INJURY PREVENTION & PUBLIC POLICY: STRATEGIES AND OPPORTUNITIES 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 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: Injury Prevention & Public Policy: Strategies and Opportunities for Action
   10 G Street NE; Suite 605
   Washington, DC 20002
   (202) 408-9804 (202) 408-9815 FAX
Injury Prevention & Public Policy: Strategies and Opportunities for Action
Webinar
JUNE 10, 2009

Continuing Education Form and Participation Record
Event # 01-118DL

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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Injury Prevention & Public Policy: Strategies and Opportunities for Action

<table>
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<tr>
<th>X</th>
<th>SESSION NAME</th>
<th>Time</th>
<th>1.5 CECHs</th>
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("X" Below)

Wednesday, June 10, 2009

3:00 - 4:30 pm ET 1.5

Welcome/Introductions
Elaine Auld, MPH, CHES

Core Competencies for Being an Effective Injury Prevention Advocate
Sue Lachenmayr, MPH, CHES

Injury Prevention: Examples and Key Elements of Successful Policy Strategies
Barb Alberson, MPH

An Update on Pending Federal Legislation Related to Injury
Susan Polan, PhD

TOTAL NUMBER OF HOURS REQUESTED for sessions attended (Participant to Complete) (Note: Round to nearest .25)