

**REGISTERED ENVIRONMENTAL HEALTH SPECIALIST (REHS)  
CONTINUING EDUCATION EXEMPTION REQUEST**

**Exemption requests may be granted for serious illness or disability or for military duty.**

**INSTRUCTIONS:**

1. Complete this REHS Continuing Education Exemption Request using a typewriter or pen. If completed in pen, legibly print each entry.
2. Each exemption request must be reviewed and approved before exemption is granted. Keep in mind that if it is not approved you must submit 24 hours of REHS continuing education at the time of your renewal.
3. Submit a physician’s verification if exemption request is for an illness or disability.
4. Supply confirmatory proof of residency of 12 months or more outside California if absence was military related.
5. You must pay all renewal fees as disclosed on your renewal notice.
6. If an exemption is granted, the status of your license will be renewed as an active license.
7. The exemption is valid for this renewal cycle. If your situation requires an exemption for the next renewal cycle, you must submit a new request.
8. MAIL TO: **California Department of Public Health  
EHS Registration Program  
MS 7404  
PO Box 997377  
Sacramento, CA 95899-7377**

Name	REHS Number	Telephone (home)	Telephone (work)	Telephone (cell)
Mailing address (number, street)			E-mail address	
City	State	Country		ZIP code

Describe reason for exemption request

**COMPLETE THE APPROPRIATE SECTIONS**

1. For illness or disability, indicate dates

Physician verification [Physician, please describe illness or disability and why it prevented the completion of continuing education requirements.]

Physician signature	Date	Physician name (print)	License number
Address (number, street)		City	State
		State	ZIP code
		Telephone	

2. Dates of military service outside California (send proof)

Where stationed

***I hereby apply for a REHS Continuing Education Waiver. I certify that the information presented above is true and correct.***

Signature of REHS	Date
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