

# The Advanced Credential for Health Education Specialists: A Seven-Year Project

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*An invasion of armies can be resisted, but not an idea  
whose time has come.*  
Victor Hugo, 1852

## Abstract

The only advanced credential exam for health educators, The Master Certified Health Education Specialist (MCHES), involved a seven-year process. The process began in December 2004, with the information from the Competency Update Project (CUP) report that health educators practice at entry- and advanced-levels of practice. In October 2011, the date of the first MCHES exam, the process will be complete. Presented in this paper are the decisions and steps the National Commission for Health Education Credentialing (NCHEC) made from 2004 to 2011 to bring advanced-level certification to health education specialists.

## Birth of the Advanced Credential

The idea of advanced credentialing was first introduced by Helen Cleary more than 20 years ago. Recently, Cleary was quoted as saying, "We [those involved early with entry-level Certified Health Education Specialist (CHES) credentialing] anticipated that the advanced credential, the MCHES, would be needed..." (Rehrig, 2009, p. 5). Presented in this paper are the events, decisions, and steps made by NCHEC, from 2004 to the present, to birth the Master Certified Health Education Specialist (MCHES) advanced credential.

## 2004

The need for an advanced credential came to the forefront at the completion of the six-year Competency Update Project (CUP) (National Commission for Health Education Credentialing, Inc. [NCHEC], American Association for Health Education [AAHE], & Society of Public Health Education [SOPHE], 2004). NCHEC Board of Commissioners (BOC) and Executive Director, Linda Lysoby, met via a conference call (December 2004) with SOPHE Executive Director, Elaine Auld, and AAHE Executive Director, Becky Smith. Part of the agenda was to discuss the CUP report, which materialized from the work

of Gary Gilmore, Larry Olsen, and Alison Taub. During this conference call, it was discussed that findings from the CUP study showed that health educators practice at entry- and advanced-levels. Also discussed on the 2004 call was that, in the soon-to-be-released CUP report (Gilmore, Olsen, Taub, & Connell, 2005), a recommendation was included for NCHEC to consider implementing an advanced-level certification to parallel health educators' advanced-level practice. This idea was not new. In her memoirs, Helen Cleary (1995), indicated that NCHEC (originally the Task Force) is the appropriate body to develop a credentialing system for health educators at an advanced-level. At the end of the December 2004 conference call among NCHEC, AAHE, and SOPHE leaders, there was a request for NCHEC to consider implementing an advanced credential to reflect the advanced practice of health education realized by many health educators.

In Spring 2004, and prior to the December 2004 phone call among NCHEC, AAHE, and SOPHE, the National Task Force on Accreditation (NTFA) (Allegrante, Airhihenbuwa, Auld, Birch, Roe, & Smith, 2004) recommended that entry and advanced levels of practice be distinguished. Specifically recommended was that "new designations be created to distinguish the practice level of health educators at the undergraduate and graduate levels, parallel with other professional disciplines such as nursing and social work" (p. 459). Similar to recommendations from the CUP report (Gilmore, Olsen, Taub, & Connell, 2005) and Cleary (1995), NTFA recommended that NCHEC was the appropriate entity to oversee an advanced credential. Immediately following the recommendation that NCHEC should spearhead the implementation of an advanced credential, NTFA recommended the term Master Certified Health Education Specialist (MCHES) as an appropriate name for the advanced credential. Four years would pass, though, before that name was officially adopted by NCHEC.

## 2005

As previously mentioned, the CUP report was released to all health educators in 2005. By February, 2005, the NCHEC Board of Commissioners voted to accept the CUP report and immediately formed the CUP Implementation Committee (See Table 1). At the April Board of Commissioners annual face-to-face meeting, a process was agreed upon for making decisions about advanced credentialing. One decision involved getting input about an advanced credential from health educators attending the planned 2006 3rd National Congress for Institutions Preparing Health Educators in Dallas, Texas. A survey was created to obtain Congress attendees' thoughts about advanced credentialing and used to create the later, and more formal, Advanced Credential

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Table 1

*NCHEC Volunteers/Employees Involved in MCHES Implementation*

NCHEC MCHES work/year	NCHEC volunteers
CUP Implementation Committee (2005-2009)	Amos Aduroja, Kelly Alley, and Dixie Dennis, Chair
MCHES Committee (2009-2011)	Bev Mahoney (representing DBCHES), Lori Elmore (representing DBPPP), Kelly Wilson (representing DBPD), Melissa Rehrig (representing NCHEC, including marketing efforts), and Dixie Dennis as Chair.
Health Education Job Analysis (2009)	Eva Doyle, Chair
MCHES Marketing Committee (2009-2010)	Kelly Wilson (2009 Chair) and Beth Chaney (2010 Chair)
NCHEC Communication Coordinator for MCHES (2009-2010)	Melissa Rehrig (NCHEC Communication Director)
MCHES Webinar (2010)	Linda Lysoby (NCHEC Executive Director), Bill Chen (current NCHEC chair), Dixie Dennis (immediate past NCHEC chair), Beth Chaney, Melissa Rehrig, and Kelly Wilson (Marketing), Jim McKenzie (DBCHES), and Alyce Stewart (DBPD).

Feasibility Survey (to be discussed later in this article).

The first article in which creating an advanced credential was mentioned was in the Fall 2005 issue of *The CHES Bulletin*. In that article, Linda Lysoby, NCHEC Executive Director, wrote, "The possibility of an advanced credential is also starting to be explored by NCHEC's boards. Please continue to watch *The CHES Bulletin* and website for updates" (p. 4). From 2005 on, organizational plans, many "key tasks" lists, and phone and in-person meetings among all NCHEC volunteers were central in moving the work of the CUP Implementation Committee, and the entire advanced credential process, along. Moreover, from the time of the formation of the CUP Implementation Committee until the establishment of the advanced credential, MCHES was a topic of conversation on all NCHEC Board of Commissioners' monthly conference calls and yearly face-to-face meetings.

## 2006

In February 2006, at the 3rd National Congress for Institutions Preparing Health Educators in Dallas, Texas, a survey was administered to glean comments from health educators. Much interest about advanced credentialing among attendees was evident. Nevertheless, there were expressed concerns during the discussion period after attendees completed the survey such as "Will an advanced credential devalue CHES?," "How will an advanced credential help me?," "How much will it cost?," and "What will I have to do to obtain advanced certification?" NCHEC Board of Commissioners spent the next four years answering these and other questions.

In June 2006, the Board of Commissioners commissioned Professional Examination Services (PES) to develop a survey

of health educators (eventually referred to as the "Advanced Credential Feasibility Study") based on comments from health educators at the National Congress for Institutions Preparing Health Educators (Dennis & Buhi, 2006). In September 2006, the Board of Commissioners piloted the survey to help PES with any needed corrections, and, in October, the survey was available for health educators. Many results of that survey are presented in the 2007 section of this paper.

In the fall 2006 *CHES Bulletin*, Matthew Adeyanju, then Board of Commissioners Chair, wrote, "The possibility of an additional health education credential for more advanced levels of practice is being explored (p. 3). Also, an article about advanced credentialing was published in *The Health Education Monograph Series* (Dennis & Lysoby, 2006). In this article, the authors explained that there would be future opportunities for input about advanced credentialing from interested health educators. The final sentence in that article (p. xx) reads, "In some ways, though, with the future credentialing and professional preparation possibilities reflecting the CUP project, health educators still are at the place similar to those early years when Helen Cleary (1995) wrote, 'But none of this [credentialing process] is possible unless the profession is willing to work to make it happen' (p. vii)." Two presentations about advanced credentialing were made at national meetings (Dennis, Alley, & Aduroja, 2006; Dennis & Buhi, 2006) and input from attendees was noted, a trend that continued until the implementation of MCHES.

## 2007

In February 2007, during the monthly Board of Commissioners conference call, the CUP Implementation Committee reported the not-yet-published results of the

Advanced Certification Feasibility Survey, including that most of the 1,578 respondents believed the development of an advanced-level certification would benefit the profession and was part of the role of an organization like NCHEC. Almost 50% of respondents reported that they agreed or strongly agreed with the Survey statement about being interested in pursuing advanced credentialing. Another 22% of respondents reported that they neither agreed nor disagreed. To increase the percentage of health educators who would be interested in pursuing advanced credentialing, the Board of Commissioners acknowledged that marketing efforts would be necessary. At the end of this discussion, the CUP Implementation Committee chair recommended that NCHEC should proceed with implementation of an advanced-level certification. At this time, no vote to move forward was taken. Coordinators of the three NCHEC Division Boards were asked how their Boards specifically would be impacted by implementing the advanced credential. In general, the duties of the three boards are as follows:

- Division Board for Certification of Health Education Specialists (DBCHEs): exam item writing and exam construction (Although all three Boards have seven directors, eventually, DBCHEs increased directors to 13 to handle the increased work of an advanced credential.)
- Division Board for Professional Development (DBPD): recertification requirements, policies and procedures handbook, and continuing education (After this board started on developing new procedures and forms specific to the advanced credential, it took two years to complete.)
- Division Board for Professional Preparation and Practice (DBPPP): exam eligibility, application forms, and study guide. (Like the Division Board for Professional Development, this Board worked two years after they began developing the necessary policies and forms for the new credential.)

