Certified Health Education Specialist (CHES®)

Master Certified Health Education Specialist (MCHES®)

Policies and Procedures Handbook for Renewal and Recertification

Effective January 2023

NCHEC

National Commission for Health Education Credentialing

Credentialing Excellence in Health Education

NATIONAL COMMISSION FOR HEALTH EDUCATION CREDENTIALING, INC.

Congratulations on earning the CHES®/MCHES® designation!

**This Policy and Procedures Handbook outlines
procedures for maintaining your credential.**

CONTENTS

**Please read this handbook in its entirety
BEFORE completing the application.**

WELCOME

The National Commission for Health Education Credentialing, Inc. (NCHEC) would like to thank you for pursuing certification in the field of Health Education and Promotion. Recognition as a nationally Certified Health Education Specialist (CHES®) will assist you in whichever career setting you choose. Certification defines your commitment to the field of Health Education and Promotion and positions you to continue your professional development while upholding the national and international accreditation standards that our credential attest to. Certification is a significant achievement, and validates the knowledge and skills you have obtained through your academic preparation.

National certification benefits practitioners and the public by:
- Establishing a national standard of practice for all health education specialists
- Attesting to the individual health education specialists knowledge and skills
- Assisting employers in identifying qualified health education practitioners
- Developing a sense of pride and accomplishment among certified health education specialists
- Promoting continued professional development for health education specialists

NONDISCRIMINATION/ FAIRNESS

NCHEC does not discriminate against any individual on the basis of race, ethnicity, religion, sex, gender identity, age, disability, sexual orientation, status as a veteran, or other legally protected status. NCHEC's adheres to a formal application review process in accordance with established criteria. This process provides assurance to the public that the eligibility review is impartial and fair. For more information on NCHEC's Nondiscrimination/Fairness policy and procedures regarding this policy, contact NCHEC at 888.624.3248 or visit www.nchec.org.

ACCEPTABLE USE OF CREDENTIAL

Certified individuals must comply with all recertification requirements to maintain use of the respective credential and its associated acronym. Certified individuals may not make misleading, deceptive, or confusing statements regarding their certification status. If an individual allows their certification to fall into lapsed/expired status, he or she must immediately discontinue use of the associated acronym and is prohibited from stating or implying certification is current.

RENEWAL AND RECERTIFICATION

- The CHES®/MCHES® credential must be renewed every year by payment of an annual fee of $70.
- Recertification takes place every five years. The rationale is that the job analysis is done every five years shows moderate amount of change. Requirements for recertification include the accrual of Continuing Education Contact Hours (CECH), includ ing the demonstration of continuing compe-tence via an assessment, and the payment of the annual fee.
- Renewal and recertification materials are distri-buted to CHES®/MCHES® four to six weeks before the renewal or recertification date. A transcript of CECH accumulated during the current five-year certification cycle is available at any time by logging into your CHES®/ MCHES® account. CHES®/MCHES® are encouraged to routinely track their progress during their current five-year certification cycle by logging into their online account: http:// www.nchec.org.

RECERTIFICATION REQUIREMENTS

The purpose of professional certification is to ensure a high level of competence in the health education workforce. Maintenance of this competence is supported by continued training in the knowledge and methods of the field. (Refer to **Continuing Education** on page 5.) The NCHEC recertification requirements show continued competency by demonstrating specified levels of knowledge, skills, or ability not only at the time of initial certification but throughout an individual's professional career.

After initial certification, CHES® and MCHES® must carry out specific professional development requirements in order to recertify every five years. These requirements include the following:

1. The completion of a total of 75 Continuing Education Contact Hours (CECH) every five years.
   a. At least 45 of these CECH must fall into Category I offerings. Category I credits are obtained through NCHEC preapproved designated providers.
   b. Up to 30 CECH may come from Category II offerings. Category II credits are obtained through other providers of continuing education (See Appendix B).
2. All CHES® and MCHES® must complete 5 CECH of a "Continuing Competency Assessment," as part of the total 75 CECH for recertification, which includes either:
   a. A work performance assessment by a supervisor/client (Category II), or;
   b. An end-of-course learning assessment by a Designated Provider of Category I CECH.
3. In addition MCHES® are required to earn 30 CECH that are directly related to the advanced-level Sub-competencies from Category I and/or II for each certification cycle. **All of the advanced-level CECH can be from CAT II.**

Category I (preapproved) CECH opportunities are listed on the NCHEC website at www.nchec.org. CHES®/MCHES® who are unable to meet the recertification requirement may request extension status. MCHES®, who previously were active CHES®, and cannot maintain the advanced certification, can revert back to the CHES® level if they have met all requirements for the CHES® certification.

EXCEPTION TO THE 45 CATEGORY I / 30 CATEGORY II CECH POLICY

CHES®/MCHES® who live outside the continental United States may earn all 75 CECH through Category II activities. However, these individuals are still required to show an "assessment" or either work performance or course learning.

CARRY OVER OF CECH

CHES®/MCHES® who have accumulated in excess of 75 CECH at the end of their current five-year certification cycle will carry over a maximum of 15 Category I CECH into their next five-year certification cycle. For MCHES®, the CECH (*entry* or ***advanced***) will carry over as entry-level credits only. Category II hours are not eligible for carryover.

RECERTIFICATION BY EXAMINATION

To recertify by examination a CHES®/MCHES® must:
- Meet the current eligibility criteria to sit for the examination
- Apply and pay appropriate fees by the stated deadline for the examination using the official CHES®/MCHES® examination application form available through NCHEC or on the website: www.nchec.org
- Pass the CHES®/MCHES® examination. (CHES®/MCHES® examinations are administered in April and October)

Failure to pass the examination will result in expiration of CHES®/MCHES® certification effective at the end of the current five-year certification period.

FEES FOR RENEWAL/RECERTIFICATION

RENEWAL/RECERTIFICATION FEES:

Annual Renewal Fee:	$70
Annual Retired Renewal Fee:	$15
Recertification Fee:	$70

1. CHES®/MCHES® who became certified in October must renew/recertify by September 30.
2. CHES®/MCHES® who became certified in April must renew/recertify by March 31.

LATE FEES:

Late Fee: Up to three months late: $25 (renewal + late fee = $95)

Late Status: *CHES®/MCHES® who have not paid their annual renewal fees by the deadline of the current certification year are considered late.*

Reinstatement Fee: More than three months late: $75 (renewal + late fee + reinstatement fee = $170)

Lapsed Status: *CHES®/MCHES® who have not paid their renewal or recertification fee within one year of the deadline are lapsed. They are no longer considered CHES®/MCHES® and are not permitted to use the credential.*

Additional Fee: Returned Check Fee: $25

CERTIFICATION STATUS OPTIONS

Circumstances may necessitate a change in status. The following options are available:

EXTENSION: CHES®/MCHES® who has paid his/her renewal fee for the current certification year but has not fulfilled all CECH requirements or the continuing competency assessment requirements may request a one-year extension of his/her recertification cycle. Extension status may be granted for special circumstances including, but not limited to personal or family illness, graduate study, or foreign residency.

CHES®/MCHES® may request extension status for a maximum of two years during any five-year certification cycle (approved in one-year increments). A change of status form or a letter of explanation for the request must be submitted each year. At the end of the current renewal year, the CHES®/MCHES® will automatically return to active status as long as current renewal fees are paid. If it is the CHES®/MCHES® recertification year they will return to active status when their CECH requirement is fulfilled and the fee is paid.

While on extension status, a CHES®/MCHES®:
- May continue to earn CECH
- Is not permitted to hold any elective NCHEC office
- Is not allowed to serve on any planning committee as a CHES®/MCHES® representative

RETIRED: *CHES®/MCHES® who are permanently retired from health education and are in active/good standing may apply for retired status. After retired status is approved and awarded, a retired individual must use RETIRED CERTIFIED HEALTH EDUCATION SPECIALIST (RCHES) or RETIRED MASTER CERTIFIED HEALTH EDUCATION SPECIALIST (RMCHES) after his/her name. Retired status is considered a permanent status. No CECH requirement exists for individuals in retired status. The annual renewal fee is $15.00. All applicable fees must be paid for the period you are requesting retired status before the request will be granted.*

While in retired status, an RCHES or RMCHES is:
- not permitted to hold any elective NCHEC office
- not allowed to serve on any planning committee as a CHES®/MCHES® representative

CONTINUING EDUCATION

Opportunities for earning CECH are outlined in this document.

DEFINITION OF TERMS:

Activities are the individual methods (described within each of the activity types) by which CECH may be earned. As always, personal and professional integrity should guide all CECH claims and documentation.

Areas of Responsibility are the broad entry-level skills necessary for the practice of health education in all settings. Each Area of Responsibility is assigned related Competencies as outlined in Appendix A.

Category I entry refers to CECH opportunities that relate to one or more of the Areas of Responsibility and have been preapproved by NCHEC (offered by designated providers.)

Category I advanced refers to CECH opportunities that relate to one or more of the Areas of Responsibility, the advanced-level Sub-competencies, and have been preapproved by NCHEC (offered by designated providers.)

Category II entry refers to CECH opportunities that relate to one or more of the Areas of Responsibility, but have not been preapproved by NCHEC (offered by non-designated providers.)

Category II advanced refers to CECH opportunities that relate to one or more of the Areas of Responsibility and the advanced-level Sub-competencies but have not been preapproved by NCHEC (offered by non-designated providers.)

Continuing Competency refers to the demonstration of specified levels of knowledge, skills, or ability not only at the time of initial certification but throughout an individual's professional career. The NCHEC recertification requirements demonstrate continued competence.

Continuing Education Contact Hours (CECH) are earned through participation in experiences that assist in the development or enhancement of the knowledge and/or skills directly related to the Areas of Responsibility and the individual's professional occupation.

Professional Development is education and training to maintain and enhance one's competence in health education and health promotion following a previously attained level of professional preparation (adapted from "Report of the 2011 Joint Committee on Health Education and Promotion Terminology".)

Designated Provider is an organization pre-approved by NCHEC to provide CECH opportunities for CHES®/MCHES®.

Documentation is the evidence needed to support a CECH claim.

EARNING CECH

- NCHEC encourages training in all the Areas of Responsibility, as continued competence in all Areas is essential to effective health education practice.
- CHES®/MCHES® may earn CECH through completion of any of the following activities:
  - ✓ Attendance at Professionals Meetings, Self-Study, Academic Preparation, Creative Endeavors, Professional Presentations, Professional Service and Advanced Professional Practice Activities.
- Each activity is worth a specific number of CECH, as defined in the following pages.
- **For CHES®, CECH may not be claimed for activities, events, or experiences that are part of daily job requirements with the exception of the "continuing competency assessment" by a supervisor/client once per recertification cycle.**
- **For MCHES®, CECH may be claimed for work-related activities, events, or experiences that relate to advanced-level Sub-competencies. Please refer to Continuing Education Contact Hours (CECH) opportunities listed in this handbook for accepted activities.**
- CECH for similar or closely-related activities may not be counted more than once. For example, CHES®/MCHES® may not claim dual or additional CECH for:
  - ✔ Concurrently taking a graduate thesis course and writing the thesis,
  - ✔ Attending seminars or workshops that are a normal part of a traineeship or mentorship for which CECH are claimed,
  - ✔ Publishing or republishing the same or a similar article in multiple publications or media (print or electronic),
  - ✔ Presenting at and attending the same session at a conference, or
  - ✔ Developing a data-collection instrument and publishing the research.
- As always, personal and professional integrity should guide all CECH claims and documentation.

DOCUMENTATION OF CECH:

1. **Category I (preapproved) Activities:** After completion of a Category I program, the designated provider will report the activity directly to NCHEC and award a certificate of attendance/completion directly to the participating CHES®/MCHES®. The certificate will include the sponsor's designated provider number. CHES®/MCHES® should retain the certificate in their records – CHES®/MCHES® should not submit any Category I documentation to NCHEC unless requested. Designated providers report Category I credits to NCHEC on a quarterly basis (1/15, 4/15, 7/15 and 10/15). A transcript of CECH accumulated during the current five-year certification cycle is available at any time by logging into your CHES®/MCHES® account at:

   http://www.nchec.org

2. *Category II (non-preapproved) Activities:* Due to the diversity of Category II opportunities, acceptable forms of documentation will vary (refer to the following tables for specifics.) To claim CECH in Category II, CHES®/MCHES® will need to record not only the program information, but also how each activity relates to the Areas of Responsibility and/or advanced-level Sub-competencies. CHES®/MCHES® must fill out a Category II CECH Claim Form. It is recommended that claims be submitted within 90 days following completion of a CECH activity. The claim form is included in Appendix B, is available on the NCHEC website: www.nchec.org.

3. **Continuing Competency Assessment:** All CHES®/MCHES® must complete 5 CECH of an "assessment," specific to one of the Areas of Responsibilities of Health Education Specialists either directly of work performance by a supervisor/ client (Category II) OR via an end of course learning assessment by a designated provider of continuing education (Category I). Completion of the Continuing Competency Assessment is required for recertification and the credits will be applied toward the required 75 CECH for recertification.

APPEALS POLICY

An appeal procedure is available to any applicant or CHES®/MCHES® to contest any adverse decision affecting his/her CHES®/MCHES® examination eligibility or CHES®/MCHES® status. Any individual who does not file a request for an appeal within the required time limit shall waive the right to appeal.

APPLICANTS/CHES®/MCHES® MAY APPEAL:	
Adverse Decision Affected	**NCHEC Decision-Making Body**
1. Exam Eligibility	Division Board for Professional Preparation and Practice
2. Recertification Status	Division Board for Professional Development
3. Suspension/Revocation of CHES®/MCHES® Status	Board of Commissioners

APPLICANTS/CHES®/MCHES® CANNOT APPEAL:

1. Actions taken by NCHEC in setting a passing score
2. Established eligibility requirements
3. Individual test items
4. Test content validity

DEFINITIONS

An "adverse decision" shall mean any unfavorable decision made by NCHEC regarding one's exam eligibility, CHES®/MCHES® renewal/recertification, or CHES®/MCHES® status.

PROCEDURE FOR APPEALS

Filing the Appeal

- An appeal will only be considered if postmarked within thirty calendar days following the postmark date on the envelope in which the appellant was notified of the adverse decision.
- NCHEC strongly suggests appeals be sent by certified mail or overnight courier service (UPS, FedEx, etc.) with return receipt requested, or e-mailed electronically. Appeals by facsimile are not accepted.
- A fee of $25 must be paid and is not refundable if the appeal is denied.
- An appeal must be submitted in writing (either electronically or typewritten) to the NCHEC Executive Director who will, in turn, submit it to the appropriate NCHEC decision-making body. If mailed, the written appeal packet must contain the envelope from NCHEC showing the postmark date of the adverse decision.

- The appeal should identify the adverse decision being appealed and explicitly state the reasons for the appeal. The appeal shall set forth any new or additional information to be considered.
- The only additional information that may be submitted after the initial filing is that which is requested by the appropriate NCHEC decision-making body.

Review and Consideration

- The appropriate NCHEC decision-making body shall review and consider a properly filed appeal during its next regularly scheduled monthly meeting.
- Where it deems necessary, a division board has the authority to request from the Board of Commissioners (BOC) an opinion regarding any aspect of the applicant's appeal.
- The appropriate NCHEC decision-making body shall make a determination as to whether it will uphold the adverse decision or not, or order other action that it deems necessary.
- The NCHEC Executive Director shall notify the applicant of the appropriate NCHEC decision-making body's decision, and the reasons therefore, within fifteen business days following the date of the appropriate NCHEC decision-making body's decision.
- The appropriate NCHEC decision-making body's decision is final.

HEALTH EDUCATION CODE OF ETHICS

A health education specialist is dedicated to excellence within the professional practice of promoting individual, family, organizational, and community health. The Health Education Code of Ethics provides a basis of shared professional values. The responsibility of all health education specialists is to reach highest possible standards of conduct and to encourage the ethical behavior of all those with whom they work. Please refer to the full Health Education Code of Ethics on nchec.org/code-of-ethics for more information on all Articles of Responsibility.

DISCIPLINARY POLICY

By applying for certification or recertification, Health Education Specialists recognize the authority of NCHEC to apply the Health Education Code of Ethics to those certified. If disciplinary actions are recommended as a result of an ethics investigation, the accused will be given full due process, including an appeal.

A Certified Health Education Specialist's (CHES®) or Master Certified Health Education Specialist's (MCHES®) certification may be suspended or revoked for reason(s) deemed appropriate by NCHEC including, but not limited to, the following:
1. Falsification of the certification application
2. Falsification of any information requested by NCHEC
3. Misrepresentation of certification status
4. Cheating (or reasonable evidence of intent to cheat) on the examination
5. The conviction or plea of guilty or plea of nolo contender to a felony in a matter related to the practice of, or qualifications for, professional activity
6. Gross negligence or willful misconduct in the performance of professional services, or other unethical or unprofessional conduct based on demonstrable, verifiable, and serious violations of the Health Education Code of Ethics

PROCEDURES

Complaints regarding possible ethics violations of a CHES®/MCHES® must be submitted in writing to the NCHEC Executive Director. The complaint must include the accuser's name and contact information. Individuals bringing complaints are not entitled to any relief or damages by virtue of this process, although they will receive notice of the actions taken.

1. Complaints will undergo an administrative review of documentation by the Disciplinary Committee of the NCHEC Board of Commissioners within 30 days of receipt by NCHEC to determine if the alleged action falls within the scope of disciplinary policy and warrants investigation.
2. The accused will be notified in writing of the complaint within 14 days after the administrative review. Further, in the absence of unusual circumstances, the accused will receive the original complaint and documentation including the name of the accuser.
3. The accused will be given an opportunity to formally and in writing admit to or refute the accusation in 30 days from letter date, thus assuring due process in the review.
4. The investigation may require procuring additional materials and interviews with relevant people.
5. If it is determined that there was a bona fide violation of ethics, the consequences can range from a letter of reprimand with warning, requiring the accused to complete an educational intervention on ethics, suspension, or revocation of the certification. Complainant and the certificant will be notified of the final decision of the Disciplinary Committee.
6. Every effort will be made to reach a decision in a timely manner; however, extended time may be needed to ensure full due process.
7. Actions taken do not constitute enforcement of the law, although referral to appropriate federal, state, or local government agencies may be made about the conduct of the certificant in appropriate situations.
8. NCHEC will publish suspensions and revocations on the website.

DISCIPLINARY APPEALS:

CHES®/MCHES® who wish to appeal a decision regarding disciplinary action must do so in writing, stating the grounds for the appeal. This correspondence should be received by NCHEC within 30 days of NCHEC's letter to the CHES®/MCHES® wherein the decision regarding disciplinary action is revealed, and should be addressed to the Executive Director.

CONTINUING EDUCATION CONTACT HOUR (CECH) OPPORTUNITIES

The following is a list of the types/categories of continuing education opportunities that a CHES® or MCHES® may obtain during the course of a five-year recertification cycle. The opportunities highlighted as **advanced** can be applied toward the MCHES® advanced-level continuing education requirement. CHES® may also obtain advanced-level credits, but they will be applied as entry-level in the CHES® transcript.

ATTENDANCE AT PROFESSIONAL MEETINGS:

Attendance at professional conferences, seminars, lectures, workshops, symposia, teleconferences, or other professional meetings offered by designated providers or other providers, in one or more of the Areas of Responsibility.

PROFESSIONAL MEETINGS
Definition
Attending or moderating educational sessions at conferences, seminars, or workshops. You may not claim time for lunches or breaks, or for attending poster sessions, networking sessions, business meetings, or non-educational periods.

Applicable Categories
- Category I (*entry* and **advanced** offered by designated provider)
- Continuing Competency Assessment: This Category I activity might qualify toward the continuing competence assessment needed for recertification if offered by the provider
- Category II (*entry and* **advanced**)

Eligible CECH
1 CECH per hour of instruction

Documentation
- Category I (*entry* and **advanced**): certificate of attendance/completion
- Category II (*entry* and **advanced**): official proof of attendance (e.g., certificate of attendance or copy of registration and meeting schedule with attended sessions highlighted)

SELF-STUDY

Reading the professional literature or completing an independent study offered by designated providers, or other providers, in one or more of the Areas of Responsibility.

PROFESSIONAL READING
Definition
Reading an article from a preapproved journal (print or electronic) and submitting the related learning assessment to the designated provider.

Applicable Categories
- Category I (*entry* and **advanced** offered by designated provider)
- Continuing Competency Assessment: This Category I activity might qualify toward the continuing competence assessment needed for recertification

Eligible CECH
Number of contact hours awarded by the designated provider

Documentation
Category I (*entry* and **advanced**): certificate of completion

INDEPENDENT STUDY
Definition
Formal independent study of a topic through audio, video, compact disc, publication, computer-based or Internet-based learning module of at least one hour in length. Must be sponsored by a professional body or organization.

Applicable Categories
- Category I (*entry*) (offered by designated provider) Continuing Competency Assessment: This Category I activity would qualify toward the continuing competence assessment needed for recertification
- Category II (*entry* and **advanced**)

Eligible CECH
Number of CECH awarded by the provider

Documentation
- Category I (*entry*): certification of completion
- Category II (*entry* and **advanced**): official certification of completion from sponsoring organization and outline of the module

PARTICIPATING IN AN INTERNSHIP/PRACTICUM/ APPRENTICESHIP (NON-ACADEMIC)
Definition
Participation as a learner in a planned and supervised training or mentoring program that is not part of an academic curriculum. Activity must not be part of daily work responsibilities. *Examples*: professional internship, study tour, mentoring relationship, leadership institute, professional

fellowship. Supervision and evaluation by a health educator is required. A formal letter of agreement or contract between the trainee and the preceptor/organization responsible for the training must be signed before the experience begins.

Applicable Categories
- Category I (*entry* and ***advanced*** offered by designated provider)
- Category II (*entry* and ***advanced***)

Eligible CECH
1 CECH for each 10 hours of involvement

Documentation
- Category I (*entry* and ***advanced***): certificate of completion
- Category II (*entry* and ***advanced***): copy of formal agreement or written documentation of agreement *and* log of actual contact time with supervisor's signature

ACADEMIC PREPARATION
Academic activities completed after becoming certified that enhance knowledge and skills directly related to one or more of the Areas of Responsibility.

