



## REGISTERED ENVIRONMENTAL HEALTH SPECIALIST 2019 BIENNIAL RENEWAL APPLICATION

### Personal Information

Name: Last:	First:	Middle:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:	Birth Date (Month/Date/Year):	
REHS #:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Employer:	Job Position or Title:	

- ✓ The REHS program will review all continuing education coursework submitted as part of the renewal application. Incomplete renewal applications will be returned. Your registration will expire if the application does not include proof that you met the continuing education requirements. If fees are not paid when due, your registration will be suspended.
- ✓ 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 REHS Program 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.

Over the past two years, have you been convicted of a crime related to the qualifications, functions and duties of an environmental health specialist? If yes, provide a written explanation on a separate sheet.  Yes  No

### Retired Professionals

Section 106695 of the Health and Safety Code allows biennial registration for retired professionals. As a retired and inactive professional you are not permitted to use the title of Registered Environmental Health Specialist or REHS. In order to qualify you must meet all three of the following requirements and **submit the \$25 biennial fee:**

- ✓ You are over 50 years old or collecting retirement benefits.
- ✓ You have been registered in California as a REHS for at least 10 years or received on the job disabilities before the 10 years elapsed.
- ✓ You are NOT currently employed in a position that requires registration.

## Fees

Fees are due by 12/31 of the year your registration expires. A late fee is assessed for payment received on or after the 31<sup>st</sup> of the new year.

Registration Type	Fee	Fee Plus Late Fee
Active REHS	\$237	\$356
Retired/Inactive REHS	\$25	\$38

Amount enclosed:

<b>Mail the application and fee to:</b> California Department of Public Health EHS Registration Program MS 7404, IMS K-2 P.O. Box 997377 Sacramento, CA 95899-7377	<b>Or courier to:</b> California Department of Public Health EHS Registration Program 1725 23 <sup>rd</sup> Street, Suite 110 Sacramento, CA 95816
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## 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.

Name:	Title:
Signature:	Date: