TeleMental Health EXAMINATION™

TeleMental Health Examination **Reregistration**

For your convenience, this is a fillable application.
Please download the form to your computer to fill it out.

ID Number: _____

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Telephone: _____ Email: _____

About Reregistration

The cost to reregister for the TeleMental Health Examination (TMHE) is $100. This examination fee is nonrefundable and nontransferable.

- Registration is required; please allow 4 weeks for processing. Please email credentialinfo@cce-global.org to check the status.
- You will be notified about scheduling via email once your reregistration is processed. You have 6 months to take the examination and are responsible for testing before your BC-TMH application closes.

To Reregister

- Your $100 examination fee must be included and payable to CCE.
- Your reregistration form and payment must be received and CCE must approve you before you may schedule your examination date.

Have you previously taken the TMHE?

☐ Yes ☐ No If Yes, indicate date(s) of examination(s): _____

Special Accommodations

Have you previously tested with special accommodations?

☐ Yes ☐ No

Will you need to test with special accommodations?

☐ Yes ☐ No

To request special accommodations, fill out the **TMHE Special Accommodations** request form found at https://www.cce-global.org/Assets/BCTMH/TMHE_special_accommodations_request_form.pdf.

Signature: _____ **Date:** _____

Send completed reregistration form and fee to:

CCE
P.O. Box 63223
Charlotte, NC 28263-3223

Or fax to 336.482.2852

FOR OFFICE USE ONLY

REF.#:_____ DATE: _____

BATCH#: _____ AMOUNT: _____

PAYMENT INFORMATION

☐ Enclosed is a check or money order made payable to CCE in the amount of $100

☐ Please charge the credit card as listed below in the amount of $100 ☐ VISA ☐ MasterCard ☐ American Express

Name on Card: _____

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: ☐☐/☐☐

Verification Code Numbers (from back of card): ☐☐☐☐

Cardholder Signature: _____ Date: _____