



Dear Colleague,

We are pleased your institution has decided to apply to the National Association of Health Education Centers (NAHEC) Accreditation Program. Completing this application is the first step towards becoming accredited.

The application gathers basic information about your institution so the Accreditation Program staff can assess its eligibility and readiness for participation. You will answer questions and provide attachments that tell us about your health education program's mission, ethics, planning, leadership, organizational structure, staff, educational programs and exhibits, finances, and facilities—the same areas covered in the Self-Study Questionnaire you will complete later in the accreditation process. Some questions explore issues that are frequently a problem for health education programs in their reviews—we encourage you to use the application to self-diagnose your health education program's readiness to enter the Program.

Please contact Sue McKenzie, Director of Education Programs for the National Association of Health Education Centers, with any questions or comments you have about the application or the process of accreditation. She can help you decide whether you are ready to apply, and answer your questions. The Accreditation Commission is also available to assist you. Sue will contact us with your requests and questions. We want you to have a successful experience. Take advantage of our assistance to guide you through each step of the accreditation process.

Sincerely,

NAHEC Accreditation Commission

Staff contact: Sue McKenzie | 414.390.2187 | nahec@nahec.org



Accreditation Application

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The Accreditation Application: What You Need to Know

This is the application form for Health Education Centers seeking NAHEC Accreditation. It is used to assess an institution's eligibility and readiness. A successful application results in admission into the process—it does not, in itself, result in accreditation. The process includes self-study and peer review that determines whether your Health Education Program is awarded accreditation.

Application Process

- Applications are accepted at any time but are acted upon in one of two cycles each year. (see below)
- You will be notified of the status of your application within four weeks following submission.
- If your application is accepted, you will:
 - Be billed for your application fee (see below).
 - Begin your Self-Study period according to the cycles outlined below.

Accreditation Process Schedule

The accreditation process offers the option of two cycles. Applications are due January 1 or July 1. Accreditation is normally conferred one year after application is received. (Dates may vary.)

Timeline:

<u>Cycle One</u>	<u>Cycle Two*</u>	
October 1	May 1	Notice to Health Education Programs of application deadline
January 1	July 1	Application received in NAHEC office along with 2 required documents.
February 1	August 1	Applicant receives notice that application is complete. Invoice and self study form are sent. Applicant is given three months to complete self study and assemble supporting documents to be sent with self study.
May 1	November 1	Completed self study received in NAHEC office along with 5 required documents
May 15	November 15	Applicant receives acknowledgement of completed self-study
June-July	December-January	Commission reviews self study, assigns site visitors, site visit date is set and planning for site visit agenda begins, applicant gathers all required documents for review by site visit team
November 1	May 1	Site visit complete
December 15	June 15	Site visit report sent to Commission and applicant organization Applicant is given option to write a rejoinder
December 31	June 30	Applicant organization rejoinder, if written, is received
January 10	July 10	Site visit team rejoinder, if written, is sent to Accreditation Commission
January-February	July-August	Commission meeting to decide accreditation status
February	August	Commission confers accreditation. Applicant receives decision letter within two weeks. If accreditation is granted, the next review date is stated in the decision letter (6 years).

Process for completing the Application

- Answer all questions and attach all required documents.
- The application consists of sections A-G, plus 2 attachments.
- The notation [R] indicates the question is tied to a specific Commission Expectation or eligibility criteria, and that there is an expected “right” answer. Inability to check all the criteria may be a disabling factor for your application.
- Questions marked with [G] correspond to an entry in the section “Guidelines for Answering Selected Questions.”
- This application is used by all applicants to the program. It has to encompass the diversity of types and organizational structures of Health Education Programs—you may need to adapt questions to make them apply to your institution.
- Use as much space as necessary to write your answers.
- Incomplete or incorrectly prepared applications may be rejected, or result in processing delays.
- The Accreditation Program staff may ask you for additional information as we process your application.
- Your current CEO must complete the application.
- There is a glossary at the end of this application. Glossary terms are marked with an asterisk (*) in the text.

Confidentiality

- All applications to the program and the information they contain are confidential. However, data provided by applicants may be used in the aggregate by the Accreditation Program for research and statistical purposes.

Fees

- There is a non-refundable, one-time application fee of \$400, due upon acceptance into the program. Invoices are sent to successful applicants.
- Please note that *all* program participants, must also pay the Accreditation annual participation fee each January or July based on the month of original accreditation for years 2-6 of their accreditation. NAHEC member Health Education Programs pay an annual fee of \$200 and non-members pay an annual fee of \$500.

Health Education Program Leadership during the Application Process

- An applicant Health Education Program must have a permanent director in place at the time of application. If the director leaves, someone from the Health Education Program needs to let the Accreditation Program staff know.

Disclaimer

- Submission of an application does not constitute participation in the Accreditation Program. Neither submission nor acceptance of an application constitutes or guarantees accreditation.

Where to Send the Application

- Mail completed applications (sections A-H) with 2 attachments to:
National Association of Health Education Centers
ATTN: ACCREDITATION PROGRAM / APPLICATION |
1533 RiverCenter Drive | Milwaukee, WI 53212

Contact Us

- If you have any questions about the application or the Accreditation Program, please contact NAHEC staff at 414-390-2188 or by email at nahec@nahec.org.

Guidelines for Answering Selected Questions

Questions in sections A- G that are marked with a [G] have corresponding entries below. This information, along with the glossary, will help you answer the questions.

A.1 Name of applicant Health Education Program.

Enter the name of the Health Education Program that is applying for accreditation.

A.2 Membership

Applicants are not required to be members of NAHEC. However, non-members pay a higher annual fee.

A.4 Accreditation Process Contact Person' Contact Information

Key correspondence and materials related to the steps in the process will be sent to the primary contact person and copied to director (if appropriate). All official Accreditation Commission correspondence will be sent to the director.

A.5.a & b Head of Governing Authority*

In a private nonprofit Health Education Program governed by a board of trustees, this is the board chair, president, or equivalent—the chief non-paid officer. For Health Education Programs with remote governance* (governance in which the Health Education Program director reports only indirectly, through a chain of command, to the actual governing authority) the Health Education Program should determine the most appropriate signatory. It may be the person to whom the director reports (e.g., university department chairperson, hospital manager), a person higher up that chain of command (e.g., university provost, state arts commissioner), or the actual head of the governing authority (e.g., chair of the university regents, state governor).

C.4 Parent Organization*

Answer “yes” if your Health Education Program operates within a larger organization, for example a college or university; hospital, municipal, state, or federal government; state historical society supervising multiple sites; corporate foundation, etc.

C.7.d Volunteer Hours

If your Health Education Program does not track volunteer hours, please estimate.

C.8 Attendance figures

There is no one, standardized way of counting attendance. Report using whatever figures your Health Education Program collects, and if appropriate, add notes regarding what, precisely, you are including in these categories. See the glossary for definitions of off-site, on-site, and virtual attendance.

C.10 What is the population of the area where your Health Education Program is located?

Report on the area that you regard as the Health Education Program's primary local audience.

E.1 Has your Health Education Program experienced any of the following in the past three years?

Re: “major organizational restructuring”: this might include a change of type of governance (from government to private nonprofit, for example); creation or dissolution of joint governance arrangements; or reorganization of the top levels of staff (apportioning responsibilities between co-directors or a CEO and a COO, for example, or merging or splitting of departments within the Health Education Program).

H. Signature Page

Signature of Director* or equivalent position: This is the individual to whom the governing authority delegates authority for the day-to-day operations of the Health Education Program. Functionally, the chief executive officer. Signature of Head of Governing Authority*:

Glossary

*Terms listed here are marked with an * in the application*

Attendance:

Off-site—people served at venues other than the Health Education Program’s buildings or grounds. May include in-school programs, lectures, events held at fairgrounds, malls, etc.

On site—people visiting the Health Education Program’s building and grounds.

Virtual—usage of Web site, or people served through distance education.

Audience: Groups of people who use the Health Education Program’s services. Audiences can be defined by the types of services they use and how they use them (e.g., visitors, subscribers, researchers, program participants, Web site users), or by their demographic characteristics (e.g., families, school groups, seniors, culturally specific groups).

Current audience: The groups or individuals who actually use the Health Education Program services.

Target audience: Groups of people whom the Health Education Program want to be their primary users and for whom they design programs and services.

