



## REGISTERED ENVIRONMENTAL HEALTH SPECIALIST Continuing Education Verification

Name:  
REHS #:

### Instructions

1. Complete section below to verify completion of 24 contact hours of Registered Environmental Health Specialist (REHS) continuing education. If necessary continue on a separate sheet of paper.
2. **DO NOT SEND ORIGINAL CERTIFICATES OR COPIES UNLESS INSTRUCTED BY THIS OFFICE.** Copies of your certificates will be required to document course completion by the Environmental Health Specialist (EHS) Registration Program during the audit process. If you are selected for an audit, you will be notified by email.
3. You must sign the signature line at the bottom of this form to certify the authenticity of your reported continuing education courses.

Date of Course	Contact Hours Received	Course Title	Recognized Provider/ Instructor	Accreditation Agency	Location

**Total Hours:**

**Mailing Instructions**

Send this completed form along with your renewal application and payment to:

California Department of Public Health  
EHS Registration Program  
MS 7404, IMS K-2  
PO Box 997377  
Sacramento, California 95899-7377

**Certification**

I certify that I have taken the courses listed above and will have certificates in my possession to verify successful completion of the continuing education courses listed. I understand that I am responsible for maintaining these legal documents for five years.

Name:	Title:
Signature:	Date:

**FOR EHS REGISTRATION PROGRAM USE ONLY**

REHS CE Hours Complete <input type="checkbox"/>	Need Further Review <input type="checkbox"/>	Selected for Random Audit <input type="checkbox"/>
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