

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

PART I: APPLICANT INFORMATION (See instruc	tions for completing application on re	everse).	
NAME:(LAST)	(FIRST)	4.00	
HOME ADDRESS:	,	(MI)	
CITY:			,
PHONE # (H): ()			
EMPLOYER NAME:		//	_
EMPLOYER ADDRESS:			
CITY:			-
APPLICANT'S CURRENT POSITION TITLE			
APPLICANTS PERSONAL E-MAIL ADDRESS:			
Are you a currently registered sanitarian or registere National Environmental Health Association? (NEHA	ed environmental health specialist wit) Yes No	h the Florida Environmental Health Association	ı (FEHA) or the
Within the past five (5) years, have you had any or recertification? Yes No [If yes, ple	disciplinary procedure involving th ase attach a statement and docum	ne primary program area(s) for which you are nentation explaining your answer].	e seeking
PART II: PROGRAM AREA(S) AND CERTIFICATE FEE FOR RENEWAL IS \$25.00 PER PRIMARY PR DEPARTMENT OF HEALTH AND RETURNED WIT ONSITE SEWAGE TREATMENT & D LEVEL (See instructions on reverse for CERTIFICATE NUMBER	OGRAM AREA. CHECKS OR MON TH THE COMPLETED APPLICATION DISPOSAL	IEY ORDERS SHOULD BE ADDRESSED TO	
*NOTE: IF YOU ARE A CURRENTLY REGISTERED SANITARIAN OR REGISTACH A COPY OF YOUR REGISTRATION CARD AND THE FEE WILL I			
PART III: SUMMARY OF TRAINING PROGRAMS A HOURS OF CONTINUING EDUCATION ARE REQ			:CESSARY). 24
PROGRAM TITLE #1: LOC DATE PRESENTED: LOC	PRESENTED PROGRAM PRESENTA	BY:	
SUBJECT OF TRAINING:	HOURS OF T	FRAINING RECEIVED:	
PROGRAM TITLE #2: LOC DATE PRESENTED: LOC SUBJECT OF TRAINING:	PRESENTED B ATION OF PROGRAM PRESENTA HOURS OF 1	Y:TION_ FRAINING RECEIVED:	
PART IV: SIGNATURE			
THE INFORMATION PROVIDED IN THIS APPLICATION IS A THE PAST TWO YEARS. THIS INFORMATION CAN BE USE ENVIRONMENTAL HEALTH.			
SIGNATURE:		DATE:	
FOR OFFICE USE ONLY:			
DATE APPLICATION RECEIVED: TOTAL HOURS OF TRAINING: RENEWAL CO	RENEWAL FEE PAID: \$ ERT. ISSUED:	RENEWAL APPLICATION COMPLETE:YES CERTIFICATE NUMBER:	NO
REVIEWED AND APPROVED BY: DH 4101 11/04 (Obsoletes previous editions which may not be	e used) Incorporated: Rule 64E-18.004, FA	TITLE:	_

Summary of Training Programs Continued

PROGRAM TITLE #3:	
PRESENTED BY: DATE PRESENTED:	
DATE PRESENTED:	
LOCATION OF PROGRAM PRESENTATION	
SUBJECT OF TRAINING:	
SUBJECT OF TRAINING:HOURS OF TRAINING RECEIVED:	_
PROGRAM TITLE #4:	
PRESENTED BY:	
PRESENTED BY: DATE PRESENTED: LOCATION OF PROGRAM PRESENTATION	
LOCATION OF PROGRAM PRESENTATION	
SUBJECT OF TRAINING:	
SUBJECT OF TRAINING:HOURS OF TRAINING RECEIVED:	_
TIOUNS OF TRAINING RECEIVED.	
PPOGPAM TITLE #5:	
PROGRAM TITLE #5:	
PRESENTED BY:	
DATE PRESENTED: LOCATION OF PROGRAM PRESENTATION	
CLID IECT OF TRAINING:	
SUBJECT OF TRAINING:HOURS OF TRAINING RECEIVED:	_
HOURS OF TRAINING RECEIVED.	
DDOCDAM TITLE #6:	
PROGRAM TITLE #6:	
PRESENTED BY:	
DATE PRESENTED: LOCATION OF PROGRAM PRESENTATION	
CUDITION OF PROGRAM PRESENTATION	
SUBJECT OF TRAINING:HOURS OF TRAINING RECEIVED:	_
HOURS OF TRAINING RECEIVED:	
DDOCDAM TITLE #7:	
PROGRAM TITLE #7:	
PRESENTED BY:	
DATE PRESENTED: LOCATION OF PROGRAM PRESENTATION	
CUDITION OF PROGRAM PRESENTATION	
SUBJECT OF TRAINING:HOURS OF TRAINING RECEIVED:	_
HOURS OF TRAINING RECEIVED.	
DDOODAM TITLE 40.	
PROGRAM TITLE #8:	
PRESENTED BY:	
DATE PRESENTED:	
LOCATION OF PROGRAM PRESENTATION	
SUBJECT OF TRAINING:HOURS OF TRAINING RECEIVED:	_
HOURS OF TRAINING RECEIVED:	
DDOODAM TITLE #0	
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.
- 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