II: RECORDS MAINTENANCE

Please indicate the name, address, and phone number of the person responsible for the maintenance of records for five years:

Name: _____
Title: _____
Address: (if different) _____
Phone/Fax/E-mail: (if different) _____

PART III: PROOF OF APPLICATION/APPROVAL BY ANOTHER TYPE OF HEALTH CREDIT. (I.e. Nursing, RD, AMA, CME)

Name of Organization alternate health credits applied for and type of credits:

Attach a copy of the application or approval letter from organization awarding alternate credits.

PART IV: LIVE EVENT INFORMATION ONLY

(Self-Study skip to PART V below, include learning objectives)

**Complete both sections for live events that will also be offered as self-study

Total Number of CECH Requested for Event: _____ (1 CECH = 60 minutes)
Number of Entry CECH Requested: _____ (1 CECH = 60 minutes)
Number of Advanced CECH Requested: _____ (1 CECH = 60 minutes)
Number of Continuing Competency Credits _____ (1 CECH= 60 minutes) **Assessment Required**

Program Title: _____
Location of Event: _____
City/State/ZIP: _____
Type of Event: _____
Event Contact: _____
E-mail: _____
Registration Fee: _____
Additional cost to process credits: _____
Would you like your event published on the NCHEC website? Yes No
Provide Registration URL: _____

Briefly explain how the need for this program was determined:

For each session of your event, please provide the following information with agenda: Session Title, Presenter Name, CHES®/MCHES® #, Organization, Learning Objectives, Area of Responsibility/Sub-competencies.

SEE SAMPLE (Page 11)

PART V: SELF-STUDY OFFERING INFORMATION ONLY (Please include learning objectives.)

Total Number of CECH Requested for Event: _____ (1 CECH = 60 minutes)
Number of Entry CECH Requested: _____ (1 CECH = 60 minutes)
Number of Advanced CECH Requested: _____ (1 CECH = 60 minutes)
Number of Continuing Competency Credits _____ (1 CECH= 60 minutes) **Assessment Required**
Program Title: _____
Author/Presenter: _____
Event Contact: _____
E-mail: _____
Cost of Program: _____
Cost of CECH: _____
Would you like your event published on the NCHEC website? _____ Yes _____ No
Provide Registration URL: _____

Briefly describe the author/presenter’s qualifications in the topic area:

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:

PART VI: AREAS OF RESPONSIBILITY, COMPETENCIES, AND SUB-COMPETENCIES

To receive entry-level credits, please relate the learning objectives to an entry-level Area of Responsibility. Sessions with learning objectives that are directed to advanced-level sub-competencies may award advanced-level credit. Include this information for each session if learning objectives differ.

Entry-Level:

	The Eight Areas of Responsibility for Health Education Specialists are:
	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: To award advanced-level CECH, learning objectives need to relate to an advanced-level sub-competency listed below.

	1.2	Obtain primary data, secondary data, and other evidence-informed sources.
	1.2.2	Establish collaborative relationships and agreements that facilitate access to data.
	1.2.9	Develop a data analysis plan.
	1.4	Synthesize assessment findings to inform the planning process.
	1.4.1	Compare findings to norms, existing data, and other information.
	2.3	Determine health education and promotion interventions.
	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.
	2.4	Develop plans and materials for implementation and evaluations.
	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.
	3.1	Coordinate the delivery of intervention(s) consistent with the implementation plan.
	3.1.4	Establish training protocol.
	4.1	Design process, impact, and outcome evaluation of the intervention.
	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.
	4.2	Design research studies.

	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.
	4.3	Manage the collection and analysis of evaluation and/or research data using appropriate technology.
	4.3.1	Train data collectors.
	4.3.4	Monitor data collection procedures.
	4.3.6	Analyze data.
	4.4	Interpret data.
	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.
	4.5	Use findings.
	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.
	5.2	Engage coalitions and stakeholders in addressing the health issue and planning advocacy efforts.
	5.2.3	Create formal and/or informal alliances, task forces, and coalitions to address the proposed change.
	5.3	Engage in advocacy.

	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).
	7.1	Coordinate relationships with partners and stakeholders (e.g., individuals, teams, coalitions, and committees).
	7.1.4	Execute formal and informal agreements with partners and stakeholders.
	7.2	Prepare others to provide health education and promotion.
	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.
	7.3	Manage human resources.
	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.
	7.4	Manage fiduciary and material resources.
	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).
	7.5	Conduct strategic planning with appropriate stakeholders.
	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.
	8.1	Practice in accordance with established ethical principles.
	8.1.2	Demonstrate ethical leadership, management, and behavior.
	8.2	Serve as an authoritative resource on health education and promotion.
	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).
	8.3	Engage in professional development to maintain and/or enhance proficiency.
	8.3.5	Serve as a mentor.
	8.4	Promote the health education profession to stakeholders, the public, and others.
	8.4.6	Develop presentations and publications that contribute to the profession.
	8.4.7	Engage in service to advance the profession.

PART VII: CERTIFICATION OF ATTENDANCE/COMPLETION

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)
- 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

PART VIII: EVALUATION FORM

Attach a copy of the evaluation form used to gather participant’s feedback on the learning experience. NCHEC requires that the question “Have the learning objectives been met?” be included on your evaluation.

SEE SAMPLE (Page 10)

PART IX: PAYMENT

- \$115 per event/program
- Add \$115 to repeat a live event as a self-study for one year
- Add \$40 for each time a live event will be repeated within one year
- Add \$40 late fee if submitted less than 30 days prior to event

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: _____
Exp. Date: ___ / ___
Total fees paid: _____
Cardholder’s Name: _____
Authorized Signature: _____
Billing Address: _____

Items to include with your application:

1. Complete application. An incomplete application may delay approval or result in denial of designation.
2. Payment.
3. Program agenda.
4. Session titles with learning objectives with Areas of Responsibility/Sub-Competencies noted.
5. Certificate of Completion with required wording.
6. Sample evaluation.
7. Post-test for self-study courses.
8. Assessment form for events/courses awarding Continuing Competency credits.
 - For live events include sample of assessment.
 - For self-studies provide a sample of the course post-test.

Please submit the application with all attachments and appropriate payment to:

Via Email:

Continuing Education Coordinator llcallwood@nchec.org.

Via Mail:

NCHEC, Inc.
1541 Alta Drive, Suite 303
Whitehall, PA 18052

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 on 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 _____

NCHEC
USEP APPLICATION FORM

Conference Name			
Session Title	Presenter	Learning Objectives	Area of Responsibility