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 <u>must</u> 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 is 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) <u>you must complete this entire form and print and</u> <u>sign your name on the bottom of the overall evaluation form.</u>

The following information is REQUIRED for ALL participants requesting Continuing Education Contact Hours for Entry-level (CHES) or Advanced-level (MCHES) (<u>please print</u>):

CHES #OR MCHES #	Name				Signature: _				
City, State and Zip:	CHES	5 #	_	OR	MCHES #_				
Phone:	Addre	SS							
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: \$ ************************************	City, S	State and Zip:							
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: \$ ***********************************	Phone	:	_ Fax:		Eı	mail:			
Billing Address (if different from above): City, State and Zip (if different from above): Method of Payment: Visa Credit Card Number: Expiration Date Signature of Cardholder: Total: \$ ***********************************	Credit Card Payment Information:								
City, State and Zip (if different from above): Method of Payment: Visa Credit Card Number: Expiration Date Signature of Cardholder: Total: \$ Total: \$ Title: MCHES Do's and Don'ts X (indicate participation by placing an "X" next to the session titles) Entry Advanced CECH Thursday, May 18, 2011 1:00 - 2:00 pm 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)	Cardh	older Name (if different from	1 above):						
Method of Payment: Visa MasterCard Discover Credit Card Number: Expiration Date	Billing Address (if different from above):								
Credit Card Number: Expiration Date Signature of Cardholder: Total: \$ Total: \$ Total: \$ Title: MCHES Do's and Don'ts X (indicate participation by placing an "X" next to the session titles) Entry Advanced Thursday, May 18, 2011 1:00 - 2:00 pm 0.0 1.0 Welcome/Introductions Moderator's Name: Elaine Auld, SOPHE CEO, MCHES Image: CE Forms and Objectives Image: CE Forms and Objectives Presenter's Name: Kay A. Deaner, RN, MEd, CHES CE Event Reporting Image: Vicolette Warren, MS, MCHES Image: Vicolette Warren, MS, MCHES Image: Colspan="2">Total Number of Hours Requested for sessions attended (Participant to Complete)	City, State and Zip (if different from above):								
Signature of Cardholder: Total: \$ Total: \$ ***********************************	Method of Payment:				Master	Card 🗌 D	iscover		
X (indicate participation by placing an "X" next to the session titles) Time Entry Advanced Thursday, May 18, 2011 1:00 – 2:00 pm 0.0 1.0 Welcome/Introductions Moderator's Name: Elaine Auld, SOPHE CEO, MCHES Image: CE Forms and Objectives Image: CE Forms and Objectives Presenter's Name: Kay A. Deaner, RN, MEd, CHES CE Event Reporting Image: CE Forms and Objective Warren, MS, MCHES CE Event Reporting Image: CE Forms and Objective Warren, MS, MCHES Image: CE Forms and Objective Warren, MS, MCHES CE Event Reporting Image: CE Forms and Objective Warren, MS, MCHES Image: CE Forms and Objective Warren, MS, MCHES CE Event Reporting Image: CE Forms and Objective Warren, MS, MCHES Image: CE Forms and Objective Warren, MS, MCHES CE Event Reporting Image: CE Forms and Objective Warren, MS, MCHES Image: CE Forms and Objective Warren, MS, MCHES Image: CE Event Reporting Image: CE Forms and CE Fo	Credit Card Number: Expiration Date								
Title: MCHES Do's and Don'ts X (indicate participation by placing an "X" next to the session titles) Entry Advanced CECH Thursday, May 18, 2011 1:00 – 2:00 pm 0.0 1.0 Welcome/Introductions Moderator's Name: Elaine Auld, SOPHE CEO, MCHES Image: CE Forms and Objectives Image: CE Forms and Objectives Presenter's Name: Kay A. Deaner, RN, MEd, CHES Image: CE Event Reporting Image: CE Event Reporting Image: CE Forms and Objective Warren, MS, MCHES CE Event Reporting Image: Name: Nicolette Warren, MS, MCHES Image: CE Forms and CHES Image: CE Forms Name: Nicolette Warren, MS, MCHES CE Event Reporting Image: Name: Nicolette Warren, MS, MCHES Image: CE Forms ant to Complete Image: CE Forms ant to Complete	Signature of Cardholder: Total: \$								
X (indicate participation by placing an "X" next to the session titles) Time Entry Advanced Thursday, May 18, 2011 1:00 - 2:00 pm 0.0 1.0 Welcome/Introductions Moderator's Name: Elaine Auld, SOPHE CEO, MCHES Image: CE Forms and Objectives Image: CE Forms and Objectives Presenter's Name: Kay A. Deaner, RN, MEd, CHES CE Event Reporting Image: CE Forms and Objective Warren, MS, MCHES CE Event Reporting Image: Nicolette Warren, MS, MCHES Image: Nicolette Warren, MS, MCHES Image: Nicolette Warren, MS, MCHES Image: Total Number of Hours Requested for sessions attended Image: Centre Complete Image: Center Complete									
Session titles) CECH Thursday, May 18, 2011 1:00 - 2:00 pm 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)									
Thursday, May 18, 2011 1:00 - 2:00 pm 0.0 1.0 Welcome/Introductions Moderator's Name: Elaine Auld, SOPHE CEO, MCHES 0.0 1.0 CE Forms and Objectives Presenter's Name: Kay A. Deaner, RN, MEd, CHES 0.0 0.0 0.0 CE Event Reporting Presenter's Name: Nicolette Warren, MS, MCHES 0.0 0.0 0.0 Total Number of Hours Requested for sessions attended 0.0 0.0 0.0 0.0	X					Time			
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)						1:00 – 2:00 pm			
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)		Welcome/Introductions Moderator's Name: Elain			CHES		I		
CE Event Reporting Presenter's Name: Nicolette Warren, MS, MCHES Total Number of Hours Requested for sessions attended (Participant to Complete)			Deaner RN M	Ed CHE	S				
Total Number of Hours Requested for sessions attended (Participant to Complete)		CE Event Reporting			~				
(Participant to Complete)			, ,		D (1.0	• • • • • • • •			
	•								
	(rarticipant to Complete)						(Note: Round	to nearest .25)	