REGISTERED ENVIRONMENTAL HEALTH SPECIALIST
Continuing Education Verification Form

Name	REHS No.

INSTRUCTIONS
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.
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 mail. You must sign the signature line at the bottom of this form to certify the authenticity of your reported continuing education courses.

Send this completed form along with your renewal payment to:
California Department of Public Health
EHS Registration Program MS 7404
PO Box 997377
Sacramento, California 95899-7377

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

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.

Signature _____ Date _____

FOR EHS REGISTRATION PROGRAM USE ONLY:	REHS CE Hours Complete ☐	Need Further Review ☐	Selected for Random Audit ☐