

# Certified in Public Health (CPH) Continuing Education (CE) SINGLE-EVENT PROVIDER APPLICATION FORM



Individual organizations may apply to offer CPH CE credits for a single event. There is a \$50 application fee per event.

Providers must provide NBPHE with a detailed description of activity for which CPH professionals will receive CPH CE credits hours. Providers must agree that CPH CE credit hours activities are related to one of the domain areas of competency as are found in [CPH Content Outline](#).

Once approved, CE Partner may post their activity on the NBPHE website and in the CPH Recertification portal, where all CPHs can search for CE Partner events.

Should a CPH need documentation to show participation in your offering, please be able to produce written notice of their attendance upon request. You do not need to produce certificates of completion for each CPH.



Part I: Provider Information	
Organization Name	
Address	
City, State, Zip Code	
Telephone	
Primary Contact Person for CE Activities	
Contact Person Title	
E-mail	
URL	
URL to CE information (may be submitted later)	

**Part II: Applicant Requirements (Attach additional pages as needed)**

1. Describe your organization's CE event:

2. If applicable, describe your experience as a CE provider for other credentialing organizations:

3. What is the name of your event, including location and dates and link to register:

4. Select the CPH CE activity for which you are applying and provide as much description as possible. Activity must have stated learning objectives related to CPH domain areas and specific terms of issuance of CE units.

- Conference (Must include evaluation of program)
- Seminar
- Webinar
- Leadership institute (agenda and learning objectives)
- Academic credit (course description and learning objectives must be submitted)
- Other short-course
- Other

Please attach a description of the event which could include one of the following:

- Agenda for conferences, webinars, leadership institutes
- Syllabi for academic credit and short courses only

**Part III: Assurances**

I agree to uphold the requirements of CPH CE single event providers as described above.

Signature of Organizational Representative

Printed Name

Title

Telephone

*Applicant organizations will be contacted directly if more information is needed. Approval process will take approximately two weeks.*

**Part IV: Payments**

**Payment Method**

- Invoice us
- Check enclosed
- Credit card details below

Submit form with check to:

**NBPHE**  
**1900 M. Street, NW**  
**Suite 710**  
**Washington, DC 20036**

Or by email with credit card  
payment to:

[info@nbphe.org](mailto:info@nbphe.org)

<b>Name on Credit Card</b>	
<b>Signature</b>	
<b>Credit Card Number and Security Code</b>	
<b>Expiration Date</b>	
<b>E-mail Address for Receipt</b>	

Please be sure to include payment information with application.