



Application for Healthy Homes Specialist (HHS) Credential

(Please allow 4-6 weeks to process)

Rev. 3/15

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

Name: _____ NEHA Membership # if applicable: _____

Preferred Mailing Address: _____ Sustaining member # if applicable: _____

_____ *Street Address* _____ *City/State/Zip Code*

Work Telephone: _____ Home Telephone: _____

Mobile phone: _____ **E-mail (this is required):** _____

Employer Information: _____

_____ *Place of Employment* _____ *Street Address* _____ *City/State/Zip Code*

Step 2. HHS Credential Fees and Payment Information

<u>Credential Name</u>	<u>Application Fee</u> <u>Mem/Non-Mem</u>	+	<u>Exam Fee</u> <u>Mem/Non-Mem</u>	=	<u>Total:</u> <u>Mem/Non-Mem</u>
Healthy Homes Specialist (HHS)	\$50/\$85	+	\$125/\$225	=	<input type="checkbox"/> \$175 or <input type="checkbox"/> \$310
_____ YES! I would like to join NEHA and take advantage of the member fees above.					<input type="checkbox"/> \$95
This is a yearly membership fee and includes access to the NEHA <i>E-Journal</i> . Other membership options are available with various price structures. Visit www.neha.org/member .					
_____ I choose to take the exam at a Pearson VUE Computer testing center. (U.S. and its Territories/Canada)					<input type="checkbox"/> \$100
Name exactly as it appears on driver's license or ID: _____					
_____ FOR INTERNATIONAL testing at a Pearson VUE Computer testing center.					<input type="checkbox"/> \$175

TOTAL \$ _____

All Application and exam fees must be included with the completed application prior to processing. The application fee is non-refundable and non-transferable including for those applications that are rejected. Written requests for refunds of exam and Pearson VUE fees will be honored only up to 90 days after the fees have been processed by NEHA.

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

Credit Card # _____ Exp.: _____ CVV (number on back): _____

Billing address: _____
(street) _____ (city, state, zip)

Name on card (printed): _____ Signature: _____

Step 3. Proof of Age

Please provide proof of age (i.e. copy of driver's license, passport, etc.)

Step 4. Statement of Affirmation - SIGNATURE REQUIRED

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 statements and answers in this application are true in substance and effect, and are made in good faith.

Signature of Applicant

Date

Step 5. Administration Options

- OPTION ONE – NATIONAL CONFERENCE.** The exam may be administered at the NEHA Annual Educational Conference and Exhibition. Please visit www.neha.org for more information.
- OPTION TWO – COMPUTER TESTING AT PEARSON VUE.** This exam is available on computer at Pearson VUE testing centers worldwide. 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. 310
 - INTERNATIONAL TEST SITE REQUESTED:** International testing will only be available on Pearson VUE for an additional \$175.
- OPTION THREE – Pearson VUE MILITARY BASE TESTING.** If you are currently in the US Military, it may be possible to make arrangements to take the exam at a Pearson VUE DANTES CENTER. All Pearson VUE costs in option three above apply.
 - Pearson VUE testing: for an extra \$100:**
 - INTERNATIONAL TEST SITE REQUESTED:** International testing will only be available on Pearson VUE for an additional \$175.
- OPTION FOUR – National Healthy Homes Training Center**
Exam Date: _____
Name of Training Center: _____
Training Center Location: _____
City *State*
Training Center Telephone Number: _____

Step 6. Professional conduct questions - SIGNATURE REQUIRED

1. Have you ever had a professional certification, registration and or license revoked, suspended, sanctioned or had any disciplinary action against you either in the United States or another country?

___ Yes ___ No

If YES, Please explain in detail on an attached sheet the circumstances.

2. Have you ever been convicted of a felony or a misdemeanor?

___ Yes ___ No

If YES, Please explain in detail on an attached sheet the circumstances and include: the charge, date and location of conviction.

Signature of Applicant

Date

Step 7. NEHA Code of Ethics for NEHA Credentialed Professionals - SIGNATURE REQUIRED

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

- I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- I shall conduct myself in a professional manner befitting of my credentialed status.
- I shall proudly represent my credentialed status to the public I serve.
- I shall 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 actions for which I might be responsible could result in the revocation of my credential.
- I shall do nothing to impair my ability to discharge any administrative or regulatory duty related to my professional credential that may also be required under federal, state or local law as a part of the position I hold.

Signature of Applicant

Date

Step 8. Work Experience Verification Form

TO BE COMPLETED BY A THIRD PARTY

The following form must be used to verify a minimum of five (5) years work experience in housing, environmental health or public health by the applicant. **Verifications may be provided by a supervisor, human resources department, local/county/state health department, or a Healthy Homes Specialist certified co-worker that works with you.**

I verify that _____ has _____ years' work experience in housing,
(Applicant's Name)
environmental health or public health.

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 housing, environmental health or public health please complete the following and return form to applicant:

NAME OF THIRD PARTY (Print full name) (relationship to candidate)

TITLE OF THIRD PARTY

NAME OF COMPANY OF THIRD PARTY

STREET ADDRESS OF THIRD PARTY

CITY STATE ZIP

DAYTIME TELEPHONE OF THIRD PARTY

EMAIL ADDRESS OF THIRD PARTY

SIGNATURE OF THIRD PARTY DATE

Step 9. Mail, fax, or e-mail your completed application with payment to:

National Environmental Health Association, Attn: Credentialing Department, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246.
E-mail: credentialing@neha.org Please specify credential type in the e-mail. **Fax: 303-691-9490**

Please allow 4-6 weeks for processing

If you have any questions or need assistance completing this application, please contact the NEHA Credentialing Department at
Phone: 303-756-9090, **ext. 310**