



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR RENEWAL OF ENVIRONMENTAL HEALTH  
PROFESSIONAL CERTIFICATION**

**PART I: APPLICANT INFORMATION** (See instructions for completing application on reverse).

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # (H): (\_\_\_\_\_) \_\_\_\_\_ PHONE # (W): (\_\_\_\_\_) \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT'S CURRENT POSITION TITLE \_\_\_\_\_

APPLICANTS PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

Are you a currently registered sanitarian or registered environmental health specialist with the Florida Environmental Health Association (FEHA) or the National Environmental Health Association? (NEHA) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Within the past five (5) years, have you had any disciplinary procedure involving the primary program area(s) for which you are seeking recertification?** \_\_\_\_\_ Yes \_\_\_\_\_ No [If yes, please attach a statement and documentation explaining your answer].

**PART II: PROGRAM AREA(S) AND CERTIFICATE NUMBER(S) FOR WHICH THE APPLICANT IS SEEKING RENEWAL OF CERTIFICATION. THE FEE FOR RENEWAL IS \$25.00 PER PRIMARY PROGRAM AREA. CHECKS OR MONEY ORDERS SHOULD BE ADDRESSED TO THE DEPARTMENT OF HEALTH AND RETURNED WITH THE COMPLETED APPLICATION FOR RENEWAL OF CERTIFICATION. \***

_____ ONSITE SEWAGE TREATMENT & DISPOSAL	_____ FOOD PROTECTION
_____ LEVEL (See instructions on reverse for coding)	_____ LEVEL
_____ CERTIFICATE NUMBER	_____ CERTIFICATE NUMBER

\*NOTE: IF YOU ARE A CURRENTLY REGISTERED SANITARIAN OR REGISTERED ENVIRONMENTAL HEALTH SPECIALIST WITH FEHA OR NEHA, YOU ARE ELIGIBLE FOR RENEWAL AT NO COST. PLEASE ATTACH A COPY OF YOUR REGISTRATION CARD AND THE FEE WILL BE WAIVED. IN ADDITION, YOU ARE NOT REQUIRED TO COMPLETE PART III. PLEASE SIGN AND DATE THE APPLICATION AND RETURN IT TO THIS OFFICE.

**PART III: SUMMARY OF TRAINING PROGRAMS ATTENDED DURING THE RENEWAL PERIOD (USE ADDITIONAL SHEETS IF NECESSARY). 24 HOURS OF CONTINUING EDUCATION ARE REQUIRED PER PRIMARY PROGRAM AREA FOR RECERTIFICATION**

PROGRAM TITLE #1: \_\_\_\_\_ PRESENTED BY: \_\_\_\_\_  
DATE PRESENTED: \_\_\_\_\_ LOCATION OF PROGRAM PRESENTATION \_\_\_\_\_  
SUBJECT OF TRAINING: \_\_\_\_\_ HOURS OF TRAINING RECEIVED: \_\_\_\_\_

PROGRAM TITLE #2: \_\_\_\_\_ PRESENTED BY: \_\_\_\_\_  
DATE PRESENTED: \_\_\_\_\_ LOCATION OF PROGRAM PRESENTATION \_\_\_\_\_  
SUBJECT OF TRAINING: \_\_\_\_\_ HOURS OF TRAINING RECEIVED: \_\_\_\_\_

**PART IV: SIGNATURE**

THE INFORMATION PROVIDED IN THIS APPLICATION IS A TRUE AND ACCURATE REPRESENTATION OF THE EDUCATIONAL PROGRAMS I HAVE ATTENDED DURING THE PAST TWO YEARS. THIS INFORMATION CAN BE USED AS A BASIS FOR DETERMINING MY ELIGIBILITY FOR RECERTIFICATION IN A PRIMARY PROGRAM AREA OF ENVIRONMENTAL HEALTH.

BY TYPING BELOW, I AGREE TO CREATE AN ELECTRONIC RECORD AND TO ADOPT THE ELECTRONIC SYMBOL CREATED BY ME AS A MANIFESTATION OF MY SIGNATURE ON THE ELECTRONIC RECORD, WHICH SHALL HAVE THE SAME FORCE AND EFFECT AS A WRITTEN SIGNATURE AND RECORD, IN ACCORDANCE WITH S. 668.50, FLA. STAT. (2017) AND 15 U.S.C. S. 7001 (2000).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

DATE APPLICATION RECEIVED: \_\_\_\_\_ RENEWAL FEE PAID: \$ \_\_\_\_\_ RENEWAL APPLICATION COMPLETE: \_\_\_\_\_ YES \_\_\_\_\_ NO  
TOTAL HOURS OF TRAINING: \_\_\_\_\_ RENEWAL CERT. ISSUED: \_\_\_\_\_ CERTIFICATE NUMBER: \_\_\_\_\_  
REVIEWED AND APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

