



## 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