

**MEASURING WHAT MATTERS: MAKING A DIFFERENCE IN  
HEALTH EQUITY  
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: Measuring What Matters: Making a Difference in Health Equity  
10 G Street NE; Suite 605  
Washington, DC 20002  
**(202) 408-9804 (202) 408-9815 FAX**

**Measuring What Matters: Making a Difference in Health Equity  
JUNE 21, 2011**

**Continuing Education Form and Participation Record  
Event # 01-173DL**

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: \$ \_\_\_\_\_

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**Measuring What Matters: Making a Difference in Health Equity**

<input checked="" type="checkbox"/>	(indicate participation by placing an "X" next to the session titles)	Time	CECHs		
<b>"X" Below</b>					
<b>Thursday, June 21, 2011</b>		3:00pm – 4:30 pm	1.5		
	Welcome/Introductions <b>Elaine Auld, MPH, MCHES</b>				
	Health Equity & Cancer Control <b>Lumbe Davis, DHSc, MPH, CHES</b>				
	Health Equity & Program Evaluation & Sustainability <b>Christopher Ervin, MD Linda Blount, MPH</b>				
	Questions & Answers				
<b>TOTAL NUMBER OF HOURS REQUESTED for sessions attended (Participant to Complete)</b>					
				<small>(Note: Round to nearest .25)</small>	