

ENVIRONMENTAL HEALTH SPECIALIST APPLICATION FOR EQUIVALENCY DETERMINATION

Instructions

1. Complete this application (Print 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 **NOT REFUNDABLE**.
2. Submit a sealed, official copy of college transcripts to this office.
3. Submit an up to date resume or CV to this office.
4. Please provide a copy of your current Certificate of Registration with this application.
5. **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
6. ALWAYS NOTIFY THIS OFFICE OF ANY CHANGE OF MAILING ADDRESS.
 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"/> | | |

EXAMINATION AND CERTIFICATE DETAILS

| Exam Name and Location | Certificate Issue Date and Number | Exam Administrator | Number of Exam Attempts |
|------------------------|-----------------------------------|--------------------|-------------------------|
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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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Required

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| Have you submitted your official college transcripts and resume to CDPH? <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 |
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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 www.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: |