



Application for Registered Food Safety Auditor (RFSA) Professional Credential

(Please allow 6 weeks for processing)

REV 10/18

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

NEHA Membership # if known: _____

NAME: _____

PREFERRED MAILING ADDRESS: _____ Job Title: _____

Street Address

City/State/Zip Code

Preferred phone: _____ Alternate phone: _____

E-mail: _____

Employer Information: _____

Place of Employment

Street Address

City/State/Zip Code

Step 2. NEHA Credential Options, Fees and Payment Information *(Please "X" all that apply.)*

Credential Name

Must possess a current CFSSA to apply for RFSA.

Member Price / Non-Member Price

Registered Food Safety Auditor (RFSA) \$225 \$355

____ **YES!** I would like to join NEHA and take advantage of the member fees above. **Individual Membership** \$100
(w/complimentary E-Journal)

This is a yearly membership fee.
Other membership options are also available. Visit www.neha.org/member.

____ I choose to take the exam at a Pearson VUE **Computer** testing center. (U.S. and its Territories/Canada) \$110

____ FOR INTERNATIONAL testing at a Pearson VUE **Computer** testing center. \$175

TOTAL: _____

Payment Options: ___ Visa ___ MC ___ Discover ___ AMEX ___ Check/MO (make payable to NEHA)

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

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

Name on card (printed): _____ Signature: _____

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

Written requests for refunds of examination and Pearson VUE fees will be honored only up to ninety (90) days after the fees have been processed by NEHA. This application is good for two (2) years after NEHA has processed your payment. Pearson VUE testing authorizations are good for one (1) year.

**PLEASE NOTE: FEES MAY BE SUBJECT TO CHANGE without Prior Notice.
Allow 6 weeks for Processing**

Step 3. Requirements

(Please ensure you have all requirements listed below. Applications will not be reviewed without proof of documentation.)

- 1) NEHA's CFSSA Credential # _____
- 2) Audit or inspection experience of a minimum of five audits in one food sector/category (equaling a minimum total of 80 hours) with the audits meeting or equivalent to an audit program within that same sector. Current acceptable sectors are Human, Animal, and Produce. Only experience within the past 18 months of the RFSA application being submitted will be accepted.
- 3) Have a sponsoring Certification Body (CB) submit an acceptable Witness Audit Checklist in one food sector/category. The Witness Audit Checklist must align with the audit or inspection experience as outlined in Requirement 2.

Step 4. 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 5. NEHA Code of Ethics for 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 6. 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 foregoing statements and answers are true in substance and effect, and are made in good faith.

Signature of Applicant

Date

Step 7. Email, fax, or mail your completed application with payment to:

Mailing address:

National Environmental Health Association
Attn: Credentialing Department
720 S. Colorado Blvd., Ste. 1000-N
Denver, CO 80246

E-mail address: credentialing@neha.org Please specify credential type in the e-mail.

Fax number: 303-691-9490 ATTN: NEHA Credentialing

Please allow 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**