



Tomás J. Aragón, MD, DrPH
Director and State Public Health Officer

Gavin Newsom
Governor

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, CA 95816

OR

EMAIL: REHSprog@cdph.ca.gov

The exam is held in the months of March, July, and November in Northern and Southern CA. Eligible exam candidates are required to complete and return this form by mail or email one month prior to the exam date. 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.

Full Name – First		Middle	Last	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Mailing Address				
City			State	Zip Code
Cell Phone	Home Phone		Work Phone	
Primary 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 21, 2025	July 18, 2025	November 21, 2025	
• 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 _____