TAKING AN ACADEMIC COURSE OR TRAINEESHIP
Definition
- Successful completion of a health education course or field experience from an accredited college or university.
- *Examples:* on-campus course, distance education or correspondence course, academic traineeship, internship, fieldwork, fellowship, preceptorship, or study tour. CECH may be claimed only once for a given course or fieldwork.

Applicable Categories
- Category I (*entry* and ***advanced***): awarded for specific courses offered by college or university which are designated providers
- Category II (*entry* and ***advanced***): awarded for courses offered by college or universities that are not designated providers

Eligible CECH
3 CECH per semester credit hour
2 CECH per trimester credit hour
2 CECH per quarter credit hour
Example: a semester 3-credit-hour course would earn 9 CECH

Documentation
- Category I (*entry* and ***advanced***): certificate of completion from designated provider
- Category II (*entry* and ***advanced***): official proof of completion from sponsoring institution or copy of transcript listing the course or Traineeship

AUTHORING A THESIS OR DISSERTATION
Definition
Authorship and acceptance of a master's thesis or doctoral dissertation prepared in partial fulfillment of a health education related graduate degree program.

Applicable Categories
- Category I (*entry* and ***advanced***): awarded for acceptance of a thesis or dissertation by a college or university which is a designated provider
- Category II (*entry* and ***advanced***): awarded for acceptance of a thesis or dissertation by a college or university not approved as designated providers

Eligible CECH
Acceptance of Dissertation: 20 CECH
Acceptance of Thesis: 15 CECH

Documentation
Category I (*entry* and ***advanced***): certificate of completion Category II (*entry* and ***advanced***): copy of title page and table of contents and letter of acceptance of the thesis or dissertation by the college or university

CREATIVE ENDEAVORS
Creative and scholarly activities including the creation of original materials or products for use by professionals or the lay public and/or authorship resulting in the publication of articles, books, chapters, monographs or reports relating to one or more of the Areas of Responsibility.

AUTHORSHIP OF A BOOK CHAPTER, MONOGRAPH OR REPORT
Definition
- Authorship and publication of an original book chapter, comprehensive study, or report of a topic relevant to health education
- All authorship activities must involve substantive contributions and not mere proofreading. CECH may not be claimed for revisions.

Applicable Categories
Category II (*entry* and ***advanced***) only

Eligible CECH
Sole Author: 5 CECH
Co-Author: 3 CECH

Documentation
Category II (*entry* and ***advanced***): copy of title page and table of contents and full bibliographic citation

AUTHORSHIP OR EDITORSHIP OF A BOOK/TEXT IN THE FIELD OF HEALTH EDUCATION

Definition

Authorship or editing and publication of an original multi-chapter book on a topic relevant to health education. All authorship and editing activities must involve substantive contributions and not mere proofreading. CECH may not be claimed for subsequent editions.

Applicable Categories

Category II (*entry* and ***advanced***) only

Eligible CECH

Sole Author: 30 CECH
Co-Author: 20 CECH
Sole Editor: 15 CECH
Co-Editor: 10 CECH

Documentation

Category II (*entry* and ***advanced***): copy of title page and table of contents and full bibliographic citation

AUTHORSHIP OF AN ARTICLE IN A PEER-REVIEWED PUBLICATION

Definition

- Authorship and publication in a peer-reviewed journal (print or electronic) of an original article addressing a health education topic for a professional audience. All authorship activities must involve substantive contributions and not mere proofreading.
- CECH may not be claimed for reprints, duplications, or revisions of the same article in different publications.

Applicable Categories

- Category I (*entry* and ***advanced***): awarded for articles in journals published by a designated provider
- Category II (*entry* and ***advanced***): awarded for articles in journals not published by a designated provider

Eligible CECH

Sole Author: 5 CECH per article
Co-Author: 3 CECH per article

Documentation

- Category I (*entry* and ***advanced***): copy of first page of article and full bibliographic citation
- Category II (*entry* and ***advanced***): copy of first page of article and full bibliographic citation

AUTHORSHIP OF AN ARTICLE IN A NON-PEER-REVIEWED PUBLICATION

Definition

Authorship and publication in a non-peer reviewed journal or other print or electronic medium (magazine, newsletter, website, etc.) of an original article addressing a health education topic for a professional or lay audience. All authorship activities must involve substantive contributions and not mere proofreading. Units may not be claimed for reprints, duplications, or revisions of the same article appearing in different publications.

Applicable Categories

Category II (*entry*) only

Eligible CECH

Sole Author: 4 CECH per article
Co-Author: 2 CECH per article

Documentation

Category II (*entry*) : copy of first page of article and full bibliographic citation

PRODUCT DEVELOPMENT

Definition

Designing or developing original health education products for professional or lay use. Examples: programs or learning tools on audio, videotapes or CD-ROM, Web and Internet products, manuals, brochures, surveys and other assessment or evaluation instruments. CECH may be claimed only once for a given product. CECH may not be claimed for revisions or improvements to a product.

Applicable Categories

Category II *(entry)* only

Eligible CECH

Sole Developer: 5 CECH per product
Co-Developer: 3 CECH per product

Documentation

Category II *(entry)*: copy of official copyright notice or copy of product itself

DEVELOPMENT OF A HEALTH EDUCATION COURSE OR CURRICULUM

Definition

Development of an original teaching/training course or curriculum for a student or professional audience in either an academic or training setting. For CHES®, CECH may not be claimed for activities, events or experiences that are part of daily job requirements.

Applicable Categories

Category II (*entry* and ***advanced***)

Eligible CECH

5 CECH

Documentation

Category II (***advanced***): copy of title page and table of contents and copy of course syllabus and summary document of curriculum and description of content learning objectives

PROFESSIONAL PRESENTATIONS

Presentations on topics related to one or more of the Areas of Responsibility delivered to professional audiences in person or electronically in video or audio format.

PRESENTING
Definition

Offering an original oral or audiovisual presentation at an event attended by a professional audience. Examples: presentation settings include conferences, seminars, lectures, symposia, workshops, and video/teleconferences. CECH may not be claimed for repeat or duplicate presentations of the same or revised information. A CHES®/MCHES® applying for CECH as a presenter also may not claim CECH for attending the session in which the presentation was made.

Applicable Categories
- Category I (*entry* and **advanced**): awarded for presentations at sessions offering Category I credit for attendees
- Category II (*entry* and **advanced**): awarded for presentations at sessions not offering Category I credit for attendees

Eligible CECH

2 CECH per hour of instruction. All speakers/presenters receive equal credit.

Documentation
- Category I (*entry* and **advanced**): certification of completion
- Category II (*entry* and **advanced**): proof of the presentation (program announcement or thank you letter) indicating its duration

AUTHORING OR PRESENTING POSTER SESSION
Definition

Authorship of an original research or practice-based project display or poster presented at a professional meeting. Must include formal learning objectives. CECH may not be claimed for repeat or duplication presentations of the same or revised information.

Applicable Categories
- Category I (*entry* and **advanced**): awarded for presentations/attendance at conferences offering Category I credit (at provider's discretion)
- Category II (*entry* and **advanced**): awarded for presentations/attendance at conferences not offering Category I credit

Eligible CECH

1 CECH per conference. All authors/presenters receive equal credit.

Documentation
- Category I (*entry* and **advanced**): certification of completion
- Category II (*entry* and **advanced**): proof of the presentation (program, announcement or letter of acceptance)

PROFESSIONAL SERVICE

Activities involving leadership in the profession and the community, including teaching, precepting, mentoring, and volunteering in areas of service focusing on one or more of the Areas of Responsibility.

REVIEWING APPLICATIONS FOR FUNDING OR PROGRAM ACCREDITATION APPLICATIONS
Definition

Service on a funding application or program accreditation review board/committee.

Applicable Categories

Category II (*entry* and **advanced**) only

Eligible CECH

3 CECH per calendar year of activity

Documentation

Category II (*entry* and **advanced**): copy of letter of invitation or appreciation

REVIEWING MANUSCRIPTS FOR PEER-REVIEWED JOURNALS OR HEALTH EDUCATION TEXTBOOKS
Definition

Serving as a reviewer of manuscripts related to health education for a peer-reviewed journal.

Applicable Categories
- Category I (*entry* and **advanced**): awarded for reviewing submissions to journals published by designated providers
- Category II (*entry* and **advanced**): awarded for reviewing submissions to journals not published by designated providers

Eligible CECH

3 CECH per calendar year of activity for each journal

Documentation
- Category I (*entry* and **advanced**): certification of completion
- Category II (*entry* and **advanced**): copy of letter of appreciation

ACTING AS A MENTOR
Definition

Serving as a formal mentor providing professional guidance to another professional within the same organization or in another organization. (This excludes student interns and student teachers).

Activity must not be part of daily work responsibilities, and must be considered a professional growth experience. A formal letter of agreement or contract between the mentee and the mentor responsible for the training must be signed before the experience begins.

Applicable Categories

Category II (*entry* and ***advanced***) only

Eligible CECH

1 CECH per calendar month of activity for each individual mentored

Documentation

Category II (*entry* and ***advanced***): letter of agreement or written documentation indicating the nature and duration of the Mentorship.

PROFESSIONAL LEADERSHIP IN A HEALTH EDUCATION ORGANIZATION

Definition

Active service in a voluntary leadership position within a health education related organization. Examples: serving on boards or committees, planning conferences, advocating for the health education profession.

Applicable Categories

- Category II (*entry* and ***advanced***) only

Eligible CECH

- 2 CECH per organization per calendar year per group

Documentation

- Category II: proof of service (letter from supervisor or board, letterhead or notice in organizational directory) indicating the duration of term.

ADVANCED PROFESSIONAL PRACTICE – MCHES® ONLY SECTION

CREATIVE ENDEAVORS

Creative and scholarly activities including the creation of original materials or products for use by professionals or the lay public and/or authorship resulting in the publication of articles, books, chapters, monographs or reports relating to one or more of the Areas of Responsibility.

DEVELOPMENT OF A TRAIN-THE-TRAINER CURRICULUM FOR HEALTH EDUCATION PROFESSIONALS

Definition

Development of an original train-the-trainer curriculum for professional health educators involved in the implementation of health education interventions. Conduct research, literature reviews or identify evidence-based strategies to assist with the development of a training curriculum, incorporating theories (Stages of Change, Social Cognitive Theory, etc.) into the curriculum. Develop learning objectives. Determine learning style for target audience and materials and tools needed for the training (incentives, equipment, handouts, etc.)