The day the Board of Commissioners decided to go forward with an advanced credential was April 28, 2007 at the annual meeting of the Board of Commissioners. Dixie Dennis (the only member of the CUP Implementation Committee remaining on the Board of Commissioners) recommended that NCHEC should implement an advanced-level credential. Lengthy discussions ensued. For a time after that recommendation, Board of Commissioners presented their professional concerns with going forward. For example, there was a concern that only 1,578 health educators responded to the Advanced Credential Feasibility Study, especially considering that, at that time, there were 6,675 active CHES holders, i.e., a 23.6% response rate. Like earlier discussions from health educators outside of NCHEC, a few of the Board of Commissioners wondered if having an advanced level credential would polarize the profession. Finally, commissioners, one by one, gave their personal beliefs regarding if NCHEC should proceed with an advanced

credential. When everyone had an opportunity to express his/her opinion, the Board of Commissioners voted in favor to go forward with an advanced credential. Immediately, the CUP Implementation Committee was charged with finalizing decisions regarding eligibility requirements, name of the credential, type of assessment, cost analysis, continuing education opportunities, and marketing strategies.

In November, the Board of Commissioners considered names for the advanced credential. Advanced CHES was eliminated (the acronym revealed *aches*). Finally, via a vote of the Board of Commissioners, CHES 2 was deemed superior to MCHES. As the reader already knows, that sentiment did not last. On the December conference call, discussions revolved around “grandfathering” and, again, the name of the advanced credential.

Another decision was made in early Board of Commissioner discussions that, like the name for the advanced credential, did not last. That decision involved the earlier decision to use a portfolio—and later changing to a criterion-based exam similar to the CHES exam—to assess whether health educators received the advanced credential. Concerns existed about inter-rater reliability among the number of evaluators who would be needed to judge the portfolios. Moreover, a Professional Examination Services expert informed the Board of Commissioners that the fee for portfolio assessment was cost prohibitive (i.e., about \$1,200 per each applicant versus the exam fee of \$250 to \$300 [See Table 2]).

During 2007, Advanced-Level Feasibility Study results were published in *The CHES Bulletin* (Dennis, 2007). Additionally, a study and report, conducted by Hezel and Associates, added fuel to the necessity of an advanced credential. To explain, in July 2007, the Marketing the Profession Task Force, a task force within the Coalition of National Health Education Organizations (CNHEO), presented the results of the Hezel Report, “Marketing the Health Education Profession: Knowledge, Attitudes, and Hiring Practices of Employers” (Hezel Associates, 2007). In this Report, which resulted from a study of 612 employers regarding their knowledge, attitudes, and hiring practices for professionally prepared health educators, it was recommended that an advanced credential was needed. Definitely, the momentum for an advanced credential was growing among those inside and outside of health education.

## 2008

In April, 2008, at the annual face-to-face meeting at the national NCHEC office in Whitehall, PA, the Board of Commissioners agreed upon the name of the advanced credential—MCHES. Two issues caused the Board of Commissioners to finally agree on this name. First, a Professional Examination Services employee, who routinely works with NCHEC, particularly the Division Board for Certification of Health Education Specialists, explained that numbers (i.e., 2 or II) are typically not used by organizations with entry- and advanced-levels of certification. Next, the

Table 2

NCHEC Policy Statement Regarding MCHES®

1. The name of the advanced level certification will be Master Certified Health Education Specialist (MCHES).
2. Eligibility for the MCHES examination will occur through one of the following avenues.
  - a. For CHES: A minimum of the past five (5) continuous years in active status as a Certified Health Education Specialist
  - b. For Non-CHES or CHES with fewer than 5 years active CHES status but 5 years experience: From a regionally accredited institution A Master’s degree or higher in Health Education, Public Health Education, School Health Education, Community Health Education, etc., OR a Master’s degree or higher with an academic transcript reflecting at least 25 semester hours (37 quarter hrs) of course work in which the Seven Areas of Responsibility of Health Educators were addressed, plus five (5) years of documented experience as a health education specialist. To substantiate this experience, applicants must submit 1) two verification forms from a current or past manager/supervisor, and/or a leader in a health education professional organization AND 2) a curriculum vitae/resume. In the verification form it must be indicated, and in the curriculum vitae/resume it must clearly be shown, that the applicant has been engaged in the Areas of Responsibility for at least the past five years (experience may be prior to completion of graduate degree).
3. NCHEC will offer a non-refundable \$25 prescreen service to review the academic component of eligibility for non-CHES or CHES with fewer than five years experience.
4. After meeting eligibility requirements, the mechanism for assessment will be an objective examination.
5. MCHES application fees will range from \$200.00 to \$390.00 based upon the type of applicant and submission deadlines as follows:

