




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 one clearly printed or typed form per activity. It is *recommended* that claims be submitted within 90 days following program completion.

NOTE: CHES and MCHES: MAXIMUM OF 30 CATEGORY II CECH MAY BE ACCUMULATED WITHIN EACH FIVE-YEAR CERTIFICATION PERIOD.

MCHES: 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**

Section 1:

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.

(See table below for calculation)

Section 2:

















I have completed the following type of activity (**choose only one**) and attached the documentation indicated in support of my claim. **(Table continues on the reverse.)**

ATTENDANCE AT PROFESSIONAL MEETINGS

I Attended a Professional Meeting (1 CECH per hour of instruction) (*entry and advanced*) 

I have included (check one): _____ Certificate of Attendance with Hours Awarded OR _____ Highlighted Meeting Schedule

SELF-STUDY

<input type="checkbox"/> I Completed an Independent Study (1 CECH per contact hours assigned by the provider) (<i>entry and advanced</i>) _____ I have included a Certificate of Completion with Hours Awarded AND Outline of Module	
<input type="checkbox"/> I Participated in a Internship/Practicum/Apprenticeship (1 CECH per 10 hours of Training) (<i>entry and advanced</i>) _____ I have included a Formal Agreement AND Signed Log of Contact Time	
ACADEMIC PREPARATION	
<input type="checkbox"/> I Completed an Academic Course or Traineeship (3 CECH per Semester Credit Hour OR 2 CECH per Trimester/Quarter Credit Hour) (<i>entry and advanced</i>) I have included (check one): _____ College Transcript _____ Alternate Proof of Completion	
<input type="checkbox"/> I Authored a Thesis (15 CECH for Thesis Acceptance) (<i>entry and advanced</i>) <input type="checkbox"/> I Authored a Dissertation (20 CECH for Dissertation Acceptance) (<i>entry and advanced</i>) I have included: _____ A copy of the Title Page AND Table of Contents AND Letter of Acceptance	
CREATIVE ENDEAVORS	
<input type="checkbox"/> I was the Sole Author of a Book Chapter, Monograph or Report (5 CECH per Chapter) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Co-Author of a Book Chapter, Monograph or Report (3 CECH per Chapter) (<i>entry and advanced</i>) _____ I have included a copy of the Title Page AND Table of Contents AND Full Bibliographic Citation	
<input type="checkbox"/> I was the Sole Author of a Health Education Book/Text (30 CECH per Book) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Co-Author of a Health Education Book/Text (20 CECH per Book) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Sole Editor of a Health Education Book/Text (15 CECH per Book) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Co-Editor of a Health Education Book/Text (10 CECH per Book) (<i>entry and advanced</i>) _____ I have included a copy of the Title Page AND Table of Contents AND Full Bibliographic Citation	
<input type="checkbox"/> I was the Sole Author of a Peer-Reviewed Article (5 CECH per Article) (<i>entry and advanced</i>) <input type="checkbox"/> I was the Co-Author of a Peer-Reviewed Article (3 CECH per Article) (<i>entry and advanced</i>) _____ I have included a copy of the First Page AND Full Bibliographic Citation	
<input type="checkbox"/> I was the Sole Author of a Non-Peer Reviewed Article (4 CECH per Article) (<i>entry only</i>) <input type="checkbox"/> I was the Co-Author of a Non-Peer Reviewed Article (2 CECH per Article) (<i>entry only</i>) _____ I have included a copy of the First Page AND Full Bibliographic Citation	
<input type="checkbox"/> I was the Sole Developer of a Health Education Product (5 CECH per Product) (<i>entry only</i>) <input type="checkbox"/> I was the Co-Developer of a Health Education Product (3 CECH per Product) (<i>entry only</i>) I have included (check one): _____ Copyright Notice OR _____ Copy of Product	
<input type="checkbox"/> I developed a Health Education Course or Curriculum (5 CECH) (<i>entry and advanced</i>) _____ I have included a 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	
<input type="checkbox"/> I presented at a Professional Meeting (2 CECH per hour of Instruction) (<i>entry and advanced</i>) _____ I have included Proof of Presentation, Indicating the Duration	
<input type="checkbox"/> I authored/presented a poster (1 CECH per Poster Session) (<i>entry and advanced</i>) _____ I have included Proof of the Presentation	
PROFESSIONAL SERVICE	
<input type="checkbox"/> I reviewed Applications for Funding or Program Accreditation Applications (3 CECH per year of Activity) (<i>entry and advanced</i>) _____ I have included a copy of the Letter of Invitation or Appreciation	
<input type="checkbox"/> I reviewed Manuscripts for a Peer-Reviewed Journal or Health Education Textbook(3 CECH per Calendar Year per Journal or Textbook) (<i>entry and advanced</i>) _____ I have included a copy of the Letter of Appreciation	
<input type="checkbox"/> I served as a Mentor (1 CECH per Calendar Month of Activity for Each Individual Mentored) (<i>entry and advanced</i>) _____ I have included a copy of an Agreement/Documentation Indicating the Nature and Duration of the Mentorship	
<input type="checkbox"/> I served as a Leader in a Health Education Organization (2 CECH per Group per Calendar Year) (<i>entry and advanced</i>) _____ I have included Proof of Service (Letter from Supervisor or Board, Letterhead or Notice in Organizational Directory), Indicating the Duration	
ADVANCED PROFESSIONAL PRACTICE – MCHES ONLY SECTION	
CREATIVE ENDEAVORS	

