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*Credentialing Excellence in Health Education*

October 7, 2008

Jim Grizzell  
Health Education Partners  
1805 South Grant Street  
Arlington, VA 22202

Dear Mr. Grizzell:

Thank you for submitting an application for designation of your self-study offering for continuing education contact hours in health education. Your program entitled ***"Using Social Marketing for Health Promotion and Health Education Programs"*** has been reviewed and approved for 10.5 CECH.

**Your NCHEC Provider Number is SSP3033**

**Your designation period is from October 15, 2008 to October 14, 2009**

**Please refer to your provider number on any future correspondence related to this event**

Enclosed is a designation packet that includes a summary of the responsibilities you have as a provider of continuing education, a provider report form, and a participant roster. Please note the section on record maintenance. Records must be kept for a period of five years.

Congratulations on achieving provider status and thank you for participating in the professional development of CHES. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,

Sandy Schaffer  
Continuing Education Coordinator

Enclosures

**NATIONAL COMMISSION FOR HEALTH EDUCATION CREDENTIALING, INC.**

October 1, 2007

Jim Grizzell  
Health Education Partners  
1805 South Grant Street  
Arlington, VA 22202

Dear Mr. Grizzell:

Thank you for submitting an application for designation of your self-study offering for continuing education contact hours in health education. Your program entitled ***“Using Social Marketing for Health Promotion and Health Education Programs”*** has been reviewed and approved for **10.5 CECH**.

**Your NCHCEC Provider Number is SSP2786**

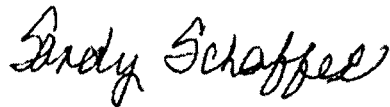
**Your designation period is from October 15, 2007 to October 14, 2008**

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Sandy Schaffer  
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