

# MCHES Do's and Don'ts

Continuing Education Events



# Forms Chapter Use

- Standard Event Application Cover Sheet
- Standard Event Application
- Individual Session Application
- CHES/MCHES Participant Sign-In
- Continuing Education Form and Participant Record
- Evaluation(s)
- Certificate of Attendance

# Application Cover Sheet

Please check to make sure that the following have been included in the application:

- Standard Event - Cover Sheet
- Standard Event -Event Application Form
- Standard Event -Individual Session Application Form
- The Event Brochure-Must include appropriate wording for CHES credit**  
*An application has been submitted to award Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES) up to \_\_\_\_\_ total Category I Continuing Education Contact Hours (CECH). Maximum Advanced-level contact hours available are \_\_\_\_\_. SOPHE, including its chapters, is a designated multiple event provider of CECHs by the National Commission for Health Education Credentialing.*
- Evaluation Tool(s) to be used (individual sessions and program if different)

# Application

**Part II: Event Planning Committee (must include at least one CHES in good standing) and/or recommended one MCHES in good standing.**

Chair: CHES/MCHES #:

Organizational name:

Member: CHES/CHES #:

Organizational name:

**Maximum number of Continuing Education Contact Hours (CECH)**  
for Entry-level, for Advanced-level, total Category I CECH

For CHES, please mark the Areas of Responsibility for Health Educators that are met by the behavioral/learning objectives for this session. **A single one-hour event needs to address at least one Area of Responsibility.**

For MCHES, please mark the Advanced-level Sub-competencies for Master Health Educators that are met by the behavioral/learning objectives for this session. **A single one-hour event needs to address at least one Advanced-level Sub-competency.**

# Individual Session Application

Session Title: \_\_\_\_\_

Length of presentation: \_\_\_\_\_

CECH for entry-level to be Awarded: \_\_\_\_\_ *or* CECH for advanced-level to be Awarded: \_\_\_\_\_

---

Presenter's Name: \_\_\_\_\_ Highest Degree: \_\_\_\_\_

(if Applicable): CHES# \_\_\_\_\_ MCHES # \_\_\_\_\_

Current Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Brief Biographical Sketch that Demonstrates Work and/or Research Relevant to Presentation Topic: \_\_\_\_\_

# CHES/MCHES Participant Sign-In

Name (Please Print):	CHES # or MCHES#
Mailing Address:  <hr/>	
Signature:	<u>To be completed by staff:</u> Entry-CECH Awarded:  Advanced-CECH Awarded:

# Instructions for Requesting Continuing Education and Evaluating the Conference

Your feedback is important to us and helps us continue to create a program that meets your needs. It also allows us to consider new opportunities and content that adds value for SOPHE members. You must complete this booklet if you wish to receive continuing education credit. For the value of having your feedback, you are strongly encouraged to complete this booklet even if you are not seeking credit.

1. *Remember for any session you may only receive Continuing Education Contact Hours for either Entry-level OR Advanced-level, NOT BOTH*
2. Each day, complete and sign an evaluation form for each session attended (must be signed to validate attendance for Continuing Education credits). You must answer all questions to receive credit. Forms are included for each session. Find and complete only the forms for the sessions you attended.
3. Each day, mark the Participation Record indicating the sessions you attended by placing an X in the box on the matrix next to the session title. At the end of the Conference, total the number of credits you earned in the column labeled for the credits for which you are applying.
4. Complete the overall Conference Evaluation at the back of this booklet.
5. To receive credit, complete and sign the Continuing Education Form.
6. For those seeking entry-level or advanced-level continuing education credits, please return this entire booklet to the Continuing Education Table.
7. All others can drop it off at the Registration Desk.

**Do not remove any forms from this booklet.**

Society for Public Health Education  
10 G Street, NE, Suite 605  
Washington, DC 20002  
(202) 408-9804 (202) 408-9815 FAX

*Event Title*

*Event #*

***Continuing Education Form and Participant Record***

If you are applying for Continuing Education you must complete this form and an evaluation form for each session you attend. Return this to the Continuing Education Desk (in the Registration Area) or to the Registration Desk before you leave.

