



# Arkansas Board of Health Education Application for Provisional Certification

**APPLICANT:** Please type or print legibly all information using ink. Incomplete applications will delay processing for the application. Address or name changes that occur after submission of this application must be reported to the Arkansas Board of Health Education. *Provisional Certification will expire 18 months from date of issuance.*

### Personal Information

Name: \_\_\_\_\_  
(First Name) (MI) (Last Name) (Suffix)

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Have you applied to take the CHES exam?  Yes  No

If yes, date of exam: \_\_\_\_\_

Are you retaking the exam?  Yes  No

Reason:  Previously Failed  Recertification  Other: \_\_\_\_\_

List all dates you have taken CHES exam: \_\_\_\_\_

### Academic Background

Degree Year	Degree Awarded (to be awarded)	Major/Minor	Institution

*\*A copy of your transcript must be attached*

**Please provide a brief explanation as to why you are requesting provisional certification.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A certification fee of \$25 is payable to the Arkansas Board of Health Education upon approval of this application. Once CHES status is obtained, a fee of \$10 will be required to replace provisional certification with regular status certification.*

**Mail application and copy of transcript to: Arkansas Board of Health Education Attn: Carrie Poston  
4815 West Markham Street #32 Little Rock, AR 72205**