Type of Applicant	1st deadline	2nd deadline	3rd deadline	Final deadline
MCHES Experience (CHES) Documentation Opportunity	\$200	\$210	\$240	\$290
Exam (CHES > 5 years active status) \$50 Discount	\$250	\$260	\$290	\$340
Exam (non-CHES or CHES < 5 years active status)	\$300	\$310	\$340	\$390

6. The MCHES examination will be administered twice a year. Initially, the CHES and MCHES examinations will share the same administering cycles (April, October).
7. CHES who earn the MCHES credential will retain their CHES identification number.
8. The annual renewal fee will be \$55.00.
9. Seventy-five (75) CECH in five (5) years are required for recertification. Thirty (30) of those CECH must be linked to advanced-level Competencies. MCHES, who previously were active CHES, who fail to comply with recertification requirements for the advanced credential, may revert back to CHES status if they meet the recertification requirements for a CHES (45 CAT I/30 CAT II).
10. MCHES Experience Documentation Opportunity: Current CHES with 5 years or longer continuous active status are eligible for the MCHES Experience Documentation Opportunity. For a period of six (6) months after the MCHES Experience Documentation Opportunity is announced by NCHEC, current CHES may submit documentation of advanced-level practice and leadership in health education to qualify for the MCHES designation. Requirements include:
  - a. detailed, but brief, explanations (no more than a total of 100 words for each competency explanation) from the applicant regarding experience in four advanced health education competencies—each different and in four different Areas of Responsibility—within the past five years. Appropriate documentation must be included for each of the four advanced competency explanations. Each of the four documentation documents/copies must be labeled with the name of the appropriate Area of Responsibility and advanced Competency.
  - b. a curriculum vitae/resume.
  - c. two completed recommendation forms from a current or past supervisor/manager and/or a leader in a health education professional organization who can attest to the applicant’s advanced-level of service as a health education specialist.

BOC adopted the name MCHES for the advanced credential, because it was the name first suggested by the National Task Force on Accreditation in 2004.

By August of 2008, a position statement regarding the advanced credential was posted on the NCHEC website. Then, as well as now, the position statement may be viewed at [http://www.nchec.org/\\_files/\\_items/nch-mr-tab2-163/docs/mches%20policy%20statement%205-25-10.pdf](http://www.nchec.org/_files/_items/nch-mr-tab2-163/docs/mches%20policy%20statement%205-25-10.pdf). Also, this position statement was eventually published in *The CHES Bulletin* (Fall, 2009). Many small refinements have been made to it, but, basically, it has been changed little from 2008 (See Table 2). Approval of this position statement came 20 years after the birth of NCHEC. The sentiment of NCHEC volunteers was reflected in a 2009 *The CHES Bulletin* article, which was taken from Victor Hugo, who, in the mid 1800s, said, “An invasion of armies can be resisted, but not an idea whose time has come” (Dennis, 2009b, p. 3).

Also, in August 2008, NCHEC issued a call for comments regarding the MCHES position statement, which was posted on the NCHEC website, included in two journal publications by Dennis, Bishop-Alley, and Aduroja (2007, 2008), and eventually listed in a *CHES Bulletin* article (Dennis & Hagan, 2009). On the December 2008 Board of Commissioners conference call, it was reported that AAHE and SOPHE, and 67% of those who commented on the MCHES position statement (Dennis, 2009a), were in favor of MCHES.

By October 2008, a timeline for implementing MCHES was in place. Also during this time period, two articles were published in the *American Journal of Health Studies* and *The Health Educator* an overview of the Feasibility Study results (Dennis, Bishop-Alley, Aduroja, 2007, 2008).

