



## **Event Application to provide Category I Credits for Certified Health Education Specialists (CHES)**

Thank you for your interest in offering CHES credits at your upcoming event through the Alaska Health Education Consortium (AHEC). AHEC is designated by the [National Commission on Health Education Credentialing Inc. \(NCHEC\)](#) as a multi-site provider of continuing education credits for Certified Health Education Specialists. (NCHEC Provider Number: AK0026)

CHES credits must relate to the seven areas of responsibilities and competencies for Health Educators set forth by the [National Commission on Health Education Credentialing Inc. \(NCHEC\)](#). These include:

- Assess individual and community needs for health education;
- Plan effective health education programs;
- Implement health education programs;
- Evaluate the effectiveness of health education programs;
- Coordinate the provision of health education services;
- Act as a resource person in health education; and
- Communicate health and health education needs, concerns and resources.

### **CHES Event Application Fee Scale (payable to AHEC)**

\$15 for 1- 4 hours

\$25 for all day

\$50 for 2 or more days

Please fill out the attached application form and submit the requested information to the AHEC Continuing Education Chair. Materials will be reviewed and once your event or sessions are approved, you will receive an Event #, Event Roster, CHES Evaluation form, and further instructions. *If you have any questions, please contact the Continuing Education Chair.*

#### ***Please note:***

- *The Alaska Health Education Consortium requests recognition on the event program or materials.*
- *At least one member of the planning committee has to be a Certified Health Education Specialist.*

**ALASKA HEALTH EDUCATION CONSORTIUM  
CHES EVENT APPLICATION FORM**

**Title of Program/Event:** \_\_\_\_\_  
**Date of Program:** \_\_\_\_\_  
**Date Submitted:** \_\_\_\_\_  
**Date request received by AHEC:** \_\_\_\_\_

**Sponsoring Agency Information**

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contact Person**

Email: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
Phone (if different): \_\_\_\_\_

**Event Information**

Program/Conference: \_\_\_\_\_  
Location of Event: \_\_\_\_\_  
Event date(s): \_\_\_\_\_  
Estimated # of participants: \_\_\_\_\_

**Planning Committee Names and Contact Info:**

\_\_\_\_\_  
\_\_\_\_\_

**Please submit:**

- Completed application form**
- Program outline or agenda**
- Speaker bios and learning objectives for each session**
- Application Fee Payment payable to AHEC**  
**PO Box 242172, Anchorage, AK 99524-2172**