MH / IDD-Core Training Program
Re-EXAMINATION REGISTRATION FORM
January 10th, 2014
Region 8 Mental Health Services– Brookhaven, MS location
(To be completed by registrant)

Directions: This form is to be completed by the registrant and submitted to the Division of Professional Licensure and Certification. This form must be received by the Division of Professional Licensure and Certification at least 5 working days prior to the requested date of exam administration. This form may be photocopied. **The Exam Fee is payable by check or money order only; do not send cash; make check or money order payable to MS Department of Mental Health.**

Please Print or Type all information, filling in every blank

1. Name: _____ **last 4 digits SS #:** _____

2. Home Address: _____
(Street or P.O. Box) (City, State, Zip Code)

3. Place of Employment: _____

4. Business Telephone: _____ _____ ext. _____

5. Email (**Required**): _____

6. Submit/Mail your completed **Form** and **Fee** to: Department of Mental Health
Division of Professional Licensure and Certification
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201

Registrant Selection of Exam Dates

Please register for the examination by completing the table below.

- **In the first column, place a check in the box next to the examination administration you would like to attend, MH or IDD(formerly MR).**

Re-Examination	Date	Location	Re-Exam Fee
☐ MH ☐ IDD (MR)	Friday January 10, 2014 1:00 p.m.	Region 8 Mental Health Services Brookhaven, MS	$25 _____ (Total Enclosed)

Testing Location: **Region 8 Mental Health Services location in Brookhaven, MS.**
Notice for Testing Day: Please arrive at the testing location at least 15 minutes prior to the beginning of the scheduled examination. The test will begin **promptly** at the designated time. Individuals arriving late **WILL NOT** be admitted. Please bring a **photo I.D.** You will not be admitted without proper photo identification.

******* See Next Page for Additional Information *******

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Examination Confirmation Letter: You will be emailed a confirmation letter regarding your examination date and time. Upon receipt of the completed registration form and fee by the established deadline, you are automatically registered for the examination. If you have questions regarding your registration or whether or not your form and fee have been received, please contact us at (601) 359-1288 or nancy.luke@dmh.state.ms.us .

Individuals with visual/hearing/other impairments who will require special testing/training material accommodations should contact the Division of Professional Licensure and Certification (PLACE) at the number listed above immediately upon receipt of the above mentioned email confirming registration.

Exam Day Information Letter: You will be emailed a letter outlining information regarding the day of the examination. You will receive this information via email approximately 4 – 7 days prior to the date of the examination.

Location/ Directions: A map will be provided with your 'Exam Day Information Letter'.

Please contact the Division of Professional Licensure and Certification at the Department of Mental Health at (601) 359-1288 should you have questions or need additional information.

The Division of Professional Licensure and Certification reserves the right to **reschedule the examination if necessary**. (A possible occurrence would be in the case of inclement weather.) **Notification of rescheduling will be in the form of an email.** Notification of reschedule could be as late as 8:00 am the morning of the scheduled examination. We suggest checking your email **24 hours prior to the scheduled time as well as the morning of the scheduled examination.**