



CATEGORY II CECH CLAIM FORM

- This form may be reproduced. Please submit one clearly printed or typed form per activity.
- Claims should be submitted within 90 days following program completion.

I am requesting credit for the following Category II activity, which was **not preapproved** by the National Commission for Health Education Credentialing, Inc. (NCHEC). *Category I preapproved activities are reported automatically by the designated provider.*

NAME (PRINT): _____ CHES #: _____

Program/Event Title: _____

Program/Event Date: _____

Program/Event Sponsor: _____

CECH claimed: _____ (see table below for calculation)

NOTE: MAXIMUM OF "30" CATEGORY II CECH WITHIN EACH FIVE-YEAR CERTIFICATION PERIOD

_____ **CHECK HERE IF LIVING OUTSIDE CONTINENTAL US. THESE HOURS WILL APPEAR AS CATEGORY I ON YOUR TRANSCRIPT.**

I have completed the following type of activity (**choose only one**) and attached the documentation indicated in support of my claim. (**Table continues on the reverse**)

ATTENDANCE AT PROFESSIONAL MEETINGS
<input type="checkbox"/> I attended a PROFESSIONAL MEETING (1 CECH per hour of instruction) ___ I have included (check one): ___ certificate of attendance OR ___ highlighted meeting schedule
SELF-STUDY
<input type="checkbox"/> I completed an INDEPENDENT STUDY (1 CECH per contact hour assigned by the provider) ___ I have included a certificate of completion AND outline of module
<input type="checkbox"/> I completed a PROFESSIONAL (non-academic) TRAINING EXPERIENCE (1 CECH per 10 hours of training) ___ I have included a formal agreement AND signed log of contact time
ACADEMIC PREPARATION
<input type="checkbox"/> I completed an ACADEMIC COURSE or traineeship (3 CECH per semester credit hour OR 2 CECH per trimester/quarter credit hour) ___ I have included (check one): ___ college transcript OR ___ alternate proof of completion
<input type="checkbox"/> I authored a THESIS (15 CECH for thesis acceptance) <input type="checkbox"/> I authored a DISSERTATION (20 CECH for dissertation acceptance) ___ I have included a copy of the title page AND table of contents AND letter of acceptance
CREATIVE ENDEAVORS
<input type="checkbox"/> I was the sole author of a BOOK CHAPTER, monograph or report (5 CECH per chapter) <input type="checkbox"/> I was a co-author of a BOOK CHAPTER, monograph or report (3 CECH per chapter) ___ I have included a copy of the title page AND table of contents AND full bibliographic citation
<input type="checkbox"/> I was the sole author of a HEALTH EDUCATION BOOK/text (30 CECH per book) <input type="checkbox"/> I was a co-author of a HEALTH EDUCATION BOOK/text (20 CECH per book) ___ I have included a copy of the title page AND table of contents AND full bibliographic citation

<input type="checkbox"/> I was the sole editor of a HEALTH EDUCATION BOOK/text (15 CECH per book) <input type="checkbox"/> I was a co-editor of a HEALTH EDUCATION BOOK/text (10 CECH per book) ___ I have included a copy of the title page AND table of contents AND full bibliographic citation <input type="checkbox"/> I was the sole author of a PEER-REVIEWED ARTICLE (5 CECH per article) <input type="checkbox"/> I was a co-author of a PEER-REVIEWED ARTICLE (3 CECH per article) ___ I have included a copy of the first page AND full bibliographic citation
<input type="checkbox"/> I was the sole author of a NONPEER-REVIEWED ARTICLE (5 CECH per article) <input type="checkbox"/> I was a co-author of a NONPEER-REVIEWED ARTICLE (2 CECH per article) ___ I have included a copy of the first page AND full bibliographic citation
<input type="checkbox"/> I was the sole developer of a HEALTH EDUCATION PRODUCT (5 CECH per product) <input type="checkbox"/> I was a co-developer of a HEALTH EDUCATION PRODUCT (3 CECH per product) ___ I have included (check one): ___ copyright notice OR ___ copy of product
<input type="checkbox"/> I was the sole author of a TRAINING MODULE or course (1 CECH per 2 hours of planned instruction) <input type="checkbox"/> I was a co-author of a TRAINING MODULE or course (1 CECH per 10 hours of planned instruction) ___ I have included a copy of the title page AND table of contents AND description of content
PROFESSIONAL PRESENTATIONS
<input type="checkbox"/> I presented at a PROFESSIONAL MEETING (2 CECH per hour of instruction - reduce by half for presentations of less than one hour) ___ I have included proof of presentation, indicating the duration
<input type="checkbox"/> I prepared/presented a POSTER (1 CECH per poster session) ___ I have included proof of presentation
PROFESSIONAL SERVICE
<input type="checkbox"/> I reviewed GRANT OR PROGRAM ACCREDITATION applications (3 CECH per calendar year of activity) ___ I have included a copy of the letter of invitation or appreciation
<input type="checkbox"/> I reviewed MANUSCRIPTS for a peer-reviewed journal (3 CECH per calendar year of activity) ___ I have included a copy of the letter of appreciation
<input type="checkbox"/> I served as a MENTOR (1 CECH per calendar month of activity for each individual mentored) ___ I have included a copy of an agreement/documentation indicating the nature and duration of mentorship
<input type="checkbox"/> I served as a LEADER in a health education organization (1 CECH per organization per calendar year) ___ I have included proof of service, indicating the duration

Areas of Responsibility

To claim Category II CECH, activity must relate to at least one.
Please select all that apply.

- ___ Assess Individual and Community Needs for Health Education
- ___ Plan Health Education Strategies, Interventions, and Programs
- ___ Implement Health Education Strategies, Interventions, and Programs
- ___ Conduct Evaluation and Research Related to Health Education
- ___ Administer Health Education Strategies, Interventions, and Programs
- ___ Serve as a Health Education Resource Person
- ___ Communicate and Advocate for Health and Health Education

I affirm that the information provided with this claim for CECH is true to the best of my knowledge.

Signed: _____ Phone #: _____

- **NCHEC does not confirm receipt or approval of Category II submissions**
- **Please keep a copy of your submission to verify that credits appear correctly on your next transcript**

Submit To: National Commission for Health Education Credentialing, Inc.
1541 Alta Drive, Suite 303, Whitehall, PA 18052
Phone: (888) 624-3248 · Fax (800) 813-0727