Budget: The document summarizing planned income and expense. Usually approved by the governing authority. Budget amounts are often divided into major categories, for example, salaries, benefits, equipment, office supplies, conference registration, travel, etc. Health Education Programs sometimes write budgets by program area, showing expenses and income by department.

Bylaws: Legal documents that describe matters delegated to the governing authority, such as membership categories, the logistics of scheduling and holding meetings of the corporation and the governing authority, committee charges, and provisions for amendments. Self-regulatory provisions for the governing authority, such as membership in the organization, attendance requirements, and termination, also are in the bylaws.

Delegation of authority: The written authorization through which the Health Education Program’s governing body formally delegates authority for the management of the Health Education Program’s day-to-day operations to the director (or equivalent paid staff member).

Director: The individual who is delegated authority for the day-to-day operations of the Health Education Program and allocated resources sufficient to operate the Health Education Program effectively. This position functionally is the chief executive officer with responsibilities including, but not limited to, hiring and firing staff, executing the budget, implementing policies, and managing programs and staff. May be called CEO, Executive Director, President, etc.

Endowment: Funds gifted to the Health Education Program for a specific purpose (donor restricted endowment) or set aside by the governing authority (board designated endowment). Generally refers to a permanent fund, the principle of which is not touched. Sometimes used synonymously with capital fund, reserve fund, or special project funds, all funds that allow expenditure of the principle.

Full-Time (staff): The specific number of hours that constitutes “full-time” designation is determined by human resource policies and state employment law. Regarding the full-time director, the Accreditation Commission expects that the directorship is his or her primary employment and that s/he works sufficient hours to adequately administer the Health Education Program. The eligibility requirement for a full-time director (or equivalent position) cannot be met by combining the hours of more than one individual.

Governance Manual: Reference manual assembled for use by members of the governing authority to assist with their orientation, training, and ongoing work. It may include, for example, copies of the Health Education Program's mission statement, bylaws, current institutional plan, policies, and minutes of past meetings.

Governing Authority: The body with legal and fiduciary responsibility for the Health Education Program. Unless delegated to another body or through a chain of command, also responsible for approving Health Education Program policy. Names of the Governing Authority include but are not limited to: board of commissioners, board of directors, board of managers, board of regents, board of trustees, city council, and commission.

Strategic plan: Comprehensive plan that broadly delineates where the institution is going and provides sufficient detail to guide implementation. Sets priorities and guides important decisions that are oriented towards the future. Some Health Education Programs split this into two parts:

- *Multi-year plan:* Big-picture plan that sets strategies, goals, and priorities. Sometimes referred to as a strategic or long-range plan.
- *Operational plan:* Plan that provides the details needed to implement the decisions in the strategic or long-range plan. Usually focuses on a short period of time, and is typically geared to the Health Education Program's budget year. Sometimes referred to as an implementation plan.

Mission: A statement approved by the Health Education Program's governing authority that defines the purpose of a Health Education Program—its reason for existence. The mission statement establishes the Health Education Program's identity and purpose; provides a distinct focus for the institution; identifies its role and responsibility to the public and its collections.

Nonprofit: Private, self-governing organizations that exist to provide a particular service to the community. Nonprofits are recognized and authorized by Congress (as well as state legislatures), which determined that certain types of enterprises should be free from the burden of having to pay income taxes.

Non-operating income and expenses: Income and expenses related to temporarily or permanently restricted funds, such as endowment contributions and pledges, capital campaign contributions and pledges, all realized capital gains and losses that are rolled back into the principal, income from capital campaigns, and capital expenditures.

Operating income and Operating expenses: Income generated by or expenditures supporting the Health Education Program's general operations in a given fiscal year, including exhibitions, education, conservation, research, training, development, and administration. Includes any portion of income from the endowment that is applied to operating expenses in a given year. Does not include capital expenditures.

Parent Organization: A larger organization within which a Health Education Program operates. Examples of parent organizations: colleges or universities; hospital systems; municipal, state, or federal government; state historical societies supervising multiple sites; corporate foundation, etc.

