Application for Professional Credential
(Please allow 4-6 weeks for processing)

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

Name: _____________________________________________________ NEHA Membership Number (if applicable): ________________

Preferred Mailing Address:
_____________________________________________________________________________________________________________
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. NEHA Credential Options, Fees and Payment Information (Please “X” all that apply.)

<table>
<thead>
<tr>
<th>Credential Name</th>
<th>Application Fee Mem/ Non-Mem</th>
<th>Exam Fee Mem/ Non-Mem =</th>
<th>Total: Mem/ Non-Mem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)</td>
<td>$55/$85</td>
<td>+ $135/$235</td>
<td>☐ $190 ☐ $320</td>
</tr>
<tr>
<td>REHS/RS – “In-Training” (REHS/RS-IT)</td>
<td>$55/$85</td>
<td>+ $135/$235</td>
<td>☐ $190 ☐ $320</td>
</tr>
<tr>
<td>REHS/RS without Re-Examination/Reciprocity (REHS/RS)</td>
<td>$95/$155</td>
<td>N/A</td>
<td>☐ $95 ☐ $155</td>
</tr>
<tr>
<td>(Refer to step three part C for requirements)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Professional-Food Safety (CP-FS)</td>
<td>$55/$85</td>
<td>+ $135/$235</td>
<td>☐ $190 ☐ $320</td>
</tr>
<tr>
<td>CP-FS “In-Training” (CP-FS (IT))</td>
<td>$55/$85</td>
<td>+ $135/$235</td>
<td>☐ $190 ☐ $320</td>
</tr>
<tr>
<td>Registered Hazardous Substances Professional (RHSP)</td>
<td>$50/$85</td>
<td>+ $90/$180</td>
<td>☐ $140 ☐ $265</td>
</tr>
<tr>
<td>Certified Environmental Health Technician (CEHT)</td>
<td>$50/$85</td>
<td>+ $125/$225</td>
<td>☐ $175 ☐ $310</td>
</tr>
<tr>
<td>Registered Hazardous Substances Specialist (RHSS)</td>
<td>$50/$85</td>
<td>+ $90/$180</td>
<td>☐ $140 ☐ $265</td>
</tr>
<tr>
<td>Registered Environmental Technician (RET)</td>
<td>$50/$85</td>
<td>+ $90/$180</td>
<td>☐ $140 ☐ $265</td>
</tr>
</tbody>
</table>

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

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

___ FOR INTERNATIONAL testing at a Pearson VUE Computer testing center. ☐ $175

TOTAL: ______

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

Credit Card #: __________________________________________________ Exp.:________
Signature: ________________________________________________________________

Refund Policy: The Application Fee is non-refundable for all applications, including those that are rejected. Written requests for refunds of examination fees will be honored only up to ninety (90) days after the fees have been processed by NEHA.

PLEASE NOTE: FEES MAY BE SUBJECT TO CHANGE without Prior Notice and allow 4-6 weeks for processing
Step 3. Administration Options (Please select “A”, “B”, or “C” below, and fill out the requested information.)

A. REHS/RS, CP-FS, and CEHT Credentials:

☐ OPTION ONE - NATIONAL CONFERENCE. The exam is administered each year at the NEHA Annual Educational Conference and Exhibition held in May, June, or July. For more information please visit www.neha.org.

☐ OPTION TWO - STATE AFFILIATE/REGIONAL MEETING TEST DATE. NEHA will make arrangements with state affiliates or groups planning to test candidates at their meetings throughout the year (Please check the NEHA website www.neha.org for a listing of available Conference Test Dates).

Name of Meeting: ______________________________________________________________________ Exam Date: ___________________

☐ OPTION THREE - COMPUTER TESTING AT PEARSON VUE. These exams are 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. 337 (for REHS/RS) or ext. 328 (for CP-FS, CEHT).

☐ INTERNATIONAL TEST SITE REQUESTED: International testing will only be available on Pearson VUE for an additional $175.

☐ OPTION FOUR - SPECIAL TEST DATES. Special test sites may be arranged through NEHA. In order to accommodate requests for special test sites, arrangements must be made a minimum of 4-6 weeks prior to the requested date. The fee to set up a special test site is $350.00. For groups of 10 or more REHS/RS and/or CP-FS candidates, the special test site fee is waived. Please complete the Special Test Site Request form and return it to NEHA with your application.

Exam Location: __________________________________________________________________________ Exam Date: ___________________

☐ OPTION FIVE - 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.

B. RET, RHSP and RHSS Credentials ONLY (Not Applicable to REHS/RS, CP-FS, CEHT):

Proctor Name:_________________________________________________________________ Daytime Telephone: ________________________
Address:______________________________________________________________________ City/State/Zip: ____________________________
Proctor’s Email: ________________________________________________________________ Examination Date: ___________________

C. REHS/RS Reciprocity only:

If you checked the REHS/RS without Re-Examination/Reciprocity option, you must meet the criteria below. If you meet the criteria, please fill out the requested information. If you do not meet the criteria, you cannot check this option.

CRITERIA:
1. Have a valid, current state registration; and
2. Have a Bachelor’s degree with 30 semester/45 quarter hours in basic sciences; and
3. Have either a score of 68% or better on the NEHA exam or a score of 70% or better on the Professional Examination Service (PES) exam provided it was taken before December 31, 1997 (PES exams taken after this date are not eligible to receive national REHS/RS reciprocity through NEHA).

I am currently registered as a REHS or RS in the state of _________________________________________________________

Date of original registration:________________________________ Certificate #:_________________ Expiration date:___________

Please Note: For NEHA REHS/RS without Re-Examination/Reciprocity option, you must submit: 1) a copy of your current state registration card, showing the expiration date, 2) a copy of your official score report/results.

Step 4. Official Transcripts - Please obtain and attach OFFICIAL transcripts of your post-secondary education to this application. OFFICIAL TRANSCRIPTS MUST ARRIVE AT NEHA IN THE SEALED SCHOOL ENVELOPE. Transcripts may be mailed separately if necessary. If no post-secondary degree is required for application, please provide proof of high school or GED completion. ATTN: Carol for REHS or ATTN: Sandie CP-FS, CEHT

Step 5. 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.

X ____________________________________________ Date ____________________
Signature of Applicant
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.

X  

Signature of Applicant  

Date
Step 7. Work Experience Verification Form

The following form must be completed by a third party that can verify the candidate’s work experience in environmental health, food safety, or related field. Verifications may be provided by a supervisor, human resources department, local/county/state health department, or a NEHA credentialed co-worker that works with the candidate. (Please note: if you need make copies of this form and have as many employers complete one as necessary to meet the minimum work experience criteria for the credential you are seeking). You may fax a copy of this form to Attn: NEHA Credentialing (303) 691-9490.

I verify that ___________________________ has a minimum of ________ years work experience
/Applicants Name) (# of years)

In environmental health, food safety, or a related field for the __________________________ credential.
/name of credential)

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 environmental health, food safety, or a related field please complete the following and return form to applicant to include with application:

__________________________________________________________________________________________________________
NAME (Print full name) (relationship to candidate)

__________________________________________________________________________________________________________
TITLE

__________________________________________________________________________________________________________
NAME OF COMPANY

__________________________________________________________________________________________________________
STREET ADDRESS

__________________________________________________________________________________________________________
CITY STATE ZIP

__________________________________________________________________________________________________________
DAYTIME TELEPHONE

__________________________________________________________________________________________________________
EMAIL ADDRESS

__________________________________________________________________________________________________________
SIGNATURE DATE
Step 8. Demographic Survey

The demographic survey questions that follow must be answered in order to complete processing your application. Your answers will provide NEHA with valuable demographic information that will be utilized to further enhance our credentialing programs. If you do not complete the following 10 questions, your application will be considered incomplete.

Please respond to all questions by checking the appropriate box(es). Mark only one answer per question, except where otherwise indicated. Please note: All of your answers will be kept confidential. Answers to your questions in no way effect your exam eligibility.

1. Which credential are you applying for?
   - REHS/RS
   - CP-FS
   - CEHT
   - RHSP
   - RHSS
   - RET

2. Sex:  □ Male  □ Female

3. Age:  □ 18 - 24  □ 25 - 30  □ 31 - 39  □ 40 - 49  □ 50 - 59  □ 60 and over

4. In which state do you work?
   - AK  - HI  - ME  - NJ  - SD  - WY
   - AL  - IA  - MI  - NM  - TN
   - AR  - ID  - MN  - NV  - TX  - PR
   - AZ  - IL  - MO  - NY  - UT  - Canada
   - CA  - IN  - MS  - OH  - VA  - Other
   - CO  - KS  - MT  - OK  - VT
   - CT  - KY  - NC  - OR  - WA
   - DE  - LA  - ND  - PA  - WA DC
   - FL  - MA  - NE  - RI  - WI
   - GA  - MD  - NH  - SC  - WV

