



Participant Instructions for Applying for CHES/MCHES Continuing Education

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

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.

Items That Must be Included in Application:

1. **Application Cover Sheet**
2. **Participant Record** - 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. **Evaluation Form** at the back of this booklet. Your signature is required on the evaluation form to receive credit.
4. **Your check made payable to Arkansas SOPHE.** Prices for hours are:

Certified Health Education Specialists (CHES or MCHES)

\$2.50 per hour - Arkansas or National SOPHE Member

\$5.00 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 21, 2012 to:

Arkansas SOPHE
C/O Dana Smith, CEU Chair
P.O. Box 251169
Little Rock, AR 72225

No applications will be accepted after February 21, 2012!

Questions? Contact Dana Smith at smithdanam@uams.edu or 501-686-7791.

Application Cover Sheet

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?

- Category 1 CECH health education for Entry-level: _____ or Advanced-level: _____
- Other CE credits (if available): _____

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 and 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-
February 7, 2012

X	MidSOUTH Prevention Institute <small>(indicate participation by placing an "X" next to the session titles)</small>	Time	Entry	Advanced
			contact	hours
General Session- "X" only one below				
	Review of FDA New Drug Approvals from 2011	12:15 – 1:15 p.m.	1.0	1.0
Number of hours requested for DATE based on sessions attended				
Total the hours requested for ENTIRE CONFERENCE based on sessions attended [add together all Entry-level CECH earned; add together all Advanced-level CECH earned] (participant to complete)			<i>Entry- level</i>	<i>Advanced level</i>
			<i>Total CECH</i>	

OVERALL CONFERENCE EVALUATION

Review of FDA New Drug Approvals from 2011

February 7, 2012

Little Rock, AR

Event # 09-

I am <input type="checkbox"/> Entry-level (CHES) <input type="checkbox"/> Advanced-level (MCHES)
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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	
	1	2	3	4	5	
a) Conference objectives were met.						
b) The speaker demonstrated mastery of the topic.						
c) The speaker 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