



PHN: (919) 872-2740 | FAX: (919) 872-4826 | EMAIL: info@nc-mha.org

### NCMHA REGISTERED HOUSING SPECIALIST SEMINAR

Listed below are the dates and locations of seminars and tests scheduled for the remainder of 2018 and the beginning of 2019. These dates are subject to change. **You must be issued a temporary license and register with the Department of Insurance (DOI) to take the test (see below).**

**Seminar:** Complete this form and return to NCMHA, PO Box 58648, Raleigh, NC 27658 with credit card number, check or money order for \$125.00 payable to NCMHA. Please be sure to mark shipping address as business or residential. You must also register with the DOI for the test (see below). The test will be given immediately following the seminar.

Lunch is on your own. No form will be processed without payment. No registrations will be taken at the door. Deadline for registering for each class is the Friday before the class.

Upon receipt of your registration form and fee (\$125.00) you will be sent a study guide and a map. After completing the seminar & passing the State Exam you will be sent (at a later date) an engraved nameplate, certificate and a Code of Ethics certificate. Do not call NCMHA to find out if you passed the test.

**Test or Test Only:** NCDOI will give the State Exam immediately following the seminar at NCMHA. **YOU MUST APPLY FOR A LICENSE WITH THE MANUFACTURED BUILDING DIVISION OF DOI AND RECEIVE A TEMPORARY LICENSE NUMBER IN ORDER TO RESERVE A SPACE FOR THE TEST.** Contact the DOI/Manufactured Building Division for temporary license and test registration information at 919-647-0053 or online at [http://www.ncdoi.com/OSFM/Manufactured\\_Building](http://www.ncdoi.com/OSFM/Manufactured_Building). **YOU MUST PRESENT YOUR DOI TEMPORARY LICENSE, CONFIRMATION LETTER AND DRIVER'S LICENSE TO THE STATE TEST ADMINISTRATOR BEFORE SITTING FOR THE TEST.**

**Study Guide Only:** Complete this form, mark study guide only (below) and return to NCMHA, PO Box 58648, Raleigh, NC 27658 with credit card number, check or money order for \$50.00 payable to NCMHA.

**Cancellation Policy:** NCMHA must be notified of cancellations or substitutions by the registration deadline (Friday prior to the Wednesday class) by calling Bobbi at 800-849-6311. You may reschedule (one time only) for you or another person in your company (you are responsible for getting the book to the new person). If cancelled before the deadline, refunds may be given, minus a \$25.00 processing fee and a \$50.00 study guide fee.

**No Shows:** No shows on the day of the seminar will not receive a refund. No shows who wish to sign up for a future seminar must pay a \$75.00 re-sign fee and call Bobbi at NCMHA to re-register.

<u>DATE (Mark Box To Select)</u>	<u>SEMINAR REGISTRATION DEADLINE</u>	<u>LOCATION</u>	<u>TIME</u>
<input type="checkbox"/> NOV 14, 2018 (Seminar & DOI Test)	NOV 9, 2018	NCMHA Office, Raleigh, NC	9:00 a.m.
<input type="checkbox"/> DEC 12, 2018 (Seminar & DOI Test)	DEC 07, 2018	NCMHA Office, Raleigh, NC	9:00 a.m.
<input type="checkbox"/> JAN 09, 2019 (Seminar & DOI Test)	JAN 04, 2019	NCMHA Office, Raleigh, NC	9:00 a.m.
<input type="checkbox"/> FEB 13, 2019 (Seminar & DOI Test)	FEB 08, 2019	NCMHA Office, Raleigh, NC	9:00 a.m.
<input type="checkbox"/> MAR 13, 2019 (Seminar & DOI Test)	MAR 08, 2019	NCMHA Office, Raleigh, NC	9:00 a.m.
<input type="checkbox"/> APR 10, 2019 (Seminar & DOI Test)	APR 05, 2019	NCMHA Office, Raleigh, NC	9:00 a.m.
<input type="checkbox"/> MAY 15, 2019 (Seminar & DOI Test)	MAY 10, 2019	NCMHA Office, Raleigh, NC	9:00 a.m.
<input type="checkbox"/> JUNE 19, 2019 (Seminar & DOI Test)	JUNE 14, 2019	NCMHA Office, Raleigh, NC	9:00 a.m.

\*\*\*  STUDY GUIDE ONLY (no seminar, no nameplate, no certificate), return form to NCMHA, PO Box 58648, Raleigh, NC 27658 with credit card number, check or money order for \$50.00 payable to NCMHA. \*\*\*

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Company Street Address: \_\_\_\_\_ Business: \_\_\_\_\_ Residential: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please charge: Visa Mastercard AMEX for the amount of: \_\_\_\_\_

Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name on Card: \_\_\_\_\_