



Application for Professional Credential

REV 7/10

Step 1. Name and Address of Applicant *(Please print or type.)*

Name: _____ NEHA Membership Number (if applicable): _____

Preferred Mailing Address:

Street Address

City/State/Zip Code

Work Telephone: _____ Home Telephone: _____

Fax Number: _____ E-mail: _____

Employer Information: _____
Place of Employment Street Address City/State/Zip Code

Step 2. NEHA Credential Options, Fees and Payment Information *(Please "X" one below.)*

<u>Credential Name</u>	<u>Application Fee</u> <u>Mem/Non-Mem</u>	<u>+</u>	<u>Exam Fee</u> <u>Mem/Non-Mem</u>	<u>=</u>	<u>Total</u>
____ Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)	\$55/\$85	+	\$135/\$235		_____
____ REHS/RS – "In-Training" (REHS/RS-IT)	\$55/\$85	+	\$135/\$235		_____
____ REHS/RS without Re-Examination/Reciprocity* (REHS/RS)	\$95/\$155		N/A		_____
____ Certified Professional-Food Safety (CP-FS)	\$55/\$85	+	\$135/\$235		_____
____ CP-FS "In-Training" (CP-FS (IT))	\$55/\$85	+	\$135/\$235		_____
____ Registered Hazardous Substances Professional (RHSP)	\$50/\$85	+	\$90/\$180		_____
____ RHSP – "In-Training" (RHSP-IT)	\$50/\$85	+	\$90/\$180		_____
____ Certified Environmental Health Technician (CEHT)	\$50/\$85	+	\$90/\$180		_____
____ Registered Hazardous Substances Specialist (RHSS)	\$50/\$85	+	\$90/\$180		_____
____ Registered Environmental Technician (RET)	\$50/\$85	+	\$90/\$180		_____
____ YES! I would like to join NEHA and take advantage of the member fees above. In addition to the enclosed credential fee(s) payment, I have included my \$95 yearly membership fee.					_____
____ I wish to take the exam within four weeks of this application. I have enclosed a \$45 expedite fee for this service.					_____
____ I choose to take the exam at a Pearson VUE testing center. I have enclosed the additional fee of \$100.00 for this service.					_____
____ FOR INTERNATIONAL TEST SITES handling fee	\$150		\$150		_____
			TOTAL		_____

Payment Options: _____ Visa or MC *(circle one)* _____ Check/MO (make payable to NEHA)

Credit Card # _____ Exp.: _____

Signature: _____

Refund Policy: The Application Fee is non-refundable for all applications, including those that are rejected.

Written requests for refunds of examination fees will be honored only up to ninety (90) days after the fees have been processed by NEHA.

PLEASE NOTE: FEES MAY BE SUBJECT TO CHANGE without Prior Notice

*NOTE: If you checked the REHS/RS without Re-Examination/Reciprocity option above, you must meet the criteria below. If you meet the criteria, please fill out the requested information. If you do not meet the criteria, you cannot check this option.

CRITERIA: SEE NEHA REHS/RS Candidate Information Brochure for Reciprocity Requirements (www.neha.org/credential)

I am currently registered as a REHS/RS in the state of _____

Date of original registration: _____ Certificate #: _____ Expiration date: _____

Please Note: For NEHA REHS/RS without Re-Examination/Reciprocity option, you must submit: 1) a copy of your current state registration card, showing the expiration date, 2) a copy of your PES, Expor Assessments, LLC, or Environmental Health Testing, LLC score report.

Step 3. Administration Options (Please select "A" or "B" below, and fill out the requested information.)

A. REHS/RS and CP-FS Credentials:

- OPTION ONE – NATIONAL CONFERENCE.** The exam is administered each year at the NEHA Annual Educational Conference and Exhibition held in June. For more information please visit www.neha.org.
- OPTION TWO – STATE AFFILIATE/REGIONAL MEETING TEST DATE.** NEHA will make arrangements with state affiliates or groups planning to test candidates at their meetings throughout the year (Please check the NEHA website www.neha.org for a listing of available Conference Test Dates).

Name of Meeting: _____ Exam Date: _____

- OPTION THREE – COMPUTER TESTING AT PEARSON VUE.** These exams are available on computer at Pearson VUE testing centers in the United States. For this option an additional fee of \$100.00 will apply. Please include the \$100.00 fee with your exam and application fees to NEHA. For information regarding the center nearest you, please visit www.pearsonvue.com/neha or contact the NEHA Credentialing Department at (303) 756-9090 ext. 337 or ext. 339.

