

Title: MCHES Do's and Don'ts

**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 (1.0 credit hours) is: \$7.00 for National SOPHE members, \$14.00 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: MCHES Do's and Don'ts
10 G Street NE; Suite 605
Washington, DC 20002
(202) 408-9804 (202) 408-9815 FAX

Society for Public Health Education
Multiple Event Provider Number DC0007

Title: MCHES Do's and Don'ts

Date: May 18, 2011

Continuing Education Form and Participation Record

Event # 01-169DL

If you are applying for Continuing Education Contact Hours (CECH) **you must complete this entire 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 Entry-level (CHES) or Advanced-level (MCHES) (please print):

Name: _____ Signature: _____

CHES # _____ OR MCHES # _____

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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X	(indicate participation by placing an "X" next to the session titles)	Time	Entry <u>Advanced</u> CECH	
			0.0	1.0
	Thursday, May 18, 2011	1:00 – 2:00 pm	0.0	1.0
	Welcome/Introductions Moderator's Name: Elaine Auld, SOPHE CEO, MCHES			
	CE Forms and Objectives Presenter's Name: Kay A. Deaner, RN, MEd, CHES			
	CE Event Reporting Presenter's Name: Nicolette Warren, MS, MCHES			
Total Number of Hours Requested for sessions attended (Participant to Complete)				
			(Note: Round to nearest .25)	