Application for Healthy Homes Specialist (HHS) Credential

(Please allow 4-6 weeks to process)

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

NEHA Membership # if applicable: _____________
Sustaining Member # if applicable: _____________

Name: _______________________________________________________________________________________

Business Name: _______________________________________________________________________________

Business Address:

Street Address                                      City/State/Zip Code

Home Address:

Street Address                                      City/State/Zip Code

Daytime Telephone: ____________________________   Home Telephone: ____________________________

E-mail: _______________________________________

Preferred Address to Receive Mail: ☐ Business ☐ Home

Step 2. HHS Credential Fees and Payment Information

<table>
<thead>
<tr>
<th>Credential Name</th>
<th>Application Fee</th>
<th>Exam Fee</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Homes Specialist (HHS)</td>
<td>$50/$85 +</td>
<td>$125/$225</td>
<td>Mem/Non-Mem</td>
</tr>
</tbody>
</table>

☐ YES! I would like to join NEHA and take advantage of the member fees above. ☐ $95
(this is a yearly membership fee)

☐ I choose to take the exam at a Pearson VUE Computer testing center. ☐ $100
(U.S. and its Territories/Canada)

☐ FOR INTERNATIONAL testing at a Pearson VUE Computer testing center. ☐ $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 fees will be honored only up to 90 days after the fees have been processed by NEHA.

Payment Options:

☐ Check/Money Order (make payable to NEHA) Check #__________________________

☐ Bill Company ☐ Same as above or
   Company Name ___________________________ Mailing address ____________________________

☐ Visa ☐ MasterCard Card #__________________________ Exp.: _______

Signature: ____________________________________________________________________________

TO OBTAIN THE CREDENTIAL: You must:
1) be 21 years old; and
2) verify using the Work Experience Verification form Five (5) years of experience in housing, environmental health, or public health
Step 3. Administration Options

☐ **OPTION ONE - NATIONAL CONFERENCE.** The exam may be administered at the NEHA Annual Educational Conference and Exhibition. Please visit [www.neha.org](http://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](http://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 4. Proof of Age

Please provide proof of age (i.e. copy of driver’s license, passport, etc.)
Step 5. 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:

Step 6. 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 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.

_______________________________________________________________________________________
| Signature of Applicant | Date |

Step 7. 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 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, environmental health or public health.

(Applicant’s Name)

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. Checklist for Credential Application

ALL CREDENTIAL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- Completed Application (Steps 1 though 8 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. 328 or e-mail credentialing@neha.org)

- Application Fee,

- Exam Fee,

- Proof of age (i.e. Copy of Driver’s license or birth certificate), and

- Completed Work Experience Verification Form signed by a third party

Step 10. Mail, fax, or e-mail your completed application with payment to:

National Environmental Health Association  
Attn: Credentialing Department  
720 South Colorado Blvd., Ste. 1000-N  
Denver, CO 80246  
Fax: 303-691-9490  
credentialing@neha.org

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. 328  
Fax: 303-691-9490  
E-mail: credentialing@neha.org  
Internet: www.neha.org