

## **Considerations for Continuing Education Credit**

ACHA is accredited by: the American Council for Continuing Medical Education (ACCME), the National Commission for Health Education Credentialing (NCHEC), the American Psychological Association (APA), and the National Board for Certified Counselors (NBCC). Each of these accrediting bodies has their own criteria for offering continuing education, to which we must adhere.

The following information is provided in an effort to help presenters and attendees better understand the guidelines that the ACHA Continuing Education reviewers are following when they determine whether or not a particular session should receive credit.

### **Continuing Medical Education (CME)**

Continuing medical education (CME) credit may be assigned for educational activities:

- which "serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession."  
**and**
- When *physicians* are the *expected learners*.

Additionally,

All the recommendations involving clinical medicine in a CME activity must be based on **evidence that is accepted within the profession of medicine** as adequate justification for their indications and contraindications in the care of patients.

All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the **generally accepted standards** of experimental design, data collection and analysis.

*For a complete description of the standards and requirements for continuing medical education, contact Eleanor Davidson, MD, (ewd@po.cwru.edu), chair of the Continuing Medical Education Subcommittee.*

### **Continuing Education for Psychologists (PsyCE)**

To receive continuing education for psychologists (PsyCE), the following criteria apply:

- The presentation needs to address theory and concepts that enhance the psychologist's practice in the area of college mental health. Since we do a lot of things on campus, there are a broad range of topics and issues that might be applicable.
- The presentation should be at a level of sophistication (i.e., post-doctoral) that will further the psychologist's fund of information and professional growth.
- The presenter must be qualified to present relevant information at that level of sophistication.

- Presenters should include in their behavioral objectives how their program is relevant to psychologists. For some programs, this is obvious from the title (e.g., "Updates in the Treatment of Bipolar Disorder"). However, there are many topics that might relate to the practice of college mental health that aren't immediately obvious. The term "mental health" in the objectives will alert the reviewer to take a closer look.

*For a complete description of the standards and requirements for continuing psychology education, contact Mike Malmon, PhD, (mmalmon@msudenver.edu), chair of the Continuing Education for Psychologists Subcommittee.*

## **National Board for Certified Counselors (NBCC)**

### **Approved Continuing Education Topic Areas and Instructor Requirements**

#### **Qualified Instructors/Authors**

ACEP instructors and authors must demonstrate appropriate qualifications and knowledge concerning the topic presented and the program authored, consistent with the following standards:

**Category 1 Instructors/Authors:** Instructors or authors presenting information concerning counseling or the treatment of clients in the counseling setting. These instructors/authors must hold an advanced degree (masters or higher) in a mental health field.

**Category 2 Instructors/Authors:** Instructors or authors presenting information that relates directly to one of the nine continuing education topic areas, but NOT concerning counseling practice or the treatment of clients. These instructors/authors are not required to hold advanced degrees in a mental health field, but must demonstrate the completion of appropriate education and training with regard to the topic presented. Approval of Category 2 instructors is considered on a case-by-case basis.

#### **NBCC Approved Continuing Education Topic Areas and Instructor Requirements.**

Topic areas are based on the following NBCC Job Analysis and CACREP content areas:

1. **Counseling Theory/Practice and the Helping Relationship:** Approved topics in the area include: historic and well-established contemporary counseling theories, principles and techniques of counseling and their application to professional settings; information on the use of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM); diagnosis and treatment of mental disorders; the mind-body connection and its applications in the counseling setting; psychopharmacology and the role and effect of psychotropic medications in mental health; burnout prevention designed for helping professionals; counselor self-understanding designed for mental health professionals; crisis/disaster counseling; mediation or coaching training designed for mental health professionals (**Category 1 Instructor required**).

*Note: "Well-established contemporary theories, principles and techniques" are defined as those for which acceptable documentation is available that either: (a) proves the efficacy of the theory or methods by empirical data; or, (b) shows clear acceptance by the credentialed professional mental health community through well-established publications and presentations at conferences sponsored by recognized professional mental health organizations.*

2. **Human Growth and Development:** Approved topics in this area include: the nature and needs of individuals at all developmental levels; normal and abnormal human behavior; personality theory; life-span theory; learning theory; and end-of-life issues (**Category 1 or 2 Instructor permitted**).
3. **Social and Cultural Foundations:** Approved topics in this area include: societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multicultural and pluralistic

trends; social or cultural issues affecting individuals, couples and families; differing lifestyles; major societal concerns, including violence, poverty, terrorism, stress, person abuse, substance abuse, religious/spiritual issues, and discrimination; and, methods for alleviating such concerns (**Category 1 or 2 Instructor permitted**).