NAHEC Accreditation Program Application Form

A. Who are you and how can we reach you?

1. What is the name of the Health Education Center seeking accreditation? [G]

2. Is the applicant a NAHEC member? [G]

Yes:

No

3. Address

a. Physical Address:

b. Mailing address (if different):

c. Phone Number:

d. Fax Number:

e. E-mail:

f. Web site URL:

4. Accreditation process contacts

Provide the name and contact information for the person who will be the Accreditation Program staff's primary contact at the Health Education Program during the review process, and an alternate. One of the two must be the director*. [G]

a. Primary:

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

b. Alternate:

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

5. Governing authority

a. Official name of the Health Education Program's governing authority*:

b. Head of governing authority*:

Name: _____ Title: _____

6. Application completed by (name and title): _____

B. Does your Health Education Program meet the eligibility criteria for accreditation? [R]

To participate in the NAHEC Accreditation Program, a Health Education Program must meet the following eligibility criteria. If you answer no to any of these questions, your Health Education Program is not eligible for accreditation. If you have questions about any criteria and how they apply to your Health Education Program, please contact program staff.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Is the Health Education Program a legally organized nonprofit* institution or part of a nonprofit institution or government entity? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Does the Health Education Program have a formally stated and approved mission that includes providing health education*? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Has the Health Education Program been in operation for at least two years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Does the Health Education Program have at least one paid professional staff with health education knowledge and experience? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Does the Health Education Program have a full-time director* to whom authority is delegated* for day-to-day operations? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Does the Health Education Program have a budget, an audited financial statement (for the organization and/or parent organization), and the financial resources sufficient to operate effectively? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Does the Health Education Program have a strategic plan? (If part of a parent organization's plan, please highlight specifics related to the health education program.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Does the Health Education Program have an evaluation process in place? |

C. Tell us about your institution

1. What year did the Health Education Program open? [R] _____
2. Attach a general brochure about the Health Education Program. (*Attachment #1*)

Mission

3. State the Health Education Program's mission*, and give the date of its approval.

Organizational Structure

4. Is the applicant Health Education Program part of a larger parent organization*? [G]
 - No → skip to question 6
 - Yes → answer questions 5.a-c

5. If you answered yes to question 4:
- Name of the parent organization*: _____
 - Nature of parent organization*
 - Children's Museum
 - College/university (select "other" for other educational entities, e.g., high school)
 - For-profit organization
 - Hospital System
 - Other (e.g., government entity) : _____
 - Other nonprofit* organization (e.g., foundation, league, society)
 - Science Museum
 - Briefly explain the legal relationship between the Health Education Program and its parent organization*, and what role the parent organization plays in the applicant's operations and governance.
6. Attach current organizational chart(s). Ensure the chart(s) show the following elements of the organizational structure: parent organization*, governing authority*, advisory board, supporting groups/organizations*, staff, and volunteers as applicable. (**Attachment #2**)
7. Provide a summary of your staff in the chart below. [G]
- Number of full-time staff* _____
 - Number of part-time staff _____
 - Number of volunteers/unpaid staff _____
 - Annual number of volunteer hours (for the most recently completed fiscal year) _____

Audiences*

8. Provide attendance* figures for your most recently completed fiscal year: [G]
- Fiscal Year: 20_____

- b. Fill in the chart

<u>Type of Visit</u>	<u>#</u>	<u>Attendance Tracking</u> Please check the box that best describes how attendance #s were tracked.	
Physical			
	On-Site*: _____	<input type="checkbox"/> Counted	<input type="checkbox"/> Estimated
	Off-Site*: _____		
	Total: _____		
Virtual*			
	Programmatic/interpretive distance learning use*: _____	<input type="checkbox"/> Counted	<input type="checkbox"/> Estimated
		<input type="checkbox"/> Not counted/don't know	
		<input type="checkbox"/> Don't have a web site	

9. Give a brief description of the audiences* the Health Education Program currently serves.

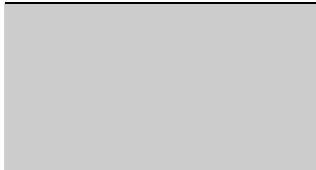
10. a. What is the population of the area where your Health Education Program is located? [G] -

b. Is this your:

- Municipality
- Greater metropolitan area
- County
- State
- Region (specify): _____
- Other (specify): _____

