



# National Environmental Health Association

720 S. Colorado Blvd., Ste. 1000-N  
Denver, CO 80246-1925  
Phone: 303-756-9090 Fax: 303-691-9490

## TRANSCRIPT REVIEW REQUEST

(Please complete all sections below and allow 2-3 weeks for processing)

Please complete all the sections below when requesting a review of transcript(s) for eligibility of one of NEHA's credentials and send with a copy of your transcript to:

Attn: Transcript Review, NEHA, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246.

E-mail: [credentialing@neha.org](mailto:credentialing@neha.org)

Please note that a review of your transcript is not approval to sit for an examination. A transcript review is performed to see if the coursework you have completed would be acceptable to fulfill the credential's eligibility criteria prior to submitting an application. Some applicants choose to have their transcript reviewed prior to completing and sending in the *NEHA Application for Professional Credentials* as a reassurance that their coursework will be deemed acceptable. If your coursework is found to fulfill the credential's eligibility criteria you will need to complete the *NEHA Application for Professional Credentials* and attach to it an **official** copy of your transcript and any other requested documentation.

Fees for the transcript review are non-refundable. Fees for the transcript review are separate of and not applied to any NEHA application or examination fees. Please allow 2-3 weeks for processing after receiving all required documentation and fees.

Unofficial transcripts can be submitted if they are legible, a copy of back side is included, student's name and school's name are visible, and credit hours are identified as semester hours or quarter hours.

### 1) Name Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

NEHA ID number (if you have one) \_\_\_\_\_

### 2) Credential Information:

Which NEHA credential are you requesting a transcript review for?

- Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)
- Certified in Comprehensive Food Safety (CCFS)
- Certified in Food Safety Supplier Audits (CFSSA)

### 3) Payment Options: Fee for transcript review \$50.00 (***this is a non-refundable fee***)

Check or Money Order Included Check/M.O. Number: \_\_\_\_\_

Visa  MasterCard

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV code on back \_\_\_\_\_

Name on card (print) \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address on card \_\_\_\_\_