**Which type of Continuing Education Credit are you applying for?**

- Category 1 CECH health education for Entry-level: \_\_\_\_\_ or Advanced-level: \_\_\_\_\_
- Other CE credits (if available): \_\_\_\_\_

***REMEMBER for any session you may only receive Continuing Education Contact Hours for either Entry-level OR Advanced-level NOT BOTH***

The following information is **REQUIRED** for ALL participants requesting CECH credits or a certificate of attendance (please print):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

CHES #: \_\_\_\_\_ OR MCHES #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Participant Record  
Event#:

<b>X</b>	<b>SESSION NAME</b> (indicate participation by placing an "X" next to the session titles)	<b>Time</b>	<b>Entry</b>	<b>Advanced</b>
			<b>contact</b>	<b>hours</b>
<b>Plenary Sessions</b>				
	Session #1	Time	0.0	0.0
	Session #2	Time	0.0	0.0
<b>Concurrent Sessions I - "X" only one below</b>				
	Concurrent #1	Time	0.0	0.0
	Concurrent #2	Time	0.0	0.0
	Concurrent #3	Time	0.0	0.0
	Concurrent #4	Time	0.0	0.0
	Concurrent #5	Time	0.0	0.0
<b>Concurrent Sessions II-"X" only one below</b>				
	Concurrent #1	Time	0.0	0.0
	Concurrent #2	Time	0.0	0.0
	Concurrent #3	Time	0.0	0.0
	Concurrent #4	Time	0.0	0.0
	Concurrent #5	Time	0.0	0.0

<b>Number of hours requested for DATE based on sessions attended</b>		
<b>Total the hours requested for ENTIRE CONFERENCE based on sessions attended</b> <b>[add together all Entry-level CECH earned; add together all Advanced-level CECH earned]</b> <b>(participant to complete)</b>	<i>Entry-level</i>	<i>Advanced level</i>
	<i>Total CECH</i>	

**REMEMBER** for any session you may only receive Continuing Education Contact Hours for either *Entry-level OR Advanced-level* NOT BOTH

## Concurrent or Single Session Evaluation

Day, Date: \_\_\_\_\_

Time: \_\_\_\_\_

Event #: \_\_\_\_\_

I am

Entry-level (CHES)

Advanced-level (MCHES)

\_\_\_\_\_  *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
a) INSERT Objective One					
b) INSERT Objective Two (if applicable)					
c) INSERT Objective Three (if applicable)					
d) <b>Presenter #1 Name &amp; Credentials</b> demonstrated mastery of the topic.					
e) <b>Presenter #1 Name &amp; Credentials</b> was an effective presenter.					
f) <b>Presenter #2 Name &amp; Credentials</b> demonstrated mastery of the topic.					
g) <b>Presenter #2 Name &amp; Credentials</b> was an effective presenter.					
h) <b>Presenter #3 Name &amp; Credentials</b> demonstrated mastery of the topic.					
i) <b>Presenter #3 Name &amp; Credentials</b> was an effective presenter.					
j) The session was timely in terms of current public health and health education practice.					

**Please answer the following questions.**

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

- Additional Comments/Observations

# OVERALL CONFERENCE EVALUATION

Event Dates [Click here to enter text.](#)

City, State [Click here to enter text.](#)

Event # [Click here to enter text.](#)

Please complete the overall evaluation form even if you are not applying for continuing education contact hours. If you are applying for continuing education contact hours, you **MUST** complete **all** questions.

For each of the following questions, mark (X) in the column that best represents your opinion regarding this event. Use the rating scale of 1-5 to represent your opinion.

(List Overall Conference Objectives:)	1 Strongly Disagree	2	3	4	5 Strongly Agree
a) Continuing Education (CE) met stated goals.					
b) I am confident that I can achieve event objective 1. <a href="#">Click here to enter text.</a>					
c) I am confident that I can achieve event objective 2. <a href="#">Click here to enter text.</a>					
d) I am confident that I can achieve event objective 3. <a href="#">Click here to enter text.</a>					
e) I am confident that I can achieve event objective 4. <a href="#">Click here to enter text.</a>					
f) The length of time was adequate for networking.					
g) The length of time was adequate for learning.					
h) The physical facilities were appropriate for the event.					
i) The event was timely in terms of public health or health education practice.					
j) The event evaluation and continuing education activities were well organized.					

1. What was the most useful part of the event?

---

---

---

2. What was the least useful part of the event or what would you change about the event?

---

---

---

3. Suggestions for CE event improvement such as: event staff was helpful, schedule was appropriate, registration process was clear, or what would you change about this event.

---

---

---

4. Additional Comments/Observations/ Ideas for Future Conferences:

**Thank you for your feedback.**

# Overall Conference and Single Session Evaluation

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

CHES/MCHES ID Number: \_\_\_\_\_ Event #: \_\_\_\_\_

TOTAL # of CECH for Entry-level [Click here to enter text.](#) OR

TOTAL # of CECH for Advanced-level [Click here to enter text.](#)

Please complete this evaluation. If applying for continuing education credits you **MUST** complete all questions.

For each of the following questions/statements, please evaluate each using the rating scale:

1=Strongly Disagree, 2 = Disagree, 3 = Neutral or No Comment, 4 = Agree, 5=Strongly Agree

a) The event registration process was clear and organized.	1	2	3	4	5
b) The event schedule was appropriate.	1	2	3	4	5
c) The physical facilities were appropriate for the event.	1	2	3	4	5
d) The event staff was helpful.	1	2	3	4	5
e) The length of time was adequate for networking.	1	2	3	4	5
f) The overall quality of this continuing education was excellent.	1	2	3	4	5
<b>Learner Objectives</b>					
<b>As a result of this event, I am able to:</b>					
g) Objective: <a href="#">Click here to enter text.</a>	1	2	3	4	5
h) Objective: <a href="#">Click here to enter text.</a>	1	2	3	4	5

Please answer the following questions.

1. What was the most useful part of the event? \_\_\_\_\_  
\_\_\_\_\_
2. What was the least useful part of the event or what would you change about the event? \_\_\_\_\_  
\_\_\_\_\_
3. Additional Comments/Observations/Suggestions for Future Conferences \_\_\_\_\_  
\_\_\_\_\_

Please evaluate each speaker/presenter using the rating scale:

1=Strongly Disagree, 2 = Disagree, 3 = Neutral, No Comment or Not Applicable, 4 = Agree, 5=Strongly Agree

Speaker Name & Credentials:						CECH:
Had Knowledge of Subject Matter	Was Organized/ Had a Clear Presentation	Provided Useful Information	Speaker/Participant Interaction Was Appropriate	Used Audio/Visual Aids Well	Provided Useful Handouts	Used Allotted Time Well
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Speaker Name & Credentials:						CECH:
Had Knowledge of Subject Matter	Was Organized/ Had a Clear Presentation	Provided Useful Information	Speaker/Participant Interaction Was Appropriate	Used Audio/Visual Aids Well	Provided Useful Handouts	Used Allotted Time Well
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Thank you for your feedback.

Society for Public Health Education,  
10 G Street, NE, Suite 605, Washington, DC 20002

Revised & Approved by CE Committee 4/12/11



# Forms Continuation

- Post Event – Summary Report
- Post Event – Participant Roster
- Event Review with Instructions

# Post Event – Summary Report Form

This form is to be submitted to the National SOPHE Office, with the enclosures listed below, **NO LATER THAN 30 DAYS FOLLOWING THE EVENT**. A late fee will apply to all reports received later than 30 days.

---

SOPHE Multiple Event Provider Number: DC0007

Date of Report: \_\_\_\_\_

I. Provider Name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

---

II. Event Number: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Title: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Entry-level CECH approved: \_\_\_\_\_

Number of Advanced-level CECH approved: \_\_\_\_\_

Number of CHES/MCHES requesting CECH: \_\_\_\_\_

Total number of CECH earned by CHES/MCHES at event: \_\_\_\_\_

(Example: add entry-level and advanced-level approved.

