



2010
CERTIFIED HEALTH EDUCATION SPECIALIST
 CHES Exam Application

PLEASE PRINT CLEARLY WITH **INK** OR TYPE ALL INFORMATION. INCOMPLETE OR MISSING INFORMATION WILL DELAY PROCESSING OF THE APPLICATION. ADDRESS OR NAME CHANGES THAT OCCUR AFTER SUBMISSION OF THIS APPLICATION MUST BE REPORTED TO NCHEC. (Print your name **EXACTLY** as it should appear on your **CHES Certificate**).

APPLICANT

Name _____
Salutation First/Given MI Last Suffix

Previous Last Name (if applicable) _____ **Social Security #** _____

Date of birth _____ **Female** **Male** **Job title** _____

Address _____
Number & Street Apartment #

_____ City/Town State Country ZIP/Postal Code

Home Phone (_____) _____ **Work Phone** (_____) _____

Fax Phone (_____) _____ **Cell Phone** (_____) _____

Email Address _____

ACADEMIC BACKGROUND

Have you previously applied for the CHES exam:
 YES NO

Please check if retaking the CHES exam:
 Previously failed Recertification
 Other _____

Undergraduate Students and 90-Day Eligibility Applicants:
 Are you currently a student? YES NO
 Graduation Date: _____
mm/dd/yyyy**
 Are you a full time student? (9 credits or more)
 YES NO

**** 90-day Applicants:** An advisor letter is required to be submitted indicating completion of all degree requirements within **90 days** of the exam date. The letter must be printed on school letterhead and include degree, major, and projected graduation date and submitted prior to exam application deadline.

Please indicate the degree being used for eligibility and submit supporting transcripts for approval. Other degree(s) listed on application do not require a transcript, **unless they are being used to determine eligibility. UPON REVIEW OF YOUR TRANSCRIPTS, YOU WILL BE NOTIFIED OF ELIGIBILITY IN WRITING.**

Degree Year	Degree Awarded (ex: BS, MS)	Major Code/Name (see Major Codes)	Institution/School Code/Name (see School Codes)

Other Degrees Received:

Degree Year	Degree Awarded (ex: BS, MS)	Major Code/Name (see Major Codes)	Institution/School Code/Name (see School Codes)

TEST SITE CHOICES

(Please refer to test site locations)

1st Choice: # _____

2nd Choice*: # _____

***Must be completed and different from 1st Choice**

Check if Sabbath Site is required: _____
 Applicants must submit a letter from his/her clergy indicating a necessity to take the exam on Sunday.

Check if Special Accommodations are required: _____
 Applicants requesting special testing arrangements must submit a letter signed by a medical profession stating an accommodation is required.

Disclaimer: Every effort will be made to assign a candidate to his/her first test site choice. In the event that a minimum required number of candidates does not register for a given test site, NCHEC reserves the right to assign/relocate to the second test site choice. This does not apply to Sabbath site applicants.

Name: _____

PAYMENT

Indicate payment method (Make checks payable to NCHEC) : Amount: \$ _____ (indicate amount paid)

Note: You must be enrolled/taking 9 or more credits in order to use the student fee

Company Check _____ Personal Check _____ Money Order _____ Purchase Order _____ (attach PO to application - complete billing information section below)(There will be a \$25 fee for all checks returned to NCHEC)

Credit Card Type: Visa MasterCard American Express Discover

Card No: _____ Exp. Date _____

Billing Information:

Name on Card: _____

Address: _____

City, State, Zip: _____

Signature: _____ Phone: _____

Note: The application fee **INCLUDES** a \$100 non-refundable processing fee.

PERMISSION TO PUBLISH

In recognition of my achievement as a Certified Health Education Specialist, NCHEC may publish my name in its CHES Bulletin and on its website. As a benefit of certification, my name and/or address may be available as follows:

- a. to continuing education providers in order to receive notice of professional development opportunities*
- b. to employers for recruitment purposes or to verify one's status as an active CHES*
- c. to researchers for study purposes*
- d. to universities for the purpose of acknowledging or monitoring achievements of program graduates*
- e. to professional associations for the purpose of mailing newsletters/announcements, or for recruiting new members*

NCHEC has permission to distribute my name and contact information as listed above: YES NO (YOU MUST CHECK ONE)

NCHEC has permission to distribute my name and contact information with providers of study groups and exam preparation courses:

YES NO (YOU MUST CHECK ONE)

The above questions are required field(s) and must be completed

SIGNATURE

Affirmation and Agreement:

I affirm that the information given in this application is true and accurate. I hereby give my permission to NCHEC to verify any information in support of my application. I understand that the CHES examination and the test questions contained therein are the exclusive property of NCHEC. No part of this examination may be copied or reproduced in part or in whole, by any means whatsoever, including memorization. I understand that NCHEC will provide aggregate scores to institutions and publications for reporting purposes and that individual identification will not be used, I agree to abide to NCHEC's Exam Polices as outlined in the Examination Instructions. If successful in passing the exam, I agree to NCHEC's Polices and Procedures for Renewal and Recertification. Violations of NCHEC's Exam Application or Renewal and Recertification polices, or falsification of any documentation, may result in suspension or revocation of the credential or denial of eligibility for future exams.

Required signature _____ Date _____
mm/dd/yyyy

OPTIONAL

Referral Source - How have you learned about NCHEC/CHES?

- Direct Mail Colleague University
- Conference/Exhibit Employer Website Visit
- Journal Ad

Required for Job - Does your current or future job require for employment?

Yes No

Work Settings:

- Healthcare School University Retired
- Community Workplace Other

Gender:

Female Male

Race:

- African American Asian/Pacific Island American Indian
- Alaskan Native Hispanic/Latino
- Caucasian Other

Other Credentials:

- ACSW ATC CDE CPH CPP CPS CRTT
- CSWHC DO LPN LSW MD QCSW
- RCEP RD RN RRT OTHER _____