## Summary of Training Programs Continued

PROGRAM TITLE #3: \_\_\_\_\_  
PRESENTED BY: \_\_\_\_\_  
DATE PRESENTED: \_\_\_\_\_  
LOCATION OF PROGRAM PRESENTATION \_\_\_\_\_  
SUBJECT OF TRAINING: \_\_\_\_\_  
HOURS OF TRAINING RECEIVED: \_\_\_\_\_

PROGRAM TITLE #4: \_\_\_\_\_  
PRESENTED BY: \_\_\_\_\_  
DATE PRESENTED: \_\_\_\_\_  
LOCATION OF PROGRAM PRESENTATION \_\_\_\_\_  
SUBJECT OF TRAINING: \_\_\_\_\_  
HOURS OF TRAINING RECEIVED: \_\_\_\_\_

PROGRAM TITLE #5: \_\_\_\_\_  
PRESENTED BY: \_\_\_\_\_  
DATE PRESENTED: \_\_\_\_\_  
LOCATION OF PROGRAM PRESENTATION \_\_\_\_\_  
SUBJECT OF TRAINING: \_\_\_\_\_  
HOURS OF TRAINING RECEIVED: \_\_\_\_\_

PROGRAM TITLE #6: \_\_\_\_\_  
PRESENTED BY: \_\_\_\_\_  
DATE PRESENTED: \_\_\_\_\_  
LOCATION OF PROGRAM PRESENTATION \_\_\_\_\_  
SUBJECT OF TRAINING: \_\_\_\_\_  
HOURS OF TRAINING RECEIVED: \_\_\_\_\_

PROGRAM TITLE #7: \_\_\_\_\_  
PRESENTED BY: \_\_\_\_\_  
DATE PRESENTED: \_\_\_\_\_  
LOCATION OF PROGRAM PRESENTATION \_\_\_\_\_  
SUBJECT OF TRAINING: \_\_\_\_\_  
HOURS OF TRAINING RECEIVED: \_\_\_\_\_

PROGRAM TITLE #8: \_\_\_\_\_  
PRESENTED BY: \_\_\_\_\_  
DATE PRESENTED: \_\_\_\_\_  
LOCATION OF PROGRAM PRESENTATION \_\_\_\_\_  
SUBJECT OF TRAINING: \_\_\_\_\_  
HOURS OF TRAINING RECEIVED: \_\_\_\_\_

PROGRAM TITLE #9: \_\_\_\_\_  
PRESENTED BY: \_\_\_\_\_  
DATE PRESENTED: \_\_\_\_\_  
LOCATION OF PROGRAM PRESENTATION \_\_\_\_\_  
SUBJECT OF TRAINING: \_\_\_\_\_  
HOURS OF TRAINING RECEIVED: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING DOH FORM 4101, APPLICATION FOR RENEWAL OF ENVIRONMENTAL HEALTH PROFESSIONAL CERTIFICATION**

### **PART I: APPLICANT INFORMATION**

1. Print or type the last name, first name and middle initial.
2. Provide the home mailing address, including city, state and zip code.
3. Provide home phone number including area code.
4. Provide employer name, address and phone number with area code.
5. Provide current position title.
6. Indicate if applicant is currently registered sanitarian or registered environmental health specialist with the Florida Environmental Health Association or the National Environmental Health Association.
7. Indicate if applicant has had or is currently involved in any disciplinary case within the primary program area(s) in which they are seeking certification. Attach statement and documentation explaining case.

### **PART II: PROGRAM AREAS AND CERTIFICATE NUMBERS**

1. Place an "X" in the blank next to the primary program area(s) for which the applicant is seeking renewal of certification.
2. Indicate the level of certification renewal requested for each primary program area:
  - A = All levels (certification through examination(s) with score of at least 70% OR current professional credential as a registered sanitarian or registered environmental health specialist with FEHA or NEHA ONLY)
  - F = Field Work
  - S = Supervision Over Field Personnel
  - LA = Local Administration
  - ST = State, District or Regional Operational Support

### **PART III: SUMMARY OF TRAINING**

1. Indicate the training program attended during the previous 24 months. (Remember: Within the previous 24 months, 24 hours contact hours per primary program area is required for recertification. Attach additional sheets if necessary.

### **PART IV:**

1. Sign and date application.
2. Checks or money orders should be made payable to: Department of Health
3. Remit completed application and applicable fees (\$25.00 per primary program area) to:

Department of Health  
Bureau of Environmental Health  
Facility Programs Section  
4052 Bald Cypress Way, Bin A08  
Tallahassee, Florida 32399-1710  
Attn: Environmental Health Professional Certification Program

### **Fees:**

- (1) Application for certification renewal – per program. \$25