Multiply # approved by # CHES and MCHES requesting CECH)

---

III. Complete and attach a final typed Post Event- Participant Form.

IV. Please attach a summary of the evaluations.

V. Fee (checks made payable to SOPHE): \$1.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
(Total CECH Earned) (Amount Enclosed)

VI. Signature of Event Coordinator: \_\_\_\_\_

## Post Event - Participant Roster Form

Event Number: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Title: \_\_\_\_\_

Number of CECH assigned to the event: Entry-level \_\_\_\_\_ ; Advanced-level \_\_\_\_\_ Total : \_\_\_\_\_

Total Number of CECH earned by CHES at the Event: \_\_\_\_\_

	CHES #	Last Name	First Name	CECH Earned		Total CECH
				Entry	Advanced	
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

# Reporting Post Event Information to SOPHE Office

## Checklist:

- Post Event – Summary Report
- Post Event – Participant Roster
- Overall Evaluation Summary Report
- Continuing Education Contact Hour Payment (**Note: Check must include CE event number(s) and proper paperwork to connect the payment with CE event.**)

# How to Use the Forms

- All forms are created in MS Word 2003 or 2010
- All forms will open in a “locked” state
- How do you know if the document is “locked”?
- How can I “lock” or “unlock” a form?

# Writing Objectives

- First step is to start with the key phrase. Use the following objective template for creating a quality learning objective.
- “By the end of the session/program the participant will (be able to) insert a verb (then complete the objective with a measurable element and specifics to your session).”

Application	Analysis	Evaluation	Synthesis
interpret	distinguish	judge	compose
apply	differentiate	appraise	plan
use	calculate	rate	propose
demonstrate	contrast	compare	design
practice	compare	value	arrange
illustrate	criticize	estimate	assemble
operate	question	revise	create
sketch	solve	assess	set up
	dissect	measure	organize
			formulate

# Examples of Entry-level and Advanced-level Objectives

Entry-level Objectives	Advanced-level Objectives
Discuss how to advocate for policies that promote health and reduce cancer disparities.	Discuss the evidence-based research to develop and advocate for policies that promote health and reduce cancer disparities.
List the key resources and strengths of health education departments at the state and local level.	List the key resources and strengths of health education departments at the state and local level needed to develop data analysis plan for research.
Describe at least two health equity competencies.	Describe at least two health equity competencies to assess the efficacy of various communication strategies.

# Additional Examples

<b>Entry-level Objectives</b>	<b>Advanced-level Objectives</b>
Identify at least 3 different formats in which you could submit your work for publication.	Describe at least two successful examples of partnerships between individuals, schools, communities and health departments in the area of school health and chronic disease.
Describe the screening results related to identification of diabetes and kidney disease.	Describe the screening results of American Indians living in rural Texas as it relates to identification of Type II diabetes and kidney disease.
Describe the benefits of web-based training for professional development.	Describe at least two benefits of web-based training for professional development as it relates to chronic disease disparities in the elderly Hispanic male.

# More Examples

Entry-level Objectives	Advanced-level Objectives
Describe the function and influence of formal and informal leaders.	Articulate the importance of a Quality Assurance/Quality Improvement (QA/QI) plan to maintain program fidelity.
Evaluate Spanish pain classes.	Evaluate Spanish pain classes using mixed methods.

# Multiple Presenters in a Session

- For the session to receive Advanced-level CECH, each presenter's objectives must meet the Advanced-level Sub-Competency requirement
- If two presenter's objectives meet the Advanced-level Sub-competencies and one does not, the session would receive Entry-level CECH

# Session Attendance

Session CECH	Participant Earned
1.0 Entry- level CECH	CHES participant earned 1.0 Entry-level CECH
	MCHES participant earned 1.0 Entry-level CECH
1.0 Advanced- level CECH	CHES participant earned 1.0 Entry-level CECH
	MCHES participant earned 1.0 Advanced-level CECH