Applicable Categories

Category II *(advanced)* only

Eligible CECH

5 CECH

Documentation

Category II *(advanced)*: summary/outline of curriculum and reference of current practices

DEVELOPMENT OF A HEALTH EDUCATION COURSE OR CURRICULUM

Definition

Development of an original teaching/training course or curriculum for a graduate-level student or professional audience in either an academic or training setting.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

5 CECH

Documentation

Category II *(advanced):* Copy of title page and table of contents and copy of course syllabus and summary document of curriculum

DESIGN A HEALTH-RELATED TRAINING PROGRAM USING VARIOUS LEARNING THEORIES

Definition

Development of an original training for professional health educators/audiences in either an academic or training setting. Health education and adult learning theories will be utilized to develop or adapt the training programs.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

5 CECH

Documentation

Category II *(advanced):* copy of title page and table of contents; copy of training syllabus and summary document of curriculum

DEVELOPMENT OF FUNDING PROPOSALS FOR GRANTS, CONTRACTS, AND/OR COOPERATIVE AGREEMENTS

Definition

Participate in the procurement of fiscal resources for an agency and/or organization through the writing of funding proposals for grants, contracts and/or cooperative agreements.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

4 CECH

Documentation

Category II *(advanced)*: proof of submission and copy of solicitation and application cover page or award letter

DEVELOPMENT OF MARKET PLANNING

Definition

A marketing plan is a comprehensive blueprint which outlines an organization's overall marketing efforts.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

3 CECH

Documentation

Category II *(advanced):* A copy of marketing plan with table of contents

DEVELOPMENT OF A POLICY ANALYSIS

Definition

Provide policy resources and information to assist with implementing impactful policy, systems, and environmental (PSE) strategies.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

3 CECH

Documentation

Category II *(advanced):* A copy of policy analysis or letter from supervisor stating the person developed a policy analysis.

PROFESSIONAL PRESENTATIONS

Presentations on topics related to one or more of the Areas of Responsibility delivered to professional audiences in person, or electronically in video or audio format.

PRESENTING RESEARCH FINDINGS AT PROFESSIONAL CONFERENCES

Definition

Authorship of an original research project presented at a professional meeting. The research will be presented utilizing various instructional methods such as developing a video, giving a lecture or interview via an electronic format with the purpose of disseminating the research findings.

Applicable Categories

- Category I *(advanced):* awarded for presentations/attendance at conferences offering Category I credit (at provider's discretion)
- Category II *(advanced):* awarded for presentations/attendance at conferences not offering Category I credit

Eligible CECH

3 CECH

Documentation

- Category I *(advanced):* certification of completion
- Category II *(advanced):* proof of the presentation (program, announcement or letter of acceptance) and summary of research findings, abstract or IRB approval.

PROGRAM DEVELOPMENT

Health education program and development activities that require advanced skills and capabilities gained through professional work or volunteer experience and/or academic preparation. These activities must be related to Responsibilities I or II and reflect advanced-level Sub-competencies.

FACILITATE STAKEHOLDER WORKGROUPS
Definition
> Active identification, recruitment, and engagement of stakeholders on various levels: local, regional, state, or national to participate in assessment and planning processes related to health and health education issues.

Applicable Categories
> Category II *(advanced)* only

Eligible CECH
> 2 CECH per year

Documentation
> Category II *(advanced):* proof of service (executive summary of workgroup activities, rosters, agendas), including the duration

COORDINATE A COMMUNITY ASSESSMENT PROCESS
Definition
> Active coordination of a community assessment process utilizing best practices models. Coordination includes identifying and recruiting stakeholders and key community and agency/governmental leaders; defining community needs; developing objectives, and planning activities to meet the needs of the community through priority setting, policy, and environmental changes, regulations and organization.

Applicable Categories
> Category II *(advanced)* only

Eligible CECH
> 5 CECH per year

Documentation
> Category II *(advanced):* summary report of process/analysis

DEVELOP RECOMMENDATIONS FROM DATA FINDINGS
Definition
> Combine information from assessment findings into a series of recommendations that will help to determine health education needs.

Applicable Categories
> Category II *(advanced)* only

Eligible CECH
> 1 CECH per list of recommendations

Documentation
> Category II *(advanced):* list of recommendations

INCORPORATE HEALTH EDUCATION PLANNING PROCESSES INTO THE DEVELOPMENT OF PROGRAMS AND INITIATIVES
Definition
> Utilize assessment results to select best practice planning models and formulate goals and S.M.A.R.T. objectives for program planning.

Applicable Categories
> Category II *(advanced)* only

Eligible CECH
> 2 CECH per program plan

Documentation
> Category II *(advanced):* plan summary; identification of planning models

PROFESSIONAL SERVICE

Activities involving leadership in the profession and the community, including teaching, precepting, mentoring, and volunteering in areas of service focusing on one or more of the Areas of Responsibility.

SERVICE ON PLANNING GROUPS/BOARDS
Definition
> Active service in a leadership position on local, state, regional, or national planning groups/boards to address major health education issues.

Applicable Categories
> Category II *(advanced)* only

Eligible CECH
> 2 CECH per group per calendar year

Documentation
> Category II *(advanced):* proof of service (letter from supervisor or board, letterhead or notice in organizational directory), including the duration

ACTING AS AN INTERNSHIP OR PRACTICUM PRECEPTOR

Definition

Serving as a formal advisor/supervisor providing professional guidance to another professional within the same organization or in another organization that enhances the professional growth and development of the staff or volunteer.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

2 CECH per preceptorship

Documentation

Category II *(advanced):* letter of agreement or written documentation indicating the nature and duration of the internship/ preceptorship

RESEARCH AND EVALUATION

Systematic study, investigation, and assessment of health education topics, problems, or practice. These activities must be related to one or more Areas of Responsibility and reflect advanced-level Sub-competencies.

CONDUCT A ROOT CAUSE ANALYSIS

Definition

Use this process to determine barriers/ obstacles or factors that impede health education and the learning processes. Use critical thinking, synthesis, and application skills in the process.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

3 CECH per analysis

Documentation

Category II *(advanced):* analysis report

CONDUCT A PLAN ANALYSIS

Definition

Use this process to determine planning activities that should accompany program/project development. Use critical thinking, synthesis and application skills in the process.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

3 CECH per analysis

Documentation

Category II *(advanced):* analysis report and timeline

ASSESSMENT OF TRAINING NEEDS

Definition

Assess the training needs of individuals involved in the implementation of health education by utilizing techniques, such as formative research (focus groups), in-depth interviews, surveys, learning assessment, etc. to determine the training needs and/or learning styles of the target audience.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

3 CECH per training

Documentation

Category II *(advanced):* assessment report summary

EVALUATE HEALTH EDUCATION TRAINING PROGRAMS

Definition

Develop an evaluation tool to assess or evaluate participant's knowledge, skills, understanding or training content and readiness to train others utilizing pre-post tests, surveys, and questionnaires, etc.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

3 CECH per report

Documentation

Category II *(advanced):* evaluation report

DEVELOPMENT OF EVALUATION/RESEARCH AND DATA ANALYSIS PLANS

Definition

Conduct formative research before or during a public health program and conduct program evaluation based on research and data.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

3 CECH per plan

Documentation

Category II *(advanced)*: summary of the plan

DEVELOPMENT OF SURVEILLANCE PLANS

Definition

The systematic collection of data, the management, summarization and analysis of the data into a user-friendly format to guide the development of health education programs and initiatives.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

4 CECH per plan

Documentation

Category II *(advanced):* summary of the plan

DEVELOPMENT OF A DATA COLLECTION INSTRUMENT FOR RESEARCH

Definition

Develop data collection instruments to be utilized in research. CECH for similar or closely-related activities may not be counted more than once.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

3 CECH per instrument

Documentation

Category II *(advanced)*: copy of the instrument

CONDUCT A FEASIBILITY STUDY

Definition

Conduct a feasibility study to determine how best to implement research findings.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

3 CECH per study

Documentation

Category II *(advanced):* summary of the feasibility study

CONDUCT A STAKEHOLDER ANALYSIS

Definition

Conduct a stakeholder analysis to determine the investment of individuals and organizations in the planning, implementation and evaluation of health education programs.

Applicable Categories

Category II *(advanced)* only

Eligible CECH

2 CECH per analysis

Documentation

Category II *(advanced):* summary of the analysis report

DEVELOP A LOGIC MODEL FOR EVALUATION

Definition

A logic model is a tool used to describe the effectiveness of programs thru logical linkages among program resources, activities, outputs, audiences, and short-, intermediate-, and long-term outcomes related to a specific problem or situation.

Applicable Categories

Category I *(advanced)* only

Eligible CECH

3 CECH per model

Documentation

Category II *(advanced):* A copy of logic model(s)

ADMINISTRATION AND MANAGEMENT

Activities that reflect primary responsibility for planning, organizing, directing, coordinating, and developing health education programs, projects, resources, staff and/or agencies. These activities must be related to one or more Areas of Responsibility and reflect advanced level sub-competencies.

DEVELOPMENT OF AN AGENCY/PROGRAM BUDGET

Definition

Participation in the development of an agency or project budget and providing data for monitoring and evaluation of resources.

Applicable Categories

Category II *(advanced)* only

Eligible CECH
3 CECH per budget

Documentation
Category II *(advanced):* letter from supervisor or organization

MANAGEMENT OF PROGRAM BUDGETS
Definition
Participate in the monitoring and management of program budgets.

Applicable Categories
Category II *(advanced)* only

Eligible CECH
4 CECH per budget

Documentation
Category II *(advanced):* letter from supervisor or organization

DEVELOPMENT OF PROGRESS REPORTS
Definition
Analyze data and write progress reports for health education program improvement and continuation.

Applicable Categories
Category II *(advanced)* only

Eligible CECH
5 CECH per report

Documentation
Category II *(advanced):* summary report

DEVELOPMENT OF MEMORANDA OF AGREEMENT OR UNDERSTANDING WITH STAKEHOLDERS
Definition
Engage stakeholders in the development of health education plans and programs through formal agreements.

Applicable Categories
Category II (*advanced*) only

Eligible CECH
2 CECH per MOU/MOA

Documentation
Category II (*advanced*): copy of MOU/MOA

DEVELOPMENT OF A PROFESSIONAL DEVELOPMENT PLAN FOR VOLUNTEERS
Definition
Work with volunteers to develop goals relating to competence/skills that can be used for planning, implementation and evaluation of health education activities.

Applicable Categories
Category II *(advanced)* only

Eligible CECH
3 CECH per plan

Documentation
Category II *(advanced):* letter from supervisor or organization and summary of the plan

DEVELOPMENT OF A PROFESSIONAL DEVELOPMENT PLAN FOR STAFF
Definition
Work with staff to develop goals relating to competence/skills that can be used to assist them in developing career paths and for planning, implementation and evaluation of health education activities.

Applicable Categories
Category II *(advanced)* only

Eligible CECH
3 CECH per plan

Documentation
Category II *(advanced):* letter from supervisor and summary of the plan

USE HUMAN RESOURCE AND WORKFORCE DEVELOPMENT STRATEGIES
Definition
Use human resource and workforce development strategies to enhance the skills of staff and volunteers for conflict prevention, mediation and career development.

Applicable Categories
Category II *(advanced)* only

Eligible CECH
2 CECH per occasion

Documentation
Category II *(advanced):* summary of strategies used

DEVELOP PARTNERSHIPS TO SUPPORT HEALTH EDUCATION
Definition
Identify and recruit partners and assess their capacity to meet program goals. Continually assess the partnership sustainability.

