

# DMH Re-EXAMINATION REGISTRATION FORM

For MH / IDD / AT  
**September 16<sup>th</sup>, 2019**

**East Mississippi State Hospital – Meridian, MS**

**(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: \_\_\_\_\_

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

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 Web-based, IDD Web-based or Addictions (AT) Web-based.
- NOTE – all examinations are based on the respective Web-based Training Component Course List for Mental Health (MH), Intellectual and Developmental Disabilities (IDD) or Addictions (AT). The course lists are located in the respective sections of the PLACE page of the Department of Mental Health website – [www.dmh.ms.gov](http://www.dmh.ms.gov) .

Re-Examination	Date	Location	Re-Exam Fee
<input type="checkbox"/> MH Web-based	Monday September 16, 2019  1:00 p.m.	East MS State Hospital  Meridian, MS	\$25  <hr/> (Total Enclosed)
<input type="checkbox"/> IDD Web-based			
<input type="checkbox"/> AT Web-based			

**Testing Location: East MS State Hospital – EMSH S Building**

**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 \*\*\*\*\***

**NOTE – all examinations are based on the respective Web-based Training Component Course List (i.e. Mental Health or Intellectual and Developmental Disabilities or Addictions). The course lists are located in the respective sections of the PLACE page on the DMH website.**

**As indicated in the current *DMH PLACE Professional Credentialing Rules and Requirements Effective Date – May 1, 2017* document – no special dispensation will be given with regards to the examination for an individual who has either taken the wrong e-learning course(s) in preparation for this examination or who has taken a course(s) which has subsequently been discontinued, replace or updated.**

The abovementioned course lists and document can be found on the DMH website – [www.dmh.ms.gov](http://www.dmh.ms.gov) . Click on the tab for PROVIDERS then click on the dropdown tab for PLACE.

**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. Exam fees are non-refundable.**

**Examination Confirmation Email Notice: You will be emailed a confirmation notice regarding your examination date and time.** Upon receipt of the completed registration form and fee by the established deadline, you are registered for the examination (unless there is a problem with your eligibility to register 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 [place@dmh.ms.gov](mailto:place@dmh.ms.gov)

*\*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 the above mentioned “Exam Day Information Letter”.

**Please contact the Division of Professional Licensure and Certification at the Department of Mental Health at (601) 359-1288 or [place@dmh.ms.gov](mailto:place@dmh.ms.gov) 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.**