



# ENVIRONMENTAL HEALTH SPECIALIST REGISTRATION APPLICATION FOR EQUIVALENCY DETERMINATION



**INSTRUCTIONS:**

1. **Complete** this application (Print Legible or Type) and return with a **\$100.00 check or money order** payable to the **REGISTERED ENVIRONMENTAL HEALTH SPECIALIST FUND** (no cash). The application fee is **NON-REFUNDABLE**.
2. Submit sealed, official copy of college transcript(s) to this office or email to the Program Administrator, [REHSprog@cdph.ca.gov](mailto:REHSprog@cdph.ca.gov).
3. Submit an up-to-date resume or Curriculum Vitae to this office.
4. Submit a copy of your current Certificate of Registration as a sanitarian or environmental health specialist.
5. **Mail To (DO NOT USE EXPRESS/OVERNIGHT MAIL):**  
 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SPECIALIST REGISTRATION PROGRAM  
 MS 7404, IMS K-2  
 PO BOX 997377  
 SACRAMENTO, CA 95899-7377
6. ALWAYS NOTIFY THIS OFFICE OF ANY CHANGES TO THE INFORMATION BELOW.  
**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.*

Full Name – First	Middle	Last	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Permanent Address	City	State	Zip Code
Phone – home or cell ( <b>please specify</b> )		Work Phone	
E-Mail Address ( <b>Primary</b> )		Date of Birth (MM/DD/YYYY)	

**EXAMINATION AND CERTIFICATE DETAILS**

Exam Name and Location	Certificate Issue Date and Number	Exam Administrator	Number of Exam Attempts

**EXPERIENCE**

Begin with most recent experience and record only work as a sanitarian or environmental health specialist

Employer	Position / Title	From	To

**COMMENTS**


**ADDITIONAL INFORMATION**

**REQUIRED: PLEASE MARK. If not marked, application is considered incomplete.**

Have you submitted your official transcript(s) and resume or Curriculum Vitae to CDPH?

- Yes     
 No     
 N/A

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.

- Yes     
 No

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, training and testing 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 California Department of Public Health, Environmental Health Specialist Registration Program, MS 7404 IMS K-2 PO Box 997377, Sacramento, CA 95899-7377.*

*Telephone: (916) 449-5662*

*[REHS Website](http://www.cdph.ca.gov/REHS) (www.cdph.ca.gov/REHS)*

**I CERTIFY, UNDER THE 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.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_