- OPTION FOUR – SPECIAL TEST DATES.** Special test sites may be arranged through NEHA. In order to accommodate requests for special test sites, arrangements must be made a minimum of 4-6 weeks prior to the requested date. The fee to set up a special test site is \$350.00. For groups of 10 or more REHS/RS and/or CP-FS candidates, the special test site fee is waived. Please complete the Special Test Site Request form and return it to NEHA with your application.

Exam Location: _____ Exam Date: _____

INTERNATIONAL TEST SITE REQUESTED: Please allow at least 6-8 weeks to process request to test internationally. Additional handling fee of \$150.00 applies for international sites.

- OPTION FIVE – MILITARY BASE TESTING.** If you are currently in the US Military, it may be possible to make arrangements to take the exam at your base's DANTES CENTER.

INTERNATIONAL TEST SITE REQUESTED: Please allow at least 6-8 weeks to process request to test internationally. Additional handling fee of \$150.00 applies for international sites.

B. CEHT, RET, RHSP and RHSS Credentials ONLY (Not Applicable to REHS/RS or CP-FS):

Proctor Name: _____ Daytime Telephone: _____

Address: _____ City/State/Zip: _____

Proctor's Email: _____ Examination Date: _____

Are you taking your exam at a conference or workshop? YES NO (Circle one.) If YES, name of conference: _____

Step 4. Official Transcripts - Please obtain and attach OFFICIAL transcripts of your post-secondary educational experience to this application. Transcripts may be mailed separately if necessary. If no post-secondary degree is required for application, please provide proof of high school or GED completion.

Step 5. Statement of Affirmation

I, _____, do solemnly swear and affirm that I am the applicant named in this application; that I have made or read the contents hereof, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect, and are made in good faith.

X _____
Signature of Applicant Date

Step 6. NEHA Code of Ethics for NEHA Credentialed Professionals

As an environmental professional, credentialed by the National Environmental Health Association, I hereby acknowledge, accept, and profess to abide by the following code of conduct and ethics:

- As long as my credential is in an active status, I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- I will proudly represent my credentialed status and the credential itself to my professional peers, and to the public I serve.
- In the course of performing my duties, I will conduct myself in a professional manner befitting of my credentialed status.
- For the sake of elevating the recognition and status of my field, I will actively encourage my professional colleagues to consider earning this credential for themselves.
- I will do nothing to undermine, detract from, or otherwise cause to develop any damaging associations with respect to this credential. I accept that any activity on my part that will cause this credential any measure of injury serves as a breach and a failure on my part to uphold this code of ethics. Moreover, I accept that such action, for which I might be responsible, could result in the revocation of my credential.
- I commit that my professional goal is to serve humankind by doing whatever I am able to do in the course of carrying out my professional responsibilities to maintain and provide a healthful environment for all.

X _____
Signature of Applicant Date

Step 7. Work Experience Verification Form

The following form must be completed by a third party that can verify the candidate's work experience in environmental health, food safety, or related field. Verifications may be provided by a supervisor, human resources department, local/county/state health department, or a NEHA credentialed co-worker that works with the candidate. (Please note: if you need make copies of this form and have as many employers complete one as necessary to meet the minimum work experience criteria for the credential you are seeking). You may fax a copy of this form to Attn: NEHA Credentialing (303) 691-9490.

*I verify that _____ has a minimum of _____ years work experience
(Applicants Name) (# of years)
in environmental health, food safety, or a related field.*

Please note: Individuals providing verification of the applicant's work experience may be contacted by the National Environmental Health Association (NEHA) during a random application audit.

Person verifying applicant's work experience in environmental health, food safety, or a related field please complete the following and return form to applicant to include with application:

NAME (Print full name)

TITLE

NAME OF COMPANY

STREET ADDRESS

CITY STATE ZIP

DAYTIME TELEPHONE

EMAIL ADDRESS

SIGNATURE DATE

Step 8. Demographic Survey

The demographic survey questions that follow must be answered in order to complete processing your application. Your answers will provide NEHA with valuable demographic information that will be utilized to further enhance our credentialing programs. If you do not complete the following 10 questions, your application will be considered incomplete.

Please respond to all questions by checking the appropriate box(es). Mark only one answer per question, except where otherwise indicated. Please note: All of your answers will be kept confidential. Answers to your questions in no way effect your exam eligibility.

