



## Arkansas Board of Health Education CHES Registration Form

***Please print all information:***

Name \_\_\_\_\_ CHES # \_\_\_\_\_

Year of original CHES certification \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_

Current Job Title \_\_\_\_\_

Institution or Agency \_\_\_\_\_

Job Setting (*check one*)  Community  School  College/University  Worksite

Public/Government  Other \_\_\_\_\_

Please return this form along with a copy of your CHES card to:

**AR Board of Health Education  
Attn: Carrie Poston  
4815 West Markham Street #32  
Little Rock, AR 72205**

\_\_\_\_\_  
*Office use only*

Date received \_\_\_\_\_