



REQUEST for REHS EXAMINATION



Eligible exam candidates must submit their signed request in writing to:

**California Department of Public Health
EHS Registration Program
1725 23rd Street, Suite 110
Sacramento, California 95899-7377**

OR

EMAIL: REHSprog@cdph.ca.gov

The exam is held in the months of March, July, and November in Santa Ana and Sacramento. Eligible exam candidates are required to complete and return this form by mail or email one month prior to the exam. **You will not be scheduled for an exam until we receive your written request. In the event that you cannot attend the exam, you must contact the REHS Program to cancel this request by the 1st of the Exam Month. Failure to cancel or appear for the scheduled exam will result in a \$35 handling fee payable within two weeks of the scheduled exam date.** This fee covers the associated administrative costs to prepare and transport the exams and documents necessary to administer the exam.

Name – Last		First		Middle		<input type="checkbox"/> Male	
						<input type="checkbox"/> Female	
Current Address							
City						State	Zip Code
Work Phone		Cell Phone		Home Phone			
Current E-Mail Address						Birth Date: FOR ID Purposes Only	
<ul style="list-style-type: none"> • Mark the month you choose to take the exam. • Check Santa Ana or Sacramento for test location. 							
DATE	March 15, 2024		July 19, 2024		November 15, 2024		
• Mark One →	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
LOCATION	Santa Ana				Sacramento		
• Mark One →	<input type="checkbox"/>				<input type="checkbox"/>		

Signature

Date

CDPH EHS Registration Program

MS 7404 IMS K-2 • P.O. Box 997377 • Sacramento, CA 95899-7377

(916) 449-5662 • (916) 449-5665 FAX

Department Webpage: www.cdph.ca.gov/REHS