1. Which credential are you applying for?
 REHS/RS CP-FS CEHT RHSP RHSS RET
2. Sex: Male Female
3. Age: 18 - 24
 25 - 30
 31 - 39
 40 - 49
 50 - 59
 60 and over
4. In which state do you work?
 AK HI ME NJ SD WY
 AL IA MI NM TN
 AR ID MN NV TX PR
 AZ IL MO NY UT Canada
 CA IN MS OH VA Other
 CO KS MT OK VT
 CT KY NC OR WA
 DE LA ND PA WA DC
 FL MA NE RI WI
 GA MD NH SC WV
5. Highest academic degree held:
 High school diploma/GED Masters Degree
 Associate Degree Doctorate Degree
 Baccalaureate Degree
6. Did you major in environmental health?
 Yes No
7. What type of facility/agency are you currently employed in?
 Government agency/dept Environmental for Profit University/academic Military
 State agency/dept Environmental Not for Profit Industrial/Factory Other
 Local Health Department Food service
8. What title would most accurately describe your current employment?
 Trainee Researcher Supervisor/Manager Technician
 Field Inspector Engineer Director Other _____
9. How many years experience do you have working in the field of environmental health?
 less than 2 years 5 – 9 years 16 –20 years
 2 – 4 years 10 – 15 years over 21 years
10. Do you receive any of the following benefits for being certified in one of NEHA's credentialing programs? (*Mark all that apply*)
 Reimbursement for original examination fee
 Reimbursement for certification renewal fee
 Reimbursement for continuing education fees
 Reimbursement for NEHA membership dues
 Pay differential
 Paid time off for taking examination
 Paid time off for attending continuing education classes/conferences
 Promotion to higher level position
 No benefits received

Step 9. Checklist for Credential Application *(Please place a check mark in all boxes that apply.)*

ALL CREDENTIAL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- Completed Application (Steps 1 through 9 must be completed. Applications that are incomplete are subject to delay in processing. If you need help in completing the application, please contact NEHA at 303-756-9090, ext. 339 or ext. 337 or e-mail credentialing@neha.org)
- Application & Exam Fee
- Demographic Survey

IN ADDITION TO THE ABOVE, YOU MUST ALSO INCLUDE THE FOLLOWING FOR THE SPECIFIC CREDENTIAL YOU ARE APPLYING:

A. REHS/RS

OPTION 1. For the **REHS/RS by examination** only, please make sure you include the following:

- Official College Transcripts
- Work Experience Verification Form

OPTION 2. For the **REHS/RS without re-examination (reciprocity)**, please make sure you include the following:

- Official College Transcripts
- Copy of Current State Registration Official PES or Experiore scores

B. CP-FS

OPTION 1. For the **CP-FS Bachelors Degree Track**, please make sure you include the following:

- Official College Transcripts
- Work Experience Verification Form

OPTION 2. For the **CP-FS with Associates Degree Experience Track**, please make sure you include the following:

- Official College Transcripts
- Work Experience Verification Form
- Official Serve Safe or Certified Professional Food Manager or Food Safety Manager Certification Examination (FSMCE) scores *or*
- Copy of membership card for food related professional organization *and* proof of completion of 24 hours of continuing education.

OPTION 3. For the **CP-FS with High School Diploma Experience Track**, please make sure you include the following:

- Copy of high school diploma or GED
- Work Experience Verification Form
- Official Serve Safe or Certified Professional Food Manager or Food Safety Manager Certification Examination (FSMCE) scores *or*
- Copy of membership card for food related professional organization *and* proof of completion of 24 hours of continuing education.

C. RHSP — For the **RHSP or RHSP-IT examination**, please make sure you include the following:

- Official College Transcripts
- Proctor Information Test Site and Date
- Proof of continuing education (track five only)

D. CEHT — For the **CEHT examination**, please make sure you include the following:

- Official College, Military Technical School or High School Transcripts
- Proctor Information Test Site and Date

E. RET or RHSS

OPTION 1. For the **RET or RHSS examination** education track, please make sure you include the following:

- Official College Transcripts
- Proctor Information
- Test Site and Date

OPTION 2. For the **RET or RHSS examination** experience track, please make sure you include the following:

- Official High School or GED transcript
- Proctor Information Test Site and Date

Step 10. Mail your completed application with payment to:

National Environmental Health Association, Attn: Credentialing Department, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246. If you have any questions or need assistance completing this application, please contact the NEHA Credentialing Department at Phone: 303-756-9090, ext. 337 or ext. 339; Fax: 303-691-9490, E-mail: credentialing@neha.org, Internet: www.neha.org.