



ENVIRONMENTAL HEALTH SPECIALIST REGISTRATION

Instructions

1. Complete this application (Print or Type) and return with a \$113.00 check or money order payable to the REGISTERED ENVIRONMENTAL HEALTH SPECIALIST FUND (no cash). The application fee is **NOT REFUNDABLE**.
2. Direct CPS HR Consulting or the foreign transcript evaluator to submit the evaluation of your university transcripts to this office.
3. **MAIL TO (DO NOT USE EXPRESS/OVERNITE MAIL):**
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SPECIALIST REGISTRATION PROGRAM
MS 7404, IMS K-2, PO BOX 997377
SACRAMENTO, CA 95899-7377
4. This application will be valid for 30 months after which time reactivation may be necessary.
5. ALWAYS NOTIFY THIS OFFICE OF ANY CHANGE OF MAILING ADDRESS.
6. Please note: The names and addresses of registrants are public records and are published in both electronic and print media, as well as disclosed upon request to the Department. You may use a home address, a post office box, or business address.

Personal Information

| | | |
|---|-------------------------------|-------------|
| Name: Last: | First: | Middle: |
| Address: | | |
| City: | State: | Zip Code: |
| Home Phone: | Cell Phone: | Work Phone: |
| Email: | Birth Date (Month/Date/Year): | |
| Male: <input type="checkbox"/> Female: <input type="checkbox"/> | | |

Education

| Name of College or University | Major Course of Study | From | To | Degree | Year |
|-------------------------------|-----------------------|------|----|--------|------|
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Experience

Begin with most recent experience and record only work in environmental health or allied fields.

| Employer | Position / Title | From | To |
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Additional Information

| Professional Licenses, Certificates or Registrations* |
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*List other professional registrations, certificates, and licenses in environmental health: include milk or dairy, hazardous materials, air pollution control, vector control, water treatment, code enforcement.

| Professional Associations* |
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*List professional associations, memberships or affiliations in environmental health: include professional educational and technical groups.

Required

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| Have you submitted your application, fees and transcripts to CPS HR Consulting or a foreign transcript evaluator? If you have graduated from an Option V school, please mark N/A and submit your transcripts directly to the CDPH REHS Program Administrator. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Have you ever been registered as an environmental health specialist with the State of California or any other state in the United States? If yes, provide name of State and REHS number in the comments section below. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a crime, if the crime is related to the qualifications, functions and duties of an environmental health specialist? If yes, explain under the comments section below. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Comments |
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- ✓ This information is requested by the California Department of Public Health (CDPH) by the authority of the Health and Safety Code Section 106600-106735 and is needed to enable CDPH to determine if the applicant meets the educational requirements. Failure to submit the necessary information will result in the denial of the application.

- ✓ No interagency or intergovernmental transfers of this information will be made.
- ✓ For more information or access to your records, contact the Environmental Health Specialist Registration Program by phone (916) 449-5662 or on our [website](http://www.cdph.ca.gov/REHS) at CDPH.ca.gov/REHS

Certification

I certify, under penalty of perjury by the State of California, that the information on this application as well as any documents submitted in support of this application are true and correct to the best of my knowledge.

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| Name: | Title: |
| Signature: | Date: |