

INSTRUCTIONS FOR COMPLETING DOH FORM 4100, APPLICATION FOR 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: CERTIFICATION

1. Indicate how applicant will obtain certification. Certification may be obtained by:
 - a) Reciprocity – Applicant must provide proof of current registration.
 - b) Examination – Applicant must provide official copy of transcripts to determine eligibility to sit for examination.

PART III:

1. Sign and date application.
2. Checks or money orders should be made payable to: Department of Health
3. Remit completed application and fees (see below) and “official transcripts” 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 including initial examination. \$25
- (2) Initial certification. \$25
- (3) Additional program certifications. \$10
- (4) The fee listed in (2) is for the biennial period, and shall be pro-rated to a half-period fee if certification is initially granted during the second year of the biennial period.