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 SUMISSION OF THIS APPLICATION MUST BE REPORTED TO NCHEC. (Print your name EXACTLY as it should appear on your MCHES® Certificate).

CHES® ID# __________

APPLICANT

Name ____________________________________________________________ □ Female □ Male

Salutation ______ First/Given ______ MI ______ Last ______ Suffix ______

Previous Last Name (if applicable) __________________________ Social Security # __________ Date of Birth __________

Are you currently employed in the Health Education profession?: (If yes, please answer next line) Yes_____ NO______

Job title __________________________ Employer: __________________________

Is this certification required for your job?: Yes_____ No______

Address __________________________________________________________

Number & Street __________________________ City/Town ______ State ______ Country ______ ZIP/Postal Code ______

Home Phone (_______) __________________________ Work Phone (_______) __________________________

Fax Phone (_______) __________________________ Cell Phone (_______) __________________________

Email Address __________________________________________________

Have you applied previously for the MCHES® examination? □ YES □ NO

Please check if retaking exam: □ Previously failed □ Recertification □ Other

Check if Testing Accommodations are required: __________________

Applicants requesting testing arrangements must submit a Testing Accommodation Request Form AND a letter signed by a medical professional stating an accommodation is required. Applications will not be approved until all accommodations documentation has been received and approved. All documentation is required by the final registration deadline.

PAYMENT

Application Fees and Deadlines (Please select):

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 16 - 25, 2020 Exam</td>
<td>$285</td>
</tr>
<tr>
<td>EARLY Nov 1 - Nov 30</td>
<td>$335</td>
</tr>
<tr>
<td>REGULAR Dec 1 - January 31</td>
<td>$385</td>
</tr>
<tr>
<td>LATE February 1 - February 29</td>
<td>$385</td>
</tr>
</tbody>
</table>

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

Indicate payment method (Make checks payable to NCHEC): (There will be a $25 fee for all returned checks)

Company Check ______ Personal Check ______ Money Order ______ Purchase Order ______ (attach PO to application - complete billing information section below) (Payment MUST be received by final deadline)

Credit Card Type: □ Visa □ MasterCard □ American Express □ Discover

Card No: __________________ Exp. Date: __________ CV: __________

Billing Information:

Name on Card: __________________ Address __________________

City, State, Zip: __________________________________________

Signature: __________________ Phone: __________________
PERMISSION TO PUBLISH

In recognition of my achievement as a Master Certified Health Education Specialist, NCHEC may publish my name in the NCHEC News 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 MCHES®
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*

AFFIRMATION and AGREEMENT

Required Signature

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 MCHES® 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 by NCHEC’s Exam Policies as outlined in the MCHES® Examination Handbook. If successful in passing the exam, I agree to abide by NCHEC’s Policies and Procedures for Renewal and Recertification and abide by the Health Education Code of Ethics. Violations of NCHEC’s Exam Application or Renewal and Recertification policies and the Health Education Code of Ethics, or falsification of any documentation, may result in suspension or revocation of credential or denial of eligibility for future exams. I affirm that I have been certified for five years and currently hold an active CHES® credential (or extension status with 75+ CECH).

Signature ____________________________________________

Date_____________________

DEMOGRAPHIC INFORMATION

The sharing of your demographic information will help to inform organizational decisions regarding the advancement of the profession of health education and promotion. Information such as credentials, practice setting, age, gender and ethnicity will allow NCHEC to communicate effectively about the makeup of its certified body with government agencies, as well as our own leadership, to better represent your needs within our organization as well as the profession. To accomplish this, we need more complete aggregate baseline data. Please be advised that the information you provide below is solely for NCHEC official use, and your personal/individual data will not be shared with anyone.

Referral Source - How have you learned about NCHEC/MCHES®?

☐ Direct Mail  ☐ Colleague  ☐ University  ☐ Conference/Exhibit
☐ Employer  ☐ Website Visit  ☐ Journal Ad  ☐ Prefer not to answer

Work Settings:

☐ Healthcare  ☐ School  ☐ University  ☐ Retired  ☐ Community
☐ Workplace  ☐ Other  ☐ Prefer not to answer

Other Credentials:

☐ ACSW  ☐ ATC  ☐ CDE  ☐ CPH  ☐ CPP  ☐ CPS
☐ CRTT  ☐ CSWHC  ☐ DO  ☐ LPN  ☐ LSW  ☐ MD
☐ QCWSW  ☐ RCEP  ☐ RD  ☐ RN  ☐ RRT
☐ Other ____________________________  ☐ Prefer not to answer

☐ Prefer not to answer

Are you of Hispanic, Latino or Spanish origin?

☐ No, not of Hispanic, Latino or Spanish origin
☐ Yes, Mexican, Mexican Am., Chicano
☐ Yes, Puerto Rican  ☐ Yes, Cuban  ☐ Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard and so on

Race:

☐ Prefer not to answer

☐ White  ☐ Black, African American  ☐ American Indian  ☐ Alaska Native
☐ Asian Indian  ☐ Japanese  ☐ Native Hawaiian
☐ Chinese  ☐ Korean  ☐ Guamanian or Chamorro
☐ Filipino  ☐ Vietnamese  ☐ Samoan
☐ Other Asian - Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian and so on
☐ Other Pacific Islander - Print race, for example Fijian, Tongan, and so on
☐ Some other race ____________________________

☐ Prefer not to answer