Applicable Categories
  Category II *(advanced)* only
Eligible CECH
  3 CECH per year
Documentation
  Category II *(advanced):* copies of MOUs/ MOAs or letters of support from partners

DEVELOP AGENCY/PROGRAM STRATEGIC PLAN
Definition
  A strategic plan is a document used to communicate with the organization the organizations goals, the actions needed to achieve those goals and all of the other critical elements developed during the planning exercise.
Applicable Categories
  Category II *(advanced)* only
Eligible CECH
  3 CECH per strategic plan
Documentation
  Category II *(advanced):* A copy of strategic plan(s)

CONDUCT EMPLOYEE PERFORMANCE EVALUATION
Definition
  A performance appraisal (PA), also referred to as a performance review, performance evaluation, (career) development discussion, or employee appraisal is a method by which the job performance of an employee is documented and evaluated.
Applicable Categories
  Category II *(advanced)* only
Eligible CECH
  5 CECH per performance evaluation
Documentation
  Category II *(advanced):* A letter from supervisor stating the person completed the performance evaluation

CONSULTATION
Provide specific professional expertise to health topics, issues, programs, and/or projects by invitation or agreement. These activities must be related to one or more Areas of Responsibility and reflect advanced-level Sub-competencies.

ITEM WRITING
Definition
  Writing exam questions for certification/ credentialing organizations.
Applicable Categories
  • Category I *(advanced)* for those who serve on the NCHEC Division Board of Certification of Health Education Specialists
  • Category II *(advanced)* only
Eligible CECH
  5 CECH per year
Documentation:
  Category II *(advanced):* committee list; letter from organization

PROVISION OF HEALTH EDUCATION EXPERTISE
Definition
  Provide expert assistance to individuals and organizations on health-related issues projects outside normal work duties.
Applicable Categories
  Category II *(advanced)* only
Eligible CECH
  5 CECH per agreement
Documentation
  Category II *(advanced):* consulting invitation/ agreement or letter from organization

CONTRIBUTE TO THE DEVELOPMENT OF HEALTH PROMOTION POLICY
Definition
  Provide technical assistance and expertise to agencies/organizations in the development of policies that support health-related and health education activities.
Applicable Categories
  Category II *(advanced)* only
Eligible CECH
  3 CECH per policy
Documentation
  Category II *(advanced):* copy of policy and letter of support with proof of involvement

NCHEC
**National Commission
for Health Education Credentialing**
Credentialing Excellence in Health Education

APPENDIX A: AREA OF RESPONSIBILITY, COMPETENCIES AND SUB-COMPETENCIES FOR HEALTH EDUCATION SPECIALIST PRACTICE ANALYSIS II 2020 (HESPA II 2020)

The Eight Areas of Responsibility contain a comprehensive set of Competencies and Sub-competencies defining the role of the health education specialist. These Responsibilities were verified by the 2020 Health Education Specialist Practice Analysis II (HESPA II 2020) project and serve as the basis of the CHES® and MCHES® exam beginning 2022.

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

Color Key:

Advanced – 1
Advanced – 2

The Sub-competencies shaded yellow and blue in the table below are advanced-level only and will not be included in the entry-level, CHES® examination. However, the advanced-level Sub-competencies will be included in the MCHES® examination.

| HEALTH EDUCATION SPECIALIST PRACTICE ANALYSIS II 2020 (HESPA II 2020)
Competencies and Sub-Competencies |
| --- |

Area I: Assessment of Needs and Capacity	
1.1	**Plan assessment.**
1.1.1	Define the purpose and scope of the assessment.
1.1.2	Identify priority population(s).
1.1.3	Identify existing and available resources, policies, programs, practices, and interventions.
1.1.4	Examine the factors and determinants that influence the assessment process.
1.1.5	Recruit and/or engage priority population(s), partners, and stakeholders to participate throughout all steps in the assessment, planning, implementation, and evaluation processes.
1.2	**Obtain primary data, secondary data, and other evidence-informed sources.**
1.2.1	Identify primary data, secondary data, and evidence-informed resources.
1.2.2	Establish collaborative relationships and agreements that facilitate access to data.
1.2.3	Conduct a literature review.
1.2.4	Procure secondary data.
1.2.5	Determine the validity and reliability of the secondary data.
1.2.6	Identify data gaps.
1.2.7	Determine primary data collection needs, instruments, methods, and procedures.
1.2.8	Adhere to established procedures to collect data.
1.2.9	Develop a data analysis plan.
1.3	**Analyze the data to determine the health of the priority population(s) and the factors that influence health.**
1.3.1	Determine the health status of the priority population(s).
1.3.2	Determine the knowledge, attitudes, beliefs, skills, and behaviors that impact the health and health literacy of the priority population(s).
1.3.3	Identify the social, cultural, economic, political, and environmental factors that impact the health and/or learning processes of the priority population(s).
1.3.4	Assess existing and available resources, policies, programs, practices, and interventions.
1.3.5	Determine the capacity (available resources, policies, programs, practices, and interventions) to improve and/or maintain health.
1.3.6	List the needs of the priority population(s).
1.4	**Synthesize assessment findings to inform the planning process.**
1.4.1	Compare findings to norms, existing data, and other information.

1.4.2	Prioritize health education and promotion needs.
1.43	Summarize the capacity of priority population(s) to meet the needs of the priority population(s).
1.4.4	Develop recommendations based on findings.
1.4.5	Report assessment findings.

	Area II: Planning
2.1	**Engage priority populations, partners, and stakeholders for participation in the planning process.**
2.1.1	Convene priority populations, partners, and stakeholders.
2.1.2	Facilitate collaborative efforts among priority populations, partners, and stakeholders.
2.1.3	Establish the rationale for the intervention.
2.2	**Define desired outcomes.**
2.2.1	Identify desired outcomes using the needs and capacity assessment.
2.2.2	Elicit input from priority populations, partners, and stakeholders regarding desired outcomes.
2.2.3	Develop vision, mission, and goal statements for the intervention(s).
2.2.4	Develop specific, measurable, achievable, realistic, and time-bound (SMART) objectives.
2.3	**Determine health education and promotion interventions.**
2.3.1	Select planning model(s) for health education and promotion.
2.3.2	Create a logic model.
2.3.3	Assess the effectiveness and alignment of existing interventions to desired outcomes.
2.3.4	Adopt, adapt, and/or develop tailored intervention(s) for priority population(s) to achieve 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.
2.4.2	Develop materials needed for implementation.
2.4.3	Address factors that influence implementation.

2.4.4	Plan for evaluation and dissemination of results.
2.4.5	Plan for sustainability.

Area III: Implementation	
3.1	**Coordinate the delivery of intervention(s) consistent with the implementation plan.**
3.1.1	Secure implementation resources.
3.1.2	Arrange for implementation services.
3.1.3	Comply with contractual obligations.
3.1.4	Establish training protocol.
3.1.5	Train staff and volunteers to ensure fidelity.
3.2	**Deliver health education and promotion interventions.**
3.2.1	Create an environment conducive to learning.
3.2.2	Collect baseline data.
3.2.3	Implement a marketing plan.
3.2.4	Deliver health education and promotion as designed.
3.2.5	Employ an appropriate variety of instructional methodologies.
3.3	**Monitor implementation.**
3.3.1	Monitor progress in accordance with the timeline.
3.3.2	Assess progress in achieving objectives.
3.3.3	Modify interventions as needed to meet individual needs.
3.3.4	Ensure plan is implemented with fidelity.
3.3.5	Monitor use of resources.
3.3.6	Evaluate the sustainability of implementation.

Area IV: Evaluation and Research	
4.1	**Design process, impact, and outcome evaluation of the intervention.**
4.1.1	Align the evaluation plan with the intervention goals and objectives.
4.1.2	Comply with institutional requirements for evaluation.
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.
4.1.8	Adopt or modify existing instruments for collecting data.
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.
4.3.2	Implement data collection procedures.
4.3.3	Use appropriate modalities to collect and manage data.
4.3.4	Monitor data collection procedures.
4.3.5	Prepare data for analysis.
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.
4.4.3	Identify limitations and delimitations of findings.
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.

	Area V: Advocacy
5.1	**Identify a current or emerging health issue requiring policy, systems, or environmental change.**
5.1.1	Examine the determinants of health and their underlying causes (e.g., poverty, trauma, and population-based discrimination) related to identified health issues.
5.1.2	Examine evidence-informed findings related to identified health issues and desired changes.
5.1.3	Identify factors that facilitate and/or hinder advocacy efforts (e.g., amount of evidence to prove the issue, potential for partnerships, political readiness, organizational experience or risk, and feasibility of success).
5.1.4	Write specific, measurable, achievable, realistic, and time-bound (SMART) advocacy objective(s).
5.1.5	Identify existing coalition(s) or stakeholders that can be engaged in advocacy efforts.
5.2	**Engage coalitions and stakeholders in addressing the health issue and planning advocacy efforts.**
5.2.1	Identify existing coalitions and stakeholders that favor and oppose the proposed policy, system, or environmental change and their reasons.
5.2.2	Identify factors that influence decision-makers (e.g., societal and cultural norms, financial considerations, upcoming elections, and voting record).
5.2.3	Create formal and/or informal alliances, task forces, and coalitions to address the proposed change.
5.2.4	Educate stakeholders on the health issue and the proposed policy, system, or environmental change.
5.2.5	Identify available resources and gaps (e.g., financial, personnel, information, and data).
5.2.6	Identify organizational policies and procedures and federal, state, and local laws that pertain to the advocacy efforts.
5.2.7	Develop persuasive messages and materials (e.g., briefs, resolutions, and fact sheets) to communicate the policy, system, or environmental change.

5.2.8	Specify strategies, a timeline, and roles and responsibilities to address the proposed policy, system, or environmental change (e.g., develop ongoing relationships with decision makers and stakeholders, use social media, register others to vote, and seek political appointment).
5.3	**Engage in advocacy.**
5.3.1	Use media to conduct advocacy (e.g., social media, press releases, public service announcements, and op-eds).
5.3.2	Use traditional, social, and emerging technologies and methods to mobilize support for policy, system, or environmental change.
5.3.3	Sustain coalitions and stakeholder relationships to achieve and maintain policy, system, or environmental change.
5.4	**Evaluate advocacy.**
5.4.1	Conduct process, impact, and outcome evaluation of advocacy efforts.
5.4.2	Use the results of the evaluation to inform next steps.
	Area VI: Communications
6.1	**Determine factors that affect communication with the identified audience(s).**
6.1.1	Segment the audience(s) to be addressed, as needed.
6.1.2	Identify the assets, needs, and characteristics of the audience(s) that affect communication and message design (e.g., literacy levels, language, culture, and cognitive and perceptual abilities).
6.1.3	Identify communication channels (e.g., social media and mass media) available to and used by the audience(s).
6.1.4	Identify environmental and other factors that affect communication (e.g., resources and the availability of Internet access).
6.2	**Determine communication objective(s) for audience(s).**
6.2.1	Describe the intended outcome of the communication (e.g., raise awareness, advocacy, behavioral change, and risk communication).
6.2.2	Write specific, measurable, achievable, realistic, and time-bound (SMART) communication objective(s).
6.2.3	Identify factors that facilitate and/or hinder the intended outcome of the communication.
6.3	**Develop message(s) using communication theories and/or models.**
6.3.1	Use communications theory to develop or select communication message(s).
6.3.2	Develop persuasive communications (e.g., storytelling and program rationale).
6.3.3	Tailor message(s) for the audience(s).

6.3.4	Employ media literacy skills (e.g., identifying credible sources and balancing multiple viewpoints).
6.4	**Select methods and technologies used to deliver message(s).**
6.4.1	Differentiate the strengths and weaknesses of various communication channels and technologies (e.g., mass media, community mobilization, counseling, peer communication, information/digital technology, and apps).
6.4.2	Select communication channels and current and emerging technologies that are most appropriate for the audience(s) and message(s).
6.4.3	Develop communication aids, materials, or tools using appropriate multimedia (e.g., infographics, presentation software, brochures, and posters).
6.4.4	Assess the suitability of new and/or existing communication aids, materials, or tools for audience(s) (e.g., the CDC Clear Communication Index and the Suitability Assessment Materials (SAM).
6.4.5	Pilot test message(s) and communication aids, materials, or tools.
6.4.6	Revise communication aids, materials, or tools based on pilot results.
6.5	**Deliver the message(s) effectively using the identified media and strategies.**
6.5.1	Deliver presentation(s) tailored to the audience(s).
6.5.2	Use public speaking skills.
6.5.3	Use facilitation skills with large and/or small groups.
6.5.4	Use current and emerging communication tools and trends (e.g., social media).
6.5.5	Deliver oral and written communication that aligns with professional standards of grammar, punctuation, and style.
6.5.6	Use digital media to engage audience(s) (e.g., social media management tools and platforms).
6.6	**Evaluate communication.**
6.6.1	Conduct process and impact evaluations of communications.
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).

	Area VII: Leadership and Management
7.1	**Coordinate relationships with partners and stakeholders (e.g., individuals, teams, coalitions, and committees).**
7.1.1	Identify potential partners and stakeholders.
7.1.2	Assess the capacity of potential partners and stakeholders.
7.1.3	Involve partners and stakeholders throughout the health education and promotion process in meaningful and sustainable ways.
7.1.4	Execute formal and informal agreements with partners and stakeholders.
7.1.5	Evaluate relationships with partners and stakeholders on an ongoing basis to make appropriate modifications.
7.2	**Prepare others to provide health education and promotion.**
7.2.1	Develop culturally responsive content.
7.2.2	Recruit individuals needed in implementation.
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.

Area VIII: Ethics and Professionalism

8.1	**Practice in accordance with established ethical principles.**
8.1.1	Apply professional codes of ethics and ethical principles throughout assessment, planning, implementation, evaluation and research, communication, consulting, and advocacy processes.
8.1.2	Demonstrate ethical leadership, management, and behavior.
8.1.3	Comply with legal standards and regulatory guidelines in assessment, planning, implementation, evaluation and research, advocacy, management, communication, and reporting processes.
8.1.4	Promote health equity.
8.1.5	Use evidence-informed theories, models, and strategies.
8.1.6	Apply principles of cultural humility, inclusion, and diversity in all aspects of practice (e.g., Culturally and Linguistically Appropriate Services (CLAS) standards and culturally responsive pedagogy).
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.**

8.3.1	Participate in professional associations, coalitions, and networks (e.g., serving on committees, attending conferences, and providing leadership).
8.3.2	Participate in continuing education opportunities to maintain or enhance continuing competence.
8.3.3	Develop a career advancement plan.
8.3.4	Build relationships with other professionals within and outside the profession.
8.3.5	Serve as a mentor.
8.4	**Promote the health education profession to stakeholders, the public, and others.**
8.4.1	Explain the major responsibilities, contributions, and value of the health education specialist.
8.4.2	Explain the role of professional organizations and the benefits of participating in them.
8.4.3	Advocate for professional development for health education specialists.
8.4.4	Educate others about the history of the profession, its current status, and its implications for professional practice.
8.4.5	Explain the role and benefits of credentialing (e.g., individual and program).
8.4.6	Develop presentations and publications that contribute to the profession.
8.4.7	Engage in service to advance the profession.
Updated: 10/31/19	

✔ THIS FORM MAY BE COMPLETED ONLINE.

APPENDIX B:

CHES®/MCHES® CATEGORY II CECH CLAIM FORM

This form is for self-submission of non-preapproved Continuing Education Contact hours (CECH). To claim CECH in Category II, CHES®/MCHES® will need to record not only the program information, but also how the activity relates to the Areas of Responsibility and/or advanced-level Sub-competencies.

I am requesting credit for the following CHES®/MCHES® Category II activity, which was not preapproved by the National Commission for Health Education Credentialing, Inc. (NCHEC). Category I preapproved activities are reported automatically by the designated provider on a quarterly basis.

Directions to complete the Category II Claim form:
> **Section 1:** Complete name, CHES®/MCHES® #, Program/Event Title, Program/Event Date, Program/Event Sponsor and number of CECH claimed.
> **Section 2:** Select type of activity you are claiming. Include requested documentation.
> **Section 3:** Check off an Area of Responsibility that your program/event relates to. If claiming advanced-level CECH please be sure to check an advanced-level Sub-competency. (Multiple Areas of Responsibility/Sub-competencies can be checked.)
> **Section 4:** Provide an explanation as to how this program/event relates to Health Education.
> **Section 5:** Sign the form. Forms cannot be processed without a signature.

This form may be reproduced. Please submit <u>one clearly printed or typed form per activity.</u> It is *recommended* that claims be submitted <u>within 90 days</u> following program completion.

<u>NOTE</u>: <u>CHES® and MCHES®</u>: MAXIMUM OF 30 CATEGORY II CECH MAY BE ACCUMULATED WITHIN EACH FIVE-YEAR CERTIFICATION PERIOD.
<u>MCHES®</u>: 30 CECH MUST BE DIRECTLY RELATED TO THE ADVANCED-LEVEL SUB-COMPETENCIES FROM CATEGORY I AND/OR CATEGORY II FOR EACH FIVE-YEAR CERTIFICATION CYCLE

<u>Section 1:</u>

NAME (PRINT):

CHES® #: _____ **MCHES® #**: _____

Program/Event Title: _____

Program/Event Date: _____

Program/Event Sponsor: _____

CHES® CECH Claimed: _____ **MCHES® CECH Claimed**: _____

_____ **CHECK HERE IF LIVING OUTSIDE CONTINENTAL US. THESE HOURS WILL APPEAR AS CATEGORY I ON YOUR TRANSCRIPT.**

<u>Section 2:</u>
I have completed the following types of activity **(choose only one)** and attached the documentation indicated in support of my claim. **(Table on reverse)**

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	ATTENDANCE AT PROFESSIONAL MEETINGS
	I attended a Professional Meeting (1 CECH per hour of instruction) (entry and advanced)
	I have included _____Certificate of attendance with hours OR _____Highlighted agenda
	SELF-STUDY
	Completed an Independent Study (1 CECH per contact hours assigned by the provider) (entry and advanced)
	I have included a certificate of completion showing hours awarded and outline of module
	I participated in an Internship/Practicum/Apprenticeship (1 CECH per 10 hours of Training) (entry and advanced)
	I have included a Formal Agreement AND Signed Log of Contact Time
	ACADEMIC PREPARATION
	I Completed an Academic Course or Traineeship (3 CECH per Semester Credit Hour OR 2 CECH per Trimester/Quarter Credit Hour) (entry and advanced)
	I have included a college transcript (doesn't have to be an official transcript)
	I authored a Thesis (15 CECH for Thesis Acceptance) ((entry and advanced)
	I authored a Dissertation (20 CECH for Dissertation Acceptance) (entry and advanced)
	I have included: _____A copy of the Title Page AND Table of Contents AND Full Bibliographic Citation
	CREATIVE ENDEAVORS
	I was the Sole Author of a Book Chapter, Monograph or Report (5 CECH per Chapter) (entry and advanced)
	I was the Co-Author of a Book Chapter, Monograph or Report (3 CECH per Chapter) (entry and advanced)
	I have included: _____A copy of the Title Page AND Table of Contents AND Full Bibliographic Citation
	I was the Sole Author of a Health Education Book/Text (30 CECH per Book) (entry and advanced)
	I was the Co-Author of a Health Education Book/Text (15 CECH per Book) (entry and advanced)
	I was the Sole Editor of a Health Education Book/Text (15 CECH per Book) (entry and advanced)
	I was the Co-Author of a Health Education Book/Text (10 CECH per Book) (entry and advanced)
	I have included: _____A copy of the Title Page AND Table of Contents AND Full Bibliographic Citation
	I was the Sole Author of a Peer-Reviewed Article (5 CECH per Article) (entry and advanced)
	I was the Co-Author of a Peer Reviewed Article (3 CECH per Article) (entry and advanced)
	I have included a copy of the First Page and Full Bibliographic Citation
	I was the Sole Author of a Non-Peer Reviewed Article (4 CECH per Article) (entry and advanced)
	I was the Co-Author of a Non-Peer Reviewed Article (2 CECH per Article) (entry and advanced)
	I have included a copy of the First Page and Full Bibliographic Citation
	I was the Sole Developer of a Health Education Product (5 CECH per Product) (entry only)
	I was the Co-Developer of a Health Education Product (3 CECH per Product) (entry only)
	I have included: _____Copyright Notice OR _____Copy of Product
	I developed a Health Education Course or Curriculum (5 CECH) (entry and advanced)
	_____ I have included a copy of the syllabus including course description and earning objectives
	PROFESSIONAL PRESENTATIONS
	I presented at a Professional Meeting (2 CECH per hour of instruction) (entry and advanced)
	_____ I have included Proof of Presentation, indicating Duration
	I authored/presented a poster (1 CECH per poster) (entry and advanced)
	_____ I have included a copy of the poster.
	PROFESSIONAL SERVICE
	I reviewed Applications for Funding or Program Accreditation Applications (3 CECH per year of Activity) (entry and advanced)

