



THE NATIONAL COMMISSION FOR HEALTH EDUCATION CREDENTIALING, INC.

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Website: www.nchec.org

October 2005 Certified Health Education Specialist (CHES) Exam

PRE-SCREEN REQUEST FORM

DEADLINE: August 1, 2005

This is an optional service provided by NCHEC to anyone UNSURE of eligibility, and involves a thorough review of transcripts.

Please complete this form and return with all required information. Please print legibly.

Name: _____
(First name) (MI) (Last Name)

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Current Occupation/Job Title: _____

Email Address: _____

ACADEMIC BACKGROUND:

Are you currently a student? Yes _____ No _____ Graduation date _____

Transcript(s) for eligibility review:

Degree Year	Degree Awarded (to be awarded)	Major Code/Name (See Appendix B)	Institution/School Code/Name (See Appendix A)

Other Degrees Received:

PAYMENT METHOD:

Personal Check ___ Money Order/Bank Check ___ Company Check ___

Credit Card: Visa ___ M/C ___ American Express ___ Discover ___

Card No.: _____ Exp. Date: _____

Fee: \$25*

Name on Card: _____

Billing Address:(if different from above) _____

Signature: _____ Date: _____

*If you are declared eligible for the exam, the \$25 fee is applied towards your registration fee. The pre-screen fee is non-refundable.

IMPORTANT NOTE: Please include official transcript(s) from ALL degree programs. Online/Web transcripts/grade reports are not accepted. If you are enrolled in a degree program, send the latest transcript and include a brief description of courses still needed for completion of your degree.

UPON REVIEW OF YOUR TRANSCRIPTS, YOU WILL BE NOTIFIED OF ELIGIBILITY IN WRITING