

**THE ROLE OF HEALTH EQUITY IN CANCER PREVENTION &
CONTROL: FOUNDATIONS FOR ACTION
INSTRUCTIONS FOR EVALUATING THE WEBINAR
AND
REQUESTING CONTINUING EDUCATION CREDIT**

Your feedback is important to the Planning Committee and helps us continue to create a training program that meets your needs. It also allows us to consider new opportunities and content that adds value for participants.

If you wish to receive Continuing Education Contact Hours (CECH), you **must** complete the necessary forms, and **turn in** your documentation with payment to the National SOPHE office.

1. Complete and sign the evaluation form. You **must answer all questions** to receive credit.
2. Mark the Participation Record indicating your attendance by placing an X in the box on the matrix next to the session title. Total the number of credits you earned in the column labeled "CECH" and write it in as the total credits for which you are applying.
3. To receive credit, complete and sign the Continuing Education Form.
4. CECH Fees are applicable. The fee for this event (1.5 credit hours) is: \$10.50 for National SOPHE members, \$21.00 for non-members. Checks or credit card (Visa, MasterCard, or Discover) payments will be accepted. **Checks should be made payable to SOPHE.**
5. Mail or fax (preferred) the required items to:

SOPHE

Attn: The Role of Health Equity in Cancer Prevention & Control: Foundations for Action
10 G Street NE; Suite 605
Washington, DC 20002
(202) 408-9804 (202) 408-9815 FAX

The Role of Health Equity in Cancer Prevention & Control: Foundations for Action APRIL 21, 2011

Continuing Education Form and Participation Record Event # 01-168DL

If you are applying for Continuing Education Contact Hours (CECH) **you must complete all of this form and print and sign your name on the bottom of the overall evaluation form.**

The following information is REQUIRED for ALL participants requesting Continuing Education Contact Hours for CHES (please print):

Name: _____ Signature: _____

CHES # _____

Address _____

City, State and Zip: _____

Phone: _____ Fax: _____ Email: _____

Credit Card Payment Information:

Cardholder Name (if different from above): _____

Billing Address (if different from above): _____

City, State and Zip (if different from above): _____

Method of Payment: Visa MasterCard Discover

Credit Card Number: _____ Expiration Date _____

Signature of Cardholder: _____ Total: \$ _____

The Role of Health Equity in Cancer Prevention & Control: Foundations for Action

X	(indicate participation by placing an "X" next to the session titles)	Time	CECHs
"X" Below			
Thursday, April 21, 2011		1:00pm – 2:30 pm	1.5
	Welcome/Introductions Elaine Auld		
	Cancer Control Priority Areas Laura Seeff		
	Cancer Morbidity and Mortality Christopher Ervin		
	Cancer Resources and Services Linda Blount		
TOTAL NUMBER OF HOURS REQUESTED for sessions attended (Participant to Complete)			
		(Note: Round to nearest .25)	