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	_____I have included a copy of the Letter of Invitation or Appreciation
	I reviewed Manuscripts for Peer-Reviewed Journal or Health Education Textbook (3 CECH per Calendar year per Journal or Textbook) (entry and advanced)
	_____ I have included a copy of the Letter of Appreciation
	I served as a Mentor (1 CECH per Calendar Month of Activity for Each Individual Mentored-STUDENTS EXCLUDED (entry and advanced)
	_____ I have included a copy of an Agreement/Documentation Indicating the Nature and Duration of Mentorship
	I served as a Leader in a Health Education Organization (2 CECH per Group per Calendar Year) (entry and advanced)
	_____ I have included Proof of Service (Letter from Supervisor, Organizational Directory) Including Duration
	ADVANCED PROFESSIONAL PRACTICE-MCHES® ONLY SECTION
	CREATIVE ENDEAVORS
	I developed a Train the Trainer Curriculum for Health Education Professionals (5 CECH per Training Curriculum Development) (advanced only)
	_____ I have included the Summary/Outline of Curriculum AND Reference of Current Practices
	I developed a Health Education Course or Curriculum (5 CECH per Course) (advanced only)
	_____ I have included a copy of the Title Page AND Table of Contents AND Summary Document of Curriculum
	I created a Health-Related Training Program Using Various Learning Theories (5 CECH) (advanced only)
	_____I have included a copy of Title Page AND Training Syllabus AND Summary Document of Curriculum with Listing of Learning Theories
	I wrote a Funding Proposal for a Grant/Contract/Cooperative Agreement (4 CECH per proposal) (advanced only)
	_____I have included Proof of Submission AND copy of Solicitation AND Application Cover Page OR Award Letter
	I developed a marketing plan (3 CECH per Market Plan) (entry only)
	_____I have included a copy of the marketing plan with table of contents
	I developed a policy analysis (3 CECH per Policy Analysis) (entry only)
	_____I have included a copy of policy analysis or letter from supervisor stating developed a policy analysis
	PROFESSIONAL PRESENTATIONS
	I presented Research Findings at a Professional Conference (3 CECH per Presentation) (advanced only)
	_____I have included a copy of policy analysis or letter from supervisor stating the person developed a policy analysis
	PROGRAM DEVELOPMENT
	I have facilitated a Workgroup of Stakeholders (2 CECH per Year) (advanced only)
	_____I have included Proof of Service, Indicating Duration
	I coordinated a Community Assessment Process (5 CECH per Year) (advanced only)
	_____I have included a Summary Report of Process/Analysis
	I developed Recommendations from Data Findings (1 CECH per Event) (advanced only)
	_____ I have included the List of Recommendations
	I incorporated Health Education Planning Processes into the Development of Programs and Initiatives (2 CECH per Program Plan) (advanced only)

	_____I have included the Plan Summary AND Identification of Planning Models
	PROFESSIONAL SERVICE
	I served on Local/State/Regional/National Planning Groups/Boards (2 CECH) per Group per year) (advanced only)
	_____I have included proof of Service, Including Duration
	I served or acted as an Internship/Practicum Preceptor (2 CECH per Preceptorship) (advanced only)
	_____I have included a Letter of Agreement OR Written Documentation Indicating the Nature and Duration of the Internship/Preceptorship
	RESEARCH AND EVALUATION
	I conducted a Root Cause Analysis (3 CECH per Analysis) (advanced only)
	_____I have included the Analysis Report
	I conducted a Plan Analysis (3 CECH per Analysis) (advanced only)
	_____I have included the Analysis Report AND Timeline
	I assessed Training Needs (3 CECH per Training) (advanced only)
	_____I have included a copy of the Assessment Report Summary
	I evaluated Training Programs (3 CECH per Training Program (advanced only)
	_____I have included a copy of the Evaluation Report
	I developed Evaluation/Research and Data Analysis Plans (3 CECH per Plan) (advanced only)
	_____I have included a copy of the instrument
	I developed Surveillance Plans (4 CECH per plan)(advanced only)
	_____I have included a Summary of the Plan
	I developed a Data Collection Instrument for Research (3 CECH per Instrument) (advanced only)
	_____I have included a copy of the Instrument
	I conducted a Feasibility Study (3 CECH per Study) (advanced only)
	_____I have included a Summary of the Feasibility Study
	I conducted a Stakeholder Analysis for Health Education Programs (2 CECH per Analysis) (advanced only)
	_____I have included a Summary of the Analysis Report
	I developed a logic model for evaluation (3 CECH per Model) (advanced only)
	_____I have included a copy of logic model(s)
	ADMINISTRATION AND MANAGEMENT
	I developed an agency/program budget (3 CECH per Budget) (advanced only)
	_____I have included a Letter from my Supervisor or Organization
	I managed Program Budget (4 CECH per Budget) (advanced only)
	_____I have included a Letter from my Supervisor or Organization
	I developed Progress Reports (5 CECH per Report) (advanced only)
	_____I have included a Summary Report
	I developed a Memorandum of Understanding (MOU) and/or a Memorandum of Agreement (MOA) (2 CECH per MOU/MOA) (advanced only)
	_____I have included a copy of the MOU/MOA
	I developed a Professional Development Plan for Volunteers (3 CECH per plan) (advanced only)
	_____I have included a Letter from my Supervisor or Organization AND a Summary of Plan
	I developed a Professional Development Plan for Staff (3 CECH per Plan) (advanced only)
	_____I have included a letter from my Supervisor AND a Summary of the Plan
	I used Human Resource Workforce Development Strategies (2 CECH per Occasion) (advanced only)
	_____I included a Summary of Strategies Used
	I developed Partnerships to Support Health Education (3 CECH per Year) (advanced only)
	_____I have included copies of the MOUs/MOAs OR Letters of Support from Partners

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	I developed an agency/program strategic plan (3 CECH per Strategic Plan) (advanced only)
	_____I have included a copy of strategic plan
	I conducted an Employee Performance Evaluation (5 CECH Per Performance Evaluation) (advanced only)
	_____I have included a letter from supervisor stating the person completed the performance evaluation
	CONSULTATION
	I wrote Exam Questions for Certification/Credentialing Organizations (5 CECH per Year) (advanced only)
	_____I have included the Committee List AND Letter from Organization
	I provided Health Education Expertise (5 CECH per Agreement) (advanced only)
	_____I contributed to the Development of Health Promotion Policy (3 CECH per policy) (advanced only)

Entry-Level: Match your activity to an entry-level Area of Responsibility for Entry-Level CECH. (CHES®)

	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: Match activity to advanced-level sub-competency for advanced-level CECH. (MCHES®)

	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.**

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	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.

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	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).

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	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.

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NCHEC

National Commission for Health Education Credentialing

Credentialing Excellence in Health Education

Continuing Competency Definition: **"Demonstrating specified levels of knowledge, skills, or ability not only at the time of initial certification but throughout an individual's professional career."**

Completion of this form is a two-step process as part of the Continuing Competency Performance Appraisal for recertification:

1. The **credential holder** completes a self-appraisal of his/her performance demonstrating continuing competency.
2. The **assessor** reviews and responds to the Continuing Competency Performance Assessment and returns it to the applicant. The assessor may be a current supervisor/manager, past supervisor/manager, or a client.*
3. The **credential holder** must forward the completed form via email, online upload or mail to:
   NCHEC
   95 Highland Ave, Suite 150A
   Bethlehem, PA 18017
   Email: mbyelick@nchec.org

Credential holder: Provide a detailed, but brief, description regarding your engagement in **one** Health Education Area of Responsibility or Advanced Sub-Competency (MCHES® only). The activity must correspond to one of the Areas of Responsibility and must be within the **past five years AND within your current recertification cycle**. *After the completion of this form, please submit to your assessor for verification. The assessor should complete and return the form to you, the credential holder. **

Credential Holder's Name_____ CHES®/MCHES® ID #_____

First/Given   MI   Last

I affirm that the information provided with this Continuing Competency Performance Assessment form is true to the best of my knowledge. I further grant permission to NCHEC to verify this information with the Assessor.

Self-Appraisal of Continuing Competency Activity

Name of Continuing Competency Activity:	Year activity completed:
	(within the past 5 years)
Area of Responsibility:	Advanced-level Competency/Sub-competency (MCHES® only):

Description of credential holder's activity and how it relates to an Area of Responsibility or Advanced-level Sub-Competency and how it demonstrates continuing competency. (no more than 200 words):

ASSESSOR

The credential holder named above is completing the continuing competency requirement as part of recertification of their Certified Health Education Specialist (CHES®) or Master Certified Health Education Specialist (MCHES®) certification. Your evaluation of the credential holder's performance in health education provides very important information regarding competency of actual work performance.

Name _____
Salutation   First/Given   Last   Suffix

Company_____**Title/Position** _____

Address _____
Number & Street   Apartment #

City/Town   State   Country   ZIP/Postal Code

Day Phone (_____)_____ **E-mail**_____

Degree/Licenses/Certifications Held _____

BASIS FOR COMMENTS

Period during which you have had personal knowledge of credential holder in practice as a health education specialist (CHES®/MCHES®)

From (MM/YY):_____   To (MM/YY):_____

Company/Organization which serves as a basis for your assessment:_____

Nature of your relationship with the credential holder:
   _____Supervisor/manager   _____Past supervisor/manager   _____Client*

* A **clien**t is: A person or entity who approves, administrates, or facilitates the health education deliverable that the consultant has been asked to complete as documented in the Category II Assessment Form. Services include, but are not limited to: health education services, meeting facilitation of workgroups or stakeholders, coalition building, grant writing, authorship, program development, or curriculum development.

VALIDATION OF CREDENTIAL HOLDER'S EXPERIENCE BY ASSESSOR

Based on your observation of the credential holder's competency of practice:

_____I am able to attest to the credential holder's competency with respect to the Areas of Responsibility of Health Education Specialists.

_____I am unable to attest to the credential holder's competency with respect to the Areas of Responsibility of Health Education Specialists.

Please briefly comment to support the attested rating noted above:

↑**_I attest there is no conflict of interest in completing the Continuing Competency Performance Assessment for this individual._**

Assessor name:_____

Company:_____

*Assessor signature:_____ **Date:**_____

* Assesor may be contacted by NCHEC to verify this information.

**Only one form may be submitted during a 5-year recertification cycle.

NCHEC
**National Commission
for Health Education Credentialing**
Credentialing Excellence in Health Education

AREAS OF RESPONSIBILITY, COMPETENCIES AND SUB-COMPETENCIES FOR HEALTH EDUCATION SPECIALIST PRACTICE ANALYSIS II 2020 (HESPA II 2020)

The Eight Areas of Responsibility contain a comprehensive set of Competencies and Sub-competencies defining the role of the health education specialist. These Responsibilities were verified by the 2020 Health Education Specialist Practice Analysis II (HESPA II 2020) project and serve as the basis of the CHES® and MCHES® exam beginning 2022.

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

Color Key:

Advanced – 1
Advanced – 2

The Sub-competencies shaded yellow and blue in the table below are advanced-level only and will not be included in the entry-level, CHES® examination. However, the advanced-level Sub-competencies will be included in the MCHES® examination.

HEALTH EDUCATION SPECIALIST PRACTICE ANALYSIS II 2020 (HESPA II 2020) Competencies and Sub-Competencies	
Area I: Assessment of Needs and Capacity	
1.1	**Plan assessment.**
1.1.1	Define the purpose and scope of the assessment.
1.1.2	Identify priority population(s).
1.1.3	Identify existing and available resources, policies, programs, practices, and interventions.
1.1.4	Examine the factors and determinants that influence the assessment process.
1.1.5	Recruit and/or engage priority population(s), partners, and stakeholders to participate throughout all steps in the assessment, planning, implementation, and evaluation processes.
1.2	**Obtain primary data, secondary data, and other evidence-informed sources.**
1.2.1	Identify primary data, secondary data, and evidence-informed resources.
1.2.2	Establish collaborative relationships and agreements that facilitate access to data.
1.2.3	Conduct a literature review.
1.2.4	Procure secondary data.
1.2.5	Determine the validity and reliability of the secondary data.
1.2.6	Identify data gaps.
1.2.7	Determine primary data collection needs, instruments, methods, and procedures.
1.2.8	Adhere to established procedures to collect data.
1.2.9	Develop a data analysis plan.
1.3	**Analyze the data to determine the health of the priority population(s) and the factors that influence health.**
1.3.1	Determine the health status of the priority population(s).
1.3.2	Determine the knowledge, attitudes, beliefs, skills, and behaviors that impact the health and health literacy of the priority population(s).
1.3.3	Identify the social, cultural, economic, political, and environmental factors that impact the health and/or learning processes of the priority population(s).
1.3.4	Assess existing and available resources, policies, programs, practices, and interventions.
1.3.5	Determine the capacity (available resources, policies, programs, practices, and interventions) to improve and/or maintain health.
1.3.6	List the needs of the priority population(s).