5. Highest academic degree held:
   - High school diploma/GED
   - Masters Degree
   - Associate Degree
   - Doctorate Degree
   - Baccalaureate Degree

6. Did you major in environmental health?
   - Yes  □ No

7. What type of facility/agency are you currently employed in?
   - Government agency/dept
   - Environmental for Profit
   - University/academic
   - Military
   - State agency/dept
   - Environmental Not for Profit
   - Industrial/Factory
   - Other
   - Local Health Department
   - Food service

8. What title would most accurately describe your current employment?
   - Trainee
   - Researcher
   - Supervisor/Manager
   - Technician
   - Field Inspector
   - Engineer
   - Director
   - Other __________________________

9. How many years experience do you have working in the field of environmental health?
   - less than 2 years
   - 2 - 4 years
   - 5 - 9 years
   - 10 - 15 years
   - 16 - 20 years
   - over 21 years

10. Do you receive any of the following benefits for being certified in one of NEHA's credentialing programs? (Mark all that apply)
    - Reimbursement for original examination fee
    - Reimbursement for certification renewal fee
    - Reimbursement for continuing education fees
    - Reimbursement for NEHA membership dues
    - Pay differential
    - Paid time off for taking examination
    - Paid time off for attending continuing education classes/conferences
    - Promotion to higher level position
    - No benefits received
### Step 9. Checklist for Credential Application (Please place a check mark in all boxes that apply.)

**ALL CREDENTIAL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THIS APPLICATION:**

- [ ] Completed Application. Steps 1 though 9 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 for CP-FS OR ext. 337 for REHS/RS, CEHT, RHSS, RHSP or RET or e-mail credentialing@neha.org. Please specify credential type in the e-mail.
- [ ] Application Fee & Exam Fee
- [ ] Computer Test Fee if applying for computer testing
- [ ] Demographic Survey

**IN ADDITION TO THE ABOVE, YOU MUST ALSO INCLUDE THE FOLLOWING FOR THE SPECIFIC CREDENTIAL FOR WHICH YOU ARE APPLYING:**

#### A. REHS/RS

- OPTION 1. For the **REHS/RS by examination** only, please make sure you include the following:
  - [ ] Official College Transcripts in sealed school envelope
  - [ ] Work Experience Verification Form
- OPTION 2. For the **REHS/RS without re-examination (reciprocity)**, please make sure you include the following:
  - [ ] Official College Transcripts in sealed school envelope
  - [ ] Copy of Current State Registration
  - [ ] Official state REHS or RS score report

#### B. CP-FS

- OPTION 1. For the **CP-FS Bachelors Degree Track**, please make sure you include the following:
  - [ ] Official College Transcripts in sealed school envelope
  - [ ] Work Experience Verification Form
- OPTION 2. For the **CP-FS with Associates Degree Experience Track**, please make sure you include the following:
  - [ ] Official College Transcripts in sealed school envelope
  - [ ] Work Experience Verification Form
  - [ ] Official Serve Safe, Certified Professional Food Manager, or Food Safety Manager Certification Examination (FSMCE) scores.
- OPTION 3. For the **CP-FS with High School Diploma Experience Track**, please make sure you include the following:
  - [ ] Copy of high school diploma or GED
  - [ ] Work Experience Verification Form
  - [ ] Official Serve Safe, Certified Professional Food Manager, or Food Safety Manager Certification Examination (FSMCE) scores.

#### C. RHSP — For the **RHSP examination**, please make sure you include the following:

- [ ] Official College Transcripts in sealed school envelope
- [ ] Proctor Information, Test Site and Date
- [ ] Proof of continuing education (track five only)

#### D. CEHT — For the **CEHT examination**, please make sure you include the following:

- [ ] Official College, Military Technical School or High School Transcripts

#### E. RET or RHSS

- OPTION 1. For the **RET or RHSS examination** education track, please make sure you include the following:
  - [ ] Official College Transcripts in sealed school envelope
  - [ ] Proctor Information, Test Site and Date
- OPTION 2. For the **RET or RHSS examination** experience track, please make sure you include the following:
  - [ ] Official High School or GED transcript
  - [ ] Proctor Information, Test Site and Date

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

Please allow 4-6 weeks for processing.

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

If you have any questions or need assistance completing this application, please contact the NEHA Credentialing Department at Phone: 303-756-9090, ext. 328 for CP-FS OR ext. 337 for REHS/RS, CEHT, RHSS, RHSP or RET