4. **Group Dynamics, Processing and Counseling:** Approved topics in this area include: group development, dynamics and counseling theories; group counseling leadership styles; basic and advanced group counseling methods and skills; other group counseling approaches; theories of family counseling; family dynamics and roles of family members; and addictions group counseling (**Category 1 Instructor required**).
5. **Career Development and Counseling:** Approved topics in this area include: Career developmental theories; occupational and educational information sources and systems; career and leisure counseling, guidance and education; lifestyle, career and retirement decision making; career development program planning, resources and effectiveness evaluation; worker behavior and adjustment; and workplace issues affecting worker performance and behavior (**Category 1 Instructor required for career counseling topics. Category 2 Instructor permitted for other career-related topics**).
6. **Assessment:** Approved topics in this area include: group and individual educational and psychometric theories, and approaches to appraisal; data and information gathering methods; psychometric statistics; factors influencing appraisals; administering appraisal instruments and interpreting appraisal results in helping processes; and, legal issues affecting counselor rights to administer and interpret tests and inventories that assess psychopathology, abilities, interests, and career options (**Category 1 or 2 Instructor permitted**).
7. **Research and Program Evaluation:** Approved topics in this area include: types of academic and professional research; basic statistics; research-report development; research implementation; counseling program evaluation; needs assessment in the counseling setting; publication of counseling research information; and, ethical and legal considerations in counseling research (**Category 1 or 2 Instructor permitted**).
8. **Counselor Professional Identity and Practice Issues:** Approved topics in this area include: philosophic bases of the helping processes; professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; professional preparation standards; professional credentialing in mental health; federal and state laws and regulations affecting counselors; practice management issues for mental health professionals; the counselor as professional consultant; administration and management of counseling programs; clinical supervision of mental health professionals (**Category 1 Instructor required**).

**NBCC Continuing Education Program Content Approval Criteria.**

When an organization holds NBCC Approved Continuing Education Provider (ACEP) status, it is the ongoing responsibility of the ACEP to ensure that the content of each continuing education program, for which the ACEP offers NBCC-approved clock hours, meets the following criteria:

- A. All events or programs must relate directly to one of the **NBCC-Approved Continuing Education Topic Areas**. See the Approved Topic Areas listed above.
- B. Programs focusing on the counseling or treatment of clients must be designed for, and taught by, masters or doctoral level mental health professionals (Category 1 instructors). See the descriptions of Category 1 and Category 2 listed in Section IV.

C. Programs focusing on topics that do not specifically address the counseling or treatment of clients may be taught by either Category 1 or Category 2 instructors. Examples: adoption law, violence in schools, urban gangs, HIPAA regulations.

D. In order to qualify for NBCC approval, program topics must be relevant to the continuing education of professional counselors. Programs focusing solely on the physiological, medical (non-psychiatric) treatment of clients, or designed for a profession other than counseling (such as medical nursing or medical rehabilitation), do not qualify for NBCC approval. Programs designed for the training of members of the general public, paraprofessional counselors or lay members of a church or other helping organizations to do counseling of individuals do not qualify for NBCC approval.

E. In order to qualify for NBCC approval, at least one identifiable objective of the content must be focused on how mental health professionals may use the knowledge presented to aid clients in a professional mental health setting. The objective must be clearly identified in the program or agenda. Programs designed solely to assist the general public with their own personal difficulties and challenges do not qualify for NBCC approval.

F. ACEPs may not discriminate against any individual or group with respect to any service, program or activity on the basis of gender, race, creed, national origin, sexual orientation, religion, or age, or other prohibited basis. ACEPs may not require counselors/attendees to adhere to any particular religion or creed in order to participate in training, and may not imply that those not adhering to the tenets presented in the training are mentally ill, deviant, or unacceptable in any fashion.

G. ACEPs must be able to show that their programs train counselors to treat any client in an ethical and clinically sound manner consistent with the NBCC Code of Ethics and the current edition of the DSM.

H. ACEPs must conduct live trainings in barrier-free, Americans with Disabilities Act (ADA) compliant facilities and must be prepared to assist any attendee with a physical, visual or auditory disability.

*For a complete description of the standards and requirements for continuing education for national certified counselors, contact Joy Himmel, PsyD, APRN-BC, LPC, NCC, (JYHI@psu.edu), chair of the Continuing Education for National Certified Counselors Subcommittee.*

### **Continuing Education for Certified Health Education Specialists (CHES)**

Criteria for continuing education for certified health education specialists (CHES) is based on the following responsibilities:

## **Areas of Responsibilities, Competencies, and Sub-competencies for the Health Education Specialists 2010**

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The Seven Areas of Responsibility contain a comprehensive set of Competencies and Sub-competencies defining the role of the health education specialist. These Responsibilities were verified through the 2010 Health Educator Job Analysis Project and serve as the basis of the CHES exam beginning in April 2011 and the MCHES exam in October 2011. The Sub-competencies shaded are advanced-level only and will not be included in the entry-level, CHES examination. However the advanced-level Sub-competences will be included in the October 2011 MCHES examination.

**Area of Responsibility I: ASSESS NEEDS, ASSETS AND CAPACITY FOR HEALTH EDUCATION**

**COMPETENCY 1.1. Plan Assessment Process**

- 1.1.1 Identify existing and needed resources to conduct assessments
- 1.1.2 Identify stakeholders to participate in the assessment process
- 1.1.3 Apply theories and models to develop assessment strategies
- 1.1.4 Develop plans for data collection, analysis, and interpretation
- 1.1.5 Engage stakeholders to participate in the assessment process
- 1.1.6 Integrate research designs, methods, and instruments into assessment plan

**COMPETENCY 1.2: Access Existing Information and Data Related to Health**

- 1.2.1 Identify sources of data related to health
- 1.2.2 Critique sources of health information using theory and evidence from the literature
- 1.2.3 Select valid sources of information about health
- 1.2.4 Identify gaps in data using theories and assessment models
- 1.2.5 Establish collaborative relationships and agreements that facilitate access to data
- 1.2.6 Conduct searches of existing databases for specific health-related data

**COMPETENCY 1.3: Collect Quantitative and/or Qualitative Data Related to Health**

- 1.3.1 Collect primary and/or secondary data
- 1.3.2 Integrate primary data with secondary data
- 1.3.3 Identify data collection instruments and methods
- 1.3.4 Develop data collection instruments and methods
- 1.3.5 Train personnel and stakeholders regarding data collection
- 1.3.6 Use data collection instruments and methods
- 1.3.7 Employ ethical standards when collecting data

**COMPETENCY 1.4: Examine Relationships Among Behavioral, Environmental and Genetic Factors That Enhance or Compromise Health**

- 1.4.1 Identify factors that influence health behaviors
- 1.4.2 Analyze factors that influence health behaviors
- 1.4.3 Identify factors that enhance or compromise health
- 1.4.4 Analyze factors that enhance or compromise health

**COMPETENCY 1.5: Examine Factors That Influence the Learning Process**

- 1.5.1 Identify factors that foster or hinder the learning process
- 1.5.2 Analyze factors that foster or hinder the learning process
- 1.5.3 Identify factors that foster or hinder attitudes and belief
- 1.5.4. Analyze factors that foster or hinder attitudes and beliefs
- 1.5.5 Identify factors that foster or hinder skill building
- 1.5.6 Analyze factors that foster or hinder skill building

## **COMPETENCY 1.6: Examine Factors That Enhance or Compromise the Process of Health Education**

- 1.6.1 Determine the extent of available health education programs, interventions, and policies
- 1.6.2 Assess the quality of available health education programs, interventions, and policies
- 1.6.3 Identify existing and potential partners for the provision of health education
- 1.6.4 Assess social, environmental, and political conditions that may impact health education
- 1.6.5 Analyze the capacity for developing needed health education
- 1.6.6 Assess the need for resources to foster health education

## **COMPETENCY 1.7: Infer Needs for Health Education Based on Assessment Findings**

- 1.7.1 Analyze assessment findings
- 1.7.2 Synthesize assessment findings
- 1.7.3 Prioritize health education needs
- 1.7.4 Identify emerging health education needs
- 1.7.5 Report assessment findings

## ***Area of Responsibility II: PLAN HEALTH EDUCATION***

### **COMPETENCY 2.1: Involve Priority Populations and Other Stakeholders in the Planning Process**

- 2.1.1 Incorporate principles of community organization
- 2.1.2 Identify priority populations and other stakeholders
- 2.1.3 Communicate need for health education to priority populations and other stakeholders
- 2.1.4 Develop collaborative efforts among priority populations and other stakeholders
- 2.1.5 Elicit input from priority populations and other stakeholders
- 2.1.6 Obtain commitments from priority populations and other stakeholders

### **COMPETENCY 2.2: Develop Goals and Objectives**

- 2.2.1 Use assessment results to inform the planning process
- 2.2.2 Identify desired outcomes utilizing the needs assessment results
- 2.2.3 Select planning model(s) for health education
- 2.2.4 Develop goal statements
- 2.2.5 Formulate specific, measurable, attainable, realistic, and time-sensitive objectives
- 2.2.6 Assess resources needed to achieve objectives

### **COMPETENCY 2.3: Select or Design Strategies and Interventions**

- 2.3.1 Assess efficacy of various strategies to ensure consistency with objectives
- 2.3.2 Design theory-based strategies and interventions to achieve stated objectives
- 2.3.3 Select a variety of strategies and interventions to achieve stated objectives
- 2.3.4 Comply with legal and ethical principles in designing strategies and interventions
- 2.3.5 Apply principles of cultural competence in selecting and designing strategies and interventions
- 2.3.6 Pilot test strategies and interventions

## **COMPETENCY 2.4: Develop a Scope and Sequence for the Delivery of Health Education**

- 2.4.1 Determine the range of health education needed to achieve goals and objectives
- 2.4.2 Select resources required to implement health education
- 2.4.3 Use logic models to guide the planning process
- 2.4.4 Organize health education into a logical sequence
- 2.4.5 Develop a timeline for the delivery of health education
- 2.4.6 Analyze the opportunity for integrating health education into other programs
- 2.4.7 Develop a process for integrating health education into other programs

## **COMPETENCY 2.5: Address Factors That Affect Implementation**

- 2.5.1 Identify factors that foster or hinder implementation
- 2.5.2 Analyze factors that foster or hinder implementation
- 2.5.3 Use findings of pilot to refine implementation plans as needed
- 2.5.4 Develop a conducive learning environment

## ***Area of Responsibility III: IMPLEMENT HEALTH EDUCATION***

### **COMPETENCY 3.1: Implement a Plan of Action**

- 3.1.1 Assess readiness for implementation
- 3.1.2 Collect baseline data
- 3.1.3 Use strategies to ensure cultural competence in implementing health education plans
- 3.1.4 Use a variety of strategies to deliver a plan of action
- 3.1.5 Promote plan of action
- 3.1.6 Apply theories and models of implementation
- 3.1.7 Launch plan of action

### **COMPETENCY 3.2: Monitor Implementation of Health Education**

- 3.2.1 Monitor progress in accordance with timeline
- 3.2.2 Assess progress in achieving objectives
- 3.2.3 Modify plan of action as needed
- 3.2.4 Monitor use of resources
- 3.2.5 Monitor compliance with legal and ethical principles

### **COMPETENCY 3.3: Train Individuals Involved in Implementation of Health Education**

- 3.3.1 Select training participants needed for implementation
- 3.3.2 Identify training needs
- 3.3.3 Develop training objectives
- 3.3.4 Create training using best practices
- 3.3.5 Demonstrate a wide range of training strategies
- 3.3.6 Deliver training
- 3.3.7 Evaluate training
- 3.3.8 Use evaluation findings to plan future training

**Area of Responsibility IV: CONDUCT EVALUATION AND RESEARCH RELATED TO HEALTH EDUCATION**

**COMPETENCY 4.1: Develop Evaluation/Research Plan**

- 4.1.1 Create purpose statement
- 4.1.2 Develop evaluation/research questions
- 4.1.3 Assess feasibility of conducting evaluation/research
- 4.1.4 Critique evaluation and research methods and findings found in the related literature
- 4.1.5 Synthesize information found in the literature
- 4.1.6 Assess the merits and limitations of qualitative and quantitative data collection for evaluation
- 4.1.7 Assess the merits and limitations of qualitative and quantitative data collection for research
- 4.1.8 Identify existing data collection instruments
- 4.1.9 Critique existing data collection instruments for evaluation
- 4.1.10 Critique existing data collection instruments for research
- 4.1.11 Create a logic model to guide the evaluation process
- 4.1.12 Develop data analysis plan for evaluation
- 4.1.13 Develop data analysis plan for research
- 4.1.14 Apply ethical standards in developing the evaluation/research plan

**COMPETENCY 4.2: Design Instruments to Collect**

- 4.2.1 Identify useable questions from existing instruments
- 4.2.2 Write new items to be used in data collection for evaluation
- 4.2.3 Write new items to be used in data collection for research
- 4.2.4 Establish validity of data collection instruments
- 4.2.5 Establish reliability of data collection instruments

**COMPETENCY 4.3: Collect and Analyze Evaluation/Research Data**

- 4.3.1 Collect data based on the evaluation/research plan
- 4.3.2 Monitor data collection and management
- 4.3.3 Analyze data using descriptive statistics
- 4.3.4 Analyze data using inferential and/or other advanced statistical methods
- 4.3.5 Analyze data using qualitative methods
- 4.3.6 Apply ethical standards in collecting and analyzing data

**COMPETENCY 4.4: Interpret Results of the Evaluation/Research**

- 4.4.1 Compare results to evaluation/research questions
- 4.4.2 Compare results to other findings
- 4.4.3 Propose possible explanations of findings
- 4.4.4 Identify possible limitations of findings
- 4.4.5 Develop recommendations based on results

**COMPETENCY 4.5: Apply Findings From Evaluation/Research**

- 4.5.1 Communicate findings to stakeholders
- 4.5.2 Evaluate feasibility of implementing recommendations from evaluation
- 4.5.3 Apply evaluation findings in policy analysis and program development

4.5.4 Disseminate research findings through professional conference presentations

***Area of Responsibility V: ADMINISTER AND MANAGE HEALTH EDUCATION***

**COMPETENCY 5.1: Manage Fiscal Resources**

- 5.1.1 Identify fiscal and other resources
- 5.1.2 Prepare requests/proposals to obtain fiscal resources
- 5.1.3 Develop budgets to support health education efforts
- 5.1.4 Manage program budgets
- 5.1.5 Prepare budget reports
- 5.1.6 Demonstrate ethical behavior in managing fiscal resources

**COMPETENCY 5.2: Obtain Acceptance and Support for Programs**

- 5.2.1 Use communication strategies to obtain program support
- 5.2.2 Facilitate cooperation among stakeholders responsible for health education
- 5.2.3 Prepare reports to obtain and/or maintain program support
- 5.2.4 Synthesize data for purposes of reporting
- 5.2.5 Provide support for individuals who deliver professional development opportunities
- 5.2.6 Explain how program goals align with organizational structure, mission, and goals

**COMPETENCY 5.3: Demonstrate Leadership**

- 5.3.1 Conduct strategic planning
- 5.3.2 Analyze an organization's culture in relationship to health education goals
- 5.3.3 Promote collaboration among stakeholders
- 5.3.4 Develop strategies to reinforce or change organizational culture to achieve health education goals
- 5.3.5 Comply with existing laws and regulations
- 5.3.6 Adhere to ethical standards of the profession
- 5.3.7 Facilitate efforts to achieve organizational mission
- 5.3.8 Analyze the need for a systems approach to change
- 5.3.9 Facilitate needed changes to organizational cultures

**COMPETENCY 5.4: Manage Human Resources**

- 5.4.1 Develop volunteer opportunities
- 5.4.2 Demonstrate leadership skills in managing human resources
- 5.4.3 Apply human resource policies consistent with relevant laws and regulations
- 5.4.4 Evaluate qualifications of staff and volunteers needed for programs
- 5.4.5 Recruit volunteers and staff
- 5.4.6 Employ conflict resolution strategies
- 5.4.7 Apply appropriate methods for team development
- 5.4.8 Model professional practices and ethical behavior
- 5.4.9 Develop strategies to enhance staff and volunteers' career development
- 5.4.10 Implement strategies to enhance staff and volunteers' career development
- 5.4.11 Evaluate performance of staff and volunteers

## **COMPETENCY 5.5: Facilitate Partnerships in Support of Health Education**

- 5.5.1 Identify potential partner(s)
- 5.5.2 Assess capacity of potential partner(s) to meet program goals
- 5.5.3 Facilitate partner relationship(s)
- 5.5.4 Elicit feedback from partner(s)
- 5.5.5 Evaluate feasibility of continuing partnership

## ***Area of Responsibility VI: SERVE AS A HEALTH EDUCATION RESOURCE PERSON***

### **COMPETENCY 6.1: Obtain and Disseminate Health-Related Information**

- 6.1.1 Assess information needs
- 6.1.2 Identify valid information resources
- 6.1.3 Critique resource materials for accuracy, relevance, and timeliness
- 6.1.4 Convey health-related information to priority populations
- 6.1.5 Convey health-related information to key stakeholders

### **COMPETENCY 6.2: Provide Training**

- 6.2.1 Analyze requests for training
- 6.2.2 Prioritize requests for training
- 6.2.3 Identify priority populations
- 6.2.4 Assess needs for training
- 6.2.5 Identify existing resources that meet training needs
- 6.2.6 Use learning theory to develop or adapt training programs
- 6.2.7 Develop training plan
- 6.2.8 Implement training sessions and programs
- 6.2.9 Use a variety of resources and strategies
- 6.2.10 Evaluate impact of training programs

### **COMPETENCY 6.3: Serve as a Health Education Consultant**

- 6.3.1 Assess needs for assistance
- 6.3.2 Prioritize requests for assistance
- 6.3.3 Define parameters of effective consultative relationships
- 6.3.4 Establish consultative relationships
- 6.3.5 Provide expert assistance
- 6.3.6 Facilitate collaborative efforts to achieve program goals
- 6.3.7 Evaluate the effectiveness of the expert assistance provided
- 6.3.8 Apply ethical principles in consultative relationships

## ***Area of Responsibility VII: COMMUNICATE AND ADVOCATE FOR HEALTH AND HEALTH EDUCATION***

### **COMPETENCY 7.1: Assess and Prioritize Health Information and Advocacy Needs**

- 7.1.1 Identify current and emerging issues that may influence health and health education
- 7.1.2 Access accurate resources related to identified issues
- 7.1.3 Analyze the impact of existing and proposed policies on health
- 7.1.4 Analyze factors that influence decision-makers

## **COMPETENCY 7.2: Identify and Develop a Variety of Communication Strategies, Methods, and Techniques**

- 7.2.1 Create messages using communication theories and models
- 7.2.2 Tailor messages to priority populations
- 7.2.3 Incorporate images to enhance messages
- 7.2.4 Select effective methods or channels for communicating to priority populations
- 7.2.5 Pilot test messages and delivery methods with priority populations
- 7.2.6 Revise messages based on pilot feedback.

## **COMPETENCY 7.3: Deliver Messages Using a Variety of Strategies, Methods and Techniques**

- 7.3.1 Use techniques that empower individuals and communities to improve their health
- 7.3.2 Employ technology to communicate to priority populations
- 7.3.3 Evaluate the delivery of communication strategies, methods, and techniques

## **COMPETENCY 7.4: Engage in Health Education Advocacy**

- 7.4.1 Engage stakeholders in advocacy
- 7.4.2 Develop an advocacy plan in compliance with local, state, and/or federal policies and procedures
- 7.4.3 Comply with organizational policies related to participating in advocacy
- 7.4.4 Communicate the impact of health and health education on organizational and socio-ecological factors
- 7.4.5 Use data to support advocacy messages
- 7.4.6 Implement advocacy plans
- 7.4.7 Incorporate media and technology in advocacy
- 7.4.8 Participate in advocacy initiatives
- 7.4.9 Lead advocacy initiatives
- 7.4.10 Evaluate advocacy efforts

## **COMPETENCY 7.5: Influence Policy to Promote Health**

- 7.5.1 Use evaluation and research findings in policy analysis
- 7.5.2 Identify the significance and implications of health policy for individuals, groups, and communities
- 7.5.3 Advocate for health-related policies, regulations, laws, or rules
- 7.5.4 Use evidence-based research to develop policies to promote health
- 7.5.5 Employ policy and media advocacy techniques to influence decision-makers

## **COMPETENCY 7.6: Promote the Health Education Profession**

- 7.6.1 Develop a personal plan for professional growth and service
- 7.6.2 Describe state-of-the-art health education practice
- 7.6.3 Explain the major responsibilities of the health education specialist in the practice of health education
- 7.6.4 Explain the role of health education associations in advancing the profession
- 7.6.5 Explain the benefits of participating in professional organizations
- 7.6.6 Facilitate professional growth of self and others
- 7.6.7 Explain the history of the health education profession and its current and future implications for professional practice
- 7.6.8 Explain the role of credentialing in the promotion of the health education profession

- 7.6.9 Engage in professional development activities
- 7.6.10 Serve as a mentor to others
- 7.6.11 Develop materials that contribute to the professional literature
- 7.6.12 Engage in service to advance the health education profession

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*For a complete description of the standards and requirements for continuing education for certified health education specialists, contact Kathy Saichuk, MA, CHES, (ksaichuk@lsu.edu), chair of the Continuing Education for Certified Health Education Specialists Subcommittee.*