

# Instructions for Requesting Continuing Education and Evaluating the Conference

Your feedback is important to us and helps us continue to create a program that meets your needs. It also allows us to consider new opportunities and content that adds value for SOPHE members. You must complete this booklet if you wish to receive continuing education credit. For the value of having your feedback, you are strongly encouraged to complete this booklet even if you are not seeking credit.

1. Each day, complete and sign an evaluation form for each session attended (must be signed to validate attendance for Continuing Education credits). You must answer all questions to receive credit. Forms are included for each session. Find and complete only the forms for the sessions you attended.
2. Each day, mark the Participation Record indicating the sessions you attended by placing an X in the box on the matrix next to the session title. At the end of the Conference, total the number of credits you earned in the column labeled for the credits for which you are applying.
3. Complete the overall Conference Evaluation at the back of this booklet.
4. To receive credit, complete and sign the Continuing Education Form.
5. For those seeking entry-level or advanced-level continuing education credits, please return this entire booklet to Dana Smith (address below).

**Your check made payable to Arkansas SOPHE.** Prices for hours are:

**Certified Health Education Specialists (CHES)**

\$2.50 per hour - Arkansas or National SOPHE Member

\$5.00 per hour - Neither Arkansas nor National SOPHE Member\*\*

**Certified Public Health Educators (CPHE)**

\$3.50 per hour - Arkansas or National SOPHE Member

\$6.00 per hour - Neither Arkansas nor National SOPHE Member\*\*

**\*\*If you wish to be able to receive your continuing education credits at the member rate, you can join AR SOPHE by including a check for \$30 with your application plus the member hourly fee.**

Mail your check and complete booklet by February 28, 2012 to:

Dana Smith

3429 McCord Drive

North Little Rock, AR 72116

No applications will be accepted after February 28, 2012!

Questions? Contact Dana Smith at [smithdanam@uams.edu](mailto:smithdanam@uams.edu) or 501-686-7791.

**Do not remove any forms from this booklet.**

*University of AR for Medical Sciences-  
Rural Hospital Program Noon Lecture Series  
"Major Depressive Disorder – Diagnosis and Treatment"*

***Continuing Education Form and Participant Record***

If you are applying for Continuing Education **you must complete this form and an evaluation form for each session you attend.** Return this to the Continuing Education Desk (in the Registration Area) or to the Registration Desk before you leave.

**Which type of Continuing Education Credit are you applying for?**

- |   |
|---|
| <ul style="list-style-type: none"><li>○ Category 1 CECH health education for Entry-level: _____ or Advanced-level: _____</li><li>○ Other CE credits (if available): _____</li></ul> |
|---|

The following information is **REQUIRED** for ALL participants requesting CECH credits or a certificate of attendance (**please print**):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

CHES #: \_\_\_\_\_ OR MCHES #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Instructions for completing the Participant Record:**

- **Keep track of your attendance each day and create daily subtotals**
- **At the end of the conference, total credits requested.**

**Take Note:**

- **If you are a session or poster presenter, please indicate below:**

Session Presenter Title/ time of your presentation: \_\_\_\_\_

Poster Presentation Title/authors: \_\_\_\_\_

(First time presentation of a session, seminar, workshop, and poster session approved for Category 1 Hours. **For speakers:** 2 CECH for 1 hour program, 1 CECH for programs less than one hour. **For Poster Sessions:** must write an abstract that includes measurable objectives and present session – 1 CECH per session. A presenter may claim CECH for either presenting or attending the workshop but not both.)

Participant Record  
Event#: 09-

X	UAMS-Rural Hospital Program Noon Lecture series <small>(Indicate participation by placing an "X" next to the session titles)</small>	Time	Entry contact hours	Advanced contact hours
General Session- "X" only one below				
2/14/2012	<b>Major Depressive Disorder – Diagnosis and Treatment</b>	12:15pm- 1:15pm	1.0	1.0
<b>Total the hours requested for ENTIRE CONFERENCE BASED on sessions attended</b> <b>[Add together all Entry-level CECH earned; add together all Advanced-level CECH earned]</b> <b>(Participant to complete)</b>			<i>Entry-level</i>	<i>Advanced level</i>
			<i>Total CECH</i>	

# Concurrent or Single Session Evaluation

## "Major Depressive Disorder – Diagnosis and Treatment"

Day, Date: February 14, 2012  
 Time: 12:15pm-1:15pm  
 Event #: 09-

I am

Entry-level (CHES)  
 Advanced-level (MCHES)

*Entry-level CECH* **OR**  *Advanced-level CECH*

Please complete this evaluation. If applying for continuing education credits you **MUST** complete **all** questions. For each of the following questions, mark (X) in the column that best represents your opinion regarding this session. Use the rating scale of 1-5 (1=strongly disagree, 5=strongly agree).

Learner Objectives	Strongly Disagree		Neutral		Strongly Agree	
As a result of this session, I am able to:	1	2	3	4	5	
a. The objectives for the workshop were met.						
b. <b>Irving Kuo</b> demonstrated mastery of the topic.						
c. <b>Irving Kuo</b> was an effective presenter.						
d. The session was timely in terms of current public health and health education practice.						

Please answer the following questions.

1. Suggestions for presentation improvement such as length, audiovisuals, handouts, materials, or what you would change about this session.

2. Additional Comments/Observations