Finances

11. Complete the chart below for the current and most recently completed fiscal year.

	Current FY 20____ (per budget)	Most recently completed Fiscal Year: 20____ (actual)
a. Operating income*	_____	_____
b. Operating expenses*	_____	_____
c. Net surplus (deficit)	_____	_____
d. Non-operating income*	_____	_____
e. Non-operating expenses*	_____	_____
f. Market value of any institutional endowment* (at year end for most recently completed fiscal year; estimated for most for current fiscal year)		_____

Application Attachments:

Two attachments are listed in the questions above. Check that they are attached:

- Attachment 1: Brochure (see question 3)
- Attachment 2: Organizational chart(s) (see question 6)

D. Survey of additional documentation

The section pertains to documents required as part of the accreditation review process. These documents and others (e.g., lists, samples, images, etc.), must be submitted as attachments to the Self-Study Questionnaire (SS) or made available during the site visit (SV). **Do not submit the documents listed in this section with your application.**

We ask for you to report on the status of selected documents to help gauge your Health Education Program's readiness for accreditation. If these documents do not exist, are still in draft, or need substantial revision, you should not apply for accreditation. Only documents that are in final form (with board approval if required) will be accepted for the accreditation process.

Do not submit the documents listed in this section with your application.

<i>Required Documents</i> (Some are submitted with Self-Study and all must be available at the Site Visit)
Articles of Incorporation, charter, enabling legislation or other founding document
Bylaws*, constitution, legislation, will or other documentation under which the Health Education Program is governed
IRS letter of notification regarding tax-exempt status SS
<i>If the Health Education Program has a parent organization*:</i> Documentation regarding the importance of the Health Education Program to the parent, expressing its commitment to support the Health Education Program (e.g., resolution of permanence passed by the parent, parent organization's bylaws* or organizing documents, memorandum of understanding or management agreement between the parent and the Health Education Program)
Governance manual*
Evidence of delegation of authority* to the director for day-to-day operation of the Health Education Program.
Strategic Plan* SS
Positions descriptions and current resumes for principal professional and administrative staff (both current and vacant positions)
Personnel policies manual
Current fiscal year's budget(s)* for operating* and non-operating* income and expenditures SS
Audited financial statements for two years including management letters SS
Emergency/disaster preparedness plan (covering staff, and visitors)
Listing of program offerings and an organizational introduction/summary of no more than three pages SS
Two sample lesson plans with evaluation procedures and recent outcomes for the two programs.

SS- to be sent with completed self study document.

E. Other readiness factors

This section explores challenges that may influence your accreditation review. By capturing this information with your application, program staff are better able to assist you with the review process.

1. a. Within the past three years has your organization experienced (check all that apply). [G]
- Change of executive director
 - Significant change of mission/purpose
 - Layoff of 10% or more of staff
 - Turnover of 30% or more of staff
 - Hiring of first professional staff
 - Opening a new building or moving
 - Major construction
 - Natural disaster (e.g., flood, fire, earthquake)
 - Cancellation of capital improvements or expansion plans
 - Budget deficits
 - Increase in budget of over 25%
 - Loss of significant funding that adversely affected the organization's ability to fulfill its mission
 - Merger with another institution
 - Organizational restructuring
 - Other: _____

b. If you checked any of the boxes, please provide a very brief explanation of impact on preparation for accreditation.

F. Wrap up question

In one page or less, explain why accreditation (the status and/or process) is important to your Health Education Program.

G. Signature Page [G]

This application must be signed by the Health Education Program director* and the head of the governing authority(ies)*. Signature must match the individuals listed in Section A.

Submission of this application for accreditation constitutes an agreement by the applicant institution to consent to and abide by the decisions of the NAHEC Accreditation Commission and the administrative requirements of the program, upon acceptance into the program.

We, the undersigned, certify that we have:

- ✓ approved the content and submission of the Health Education Program's application to the NAHEC Accreditation Program
- ✓ read the eligibility criteria for accreditation and affirm that the Health Education Program applying for accreditation meets all the criteria
- ✓ read the general informational literature about the Accreditation Program and understand the basic nature of the program and what the process involves

Institution Seeking Accreditation

Print Institution Name

Health Education Program CEO

Health Education Program CEO*

Date

Print Name

Head of Governing Authority*

Signature

Date

Print Name