Offering an advanced-level credential necessitated adding modules in the NCHEC database to track information for the MCHES certified individual. Varying tracks to the MCHES certification (eventual Experience Documentation Opportunity [EDO] and MCHES exam), varying academic eligibility routes, and changes to continuing education requirements necessitated substantial changes and expansion to the existing CHES web-based database. This project took significant financial resources and well as NCHEC staff time for more than a year.

## 2009

Because the CUP Implementation Committee had finished its work, it was disbanded, and the MCHES Committee (See Table 1) was formed to facilitate communication and information transfer to aid decision-making among the three NCHEC division boards and BOC. This committee had, at least, monthly calls to discuss any issues that needed resolving as each Division Board moved forward.

At the April 2009, face-to-face Board of Commissioners meeting, the position statement was officially approved. This document contains the specifics of the advanced credential, including eligibility, fees, recertification, and so on (see Table 2). Also, during this face-to-face meeting, more

discussion ensued regarding the tasks required of the three Division Boards to make MCHES a reality. Eventually, in 2009, and continuing into 2010, the following activities and forms were developed and agreed upon by the Board of Commissioners.

The Division Board for Professional Development (DBPD) developed a proposal for recertification requirements and continuing education contact hour (CECH) requirements for the MCHES certification. This work took nearly two years for the Directors to agree upon and finalize. To make the process for MCHES seamless and easy to follow and understand, the final consensus among the Directors resulted in keeping the MCHES policy (regarding bullets below) consistent with the current CHES policy. As part of the policy development discussions and decisions, the Division Board for Professional Development directors identified several criteria as important. Criteria set by Division Board for Professional Development included:

- having the MCHES policy align within NCCA accreditation requirements;
- having a sufficient number of advanced activities;
- having activities available for both academicians and practitioners;
- careful consideration not to devalue CHES;
- opportunities for professional development;
- retention of MCHES; and
- seamless documentation process for both MCHES and NCHEC office records.

To help with identifying pertinent advanced activities, several Division Board for Professional Development Directors held focus groups in several states. Focus group participants, who were CHES with five years active status, were employed in academia and practitioner settings. Overall, results of focus group sessions provided these Directors with feedback regarding activities, submission process, and category structure for the MCHES Continuing Education Contact Hour (CECH) policy.

To identify appropriate advanced-level activities for MCHES CECHs, the results of the Health Educator Job Analysis (HEJA) (the role verification process similar to the CUP project), completed at the end of 2009, were critically analyzed at the sub-competency level by the Division Board for Professional Development. Eventually, the suggested activities provided by health educators involved in focus groups were included for the Board of Commissioners' final consideration and approval. Advanced activities were pilot tested, and discussions held, among Division Board for Professional Development Directors to determine level of difficulty, barriers, or challenges for MCHES obtaining CECHs.

The Division Board for Professional Preparation and Practice (DBPPP) was charged with design application procedures, including supporting documents to implement the MCHES credential in the exam process and the one-time-only, time-limited (6 month), prior-to-the-first-exam

Experience Documentation Opportunity (EDO) for those current CHES with 5 years or longer continuous active status.

The documents for the EDO phase went through two levels of pilot testing. During the first pilot, four NCHEC coordinators or Board of Commissioners completed the Experience Documentation Opportunity process, including a questionnaire regarding the ease of the process and specifics of the form. Next, five MCHES-eligible volunteers completed the Experience Documentation Opportunity process and questionnaire. The resulting critical feedback led to changes in the Experience Self Appraisal and Testament of Practice forms. These forms are submitted by health educators as evidence for becoming MCHES through the Experience Documentation Opportunity process, which substitutes for taking the exam. The Division Board for Professional Preparation and Practice also established the process for application review, including creating an appeals process.

The Division Board for Certification of Health Education Specialists (DBCHES) was charged with creating an exam for the MCHES certification. All procedures followed were in line with National Commission for Certifying Agencies (NCCA) standards, with the intention to eventually submit the MCHES, like the CHES accreditation in 2008, for consideration for the NCCA accreditation.