<input type="checkbox"/> I developed a Train the Trainer Curriculum for Health Education Professionals (5 CECH per Training Curriculum Development) (<i>advanced only</i>) _____ I have included the Summary/Outline of Curriculum AND Reference of Current Practices	
<input type="checkbox"/> I developed a Health Education Course or Curriculum (5 CECH per Course) (<i>advanced only</i>) _____ I have included a copy of Title Page AND Table of Contents AND Course Syllabus AND Summary Document of Curriculum	
<input type="checkbox"/> I designed a Health-Related Training Program Using Various Learning Theories (5 CECH) (<i>advanced only</i>) _____ I have included a copy of Title Page AND Training Syllabus AND Summary Document of Curriculum with Listing of Learning Theories	
<input type="checkbox"/> I wrote a Funding Proposal for a Grant/Contract/Cooperative Agreement (4 CECH per proposal) (<i>advanced only</i>) _____ I have included Proof of Submission AND copy of Solicitation AND Application Cover Page OR Award Letter	
PROFESSIONAL PRESENTATIONS	
<input type="checkbox"/> I presented Research Findings at a Professional Conference (3 CECH per Presentation) (<i>advanced only</i>) _____ I have included Proof of the Presentation and Summary of Research Findings, Abstract, or IRB Approval	
PROGRAM DEVELOPMENT	
<input type="checkbox"/> I facilitated a Workgroup of Stakeholders (2 CECH per Year) (<i>advanced only</i>) _____ I have included Proof of Service, Indicating the Duration	
<input type="checkbox"/> I coordinated a Community Assessment Process (5 CECH per Year) (<i>advanced only</i>) _____ I have included a Summary Report of Process/Analysis	
<input type="checkbox"/> I developed Recommendations from Data Findings (1 CECH per Event) (<i>advanced only</i>) _____ I have included the List of Recommendations	
<input type="checkbox"/> I incorporated Health Education Planning Processes into the Development of Programs and Initiatives (2 CECH per Program Plan) (<i>advanced only</i>) _____ I have included the Plan Summary AND Identification of Planning Models	
PROFESSIONAL SERVICE	
<input type="checkbox"/> I served on Local/State/Regional/National Planning Groups/Boards (2 CECH) per Group per Year) (<i>advanced only</i>) _____ I have included Proof of Service, Including the Duration	
<input type="checkbox"/> I served or acted as an Internship/Practicum Preceptor (2 CECH per Preceptorship) (<i>advanced only</i>) _____ I have included a Letter of Agreement OR Written Documentation Indicating the Nature and Duration of the Internship/Preceptorship	
RESEARCH AND EVALUATION	
<input type="checkbox"/> I conducted a Root Cause Analysis (3 CECH per Analysis) (<i>advanced only</i>) _____ I have included the Analysis Report	
<input type="checkbox"/> I conducted a Gap Analysis (3 CECH per Analysis) (<i>advanced only</i>) _____ I have included the Analysis Report	
<input type="checkbox"/> I conducted a Plan Analysis (3 CECH per Analysis) (<i>advanced only</i>) _____ I have included the Analysis Report AND Timeline	
<input type="checkbox"/> I assessed Training Needs (3 CECH per Training) (<i>advanced only</i>) _____ I have included a copy of the Assessment Report Summary	
<input type="checkbox"/> I evaluated Training Programs (3 CECH per Training Program) (<i>advanced only</i>) _____ I have included a copy of the Evaluation Report	
<input type="checkbox"/> I developed Evaluation/Research and Data Analysis Plans (3 CECH per Plan) (<i>advanced only</i>) _____ I have included a Summary of the Plan	
<input type="checkbox"/> I developed Surveillance Plans (4 CECH per Plan) (<i>advanced only</i>) _____ I have included a Summary of the Plan	
<input type="checkbox"/> I developed a Data Collection Instruction for Research (3 CECH per Instrument) (<i>advanced only</i>) _____ I have included a copy of the Instrument	

