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 _____________________