



EXAMINATION REGISTRATION FORM

- DMH Mental Health Therapist Examination
- DMH Addictions Therapist Examination
- DMH Intellectual and Developmental Disabilities Therapist Examination

Directions: This form is to be completed by the exam registrant and submitted to the DMH Division of PLACE. This form, along with the accompanying Exam Fee, must be received by the DMH Division of PLACE at least 5 working days prior to the requested date of the exam administration.

Exam Fee of \$50.00 is payable by check or money order (or you may use the DMH PLACE online payment system as available on the DMH website - www.dmh.ms.gov). DO NOT send cash; make check or money order payable to MS Department of Mental Health. Exam fees are non-refundable.

Please complete all information below:

1. Name: _____ 2. Last 4 digits SSN: _____
3. Mailing Address: _____
(Street or P.O. Box) (City, State, Zip Code)
4. Place of Employment: _____ 5. Telephone Number: _____
6. **Email (Required):** _____

Registrant Selection of Exam:

Please register for the examination by completing the information below.

- Place a check in the box next to the examination for which you are registering: DMH Mental Health Therapist Exam, DMH Addictions Therapist Exam or DMH Intellectual and Developmental Disabilities Therapist Exam. Review the list of available exam dates, times and locations on the PLACE page of the DMH website - www.dmh.ms.gov. Then, fill in your selected exam date and exam time below.
- **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 on the DMH website - www.dmh.ms.gov.

Exam for which you are registering (select one):

- DMH Mental Health Therapist Examination DMH Addictions Therapist Examination
- DMH Intellectual and Developmental Disabilities Therapist Examination

Exam Date: _____
Fill in your selected Exam Date

Exam Time: _____
Fill in your selected Exam Time

Submit your completed Exam Registration Form and Fee to:

Mississippi Department of Mental Health
Division of Professional Licensure and Certification
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201

Exam Day Notice: 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 Important Information](#)*****

- **Note:** All examinations are based on the respective Web-based Training Component Course List (i.e., DMH Mental Health Therapist or DMH Intellectual and Developmental Disabilities Therapist or DMH Addictions Therapist). The course lists are located in the respective sections of the PLACE page on the DMH website: www.dmh.ms.gov.

As indicated in the current *DMH PLACE Professional Credentialing Rules and Requirements* 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 the examination or who has taken a course(s) which has subsequently been discontinued, replaced or updated.

The course lists and current *DMH PLACE Rules and Requirements* document can be found on the DMH website: www.dmh.ms.gov. Click on the tab for PROVIDERS then click on the dropdown tab for PLACE.

- **Exam Fee:** The Exam Fee of \$50.00 is payable by check or money order (or you may use the DMH PLACE online payment system as available on the DMH website - www.dmh.ms.gov). DO NOT send cash; make check or money order payable to MS Department of Mental Health. Exam fees are non-refundable.
- **Exam Confirmation Email:** You will be emailed a confirmation notice regarding your examination date and time. Upon receipt of the completed exam 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. **Additional pertinent information regarding the Exam Day will be included in the exam confirmation email. Please review this information carefully.**
- **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. **Pertinent information regarding the Exam Day will be included. Please review this information carefully.**
- **Exam Location/Directions:** A map and parking pass will be provided with the Exam Day Information Letter.
- **Exam Rescheduling or Cancellation:** The DMH Division of Professional Licensure and Certification (PLACE) reserves the right to cancel or reschedule the examination if necessary. Possible occurrences would be in the case of inclement weather or changing pandemic guidelines. 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 and the DMH website 24 hours prior to the scheduled time as well as the morning of the scheduled examination.
- **Special Accommodations:** Individuals with visual/hearing/other impairments who require special testing accommodations should contact the DMH Division of Professional Licensure and Certification (PLACE) immediately upon exam registration.

Contact Information: Please contact the DMH Division of Professional Licensure and Certification (PLACE) at place@dmh.ms.gov or (601) 359-1288 should you have questions or need additional information.