



CONTINUING PROFESSIONAL EDUCATION SERVICE AGREEMENT

OVERVIEW

The mission of the School of Public Health's Continuing Professional Education program is to provide our alumni public health practitioners and other health-care professional with a source of reliable, timely and pertinent information to ensure they are aware of, and can implement the latest findings, hypotheses, and approaches to improving health and preventing disease.

Our programs target health professionals interested and involved in the education, counseling, or treatment of individuals or groups of people in various aspects of health with the ultimate goal of making a difference in the health of the community, keeping up to date with the latest research and developing the skills of alumni and health care professionals.

CONTINUING PROFESSIONAL EDUCATION CATEGORIES

The Loma Linda University School of Public Health, is a designated Continuing Education provider for:

Continuing Professional Education (CPE)

Health Educators (CHES)

Category I in health education by the National Commission for Health Education Credentialing, Inc.

FEE STRUCTURE FOR SPH ENTITIES

REVIEW FEE

Continuing Education (CE) providership requests are subject to review by the Continuing Professional Education Review Board (CPERB). The CPERB is responsible for program evaluations; ensuring the event meets the educational standards of the CE accrediting boards and content relevance for the proposed event. After review, the board will provide content feedback and recommendations when appropriate. review fee is waived for CE vents organized by the School of Public Health.

CERTIFICATE FEE

Individual certificate requests for CE are \$15.00. Certificates will be mailed to participants within 14 days of event completion, or supplied electronically through the Staff Development Office. *Note: these costs may be passed on to the participant.*

CPE EVENT SERVICES AGREEMENT

Event Title:

Event Date:

I acknowledge that this event is subject to: (please initial)

_____ Course review by the CPERB

_____ Per certificate fees for continuing professional education.

Course Planner/Dept Rep: Printed Name

Date:

Signature

CPE Manager: Printed Name

Date:

Signature
