

Title: Planning for MCHES Events

Date: July 28, 2011

Continuing Education Form and Participation Record

Event # 01-171DL

If you are applying for Continuing Education Contact Hours (CECH) **you must complete this entire 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 Entry-level (CHES) or Advanced-level (MCHES) (please print):

Name: _____ Signature: _____

CHES # _____ OR MCHES # _____

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: \$ _____

Title: Planning MCHES Events

X	(indicate participation by placing an "X" next to the session titles)	Time	Entry <u>Advanced</u> CECH	
			0.0	1.0
Thursday, July 28, 2011		1:00 – 2:00 pm	0.0	1.0
	Welcome/Introductions Moderator's Name: Elaine Auld, SOPHE CEO, MCHES			
	Review MCHES Competencies Presenter's Name: Kay A. Deaner, RN, MEd, CHES			
	How to Plan CE for MCHES Presenter's Name: Nicolette Warren, MS, MCHES			
Total Number of Hours Requested for sessions attended (Participant to Complete)				
			(Note: Round to nearest .25)	

**Title: MCHES Do's and Don'ts
Evaluation Form**

Day, Date: Thursday, July 28, 2011
Time: 1:00 - 2:00 pm
Event #: 01-171DL

I am <input type="checkbox"/> Entry-level (CHES) <input type="checkbox"/> Advanced-level (MCHES)
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1.0 *Entry-level CECH* **OR** *Advanced-level CECH*

Please complete this evaluation. If applying for continuing education credits you **MUST** complete **all** questions. For each of the following questions, mark (X) in the column that best represents your opinion regarding this session. Use the rating scale of 1-5 (1=strongly disagree, 5=strongly agree).

Learner Objectives	Strongly Disagree		Neutral		Strongly Agree	
As a result of this session, I am able to:	1	2	3	4	5	5
a) Plan a continuing education event for the Master Certified Health Education Specialists meeting the required Advanced-level Sub-competencies.						
b) Identify specific leadership roles that meet the Advanced-level Sub-Competencies thereby marking it as an Advanced-level Sub-competency for the Master Certifies Health Education Specialist.						
c) Kay Deaner, RN, MEd, CHES demonstrated mastery of the topic.						
d) Kay Deaner, RN, MEd, CHES was an effective presenter.						
e) Nicolette Warren, MS, MCHES demonstrated mastery of the topic.						
f) Nicolette Warren, MS, MCHES was an effective presenter.						
g) The session was timely in terms of current public health and health education practice.						

Please answer the following questions.

1. Suggestions for presentation improvement such as length, audiovisuals, handouts, materials, or what you would change about this session.

2. Additional Comments/Observations