720 South Colorado Blvd.
Suite 1000-N
Denver, Colorado 80246-1926
Phone (303) 756-9090
Fax (303) 691-9490
www.neha.org

CREDENTIAL EMERITUS STATUS REQUEST FORM

Please carefully read the below statement and, if you meet the criteria, complete the necessary information and submit to NEHA at the address indicated for processing.

I, _____, am requesting that my
Please Print Your Name

NEHA _____credential be placed in an Emeritus status. I am
Please indicate your NEHA credential

retired from the environmental health field after _____ years of service.
Please enter # of years

Please note you must have completed a minimum of 15 years of service in the environmental health field to be eligible for the Emeritus status. I would like to maintain my credential in a *non-working/non-consulting* status without submission of continuing education contact hours at the reduced renewal fee rate of $25/NEHA member or $50/non-member every two years. I understand that once this request is processed I will be awarded my credential with an "E" to indicate the Emeritus status (i.e. REHS/RS-E). I understand that in order to be eligible for the Emeritus Status that my NEHA credential must currently be in an active status. I understand that, should I wish to resume active use of the credential, I will need to submit my request in writing to the NEHA Board of Directors for their review to resume active use of the credential.
My signature below affirms that the information presented in this request is accurate and valid.

_____ _____
Signature Date

Please complete all fields for processing.

_____ _____
Name (First Name, Last Name) Credential Type

_____ _____
Street Address City, ST, Zip

_____ _____
Email Address NEHA Activity ID #

Please submit this completed form to: NEHA; Attn: Credentialing Dept.; 720 S. Colorado Blvd., Ste. 1000-N; Denver, CO 80246

If you have any questions, please contact the NEHA Credentialing Department at (303) 756-9090 ext. 339 or 337 or via email at credentialing@neha.org.