The MCHES exam-making process involved in-person Division Board for Certification of Health Education Specialists meetings twice in the years 2009 and 2010. This frequency will be followed for the next few years. Tasks involved in creating an exam rubric, or blueprint, in line with the Health Education Job Analysis findings, included writing exam items (involved the initiation of new on-line, item-writing software), exam construction, and creation of a pass point. The percentage of questions in the exam pertaining to each Area of Responsibility is based on the results of the 2009 Health Education Job Analysis and reflects the percentage of time spent in each of the competency areas by practicing health educators. The percent of questions coming from each of the seven Areas of Responsibility for MCHES exam is as follows:

- I. Assess Needs, Assets, and Capacity for Health Education—10%
- II. Plan Health Education—15%
- III. Implement Health Education—20%
- IV. Conduct Evaluation and Research Related to Health Education—16%
- V. Administer and Manage Health Education—16%
- VI. Serve as a Health Education Resource Person—15%
- VII. Communicate and Advocate for Health and Health Education—8%

Marketing the MCHES certification was a priority in the NCHEC Strategic Plan. Directives from the Board of Directors to the NCHEC Communication Director and the MCHES Marketing Committee chairs (see Table 1)

were to avoid devaluing the existing CHES certification as the MCHES certification was introduced. Plans for major changes to the website, plus development of press releases, brochures, communication plans to existing CHES, university faculty, employers, and the health education profession were undertaken by the MCHES Marketing Committee. Presentations at national and regional meetings, webinars, and creation of an on-going FAQs website were some of the venues used to communicate information to health educators.

## 2010

Much of the first part of 2010 was spent in finalizing *A Competency-Based Framework for Health Education Specialists—2010*, (i.e., the Framework) (NCHEC, SOPHE, & AAHE, 2010) which includes background information for professional development for CHES. This Framework, unlike those in the past, offers information regarding professional development for MCHES. Also development of MCHES is traced in the Framework as well as guidelines for application for MCHES. The Framework was scheduled for release by August 2010. All profits will be used to fund the next Job Analysis. Although the Framework covers many important facts, it cannot show the thousands of hours devoted to its making, in particular the time spent by the Health Education Job Analysis Task Force chair (See Table 1). Also, more than 50 other health educators served as Task Force members or as a telephone interview panel, independent review panel or a pilot test participant. Truly, health education is a profession of dedicated people.

The Framework is not the only publication for summer 2010. A new study guide, the sixth, was scheduled for release in July 2010. “The Health Education Specialist: A Companion Guide for Professional Excellence” includes all entry sub-competencies plus practice questions related to the CHES exam. A supplement to this study guide specific to advanced-level exam questions was to be released October 2010, one year before the first MCHES exam.

At the 2010 yearly Board of Commissioners face-to-face meeting, several forms were approved. They included the Experience Documentation Opportunity Application Handbook, Experience Self-Appraisal and Testament of Practice Form, as well as the Experience Documentation Opportunity Appeals Policy. The work of the Division Board for Professional Preparation and Practice had come to fruition.

The Division Board for Professional Preparation and Practice also had motions approved. They included the following:

- MCHES can earn Continuing Education Contact Hours (CECHs) in Category I (entry and advanced) and Category II (entry and advanced). Although CHES may obtain CECHs from entry or advanced Category I opportunities, Category II advanced is only available for MCHES.

- An accumulation of a total of 75 CECHs must be obtained in five years, a minimum of 45 from Category I and a maximum of 30 from Category II. A minimum of 30 CECHs must be directly related to Category I and Category II advanced-level sub-competencies.
- A minimum of 15 Category I CECHs are eligible for carry over to the next cycle, although no Category II CECHs may be carried over.
- MCHES must earn 30 advanced CECHs per certification cycle from at least two different Areas of Responsibility.

The Division Board for Professional Development spent the remainder of 2010 finalizing the CECH checklist, placing it in handbook form. After two years of CECH discussions, the end was in sight.

From 2005 to 2010, more than 25 regional and national conference presentations had been made. In short, NCHEC kept to its voiced mission of involving and informing health educators every step of the way. One information activity, which was spearheaded by the Marketing Committee, was the September 17th MCHES webinar videoed from Gainesville, Florida. Several NCHEC health educators participated in the video conference (see Table 1).

By October 2010, the Experience Documentation Opportunity began and will last until April 2011. After this date, any CHES and non-CHES health educators seeking the MCHES designation will take the MCHES exam.

## 2011

In October 2011, the first MCHES exam, “an idea whose time has come,” will be administered. The journey was long and intense, and, for the Board of Commissioners and all of those health educators who worked and volunteered with NCHEC Boards and Committees, it was an opportunity to positively change the future for health educator specialists. The goal to have an advanced credential reflecting what health educators practice will be finished. NCHEC will continue to work hard, but, right now, it’s time to rest a bit. Like what Oliver Wendell Homes, Jr. (1841-1935), the American judge and jurist, said, “The riders in a race do not stop when they reach the goal. There is a little finishing canter before coming to a standstill. There is time to hear the kind voices of friends and say to oneself, ‘The work is done.’”

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