# *Certificate of Attendance*

*Name of the Event*

*Date of the Event*

*Location of the Event*

EVENT #

SOPHE Multiple Event PROVIDER NUMBER DC0007

Name of Participant: \_\_\_\_\_

CHES/MCHES Number: \_\_\_\_\_

Total Category I CECH Earned: \_\_\_\_\_

Entry-level CECH Earned: \_\_\_\_\_

Advanced-level CECH Earned: \_\_\_\_\_

*SOPHE, including its chapters, is a designated multiple event provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to \_\_\_\_\_ total Category I contact hours in health education. Maximum Advanced-level contact hours available are \_\_\_\_\_*



\_\_\_\_\_  
SOPHE CE/Chapter Committee Representative

# Certificate of Attendance

MCHES Do's and Don'ts

April 15, 2000

Any Place USA

Event # 0000

SOPHE Multiple Event Provider Number DC0007

Kay Deaner

CHES Number: 0000

Total Category 1 CECH Earned: 10.0

Entry-level CECH Earned: 10.0

Advanced-level CECH Earned: 0.0

*SOPHE, including its chapters, is a designated multiple event provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 10.0 total Category I contact hours in health education. Maximum Advanced-level contact hours available are 4.0.*

# Certificate of Attendance

MCHES Do's and Don'ts

April 15, 2000

Any Place USA

Event # 0000

SOPHE Multiple Event Provider Number  
DC0007

Kay Deaner

MCHES Number: M0000

Total Category 1 CECH Earned: 10.0

Entry-level CECH Earned: 6.0

Advanced-level CECH Earned: 4.0

*SOPHE, including its chapters, is a designated multiple event provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 10.0 total Category I contact hours in health education. Maximum Advanced-level contact hours available are 4.0.*

# SOPHE Event Review Form

Review Date: \_\_\_\_\_  
Name of Reviewer: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
Number of CECH for Entry-level Requested: \_\_\_\_\_  
Number of CECH for Advanced-level Requested: \_\_\_\_\_  
Total Number of CECH Requested for Entry-level and Advanced-level: \_\_\_\_\_

---

Please check YES or NO to indicate whether you believe each of the review criteria has been met satisfactorily for the event as a whole and for each individual session. Add any comments in the space provided.

## Overall Program:

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. CHES membership on Planning Committee meets requirements.       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Appropriate wording appears on event materials.                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Needs assessment has been conducted and program addresses them. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Overall event goals and objectives included.                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Agenda includes time frames.                                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Overall Conference Evaluation Form is included.                 |

Comments: \_\_\_\_\_

## Individual Sessions:

---

Session # \_\_\_\_\_ Title: \_\_\_\_\_ Presenter's Name: \_\_\_\_\_  
Number of Entry-level CECH to be awarded \_\_\_\_\_ or number of Advanced-level CECH to be awarded \_\_\_\_\_

- |                              |                             |                             |   |
|------------------------------|-----------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 1. Areas of Responsibility addressed.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 2. Advanced-level Sub-competencies are addressed.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             | 3. Presenter information is appropriate and complete.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             | 4. Measurable objectives included.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             | 5. Concurrent or Single Session Evaluation Form contains each presenter's name and credentials. |

Comments: \_\_\_\_\_

I approve this event for \_\_\_\_\_ Entry-level CECH for CHES, for \_\_\_\_\_ Advanced-level CECH for MCHES for a total of \_\_\_\_\_ CECH.

I approve this event for \_\_\_\_\_ Entry-level CECH for CHES, for \_\_\_\_\_ Advanced-level CECH for MCHES for a total of \_\_\_\_\_ CECH contingent on the following:

Comments: \_\_\_\_\_

I do not approve this event for \_\_\_\_\_ Entry-level and/or Advanced-level CECH for CHES/MCHES.

Comments: \_\_\_\_\_



For more information contact:

Kay Deaner

[44memi@Imf.net](mailto:44memi@Imf.net)

Nicolette Warren

[nwarren@sophe.org](mailto:nwarren@sophe.org)

SOPHE Office

202-408-9804