Coalition Retention and Sustainability: Essential Elements of PSE Change 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 is 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: Coalition Retention and Sustainability: Essential Elements of PSE Change
10 G Street NE; Suite 605
Washington, DC 20002
(202) 408-9804 (202) 408-9815 FAX

Society for Public Health Education
Multiple Event Provider Number DC007

Coalition Retention and Sustainability: Essential Elements of PSE Change

April 12, 2011
Continuing Education Form and Participation Record
Event # **01-167DL**

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:

Method of Payment: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number: Expiration Date

Signature of Cardholder: Total: $

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Coalition Retention and Sustainability: Essential Elements of PSE Change

X	(indicate participation by placing an "X" next to the session titles)	Time	CECHs
"X" Below			
	Tuesday, April 12, 2011	2:00-3:30	1.5
	Welcome/Introductions **(Tiffany Pertillar: Moderator)** **Fran Butterfoss**		
	Christy Filby		
	Tyler Norris		
	Marilyn Batan		
	TOTAL NUMBER OF HOURS REQUESTED for sessions attended ***(Participant to Complete)***		(Note: Round to nearest .25)