<input type="checkbox"/> I conducted a Feasibility Study (3 CECH per Study) (<i>advanced only</i>) _____ I have included a Summary of the Feasibility Study	
<input type="checkbox"/> I conducted a Stakeholder Analysis for Health Education Programs (2 CECH per Analysis) (<i>advanced only</i>) _____ I have included a Summary of the Analysis Report	
ADMINISTRATION AND MANAGEMENT	
<input type="checkbox"/> I developed an agency/program budget (3 CECH per Budget) (<i>advanced only</i>) _____ I have included a Letter from my Supervisor or Organization	
<input type="checkbox"/> I managed Program Budgets (4 CECH per Budget) (<i>advanced only</i>) _____ I have included a Letter from my Supervisor or Organization	
<input type="checkbox"/> I developed Progress Reports (5 CECH per Report) (<i>advanced only</i>) _____ I have included a Summary Report	
<input type="checkbox"/> I developed a Memorandum of Understanding (MOU) and/or a Memorandum of Agreement (MOA) (2 CECH per MOU/MOA) (<i>advanced only</i>) _____ I have included copies of the MOU/MOA	
<input type="checkbox"/> I developed Professional Development Plan for Volunteers (3 CECH per Plan) (<i>advanced only</i>) _____ I have included a Letter from my Supervisor or Organization AND a Summary of the Plan	
<input type="checkbox"/> I developed a Professional Development Plan for Staff (3 CECH per Plan) (<i>advanced only</i>) _____ I have included a Letter from my Supervisor AND a Summary of the Plan	
<input type="checkbox"/> I used Human Resource and Workforce Development Strategies (2 CECH per Occasion) (<i>advanced only</i>) _____ I have included a Summary of Strategies Used	
<input type="checkbox"/> I developed Partnerships to Support Health Education (3 CECH per Year) (<i>advanced only</i>) _____ I have included copies of the MOUs/MOAs OR Letters of Support from Partners	
CONSULTATION	
<input type="checkbox"/> I wrote Exam Questions for Certification/Credentialing Organizations (5 CECH per Year) (<i>advanced only</i>) _____ I have included the Committee List AND Letter from Organization	
<input type="checkbox"/> I provided Health Education Expertise (5 CECH per Agreement) (<i>advanced only</i>) _____ I have included the Consulting Invitation/Agreement OR Letter from Organization	
<input type="checkbox"/> I contributed to the Development of Health Promotion Policy (3 CECH per Policy) (<i>advanced only</i>) _____ I have included a copy of the Policy AND a Letter of Support with Proof of Involvement	

Section 3:

AREAS OF RESPONSIBILITIES AND ADVANCED-LEVEL SUB-COMPETENCIES

To claim CHES Category II CECH, activity must be related to at least one of the Seven Areas of Responsibilities. To claim MCHES Category II CECH, activity must be from the **Advanced-Level Sub-Competencies**. Please select all that apply below.

AREA I: ASSESS NEEDS, ASSETS AND CAPACITY FOR HEALTH EDUCATION

COMPETENCY 1.1: PLAN ASSESSMENT PROCESS

- _____ 1.1.2 Identify stakeholders to participate in the assessment process
- _____ 1.1.5 Engage stakeholders to participate in the assessment process

COMPETENCY 1.5: EXAMINE FACTORS THAT INFLUENCE THE LEARNING PROCESS

- _____ 1.5.2 Analyze factors that foster or hinder the learning process
- _____ 1.5.5 Identify factors that foster or hinder skill building
- _____ 1.5.6 Analyze factors that foster or hinder skill building

COMPETENCY 1.7: INFER NEEDS FOR HEALTH EDUCATION BASED ON ASSESSMENT FINDINGS

- _____ 1.7.2 Synthesize assessment findings

AREA II: PLAN HEALTH EDUCATION

COMPETENCY 2.2: DEVELOP GOALS AND OBJECTIVES

- _____ 2.2.1 Use assessment results to inform the planning process
- _____ 2.2.3 Select planning model(s) for health education
- _____ 2.2.4 Develop goal statements
- _____ 2.2.5 Formulate specific, measurable, attainable, realistic, and time-sensitive objectives

COMPETENCY 2.3: SELECT OR DESIGN STRATEGIES AND INTERVENTIONS

- _____ 2.3.1 Assess efficacy of various strategies to ensure consistency with objectives
- _____ 2.3.3 Select a variety of strategies and interventions to achieve stated objectives

COMPETENCY 2.4: DEVELOP A SCOPE AND SEQUENCE FOR THE DELIVERY OF HEALTH EDUCATION

- _____ 2.4.4 Organize health education into a logical sequence
- _____ 2.4.5 Develop a timeline for the delivery of health education

AREA III: IMPLEMENT HEALTH EDUCATION

COMPETENCY 3.3: TRAIN INDIVIDUALS INVOLVED IN IMPLEMENTATION OF HEALTH EDUCATION

- _____ 3.3.2 Identify training needs
- _____ 3.3.3 Develop training objectives
- _____ 3.3.4 Create training using best practices
- _____ 3.3.7 Evaluate training
- _____ 3.3.8 Use evaluation findings to plan future training

AREA IV: CONDUCT EVALUATION AND RESEARCH RELATED TO HEALTH EDUCATION

COMPETENCY 4.1: DEVELOP EVALUATION/RESEARCH PLAN

- _____ 4.1.1 Create purpose statement
- _____ 4.1.2 Develop evaluation/research questions
- _____ 4.1.7 Assess the merits and limitations of qualitative and quantitative data collection for research
- _____ 4.1.10 Critique existing data collection instruments for research
- _____ 4.1.11 Create logic model to guide the evaluation process
- _____ 4.1.13 Develop data analysis plan for research

COMPETENCY 4.2: DESIGN INSTRUMENTS TO COLLECT EVALUATION/RESEARCH DATA

- _____ 4.2.3 Write new items to be used in data collection for research

COMPETENCY 4.5: APPLY FINDINGS FROM EVALUATION/RESEARCH

- _____ 4.5.2 Evaluate feasibility of implementing recommendations from evaluation
- _____ 4.5.4 Disseminate research findings through professional conference presentations