1.4	**Synthesize assessment findings to inform the planning process.**
1.4.1	Compare findings to norms, existing data, and other information.
1.4.2	Prioritize health education and promotion needs.
1.43	Summarize the capacity of priority population(s) to meet the needs of the priority population(s).
1.4.4	Develop recommendations based on findings.
1.4.5	Report assessment findings.

Area II: Planning

2.1	**Engage priority populations, partners, and stakeholders for participation in the planning process.**
2.1.1	Convene priority populations, partners, and stakeholders.
2.1.2	Facilitate collaborative efforts among priority populations, partners, and stakeholders.
2.1.3	Establish the rationale for the intervention.
2.2	**Define desired outcomes.**
2.2.1	Identify desired outcomes using the needs and capacity assessment.
2.2.2	Elicit input from priority populations, partners, and stakeholders regarding desired outcomes.
2.2.3	Develop vision, mission, and goal statements for the intervention(s).
2.2.4	Develop specific, measurable, achievable, realistic, and time-bound (SMART) objectives.
2.3	**Determine health education and promotion interventions.**
2.3.1	Select planning model(s) for health education and promotion.
2.3.2	Create a logic model.
2.3.3	Assess the effectiveness and alignment of existing interventions to desired outcomes.
2.3.4	Adopt, adapt, and/or develop tailored intervention(s) for priority population(s) to achieve 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.

2.4.2	Develop materials needed for implementation.
2.4.3	Address factors that influence implementation.
2.4.4	Plan for evaluation and dissemination of results.
2.4.5	Plan for sustainability.

Area III: Implementation

3.1	**Coordinate the delivery of intervention(s) consistent with the implementation plan.**
3.1.1	Secure implementation resources.
3.1.2	Arrange for implementation services.
3.1.3	Comply with contractual obligations.
3.1.4	Establish training protocol.
3.1.5	Train staff and volunteers to ensure fidelity.
3.2	**Deliver health education and promotion interventions.**
3.2.1	Create an environment conducive to learning.
3.2.2	Collect baseline data.
3.2.3	Implement a marketing plan.
3.2.4	Deliver health education and promotion as designed.
3.2.5	Employ an appropriate variety of instructional methodologies.
3.3	**Monitor implementation.**
3.3.1	Monitor progress in accordance with the timeline.
3.3.2	Assess progress in achieving objectives.
3.3.3	Modify interventions as needed to meet individual needs.
3.3.4	Ensure plan is implemented with fidelity.
3.3.5	Monitor use of resources.
3.3.6	Evaluate the sustainability of implementation.

Area IV: Evaluation and Research

4.1	**Design process, impact, and outcome evaluation of the intervention.**
4.1.1	Align the evaluation plan with the intervention goals and objectives.
4.1.2	Comply with institutional requirements for evaluation.

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.
4.1.8	Adopt or modify existing instruments for collecting data.
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.
4.3.2	Implement data collection procedures.
4.3.3	Use appropriate modalities to collect and manage data.
4.3.4	Monitor data collection procedures.
4.3.5	Prepare data for analysis.
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.
4.4.3	Identify limitations and delimitations of findings.
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.

	Area V: Advocacy
5.1	**Identify a current or emerging health issue requiring policy, systems, or environmental change.**
5.1.1	Examine the determinants of health and their underlying causes (e.g., poverty, trauma, and population-based discrimination) related to identified health issues.
5.1.2	Examine evidence-informed findings related to identified health issues and desired changes.
5.1.3	Identify factors that facilitate and/or hinder advocacy efforts (e.g., amount of evidence to prove the issue, potential for partnerships, political readiness, organizational experience or risk, and feasibility of success).
5.1.4	Write specific, measurable, achievable, realistic, and time-bound (SMART) advocacy objective(s).
5.1.5	Identify existing coalition(s) or stakeholders that can be engaged in advocacy efforts.
5.2	**Engage coalitions and stakeholders in addressing the health issue and planning advocacy efforts.**
5.2.1	Identify existing coalitions and stakeholders that favor and oppose the proposed policy, system, or environmental change and their reasons.
5.2.2	Identify factors that influence decision-makers (e.g., societal and cultural norms, financial considerations, upcoming elections, and voting record).
5.2.3	Create formal and/or informal alliances, task forces, and coalitions to address the proposed change.
5.2.4	Educate stakeholders on the health issue and the proposed policy, system, or environmental change.
5.2.5	Identify available resources and gaps (e.g., financial, personnel, information, and data).
5.2.6	Identify organizational policies and procedures and federal, state, and local laws that pertain to the advocacy efforts.

5.2.7	Develop persuasive messages and materials (e.g., briefs, resolutions, and fact sheets) to communicate the policy, system, or environmental change.
5.2.8	Specify strategies, a timeline, and roles and responsibilities to address the proposed policy, system, or environmental change (e.g., develop ongoing relationships with decision makers and stakeholders, use social media, register others to vote, and seek political appointment).
5.3	**Engage in advocacy.**
5.3.1	Use media to conduct advocacy (e.g., social media, press releases, public service announcements, and op-eds).
5.3.2	Use traditional, social, and emerging technologies and methods to mobilize support for policy, system, or environmental change.
5.3.3	Sustain coalitions and stakeholder relationships to achieve and maintain policy, system, or environmental change.
5.4	**Evaluate advocacy.**
5.4.1	Conduct process, impact, and outcome evaluation of advocacy efforts.
5.4.2	Use the results of the evaluation to inform next steps.

Area VI: Communications

6.1	**Determine factors that affect communication with the identified audience(s).**
6.1.1	Segment the audience(s) to be addressed, as needed.
6.1.2	Identify the assets, needs, and characteristics of the audience(s) that affect communication and message design (e.g., literacy levels, language, culture, and cognitive and perceptual abilities).
6.1.3	Identify communication channels (e.g., social media and mass media) available to and used by the audience(s).
6.1.4	Identify environmental and other factors that affect communication (e.g., resources and the availability of Internet access).
6.2	**Determine communication objective(s) for audience(s).**
6.2.1	Describe the intended outcome of the communication (e.g., raise awareness, advocacy, behavioral change, and risk communication).
6.2.2	Write specific, measurable, achievable, realistic, and time-bound (SMART) communication objective(s).
6.2.3	Identify factors that facilitate and/or hinder the intended outcome of the communication.
6.3	**Develop message(s) using communication theories and/or models.**
6.3.1	Use communications theory to develop or select communication message(s).
6.3.2	Develop persuasive communications (e.g., storytelling and program rationale).
6.3.3	Tailor message(s) for the audience(s).

6.3.4	Employ media literacy skills (e.g., identifying credible sources and balancing multiple viewpoints).
6.4	**Select methods and technologies used to deliver message(s).**
6.4.1	Differentiate the strengths and weaknesses of various communication channels and technologies (e.g., mass media, community mobilization, counseling, peer communication, information/digital technology, and apps).
6.4.2	Select communication channels and current and emerging technologies that are most appropriate for the audience(s) and message(s).
6.4.3	Develop communication aids, materials, or tools using appropriate multimedia (e.g., infographics, presentation software, brochures, and posters).
6.4.4	Assess the suitability of new and/or existing communication aids, materials, or tools for audience(s) (e.g., the CDC Clear Communication Index and the Suitability Assessment Materials (SAM)).
6.4.5	Pilot test message(s) and communication aids, materials, or tools.
6.4.6	Revise communication aids, materials, or tools based on pilot results.
6.5	**Deliver the message(s) effectively using the identified media and strategies.**
6.5.1	Deliver presentation(s) tailored to the audience(s).
6.5.2	Use public speaking skills.
6.5.3	Use facilitation skills with large and/or small groups.
6.5.4	Use current and emerging communication tools and trends (e.g., social media).
6.5.5	Deliver oral and written communication that aligns with professional standards of grammar, punctuation, and style.
6.5.6	Use digital media to engage audience(s) (e.g., social media management tools and platforms).
6.6	**Evaluate communication.**
6.6.1	Conduct process and impact evaluations of communications.
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).

	Area VII: Leadership and Management	
7.1	**Coordinate relationships with partners and stakeholders (e.g., individuals, teams, coalitions, and committees).**	
7.1.1	Identify potential partners and stakeholders.	
7.1.2	Assess the capacity of potential partners and stakeholders.	
7.1.3	Involve partners and stakeholders throughout the health education and promotion process in meaningful and sustainable ways.	
7.1.4	Execute formal and informal agreements with partners and stakeholders.	
7.1.5	Evaluate relationships with partners and stakeholders on an ongoing basis to make appropriate modifications.	
7.2	**Prepare others to provide health education and promotion.**	
7.2.1	Develop culturally responsive content.	
7.2.2	Recruit individuals needed in implementation.	
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.
**Area VIII: Ethics and Professionalism**
8.1	**Practice in accordance with established ethical principles.**
8.1.1	Apply professional codes of ethics and ethical principles throughout assessment, planning, implementation, evaluation and research, communication, consulting, and advocacy processes.
8.1.2	Demonstrate ethical leadership, management, and behavior.
8.1.3	Comply with legal standards and regulatory guidelines in assessment, planning, implementation, evaluation and research, advocacy, management, communication, and reporting processes.
8.1.4	Promote health equity.
8.1.5	Use evidence-informed theories, models, and strategies.
8.1.6	Apply principles of cultural humility, inclusion, and diversity in all aspects of practice (e.g., Culturally and Linguistically Appropriate Services (CLAS) standards and culturally responsive pedagogy).
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.**

8.3.1	Participate in professional associations, coalitions, and networks (e.g., serving on committees, attending conferences, and providing leadership).
8.3.2	Participate in continuing education opportunities to maintain or enhance continuing competence.
8.3.3	Develop a career advancement plan.
8.3.4	Build relationships with other professionals within and outside the profession.
8.3.5	Serve as a mentor.
8.4	**Promote the health education profession to stakeholders, the public, and others.**
8.4.1	Explain the major responsibilities, contributions, and value of the health education specialist.
8.4.2	Explain the role of professional organizations and the benefits of participating in them.
8.4.3	Advocate for professional development for health education specialists.
8.4.4	Educate others about the history of the profession, its current status, and its implications for professional practice.
8.4.5	Explain the role and benefits of credentialing (e.g., individual and program).
8.4.6	Develop presentations and publications that contribute to the profession.
8.4.7	Engage in service to advance the profession.
Updated: 2020	