

**New Jersey Department of Health
PUBLIC HEALTH LICENSING AND EXAMINATION BOARD
P.O. Box 360
Trenton, New Jersey 08625-0360**

**INSTRUCTIONS FOR COMPLETING THE
APPLICATION FOR
REGISTERED ENVIRONMENTAL HEALTH SPECIALIST EXAMINATION**

Please enclose an application filing fee of \$50.00 in the form of a check or money order made payable to "*Treasurer, State of New Jersey.*" Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank for insufficient funds, the next step in the process will be delayed until the fees are paid.

The Public Health Licensing and Examination Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

If the application process is not completed within one calendar year, your application will be discarded and you will need to reapply with full payment.

Licensure requirements are subject to change as a result of new legislation or rules, or due to new policies and procedures that may be adopted by the Board. Applicants must meet current requirements.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

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DO NOT WRITE IN THIS SPACE

APPLICATION FOR
REGISTERED ENVIRONMENTAL HEALTH SPECIALIST
EXAMINATION

Before filling out application familiarize yourself with the qualifications for admission to this examination in N.J.A.C. 8:7.
Please print clearly. You must answer all of the questions on this application.

CHECK THE EXAMINATION DATE FOR WHICH YOU ARE APPLYING:

June December

1. **Name:** _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

2. **Address:**

Home: _____
(Street Address or PO Box) (County)

(City) (State) (ZIP + Four)

(Telephone Number (Including Area Code) (Email Address)

Business: _____
(Street Address or PO Box) (County)

(City) (State) (ZIP + Four)

Mailing: _____
(Street Address or PO Box) (County)

(City) (State) (ZIP + Four)

3. **Date of Birth:** _____ **Place of Birth:** _____
(Month/Day/Year) (City) (State)

4. ***Social Security Number:** _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law and N.J.S.A. 54:50-25 of the New Jersey taxation law, the Department is required to obtain your Social Security number. Pursuant to these authorities, the Department is also obligated to provide your Social Security number to: (a) the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and (b) the Probation Division or any other agency responsible for child support enforcement, upon request. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one.

**APPLICATION FOR REGISTERED ENVIRONMENTAL HEALTH SPECIALIST EXAMINATION
(Continued)**

1. **Name:** _____
(Last Name)
(First Name)
(Middle Initial)
(Maiden Name)

10. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," for each professional license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a **different** name, please provide that name and indicate which license.

<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle Initial)</i>	
_____	_____	_____	_____
<i>(Type of License or Certificate)</i>	<i>(Number)</i>	<i>(Issued By: State or Jurisdiction)</i>	<i>(Date Issued/Expired)</i>
_____	_____	_____	_____
<i>(Type of License or Certificate)</i>	<i>(Number)</i>	<i>(Issued By: State or Jurisdiction)</i>	<i>(Date Issued/Expired)</i>
_____	_____	_____	_____
<i>(Type of License or Certificate)</i>	<i>(Number)</i>	<i>(Issued By: State or Jurisdiction)</i>	<i>(Date Issued/Expired)</i>
_____	_____	_____	_____
<i>(Type of License or Certificate)</i>	<i>(Number)</i>	<i>(Issued By: State or Jurisdiction)</i>	<i>(Date Issued/Expired)</i>

11. Have you ever applied for a Registered Environmental Health Specialist licensing examination and been determined ineligible by the Public Health Licensing and Examination Board? Yes No

If Yes, provide date(s) of previous application: _____

12. Have you ever applied for a Registered Environmental Health Specialist licensing examination and been found eligible by the Public Health Licensing and Examination Board but failed the examination? Yes No

If Yes, provide date(s) of previous application: _____

13. Have you ever been disciplined or denied a Registered Environmental Health Specialist license or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Have you ever had a professional license or certificate of any type suspended, revoked, or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

16. Are there any criminal charges, civil claims, or any other charges or claims in any court or tribunal, now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to any professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 9 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

**APPLICATION FOR REGISTERED ENVIRONMENTAL HEALTH SPECIALIST EXAMINATION
(Continued)**

1. **Name:** _____
(Last Name)
(First Name)
(Middle Initial)
(Maiden Name)

List the name of the course(s) taken, the college/university where taken and when they were taken. Include a copy of the course outline. Official transcripts must also be included with this application.

AND

Have you satisfactorily completed 200 hours of field training with a local health agency as defined pursuant to *Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, N.J.A.C. 8:52*? The training must include the activities as set forth on the attached guidance document entitled *Field Training Outline – Registered Environmental Health Specialist*. This training must also include five (5) days of training with a Registered Environmental Health Specialist who is an employee of the New Jersey Department of Health..... Yes No

If YES, provide the name(s) of the local health agency(ies) where the training was obtained and the dates of training. Also include the name and phone number of the Registered Environmental Health Specialist who is an employee of the New Jersey Department of Health.

A letter of verification from your supervisor(s), i.e., either the Health Officer or Registered Environmental Health Specialist and the Registered Environmental Health Specialist who is an employee of the New Jersey Department of Health, outlining your experience in the various activities must be included.

DECLARATION

I certify, under the penalty of perjury under the laws of the State of New Jersey, that this application contains no willful misrepresentations of falsifications and that the information given by me in connection with this application for licensure as a Registered Environmental Health Specialist is true, correct and complete. I am aware that if an investigation discloses any misrepresentation to any answer to questions on this form, the application will be rejected. I further understand that any false statement knowingly made by me is grounds for denial of licensure or revocation of a license issued in reliance upon false information.

(Date)

(Signature of Applicant)

(Maiden Name, if applicable)