AREA V: ADMINISTER AND MANAGE HEALTH EDUCATION

COMPETENCY 5.1: MANAGING FISCAL RESOURCES

- _____ 5.1.1 Identify fiscal and other resources
- _____ 5.1.2 Prepare requests/proposals to obtain fiscal resources
- _____ 5.1.3 Develop budgets to support health education efforts
- _____ 5.1.4 Manage program budgets
- _____ 5.1.5 Prepare budget reports
- _____ 5.1.6 Demonstrate ethical behavior in managing fiscal resources

COMPETENCY 5.2: OBTAIN ACCEPTANCE AND SUPPORT FOR PROGRAM

- _____ 5.2.1 Use communication strategies to obtain program support
- _____ 5.2.2 Facilitate cooperation among stakeholders responsible for health education
- _____ 5.2.3 Prepare reports to obtain and/or maintain program support
- _____ 5.2.4 Synthesize data for purposes of reporting

COMPETENCY 5.3: DEMONSTRATE LEADERSHIP

- _____ 5.3.3 Promote collaboration among stakeholders

COMPETENCY 5.4: MANAGE HUMAN RESOURCES

- _____ 5.4.6 Employ conflict resolution strategies
- _____ 5.4.9 Develop strategies to enhance staff and volunteers' career development
- _____ 5.4.10 Implement strategies to enhance staff and volunteers' career development

COMPETENCY 5.5: FACILITATE PARTNERSHIPS IN SUPPORT OF HEALTH EDUCATION

- _____ 5.5.1 Identify potential partner(s)
- _____ 5.5.2 Assess capacity of potential partner(s) to meet program goals
- _____ 5.5.4 Elicit feedback from partner(s)
- _____ 5.5.5 Evaluate feasibility of continuing partnership

AREA VI: SERVE AS A HEALTH EDUCATION RESOURCE PERSON

COMPETENCY 6.2: PROVIDE TRAINING

- _____ 6.2.1 Analyze requests for training
- _____ 6.2.2 Prioritize requests for training
- _____ 6.2.4 Assess needs for training
- _____ 6.2.5 Identify existing resources that meet training needs
- _____ 6.2.6 Use learning theory to develop or adapt training programs
- _____ 6.2.7 Develop training plan
- _____ 6.2.8 Implement training sessions and programs
- _____ 6.2.9 Use a variety of resources and strategies
- _____ 6.2.10 Evaluate impact of training programs

COMPETENCY 6.3: SERVE AS A HEALTH EDUCATION CONSULTANT

- _____ 6.3.5 Provide expert assistance
- _____ 6.3.7 Evaluate the effectiveness of the expert assistance provided

AREA VII: COMMUNICATE AND ADVOCATE FOR HEALTH AND HEALTH EDUCATION

COMPETENCY 7.4: ENGAGE IN HEALTH EDUCATION ADVOCACY

- _____ 7.4.9 Lead advocacy initiatives
- _____ 7.4.10 Evaluate advocacy efforts

COMPETENCY 7.5: INFLUENCE POLICY TO PROMOTE HEALTH

- _____ 7.5.1 Use evaluation and research findings in policy analysis
- _____ 7.5.4 Use evidence-based research to develop policies to promote health

Section 4:

How does this experience relate to health education?

Section 5:

I affirm that the information provided with this claim for CHES/MCHES Category II CECH is true to the best of my knowledge.

Signed: _____ Email: _____ Phone: _____

- **NCHEC does not confirm receipt or approval of Category II submissions. You can check your transcript online anytime to see if it's been processed by logging into your CHES/MCHES account. (http://www.nchec.org/ches_login)**
- **Please allow two weeks from date of receipt for your request to be processed.**
- **Please keep a copy of your submission to verify that credits appear correctly on your next transcript.**

**Submit To: National Commission for Health Education Credentialing, Inc.
 1541 Alta Drive, Suite 303, Whitehall, PA 18052
 Phone: (888) 624-3248 Ext 14 – Fax (800) 813-0727
 E-mail: mschmell@nchec.org**