



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**