SOPHE Multiple Event NCHEC Provider Number DC007
Society for Public Health Education NBPHE Provider Number 221

Application for Category I Continuing Education Contact Hours in Health Education
Standard/Co-sponsored Event by SOPHE

Date(s) of Event:

Name of Event:

Event #:

Sponsoring Organization(s):

Contact Person:

Contact Telephone Number:

Contact Email Address:

Event Location:
City: **State:** **Zip Code:**

Event Planning Committee (must include at least one active CHES ***and/or*** recommended one active MCHES)

	Last Name	First Name	Organization	CHES #	MCHES #
Chair:					
Members:					

Briefly explain how the need for this event was determined:

At least one Overall Event Objective

Agenda		Agenda	
Time	***Activity/Session Topic***	***Time***	***Activity/Session Topic***

Session Title			
Length of Presentation			
Presenter Name			
Highest Degree		**CHES#/MCHES#**	
Current Position/Title			
Organization			
Email Address			
Work and/or Research Relevant to Presentation Topic			
Content Outline and/or Abstract			
Session must have at least one (1) SMART Objective that relates best to ONE Entry-level OR ONE Advanced-level sub-competency identified by its number.			
SMART Objective			**Sub-competency #**
Number of Continuing Education Contact Hours (CECH) Requested for this Session:			
Entry-level		**Advanced-level**	

Session Title			
Length of Presentation			
Presenter Name			
Highest Degree		**CHES#/MCHES#**	
Current Position/Title			
Organization			
Email Address			
Work and/or Research Relevant to Presentation Topic			
Content Outline and/or Abstract			
Session must have at least one (1) SMART Objective that relates best to ONE Entry-level OR ONE Advanced-level sub-competency identified by its number.			
SMART Objective			**Sub-competency #**
Number of Continuing Education Contact Hours (CECH) Requested for this Session:			
Entry-level		**Advanced-level**	

One (1) Continuing Education Contact Hour equals 60 minutes of content attainable by an individual at the event, **does not include** welcome remarks.

Event must be at least one hour.

If the event is a series, the application must show that all planning for the series is completed at the time of the application (dates, learning objectives, presenters, etc.). The entire series must be completed within one year.

Number of Continuing Education Contact Hours (CECH) Requested:

Entry-level _____ Advanced-level_____ Total Category I CECH _____

Sixty (60) days prior to the event, the Application for Category I Continuing Education Contact Hours in Health Education must be sent to three (3) CE Committee members who will utilize SOPH's Event Review Form to review the event for CECH approval.

As SOPHE utilizes CORE, the Contact Person listed on this application verifies the ***Evaluation*** and ***Certificate of Attendance*** contain the same information as found in the latest edition of National SOPHE Continuing Education Policy and Procedure Manual.

As SOPHE utilizes on-line advertising for its events, the Contact Person listed on this application verifies the advertising includes the appropriate wording for CECH credit: "An application has been submitted to award Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to _____ total Category I Continuing Education Contact Hours (CECH). Maximum Advanced-level Continuing Education Contact Hours available are _____. SOPHE, including its chapters, is a designated provider of Continuing Education Contact Hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc."