



NCHEC NEWS

CREDENTIALING EXCELLENCE IN HEALTH EDUCATION

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Marketing Yourself – Marketing Our Profession:

A recommendation from a certified individual

Written by: David Birch, PhD, MCHES
Department Chair at the University of Alabama

With the initiation of the Master Certified Health Education Specialist (MCHES) credential by the National Commission on Health Education Credentialing, Inc. (NCHEC), the health education profession now has a two-tiered level of professional certification. Both the longstanding Certified Health Education Specialist (CHES) and the relatively new MCHES credentials serve as vehicles for promoting individual professional expertise and advancing our profession.

On the individual level, both the CHES and MCHES certifications demonstrate to potential employers, stakeholders, and the general public that a health education specialist has demonstrated a specific level of professional skill through the completion of health education course work or a health education degree, and the successful completion of a competency-based examination. These designations also imply that the health education specialist has made a commitment to quality practice through ongoing professional development. In addition, individual certification at either level demonstrates professional support for quality assurance and the advancement of the health education profession.

The certification of health education specialists has the potential of doing more than showcasing the skills and commitment of individual professionals. Entry and advanced-levels of practice not only designate varied levels of individual skill and experience to health education stakeholders, but also sends a message of a sophisticated profession with finely-tuned professional competencies. Educating consumers and decision-makers about our varied levels of practice has the potential of advancing our profession in



many ways – promoting the hiring of a certified health education specialist rather than someone with non-health education professional background; creating the expectation by program administrators that health education programs should be led by certified specialists and incorporate best practices; and advancing consideration of third party reimbursement for services delivered by certified health education specialists trained to plan, implement and evaluate evidence-based programs.

These benefits are more likely to be realized through two types of commitment. The first commitment is the incorporation of education about the two levels of NCHEC competency-based certification in our professional advocacy efforts. If we are “selling” our profession, we should be promoting CHES and MCHES and informing others of the benefits of hiring a NCHEC-certified health education specialist.

Second is our personal commitment to be a certified specialist or maintain certification. Regardless of our position or our length of time in the profession, we should make a commitment to the maintenance of the appropriate level of certification. If not certified, regardless of whether we are at the beginning, middle or latter stages of our career, or are university faculty members, administrators, or experienced practitioners, our presence as certified health education specialists is important. If qualified for CHES or MCHES, we should seek it.

Through NCHEC certification, we have the opportunity to advance the practice of health education and the recognition of our profession. Our individual professional commitment will increase the likelihood of achieving the potential benefits of the NCHEC certification system.

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Onward and Forward

Beth Chaney, Ph.D., MCHES, Chair of NCHEC Board of Commissioners



As the third year of my service on the NCHEC Board of Commissioners (BOC) comes to an end, I am honored that my fellow commissioners elected me to serve as Chair for the upcoming year. Thinking back on what the great NCHEC leaders, commissioners and directors, and staff have done during my time on the BOC (most notably, the implementation of the Master Certified Health Education (MCHES) advanced credential), I can only be elated to see what we all will accomplish during the year to come. As BOC Chair, I will help facilitate the accomplishment of the goals within NCHEC's strategic plan, and will seek valuable insight from the great minds of those who have helped advance the mission of NCHEC and the field of health education.

One of the goals of NCHEC's strategic plan is to enhance visibility and to increase marketing of both the Certified Health Education Specialist (CHES) and MCHES credentials. I am very happy to report that during the past year, the NCHEC Marketing Committee and NCHEC Communications Director, Melissa Rehrig, have made

strides in marketing the credentials to employers who hire health educators, by the development of an *NCHEC CHES/MCHES Employer Video* (available on the NCHEC Web site, www.nchec.org) and conducting an employer Webinar, titled *Why Should You Hire a Certified Health Education Specialist?* Moreover, NCHEC has had a visible presence at many national conferences, including the American Public Health Association (APHA), Society for Public Health Education (SOPHE), American School Health Association (ASHA), American College Health Association (ACHA), and the American Association for Health Education (AAHE). It is my plan for NCHEC to continue to increase marketing of the credentials to the appropriate employer and human resources groups, in order to spread the word of why employers should hire certified health education specialists. It is my hope that such marketing will not only bring attention to the unique skills of a certified health education specialist, but will also help to advance the profession of health education, so that individuals in other professions know who we are and what we do.

Lastly, I want to thank all the individuals who have helped spread the word about the importance of the CHES and MCHES credentials. I truly appreciate your support. I look forward to a year of more work, challenges, and above all, more successes in moving both certifications, and the field of health education, forward.

NCHEC WELCOMES NEW CHES – SPRING 2011

The following is an additional list of those who earned the distinct title of Certified Health Education Specialist (CHES) in the April 2011 examination. NCHEC congratulates those who took the exam within 90 days of graduation and have now submitted proof of completion. Those who opted not be published are excluded from the list.

Sarah Ackerman	Meghan M Duensing	Elyse Homel	Donneice L Mitchum	Cassandra J Russo
Peter J Arens	Laura E Edelstein	Laura Hunter	Brittany N Morey	Tamara Schultz
Lindsay M Bartholomew	Dawn M Elkins	Tyra L Hustedt	Joan D Morris	Catherine F Sherman
Amy M Bartlett	Kathryn B Ellen	Elsa R James	Megan G Muir	Whitney J Smith
Dacia D Beard	Kayla M Fiore	Sarah K Janzen	Darci N Neeley	Andrew W Sovern
Jennifer R Bechtel	Melanie R Folkers	Michelle C Jaramillo	Karen M Onori	Aimee B Stanfield
Jerusalem Bereket	Tina M Garnaat	Lauren E Kenna	Liberty Pandey	Katrina A Stearns
Alissa M Bowman	Katie L Garneau	Kate A Kucinsky	Katelyn C Pedersen	Andrea S Stringham
Alexandria N Bravard	Gretchen L Glynn	Ellen M Kumm	Emily E Powell	Julie M Sudeck
Christina N Burton	Norhan Gomaa	Merri C Kyzer	Rachel Pryzby	Lindsey R Thompson
Janelle Carnahan	Tamah L Goul	Patricia A Lapera	Aries S Quinterro	Lindsey S Vaske
Meredith S Clark	Hillaree R Harrison	Danielle C Leen	Rebecca Ricks	Rochelle J Welker
Clare D Conway	Kathryn A Hart	Aurora A Lilly	Ashley C Roberts	Cheng Kun Wen
Lacy B Davis	Elisabeth D Hass	Brittany A Mason	Monica Robinson	Carissa J Westergard
Lindsay N Davis	Amanda R Hays	Ryan M Massimilla	DeAndre S Ross	Lindsey R Wilson
Teresa B Dicolen	Kelsey M Henning	Christine V Mayola	Janet N Ross	Rachel D Winger
Stacey J Dixon	Natasha Herbert	Marissa R McCombs	Shannon Roy	Christian L Witt
Melissa N Doty	Morgan M Hill	Steven D Meadows	Chelsea B Ruesch	

Public Member Adds Value to the Board of Directors

Written by Linda Lysoby,
MS, MCHES, CAE



Best practice of a professional certification organization is the inclusion of a “public member” on the governing body of the organization. Having a public member has long been a practice of regulatory bodies and is now increasingly practiced by voluntary certification organizations as well. The standards of the National Commission for Certifying Agencies (NCCA) requires the inclusion of a public member as one of the accreditation requirements.¹ “NCCA defines the role of the public member in broad terms as a “representative of the consumers of service provided by a defined certificant’s population...” who “... brings a perspective to the decision and policy making of the organization that is different from that of the certificants, and helps to balance the organization’s role in protecting the public while advancing the interests of the profession.”²

The Board of Commissioners (BOC) of NCHEC has included a public member since 2007. Public members are appointed to a three-year term by the BOC following a public announcement calling for nominations of interested individuals. The public member has the same responsibilities and roles as the certified individuals on the Board including a full vote and the ability to hold board office and committee appointments. The current public member is Dr. Charles Williams, a recently retired administrator from the University of Florida, who has served since November of 2010. In addition to service as a Commissioner, he is an appointed member of NCHEC’s Fiscal Management Committee.

Dr. Williams recently attended the Institute for Credentialing Excellence (ICE) Annual Education Conference in New Orleans. When asked about his

attendance at the ICE Education Conference, Dr. Williams stated, “After participating in this meeting, I have a much better understanding of certification standards and in particular the rigor of the National Commission for Certifying Agencies (NCCA) accreditation of certification programs. I understand the significance of having the CHES certification recognized as an accredited program by the NCCA.” Dr. Williams also attended lectures and round table discussions targeted to the public members. Information gained in those sessions will be used to strengthen the role of the public member within the NCHEC board and the governance of the organization.

References:

1. National Commission for Certifying Agencies Standards for the Accreditation of Certification Programs (2007). Institute for Credentialing Excellence, Washington DC. Available at: <http://www.credentialingexcellence.org/portals/0/STANDARDS%20-20Updated%20January%202010.pdf>
2. Certification: The ICE Handbook. J. Knapp, L. Anderson, C Wild (eds) 2009, Institute for Credentialing Excellence, Washington DC, Page 63.



Charles Williams
(public member on the
NCHEC BOC) and
Linda Lysoby (NCHEC
Executive Director) attended
the Institute for Credentialing
Excellence (ICE) conference
in New Orleans.



Conference Schedule

Mark your calendars for opportunities to earn continuing education contact hours. For more information on the conferences, visit the organizations’ Web site.

Organization	Details	Dates	Location
AAHE/AAHPERD – 127th National Convention and Exposition	www.aahperd.org/convention	March 13-17, 2012	Boston, Massachusetts
SOPHE 2012 Midyear Scientific Conference	www.sophe.org	April 11-14, 2012	Nashville, Tennessee
American College Health Association (ACHA)	www.acha.org	May 28 - June 1, 2012	Chicago, Illinois
86th Annual American School Health Association (ASHA)	www.ashaweb.org	October 10-13, 2012	San Antonio, Texas
SOPHE 63rd Annual Meeting	www.sophe.org	October 26-28, 2012	San Francisco, California
APHA 140th Annual Meeting and Exposition	www.apha.org	October 27-31, 2012	San Francisco, California

Tell a colleague or student that the next **CHES** and **MCHES** exam dates are...

APRIL 2012						
Sun	Mon	Tues	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER 2012						
Sun	Mon	Tues	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

For more information, visit the Web site at www.nchec.org or contact the exam coordinator at 888-624-3248, ext 12.

NCHEC BOARDS



The 2011 **NCHEC Board of Commissioners** and staff at the annual face-to-face meeting in May 2011 at the Whitehall, Pa. office. Front row (l-r): Stephen Gambescia, Deborah Fortune, Blossom Paravattil (staff), Melissa Schmell (staff), Bill Chen, Jim McKenzie, Suzette McClellan, Kellie Flannery, Denise Seabert, Sandy Schaffer (staff), Julie Luht. Back row (l-r): Charles Williams, Janice Cole (staff), Tanya Cole (staff), Beth Chaney, Dixie Dennis, Linda Lysoby (staff).

Congratulations

to the following Division Board Directors that were elected for service beginning in 2012: Diane Kerr, James, McKenzie, Manoj Sharma, Nicolette Warren, Miguel Perez, and Janice Young.

Thank You

to Jacquie Rainey, Rebecca Filipowicz, Audrey Shively, Lori Elmore, and Mike Perko as they completed their terms in 2011. A sincere thank you to all of you for all the hard work and dedication on the NCHEC boards.

Division Board for Certification of Health Education Specialist at a face-to face meeting in August to finalize the inaugural MCHES examination. Front row (l-r): Christine Abarca, Caile Spear, Rebecca Filipowicz, Bobbie Ogletree, Marcia Ditmyer, Betty Jung. Back row (l-r): Laura Talbot, Jill Clutter, Jim McKenzie, Jacquie Rainey, Sharon Thompson, David Brown, Denise Seabert.

The **Division Board for Professional Preparation and Practice** with NCHEC staff at their 2011 face-to face meeting. Seated from (l-r): Michael McNeil, Ellen Edmonds, Mike Perko. Standing from (l-r): Stephen Gambescia, Carol DeLong Pyles, Blossom Paravattil (staff), Tanya Cole (staff), Gwyn Ashcom, Lori Elmore.



The **Division Board for Professional Development** and NCHEC staff during their 2011 face-to-face meeting. Seated (l-r): Alyce Stewart, Michael Hodges. Standing (l-r): Audrey Shively, Sandy Schaffer (staff), Erin Reiney, Suzette McClellan, Julie Luht, Ladan Ask.



THE EMPLOYER WEBINAR:

“Why You Should Hire a Certified Health Education Specialist?”

Written by: Beth Chaney, NCHEC's Marketing Committee Chair and Melissa Rehrig, NCHEC's Communication Director

On Thursday November 10, 2011, NCHEC and the University of Florida's (UF) College of Health & Human Performance partnered to host an Employer Webinar: “Why You Should Hire a Certified Health Education Specialist?” The purpose of the Webinar was to engage employers in a discussion on the value of hiring certified health education specialists, both CHES and MCHES. Beth Chaney (Chair of NCHEC's Marketing Committee and faculty member at UF), Audrey Shively (Member of NCHEC's Marketing Committee and a Director of the Division Board for Professional Development), and Melissa Rehrig (NCHEC's Communication Director) served as moderators for the event.

We were pleased to have panelists representing three different sectors in which health education specialists are employed. Julie Bradford, Program Director, from the University of Texas MD Anderson Cancer Center in Houston, represented the healthcare setting. Specifically, Julie discussed the skill sets that CHES and MCHES contribute to the patient education office of her employer. Scott McQuigg, Chief Executive Officer of HealthTeacher, discussed his employees' work in the school setting, and how having certified individuals in that role is an asset. Lastly, Dr. Barbara Richardson, Program Director of the University of Florida's Area Health Education Center, added the contributions that certified individuals have made at her non-profit worksite.

During the panel discussion, the panelists provided examples of how CHES and MCHES implement one or more of the Seven Areas of Responsibility for Health Education Specialists at their respective workplaces. They con-

tinued to elaborate on some new or expanded competencies that emerged from the Health Educator Job Analysis (HEJA) published in 2010, such as training, advocacy/influencing policy, and partnership development. After providing some final thoughts on seeking and hiring CHES and MCHES, the panelists fielded questions from the webinar participants.

There were 391 people registered for the Webinar. A total of 204 logged in and participated in the Webinar that day. The Webinar was recorded and the link is available on the NCHEC Web site at www.nchec.org. Additionally, the archived Webinar is available for download for Cat 1 CECHs from the University of Florida.



Seated (l-r): Scott McQuigg, Barbara Richardson, Audrey Shively (moderator), Julie Bradford. Standing (l-r) Melissa Rehrig and Beth Chaney.



Company Hires and Supports CHES

Summary of company:

FirstHealth of the Carolinas is a private, not-for-profit health care network serving 15 counties in the mid-Carolinas. Three hospitals comprise FirstHealth of the Carolinas: Richmond Memorial in Richmond County, Montgomery Memorial in Montgomery County and Moore Regional in Moore County. In an effort to provide a multi-disciplined continuum of care, FirstHealth also offers inpatient and outpatient rehabilitation programs, three sleep disorders centers, three dental clinics for underserved children, community outreach and education programs, seven family care centers, six health and fitness centers, four charitable foundations, a Hospice program in Moore and Montgomery counties, a Home Care program, a regional EMS system and an insurance plan.

Reasons why CHES is required/preferred:

CHES is preferred for health educators serving in FirstHealth Community Health Services because it conveys a level of professionalism for our staff. The CHES designation is supported within the organization and community to promote the competency and expertise of the department.

Benefits to your company for hiring a CHES:

As an employer, the CHES designation offers an extra assurance that the employee has the knowledge and skill set to perform the required job duties without extensive orientation or on-the-job training. From assessing to planning - to implementing and evaluating - a CHES certification ensures a higher level of competency. The CHES credential provides a competitive edge when applying for external funding sources.

What job duties CHES have at your company:

FirstHealth Community Health Services health educators coordinate programmatic and policy initiatives for lifestyle behavior change focused specifically on nutrition, physical activity and tobacco use.

Employee incentives if any of becoming/maintaining certification:

Based on recommendations from supervisors in the Community Health Services department, certification and recertification fees are paid 100 percent (with a passing score) as an employee benefit offered through FirstHealth's Human Resources department.

CONTINUING EDUCATION

Written by: Sandy Schaffer,
NCHEC Continuing Education Coordinator

Continuing Education is educational experiences that assist in the development or enhancement of the knowledge and skills directly related to the individual's professional occupation. NCHEC encourages CHES and MCHES to pursue continuing education in all of the Seven Areas of Responsibility and related Competencies for Health Education Specialists, as competence in all areas is essential to success in health education practice.

NCHEC recommends certified individuals to strive for 15 credits per year to meet the 75 hour education requirement. There are many continuing education opportunities available to get the required 75 hours in a five-year cycle. Some of the opportunities include professional conferences, seminars, workshops, self study, and online courses. Several professional organizations offer self study opportunities within its publications. Continuing education opportunities are announced on the NCHEC Web site through the Quick Links tab "CE Credit Activities", emails from designated providers and direct mail.

CHES/MCHES Continuing Education - the Same

- ◆ 75 CECH required for five year recertification
- ◆ Category I - preapproved by NCHEC
- ◆ Category I - minimum 45 hours
- ◆ Category II - not preapproved by NCHEC
- ◆ Category II - maximum 30 hours
- ◆ All 75 CECH can be earned in Category I

MCHES Continuing Education - the Difference

- ◆ Category I advanced - relate to advanced-level Sub-competencies, preapproved
- ◆ Category II advanced - relate to advanced-level Sub-competencies, not preapproved
- ◆ Category I or II - minimum of 30 CECH must come from advanced-level Sub-competencies.

CHES/MCHES SURVEY

Thank you to all those who participated in the recent CHES/MCHES Survey regarding continuing education. A total of 2,718 individuals took the time to complete this survey. Congratulations to the winners of the Barnes and Noble Gift Cards – Trisha Horace from Texas; Sondra O'Callaghan from Florida; and David Rodgers from California!

The survey is currently being analyzed and when completed, full results and information will be shared with all CHES/MCHES.

Current Postdoctoral Researcher and a CHES, Values Experience at Professional Conference

Written by: Camonia Long, PhD, CHES

Currently, I am a postdoctoral junior researcher at the University of Hawaii Cancer Center (UH Cancer Center) in Honolulu, Hawaii. I moved to a postdoctoral fellowship at the UH Cancer Center to broaden my scope of cancer disparities research. As a junior researcher in the UH Cancer Center's Nutrition & Behavioral Cancer Prevention in a Multiethnic Population Postdoctoral Training Program, I am able to learn the interdisciplinary nature of the nutritional and behavioral epidemiology of cancer through an individually tailored educational and research experience. I am currently working to enhance my understanding of rigorous scientific areas including cancer epidemiology and cancer screening behavior. Through my postdoc I was able to attend this year's 139th Annual American Public Health Association (APHA) meeting, held in Washington, D.C. This was my third APHA meeting, and so far it has been the best!

During the meeting I had the opportunity to attend several scientific sessions that pique my personal as well as research interests. My personal goal is related to helping to eliminate cancer health disparities through cancer health education. My research interests include educating young women on breast cancer and their breast health. As a CHES, I also was delighted to see so many of the APHA scientific sessions that I attended were approved for continuing education credit. I have been a CHES for a little under five years now and am glad to be a part of such a uniquely qualified group of individuals who know how and what it means to assess, design, and implement sustainable community health education programs that deliver positive benefits to vulnerable communities.



Surgeon General Regina Benjamin and Camonia Long, PhD, CHES, at the 2011 APHA annual meeting

I decided to become CHES because I wanted to ensure that I was nationally certified as a health education practitioner. Moreover, I desired credentialing with an organization that had an ongoing commitment to continuing my advanced-level professional development.

When visiting the APHA exhibit, I was pleased to meet Surgeon General Regina Benjamin. As a result of the scientific sessions and networking, this year's APHA was an amazing experience for me.

The Release of the Revised Code of Ethics for the Health Education Profession

Written by Betty C. Jung, RN, MPH, MCHES

While being voluntarily certified as a CHES or MCHES “attests to the individual health education specialist’s knowledge and skill” (Source: <http://www.nchec.org/credentialing/credential/>) to practice health education, a code of ethics is essential for ensuring that those who are part of the profession exhibit behavior that upholds the most exemplary of professional health education practice. For the health education profession, the development of a unified code of ethics has taken many years. The first profession-wide Code of Ethics for the health education profession was approved by the Coalition of National Health Education Organizations (CNHEO) delegates in 1999.

In February 2011, the revised Code of Ethics was approved by CNHEO and released to the profession. Five-year reviews of the Code of Ethics have been suggested to ensure that it is up-to-date and relevant to health educators working in the profession.

Of the 2011 Code’s 41 sections, five are new and are highlighted here:

Article II: Responsibility to the Profession

Section 7: Health educators openly communicate to colleagues, employers and professional organizations when they suspect unethical practice that violates the profession’s Code of Ethics.

Article III: Responsibility to Employers

Section 7: Health Educators exercise fiduciary responsibility and transparency in allocating resources associated with their work.

Article IV: Responsibility in the Delivery of Health Education

Section 3: Health educators use strategies and methods that are grounded in and contribute to the development of professional standards, theories, guidelines, data and experience.

Section 7: Health educators actively collaborate and communicate with professionals of various educational backgrounds and acknowledge and respect the skills and contributions of such groups.

Article V: Responsibility in Research and Evaluation

Section 8: Health Educators openly share conflicts of interest in the research, evaluation, and dissemination process.

These five new sections define an expanded role health educators are expected to play: active enforcement of the code of ethics, taking fiscal responsibility for interventions they are involved with; translating evidence-based practice to theories and standards that can be used to strengthen future practice; adopting a multi-disciplinary approach to practice, and becoming more cognizant of how conflicts of interest can adversely impact practice.

In summary, the new Code of Ethics seeks to keep the practice of health education relevant for those interested in being the best health education professional they can be. The suggestion to review every five years will ensure the Code of Ethics will continue to provide the compass necessary for health education professionals to stay on course.

To read the introduction and history or the long version of the Code of Ethics visit the CNHEO Web site at www.cnheo.com or use the Web links provided.

WEB RESOURCES FOR CODE OF ETHICS

Development Of A Unified Code Of Ethics For The Health Education Profession CNHEO.org 4/2011

<http://www.cnheo.org/PDF%20files/Code%20of%20Ethics%20History2011.pdf>

Code Of Ethics For The Health Education Profession CNHEO.org Short Version

<http://www.cnheo.org/PDF%20files/CODE%20OF%20ETHICS%20shortform.pdf>

Code Of Ethics For The Health Education Profession CNHEO.org Long Version

<http://www.cnheo.org/PDF%20files/CODE%20OF%20ETHICS%202011%20Full.pdf>

The Health Educator Job Analysis Project – 2010 identified ethics throughout the Seven Areas of Responsibility and Competencies.

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

1.3.7 Employ ethical standards when collecting data

COMPETENCY 2.3: Select or Design Strategies and Interventions

2.3.1 Comply with legal and ethical principles in designing strategies and interventions

COMPETENCY 3.2: Monitor Implementation of Health Education

3.2.5 Monitor compliance with legal and ethical principles

COMPETENCY 4.1: Develop Evaluation/Research Plan

4.1.14 Apply ethical standards in developing the evaluation/research plan

COMPETENCY 4.3: Collect and Analyze Evaluation/Research Data

4.3.6 Apply ethical standards in collecting and analyzing data

COMPETENCY 5.3: Demonstrate Leadership

5.3.6 Adhere to ethical standards of the profession

COMPETENCY 6.3: Serve as a Health Education Consultant

6.3.8 Apply ethical principles in consultative relationships



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1541 Alta Drive, Suite 303
Whitehall, PA 18052

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NCHEC STAFF

Executive Director

Linda Lysoby, MS, MCHES, CAE
llysobyl@nchec.org • ext. 13

Communication Director

The NCHEC News / Web site Inquiries
Melissa Rehrig, MPH, MCHES
mrehrig@nchec.org • ext. 11

Certification Project Coordinator

MCHES Exam / Eligibility Inquiries
Blossom Paravattil, MPH, CHES
bparavattil@nchec.org • ext. 16

Continuing Education Coordinator

Continuing Education / Provider /
Recertification / Change of Status Inquiries
Sandy Schaffer
sschaffer@nchec.org • ext. 14

Exam Coordinator

CHES Exam / Eligibility Inquiries
Tanya Cole
tcole@nchec.org • ext. 12

Financial Coordinator

Renewal / Accounts Payable Inquiries
Janice Cole
jcole@nchec.org • ext. 15

Administrative Coordinator

Contact Information Inquiries
Melissa Schmell
mschmell@nchec.org • ext. 10

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