

**Reaching Teens Curriculum
CECH Claim Form**

Any MCHES/CHES can purchase their CECH hours from ASHA after completing all chapters for each part of *Reaching Teens: Strength-Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development*. Each purchase will receive 1) actual CECH certificate(s) for your records and 2) have hours reported to NCHCEC on your behalf.

Certificate requested	Part	Chapters	Total Hours	Advanced	Entry	ASHA Member Cost	Non-member Cost*
<input type="checkbox"/>	I. Orientation to a Strength-Based Approach	1-7	5.5	1	4.5	FREE	\$30.00
<input type="checkbox"/>	II. Understanding Adolescents and Their World	8-11	4	1	3	FREE	\$30.00
<input type="checkbox"/>	III. Connecting With Adolescents and Their Families	12-15	3	1	2	FREE	\$30.00
<input type="checkbox"/>	IV. Communicating with the Adolescent	16-24	9	2	7	FREE	\$30.00
<input type="checkbox"/>	V. Empowering Adolescents to Change	25-33	8	4	4	FREE	\$30.00
<input type="checkbox"/>	VI. Supporting Effective Parenting	34-39	5	1.5	3.5	FREE	\$30.00
<input type="checkbox"/>	VII. Mental, Emotional, and Behavioral Health	40-58	21	9	12	FREE	\$90.00
<input type="checkbox"/>	VIII. Serving Special Populations	59-66	7.5	3	4.5	FREE	\$30.00
<input type="checkbox"/>	IX. Self-care for Providers	67-69	2	1.5	0.5	FREE	\$15.00

*Save 48% and [JOIN ASHA today](#) for only \$165/yr and receive all continuing education hours free!

Learner's Information

Full Name

Degree(s)

CHES/MCHES ID#

CHES
 MCHES

Address

City

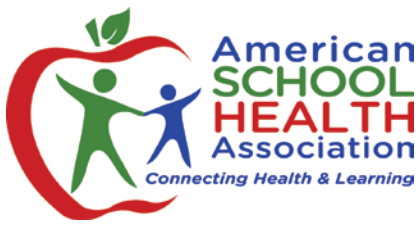
State

Zip

Email*

Phone #

* Certificate(s) will be emailed, allow at least 5-7 business days



Payment Information

Certificate Fee(s)	\$	<input type="checkbox"/> ASHA Member	<input type="checkbox"/> Non-member
Optional ASHA Membership	\$	<input type="checkbox"/> Purchase Order (attach to form please) #	
		<input type="checkbox"/> Check #	
GRAND TOTAL	\$	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	

Credit Card #: _____ Exp Date: _____

Name on Card: _____

Signature: _____ Date: _____

Additional email address for receipt: _____

If the billing address for the credit card is different from the address on Page 1, please enter below:

Billing Address: _____

City: _____ State/Province: _____ Zip Code: _____

Please return this form to American School Health Association **along with confirmation emails from American Academy for all chapters passed to receive your CECH Certificate(s) for part(s) to below.**
E.g. if you want to earn credit for Part IV: submit all emails for chapters 16-24

- 1) Scan/PDF all documents and email to Ashley Dowling, adowling@ashaweb.org; or
- 2) Fax to ASHA: 703-506-3266; or
- 3) Mail to:

American School Health Association
 c/o Ashley Dowling
 7918 Jones Branch Drive, Suite 300
 McLean, VA 22102

Have questions? Please contact Ashley Dowling; adowling@ashaweb.org